THE SUICIDE SUPPORT GROUP AS A SIGNIFYING AGENT AND EMOTION TRANSFORMER: A CONTRIBUTION FROM A MICRO-SOCIOLOGICAL PERSPECTIVE

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Abstract

We examined social mechanisms of suicide support groups based on evidence from an Italian postvention program. Our data comprise field notes from 47 meetings of a peer group and interviews with 20 suicide survivors. Group meetings unfolded as interaction rituals with elements including the survivors' focus on their trauma, their common emotions, and their perception of boundaries to outsiders. Meanings relative to these elements were expressed by participants according to three types of representations, termed diagnostic, prognostic, and motivational framing. Main themes concerned: the uniqueness of suicide loss; related emotions such as self-blame and a sense of abandonment; the survivors' estrangement towards social networks; a common search for strategies for coping with grief; some correlated emotional benefits; the awareness of a diffuse cultural unreadiness to deal with suicide; the definition of the group identity; a related sense of belonging; and group participation in terms of an extended solidarity.

Keywords

Framing perspective; interaction ritual theory; suicide support groups; suicide bereavement; suicide survivors.

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Suicide loss survivors (hereafter, suicide survivors) can be argued to form the largest community, in the area of mental health, of people affected by suicide. Previous research has emphasized that the participation of survivors in suicide loss support groups (hereafter, suicide support groups) makes significant contributions to their posttraumatic growth (e.g., Ali & Lucock, 2020; Levi-Belz, Krysinska, & Andriessen, 2021). Consistent with other reports, we reasoned that, to account for such benefits, it would be worthwhile to dig into the interactional processes associated with attending such groups. For example, Feigelman & Feigelman (2008) relied on Shulman's theory of mutual self-help to investigate the properties of suicide support groups underlying those benefits. Similar properties have been examined in recent studies of the same groups (e.g., Borek & Abrahm, 2018; Goulah-Pabst, 2021), with some comparable dynamics identified in other types of support groups (e.g., Schrock *et al.*, 2004).

Our paper aimed to understand these interactional processes based on evidence from a suicide-specific group of an Italian postvention program. We relied on a micro-sociological framework, which helps conceptualize and order, in a coherent way, some of the most important social mechanisms that underlie suicide support group and shape the participants' experiences. Based on a combination of Collins' (2004) interaction ritual theory and the framing perspective of Benford and Snow (2000), our approach adds to the literature on suicide bereavement by theorizing about the interpersonal dynamics and related emerging properties of such groups in terms of shared representations and related emotions responsible for crucial feedback beneficial to the survivors' mourning process.

Materials and Methods

Participants and data collection

Our study data derived from a more comprehensive investigation of suicide bereavement conducted in the Italian province of Trento (in the northern region of Trentino – Alto Adige) between May 2015 and December 2016, with part of its results already presented and discussed in a previous

publication (Tosini & Fraccaro, 2020). The latter focused on the main dimensions of suicide bereavement by comparing stories of survivors involved in different cases of aid groups, including a suicide-specific peer group. However, the same publication provided virtually no analysis of the social mechanisms underlying this group. Instead, such mechanisms constitute the central topic of the current paper. Compared to the previous publication, this article also provides novel analyses and results and offers additional theoretical elaborations.

Materials examined in this paper consist of field notes from the meetings of this suicide support group and interviews with participants among suicide survivors, who were impacted by suicide loss in the period 2004-2016. The group was founded in December 2009 as part of the suicide prevention/postvention program *Invito alla Vita* ("Invitation to Life"), promoted by the provincial Health Service Organization and coordinated by the local *Associazione Auto Mutuo Aiuto* (A.M.A.) (Self-Help and Mutual Aid Association) (http://www.automutuoaiuto.it). The group focused on suicide survivors but was also open to individuals who had attempted suicide.

One of the two authors participated in 47 meetings of this group, which involved 13 suicide survivors (including the facilitator) during our study period (2015-2016). The author's access to the group was possible thanks to the mediation of the facilitator. In the same period, four additional participants attended the group: three persons who had attempted suicide, and (as exception) one person who had been impacted by an accident-related loss. Participants met weekly, and the meetings lasted approximately 90 minutes. The observation involved no video or sound recording. Instead, the author observed, listened, and took notes regarding conversations and non-verbal interactions, transcribing them extensively at the end of each meeting.

Another author also conducted semi-structured interviews that were audio-recorded with survivors of the same group. The facilitator attempted to contact survivors who participated at different times between December 2009 and December 2016 (the facilitator counted a total of 33 participants over the same period), and he verified their permission to conduct interviews. A total of 20 survivors consented to be interviewed. Among these, nine participated during our study period.

Most interviews lasted between 70 and 80 minutes. Interview questions concerned the suicide events, the deceased persons, the survivors' mourning process, and their social relationships following the loss. Other questions had to do with the survivors' perception of how their participation affected their grieving process.

Table 1. Suicide survivors involved in the suicide-specific support group.

| # | Gender | Age range | Relationship to the deceased person | Group participation | | Interview |
				During group observation (May 2015 – December 2016)	Before group observation (December 2009 – May 2015)	
1	F	30-39	sister	x		
2	F	50-59	sister	x		
3	F	50-59	mother	x		
4	M	50-59	father	x	x	
5	F	30-39	ex-fiancée	x		x
6	F	30-39	spouse	x	x	x
7	F	40-49	spouse	x	x	x
8	F	50-59	spouse	x	x	x
9	F	50-59	mother	x	x	x
10	F	60-69	mother	x	x	x
11	F	60-69	mother	x	x	x
12	M	60-69	father	x	x	x
13	M	70-79	uncle	x	x	x
14	F	10-19	niece		x	x
15	F	20-29	niece		x	x
16	F	30-39	ex-fiancée		x	x
17	F	30-39	sister		x	x
18	F	30-39	cousin		x	x
19	F	40-49	ex-fiancée		x	x
20	F	50-59	sister-in-law		x	x
21	F	60-69	spouse		x	x
22	F	60-69	spouse		x	x
23	F	60-69	mother		x	x
24	F	60-69	mother		x	x

Analysis and Concepts

We resorted to thematic analysis by following Braun *et al.* (2019). In a first phase, each author familiarized themselves with their own materials, re-reading the data several times and noting meanings that frequently emerged from group conversations and interviews. In a second phase, each author worked on such materials by attaching appropriate labels (codes) to chunks of data, which served to organize the latter around similar meanings. The coding was oriented by an

inductive approach aimed at identifying themes that could capture the meanings expressed by participants (semantic codes). In the third phase, codes were used as building blocks: similar codes were clustered (along with the data to which they referred) into candidate themes that stood for coherent groups of meanings. In the fourth phase, the authors discussed and reviewed the themes to select those best suitable to identify recurrent meanings. In the final phase, we relied as follows on a combination of the interaction ritual theory and framing perspective as a possible and fruitful framework to help conceptualize and link, into a descriptive and explanatory model, the themes that were the most representative among the recurrent clusters of meanings shared by participants.

We analytically distinguished between the interactional and representational dimensions of the collective dynamics underlying group meetings. On the interactional level, we observed how the meetings unfolded by means of three elements or conditions typically at work in specific circumstances that involve physically assembled people, which Collins (2004) termed "interaction rituals". Such elements include: the participants' mutual focus of attention on a common object or activity; a common mood or emotional experience; and their definition of some boundaries to outsiders. Regarding our support group, each meeting opened with the lighting of a candle (viewed as symbol of hope) that was placed at the center of a circle of chairs and remained lit until the end. Participants hugged each other at the beginning (and end) of each meeting. This was followed by the reading of a diary that summarized what happened in the previous meeting and was written by the participants. Interactions and conversations occurred spontaneously based on stories, emotions, specific questions, or needs that were expressed. Here, the above-mentioned interactional elements respectively corresponded to the participants' focus on the trauma of suicide loss and transformations affecting their personal and social sphere; their sharing of a complex set of feelings related to their grief; and their perception of themselves relative to some barrier that opposed their subjective experience being shared by other people who have not been through the same tragedy. As with other interaction rituals, such elements were constitutive properties or ingredients that set the group in motion.

On an analytically separate level, or dimension, we can locate common representations shared by group participants comparable to the collectively generated framing processes theorized by Benford and Snow (2000) in their research on social movements. As far as our empirical case is concerned, they are processes of meaning construction that survivors resorted to while defining and redefining their situation and while sharing support and solutions to deal with their grief. Based on this approach, we can also distinguish three types of such processes: diagnostic, prognostic, and motivational framing. The first type refers to all representations used by group participants to describe their personal and social condition and orient themselves while interpreting their loss and its consequences. Prognostic framing consisted of identifying solutions to cope with one's trauma and its distressful impact. Finally, motivational framing included representations that provided incentives to be involved in the group.

Importantly, each framing process also functioned as a source of meanings attached by group participants to each of the above-mentioned interactional elements (i.e., their focus of attention, emotional experience, and perception of some boundaries). In other words, meanings shared by participants relative to each interactional element could be broken down under three kinds of framing. By combining these two dimensions of the group dynamics (i.e., the three elements on the interactional level and three types of framing on the representational level), we constructed a scheme of interpretation that served as the analytical lens we adopted to conceptualize and connect the themes derived from our data analysis and illustrated in the subsequent section. In this sense, the analytical combination of the two dimensions helped capture and identify appropriate relationships among the main clusters of recurrent meanings shared by survivors.

Ethical Approval

Our research project was reviewed by the Legal Office of the University of Trento in May 2015 (https://webapps.unitn.it/du/en/StrutturaGestionale/STO0000843). The office assisted the authors in preparing appropriate consent forms for the study participants and provided legal advice on how to

protect their privacy and guarantee their anonymity, under any circumstance, concerning the disclosure or publication of research results. Informed consent was obtained from all subjects involved in the study. In addition, the authors declared, through the same consent forms, their commitment to guarantee maximum confidentiality on people interviewed and group participants. The A.M.A. Association also gave permission to conduct our research.

Results

Based on the above-mentioned conceptual framework, in this section we illustrate the main themes derived from our data analysis. They consist of different modalities according to which group participants expressed meanings they attached to each interactional element of the group dynamics (i.e., the participants' focus of attention, their shared emotions, and their perception of barriers between in-group and out-group). Such meanings depended on three kinds of sense-making processes or representations in terms of the diagnostic, prognostic, and motivational framing adopted by the participants themselves in different circumstances or phases of their interactions. The following table provides a comprehensive view of the main themes and their connections.

Table 2. Main themes concerning the recurrent meanings shared by group participants.

Interactional elements of the group meetings	Types of framing related to the representational dimension of the group meetings		
	Diagnostic framing	Prognostic framing	Motivational framing
Mutual focus of attention	*Uniqueness of suicide loss*	*Searching for "handholds"*	*The group as a "second family"*
Common emotions	*Self-blame and sense of abandonment*	*Reconciliation and self-forgiveness*	*Belongingness regained*
Boundaries to outsiders	*Sense of estrangement*	*Awareness of the cultural unreadiness*	*Extended solidarity*

On the one hand, such representations were situationally contingent on, and in this sense presupposed, the specific context of participants' interactions, particularly on the intense emotions that pervaded their verbal and non-verbal communication during their encounters. On the other hand, the same representations emerged as a collective and *sui generis* outcome with significant impacts on the single survivors' perceptions and emotions. In fact, each framing process contributed, to some extent, to molding the above-mentioned interactional elements and the directions of their dynamics, such as by orienting the survivors' focus of attention towards certain common needs and solutions related to their suffering, by also shaping their emotions, intensifying their sense of belonging favored by their mutual recognition, and by sharpening or mitigating their perception of some barriers between them and other people.

Uniqueness of Suicide Loss

Regarding the first three themes, we examine how meanings relative to, respectively, the group members' mutual focus, their common emotions, and their perception of other people were expressed by participants at the level of shared representations that made sense of and defined their psychological and social situations and their needs. First, we observed how survivors generally elaborated and shared views concerning the uniqueness of suicide bereavement compared to other kinds of loss. For example, one mother expressed the unendurable pain caused by her son's suicide because "it would be easier to accept a death caused by an accident, for example, while the choice of suicide leaves me feeling guilty." (#10, mother, meeting 5). Similarly, another mother, who had lost her daughter to suicide, said: "In the meantime I go on the Internet to find other similar cases. It's difficult to talk to others. It's not the same as when you lose a child to disease." (#3, mother, meeting 47). In this regard, a woman, referring to her brother's suicide, stated that "I'm nailed there, on the problem of suicide. My problem isn't bereavement. My problem is that my brother died by suicide." (#2, sister, meeting 28).

In addition, suicide loss generally entailed an extraordinary impact on the survivors' self-perception relative to their social status and duties. For example, confronted with his son's suicide, a man described his experience as "an enormous failure as a father", to which he added the fact of "not having yet recovered the will to live." (#4, father, meeting 18). Importantly, "veteran" participants in particular contributed to creating a welcoming social setting in which new participants could encounter an empathic approach to their perceptions, needs, and despair. Here, views that progressively emerged as shared (diagnostic) representations functioned as a modality of the survivors' reciprocal recognition relative to their common and exceptional loss and its devastating emotions, which were to be found incomparable to other kinds of grief.

Self-blaming and Sense of Abandonment

Group participants, while reporting the incessant question of causes, reasons, and motivations that could account for their loved one's suicide, frequently tended to entangle themselves in self-blame. For example, a woman, referring to her husband's suicide, remembered:

> "We were going through separation. My husband refused to accept it. I feel so much guilt. But now I feel him so close. I have nothing to forgive him for [referring to a sentence in her husband's suicide note, in which he had asked to be forgiven]. I am the one who should seek his forgiveness, because I failed to understand him." (#7, spouse, meeting 4).

Expressing the profound drama of her tragedy, another woman, referring to her brother's suicide, reported suicidal thoughts provoked by her desperation:

> "The solution is to do the same thing my brother did. It is the solution, but it's not practicable because of my husband and my mother [i.e., because they need her help]. The thought is unrelenting. It is the solution. We are trapped, we are trapped. You should admit it too [referring to other participants] […]

I am unforgivable. I must stay with the guilt, otherwise I would hang myself. Guilt is also what we fail

to do." (#2, sister, meeting 28)

However, in some cases, feelings of guilt also tended to be intertwined with emotions that

expressed disappointment towards the deceased person, sometimes a sense of abandonment, and

even profound rage, which demonstrates the conflicting emotions to which survivors could be

exposed. This is revealed, for example, in a conversation involving both the mother and sister of a

young woman who had died by suicide:

- "I need someone to talk to, someone who listens […]. But I can't, not even with you [speaking to her

daughter who was also attending the meetings and spoke subsequently]." (#3, mother, meeting 47)

- "But I can't because I am so angry with her [referring to her sister who had died by suicide]. And so,

it would be a problem to say this to you […] By rejecting life she also rejected us. She rejected all of

us […]. It hurts because the decision was unilateral […]. How can she not have had even a moment of

compassion for us?" (#1, sister, meeting 47)

Sense of Estrangement

Another crucial characteristic of the survivors' condition consisted of tense relationships with

people within their social circles (e.g., acquaintances, colleagues, relatives, and even family

members). At group meetings, a sense of estrangement dependent on the survivors' perception of

inappropriate reactions by others (e.g., judgements, indifference, and some forms of stigmatization)

became an additional and frequent aspect of participants' definition of their situation. For example,

a mother said: "When I go shopping, I have the feeling that they look at me like the mother of the

girl who jumped off the bridge." (#3, mother, meeting 39). Another mother referred to the indiscreet

behavior of people towards survivors, like when a person at a job interview had presented one of

her other two children as "the brother of the one who died by suicide." (#9, mother, meeting 30).

Another woman, who had lost her husband to suicide, told how "I became the scapegoat [on which

his family as well as others had piled the blame for and the cause of his suicide]: 'he died by suicide because she left' [this was what they thought]." (#8, spouse, meeting 32). This was echoed by another spouse, who remembered the blame to which she had been exposed after her husband's suicide: "They said that I had left home and so [I somehow caused his death]. But they didn't always look inside that house to see what was really happening." (#6, spouse, meeting 32).

Regarding the definition of boundaries between the survivors' condition and external circles, under certain circumstances the mourners' representations also tended to emphasize their perception of insurmountable barriers that opposed their subjective experience being understood by other people – which explained the survivors' need for recognition and solidarity by other participants, in particular veteran members. However, the subsequent results illustrate how group meetings also engendered further framing processes whereby survivors collectively attempted to deal with such barriers and additional obstacles, resulting in, for example, their effort to understand reactions by other people and mitigate their sense of estrangement.

Searching for "Handholds"

Three additional themes refer to the participants' common search for appropriate answers to their suffering. Here, one key moment had to do with their attempt to understand the desperation that had driven their loved one to suicide. For example, two mothers (here both qualified as veteran because, relative to the moment of our observation, had been attending the group for about the last two years) exhorted during the same meeting other participants to feel compassion for their deceased sons, daughters, and husbands:

- "He found the peace he was looking for [referring to her deceased son] […] I feel him close to me. I always ask him to help me. I understand the choice he made [considering his] restrained life [that he had lived lately due to the bipolar disorder he had suffered from]. Rather than having to live like that, he opted for peace." (#9, mother, meeting 30)

- "One mustn't withdraw into oneself. They [the loved ones who had died by suicide] did not intend to cause us despair. She did it [certainly referring also to her deceased daughter], but she didn't want to [cause pain]." (#11, mother, meeting 30)

This also implies a new approach to the deceased person, the suicide gesture, and its consequences, particularly in terms of the survivors' acceptance of the impossibility of controlling another's behavior:

"We must seek help and not shut ourselves up at home. Those who are left behind [i.e., the survivors] are not included at that time [in the evaluation of the consequences by the person who had died by suicide]. He [i.e., the deceased person] took the truth away." (#13, uncle, meeting 18)

In addition, even compared to other forms of support, for some survivors group participation was described as a unique contribution to redefine their situations and orient them to deal with the uncertainties of their present and future everyday life – which mainly depended on the richness of experiences attached to the collective dimension of the group itself – as reported, for example, in the following interview with a woman who had participated in the group only before our observation:

"The group has been the only place where I could talk about my brother freely and about my experience […] This is where I identified with other people […]. And I believe that the group is one of the most important aids for the people who have been through this, more than a psychotherapist, a psychologist, or a priest. It depends on the person, but for me, it was. […] Before joining I had obsessive thoughts, I obsessed over this every day: over my brother's death, over what I could have or not have done, over what my family could have or not have done. And these thoughts sucked a lot of energy out of me, they didn't allow me to live peacefully. I needed a group to vent these thoughts." (#17, sister, interview)

Reconciliation and Self-forgiveness

Another fundamental aspect in the survivors' grieving process had to do with their struggle to overcome anger and other negative emotions that haunted their everyday life, particularly self-blaming. In this regard, we highlight relevant interactional mechanisms also dependent on the mixed membership of the group, in that it was open to both suicide survivors and persons who had attempted suicide. An example is derived from the following conversation, which also involved two participants who had attempted suicide:

> - The exchange opened with the story of a young woman who had lost her sister to suicide: "Faced with what happened, we feel we haven't done anything [to prevent suicide], even though in actual fact we did do something." (#1, sister, meeting 38)
>
> - A woman who had attempted suicide intervened: "In doing that she would have lifted a weight off you [referring to the sister of the one who spoke about that earlier]."
>
> - Now in unison was the reaction of the sister of the same deceased girl and the mother: "But that's not true for us: that's monstrous." (#1 and #3, respectively sister and mother, meeting 38)
>
> - A man who had attempted suicide: "I too thought that [my suicide] would have benefitted everyone"; then he added that at a certain point suicide had seemed to be the only way out for him.
>
> - The same woman who had attempted suicide "I felt I was a burden and that, by attempting suicide, I would have relieved everyone".
>
> - The mother of the same girl who had died by suicide: "For me it was all ok anyway and always, despite the difficulties [referring to the deceased daughter]." (#3, mother, meeting 38)
>
> - The father of a boy who had died by suicide: "Our daughter reproached us for having given him [referring to the deceased son] too much before and of having chastened him too much afterwards"; he then asked how one must judge oneself as parent, and concluded: "It is not right to reproach oneself. But that's how it went. We loved them, after all." (#12, father, meeting 38)
>
> - "We are all potentially at risk [i.e., also the survivors themselves]." (#8, spouse, meeting 38)
>
> - "The thought of suicide can come to anyone's mind." (#13, uncle, meeting 38)

Here, suicide survivors had the opportunity to better understand the emotions and thoughts of those who had attempted suicide. We observed how this identification or empathy lessened the sense of abandonment and anger that some survivors tended to feel for their loved one. By assuming the perspective and internalizing strong emotions of participants who had attempted suicide, survivors were able to achieve some reconciliation with the deceased person. At the same time, survivors experienced a diminished sense of guilt, in that they understood that people who attempt suicide often believe they are beyond help and, therefore, hide their suffering and suicide ideation.

Awareness of the Cultural Unreadiness

In addition, survivors attempted to understand the profound cultural limitations that often affected their communities and that made their acquaintances, relatives, and even family members ill-equipped to manage suicide grief and support the bereaved persons. Group interactions gave rise to new frames that had a retrospective effect in mitigating the participants' sense of alienation towards external social circles. This resulted in an alternative approach to the above-mentioned representations that tended to sharpen the survivors' perception of some unbridgeable opposition between their existential condition and other people. The following conversation expresses this new point of view, which also depended on the survivors' awareness of their risk of self-stigmatization and self-marginalization:

> - "I have so many thoughts that I can't get a grip on. I feel like I have pushed the others away. I am fine alone. I don't want to hear things such as 'It's in the past' [something an acquaintance had told her]. Perhaps [this acquaintance] intended it as consolation; on the other hand, she spoke to me as if I was to forget a banality. I should return to normality, but I can't. I miss her so much [referring to her daughter who had died by suicide]. I often see her smiling, even in some moments in those last days. I cannot return to normality." (#3, mother, meeting 44)

- "You are different, you can no longer stand banality. We are in another dimension, on another level […] They can't find the words [referring to the other people]." (#11, mother, meeting 44)

- "I understand that it is difficult for them too [i.e., those who try to interact with the survivors] […] I would prefer that they would come and take me with them without trying to console me or make banal statements. Sometimes I think it's me who is pushing everyone away. My sisters don't come to visit. Most probably I made it difficult for them." (#3, mother, meeting 44)

- "People find it very difficult to stay in the presence of pain." (#8, spouse, meeting 44)

- "It's proof of the refusal to face taboos: death, suicide, depression." (#6, spouse, meeting 44)

The Group as a Second Family

A common property to another set of meanings expressed by the group participants was a type of representations that functioned as a motivational mechanism because it stimulated participation. First, we observed that each interactional element associated with group meetings (i.e., the survivors' common focus, emotions, and self-identification relative to others) tended to provide feedback on the other elements to an extent that participants became more and more involved in each other's stories and emotions. This resulted in the survivors' perception of the special bonds and attachment that qualified their relationship and was expressed in specific representations resembling a sort of group self-observation and self-description. The latter generally emerged when new survivors participated for the first time and other participants had to introduce themselves, and talked about their grieving process, including their involvement in the group. This is exemplified by the following conversation, in which some participants shared their experiences with two new members:

- A woman who had lost her son to suicide and who (relative to the moment of our observation) had joined the group a few months before: "Thank goodness for them [referring to the group]. They are better than a psychologist. I joined immediately thanks to my daughter. Here one also finds friendship. Outside I see detachment, I almost have the feeling they are avoiding us. The others can't understand

what we are going through. […] The group is our second family. We are in the same boat." (#10, mother, meeting 18)

- Another woman, who had joined about two years ago: "I experienced so much loneliness. Everyone moved away from me, mainly my husband's family. You take one step at a time. The group is like an island of survivors, of shipwreck survivors. One feels a lot of brotherhood […] and a dimension of life. It is like a world that is parallel to that of the others [i.e., of those who have not suffered these losses]." (#8, spouse, meeting 18)

Belongingness Regained

Motivational representations tended to both express and strengthen solidarity and a new sense of belonging experienced during the meetings, so that conceptions that emerged at the representational level and the dynamics that occurred at the interactional level tended to reinforce each other. For example, the previous conversation involving the same above-mentioned new members continued in the immediately subsequent meeting, with one of them reporting his feelings:

- A woman, who had lost her husband to suicide and who (relative to the moment of our observation) had been attending the group for a few months: "Often enough it is the family who would like to see you as you were before. This [i.e., the group] is a place where one finds others with whom to share one's experience." (#6, spouse, meeting 19)
- Another woman who had been a member for about the same time: "Here in the group I feel the affection that is lacking with the psychologist." (#10, mother, meeting 19)
- A woman who was at her second meeting: "I felt I was a part of the group [referring to her first meeting]. I felt and still feel a survivor, something that others can't understand. We are survivors: something the others don't realize. I entered the group straight away: I already felt I was a member." (#2, sister, meeting 19)
- A woman who had been a member of the group for about two years: "What a beautiful thing you have said. We are happy that you have started to feel better." (#11, mother, meeting 19)

- A woman who had attempted suicide also intervened: "You realize you can help someone; here you realize it."

Individual interviews conducted with group participants also contributed to exploring the survivors' perception of how their involvement made a difference in overcoming their sense of isolation. In this respect, we quote the interviews with two women who had lost their husband to suicide and had participated in the group only before our observation:

"One thing that I find extraordinary is to have been able to engage in very strong relationships and bonds of affection with these people. So much so that even now that I don't attend the group's meetings anymore, because my path has somehow ended, I am still in contact with these people […] I consider them friends. I believe that this has been the most positive thing, because the forging of significant bonds is a return to life […]." (#21, spouse, interview)

Solidarity and a persistent attachment to one's peers also emerged as a crucial theme from the story of the second woman:

"The purpose of the meeting was to wash the wounds, as our facilitator always used to say. […] And each time I got out of it feeling lighter. In the group we were accompanied and mutually supported […] I found a group of people, some of whom I am still in contact with […] I found a group in which I was absolutely free to say what I thought, I was certain that I would not be judged and that I did not judge anyone else. I wasn't ashamed of anything, and I was not intimidated." (#22, spouse, interview)

In this sense, group interactions engendered a new affective dimension made up of incomparably profound bonds and feelings. The involvement in the group tended to turn into a special kind of social relationship that offered a regenerating form of belongingness and fundamental importance, especially for survivors who were exposed to stigmatization and blame.

Extended Solidarity

Finally, we highlight a twofold dimension of motivational representations. On the one hand, as we have seen, the group participation was expressed in terms of satisfying a personal need to belong, compromised by a feeling of estrangement due to the reaction by others. On the other hand, several statements also reveal the internalization of a sense of reciprocity and of a corresponding moral obligation towards other participants, with special focus on new potential participants who sought support. This is illustrated by an interview with a woman who had lost her daughter to suicide and who participated in the group during our observation:

> "The group welcomes you and doesn't judge you. You immediately become a member of the group and from the start you are not a stranger, and you are not judged. I believe this is the first strength of the group. So, you feel immediately accepted. You know that others have lived through your same experience. You think you will never be able to make this pain go away and then you see that there are people who have come out of it. […] The other persons' experience really helps a lot: that is why I feel I must continue to attend, so that I can help others with my experience, just like it happened to me […]. What 'makes the group' are the people who are there, their richness (their personality and presence) that makes the group alive and active, that makes the group a helper." (#11, mother, interview)

This sense of reciprocity implies a more sophisticated motivational representation of participation in terms of a highly significant social role that survivors thought they could play the moment in which they offered and returned support to their peers. This included a sort of extended solidarity and appropriate aid that some of them thought they could offer by means of their role as group veterans to other individuals from their community who could be impacted by suicide loss.

Discussion

Our study shed light on some of the most important social mechanisms of support group participation. Our combination of the interaction ritual theory and framing perspective provided the fundamental interpretative filter that made it possible to observe and connect a number of interactional and sense-making processes responsible for cognitive and emotional transformations affecting the survivors' mourning process. We identified three types of framing that expressed the participants' meanings attached to the interactional elements underlying the group encounters (i.e., their mutual focus of attention, their shared emotions, and their perception of other people from their social circles).

First, in terms of diagnostic representations, survivors shared common views while defining their situation. Here, the suicide of a loved one was identified as a unique trauma that challenged the views the survivors had of themselves, their expectations, and their relationships with the deceased person and their social network, as with similar findings from previous contributions (e.g., Sajan *et al.*, 2022; Jordan, 2017). From the survivors' descriptions of their personal and social conditions, we also derived common emotions (often ambivalent and conflicting emotions), such as compassion and anger, a sense of failure and self-blame, and a sense of marginality originated by the perception of others' reactions, including several forms of stigmatization (e.g., Evans & Abrahamson, 2020).

Second, with respect to prognostic representations, survivors shared efforts to identify appropriate ways to deal with everyday obstacles that pervaded their mourning process. The group was an experienced resource for coping mechanisms. In line with other studies (e.g., Groos & Shakespeare-Finch, 2013), we observed how group involvement entailed a variety of cognitive, emotional, and relational benefits. Veterans provided countless suggestions and exhortations that became rules to be internalized by new or relatively new members. These included the fact that survivors could accept limits to their capacity of preventing their loved one's suicide (e.g., Ali & Lucock, 2020). In addition, thanks to their sharing of experiences concerning others' reactions after

suicide loss, survivors became aware not only of a diffuse cultural unreadiness to deal with mournful events and suicide, but also of risks due to their self-marginalization and self-stigmatization (e.g., Feigelman *et al.,* 2012; Jordan, 2017). Our study also revealed that conversations during group meetings between survivors and people who had attempted suicide played a significant role in taming the former's self-blame, which proved to be a beneficial contribution dependent on mixed membership.

Finally, regarding the motivational representations, the bereaved persons described their attachment to the support group and reconstructed their sense of belonging, which also served to stimulate the participation of new members. Our results illustrate how the survivors emphasized their connectedness with their peers in terms of friendship or familial relationships, compared to the social distance experienced in other social circles. In this sense, consistent with other studies (e.g., Ali & Lucock, 2020), our group interactions contributed to constructing a collective identity shared by the mourners, who, in so doing, defined and redefined themselves by adjusting their perception of boundaries to an external world dominated by several taboos that influence others' reaction to suicide.

To further abstract from our results, our research makes it possible to understand how suicide support groups can be highly influential agents to make sense of and cope with suicide grief. On the one hand, such groups tend to operate as "signifying" (or defining) agents that produce situationally constructed meanings (i.e., rooted in the specific interaction chain that formed the sequence of group meetings), equivalent to the processes of meaning construction theorized by Benford and Snow. On the other, these groups tend to function, following Collins' terminology, as potential "emotion transformers" and crucial sources of "emotional energy" for participants, because their interactions can turn negative emotions of suicide grief into a variety of positive feelings (viewed as long-term outcomes favored by participants' reciprocal solidarity) we identified in, for example, the case of survivors' reconciliation with their loved one and a regained sense of belonging.

More precisely, we observed that the survivors' encounters were subject to the typical dynamics identified in interaction rituals in general, which include a "feedback intensification" whereby participants became increasingly entrained in each other's stories and feelings. The group meetings constituted relational resources of reciprocal recognition between individuals traumatized by highly disruptive biographical events (e.g., Adshead & Runacres, 2022). This recognition was a crucial precondition that made it possible for the bereaved persons to become involved in joint and "communicative actions" (Habermas, 1984), which engendered a common understanding of their trauma, a common definition of specific ways to approach their suffering, and a common identity based on new social bonds.

Importantly, such dynamics gave rise to a *sui generis* configuration (or system formation) involving physically assembled individuals (Luhmann, 1995; Summers-Effer, 2006), in which participants contributed to the emergence of new conceptions and a new sense of belonging (e.g., Hagström, 2017). This implies that the latter cannot be explained by their reduction to single group members, but more accurately as the result of a creative collective elaboration triggered by the relational network of the group viewed as a whole (Durkheim, 2009; Sawyer, 2005). In addition, such cognitive and emotional outcomes tended to mold the single survivors' approach to suicide loss and their self-perception, according to a mechanism of downward causation (i.e., from the collective to the individual level) observed in other comparable cases of group interaction (Sawyer, 2005). This accounts for the crucial impact that group participation had on survivors' grieving process in terms of post-traumatic growth, particularly their capacity to withstand desperation provoked by conflicting emotions and their sense of marginality (e.g., Boreck & Abraham, 2018; Levi-Belz, Krysinska, & Andriessen, 2021).

Some methodological limitations of our study impacted on its general relevance for theorizing about an exhaustive model of the participation of suicide survivors in support groups. The design of our research was based on a relatively small and self-selective sample. The stories that we examined exclusively concerned persons who participated in a specific mutual aid group. The problem of

reactivity in the subjects involved in our study constitutes an additional limitation, insofar as the survivors' stories could be exposed to omissions or distortions. Our fundamental objective was to register their stories and their experiences as they lived them, based on the assumption of a reciprocal trusting relationship between researchers and research participants. Whenever possible, we attempted to verify their coherence by comparing notes from the group meetings and accounts from interviews.

Nonetheless, our research contributes to analyzing, in a systematic and theoretically driven approach, a variety of interactional and interpretative processes of suicide support groups comparable to findings from previous investigations. We observed how both participants' interactions and their collective meaning construction engendered emergent properties made up by shared representations and related emotional experiences responsible for feedback beneficial to their grieving process and the recovery of their self-confidence. In line with Shulman's metaphorical description of an aid group as an organism (Shulman, 2016), future research should be devoted to more in-depth investigations of these *sui generis* properties of suicide-specific groups and to comparisons with other types of support groups.

Regarding implications for practice, we highlight how attending suicide support groups can favor not only their members' personal wellbeing, but also significant outcomes on the level of social wellbeing. The latter depends on the survivors' motivational representation, as observed in our study, of their involvement in terms of an extended solidarity devoted to potential survivors from one's community. Moreover, our hypothesis is that group participation can instill a disposition to donate support in a more comprehensive way, such as via several types of volunteering (which we also observed for some survivors from our sample). This can include additional contributions to postvention programs, from becoming facilitators of aid groups up to one's recruitment in active forms of intervention, such as those inspired by the "Local Outreach to Suicide Survivors" model (Campbell, 2011). In this sense, suicide support groups are potential sources of the collective social capital generally attributed to volunteering and solidarity activities (Fraccaro, 2012).

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References

Adshead, C., & Runacres, J. (2022). Sharing is caring: A realist evaluation of a social Support rroup for individuals who have been bereaved by suicide. *OMEGA- Journal of Death and Dying*. Advance online publication: https://doi.org/10.1177/00302228211070152

Ali, F., & Lucock, M. (2020). It's like getting a group hug and you can cry there and be yourself and they understand'. Family members' experiences of using a suicide bereavement peer support group. *Bereavement Care*, *39*(2), 51–58. https://doi.org/10.1080/02682621.2020.1771951

Benford, R. D., & Snow, D. A. (2000). Framing processes and social movements: An overview and assessment. *Annual Review of Sociology*, *26*, 611-639. https://doi.org/10.1146/annurev.soc.26.1.611

Borek, A.J., & Abraham, C. (2018). How do small groups promote behaviour change? An integrative conceptual review of explanatory mechanisms. *Applied Psychology: Health and Well-Being*, *10*(1), 30–61, https://doi.org/10.1111/aphw.12120

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences (*pp. 843-860). Springer. https://doi.org/10.1007/978-981-10-5251-4_103

Campbell, F. R. (2011). Baton Rouge Crisis Intervention Center's LOSS Team active postvention model approach. In J. L. McIntosh and J. R. Jordan (Eds), *Grief after suicide: Understanding the consequences and caring for the survivors* (pp. 327-332). Routledge. https://doi.org/10.4324/9780203886045

Collins, R. (2004). *Interaction ritual chains.* Princeton University Press.

Durkheim, E. (2009). Individual and collective representations (D.F. Pocock Trans.). In E. Durkheim (Ed.) *Sociology and philosophy (pp. 1-34).* Routledge. (Original work published 1898).

Evans, A., & Abrahamson, K. (2020). The influence of stigma on suicide bereavement: A systematic review, *Journal of Psychosocial and Nursing Mental Health Services*, *58* (4), 21-27. https://doi.org/10.3928/02793695-20200127-02

Feigelman, B., & Feigelman, W. (2008). Surviving after suicide loss: The healing potential of suicide survivor support group, *Illness, Crisis & Loss*, *16*(4), 285-304, 2008. https://doi.org/10.2190/IL.16

Feigelman, W., Jordan, J., McIntosh, J., & Feigelman, B. (2012). *Devastating losses. How parents cope with the death of a child to suicide or drugs.* Springer.

Fraccaro, D. (2012). *Il capitale sociale come risorsa integrativa di una società locale / Le capital social comme ressource intégrative d'une société locale* [Social capital as integrative resource of a local society] [Unpublished doctoral dissertation]. Università di Trento / Université Paris IV Sorbonne.

Goulah-Pabst, D. M. (2021). Suicide loss survivors: Navigating social stigma and threats to social bonds, *OMEGA-Journal of Death and Dying*. Advance online publication: https://doi.org/10.1177/00302228211026513

Groos, A. D. & Shakespeare-Finch, J. (2013). Positive experiences for participants in suicide bereavement groups: A Grounded Theory Model. *Death Studies, 37*(1), 1-24. https://doi.org/10.1080/07481187.2012.687898

Habermas, J. (1984). *The Theory of communicative action: vol. 1. Reason and the rationalization of society*. Beacon Press. (Original work published 1981).

Hagström, A. S. (2017). 'Suicide stigma' renegotiated: Storytelling, social support and resistance in an Internet-based community for the young suicide-bereaved. *Qualitative Social Work*, *16(*6), 775–792. https://doi.org/10.1177/1473325016644039

Jordan J.R. (2017). Postvention is prevention: the case for suicide postvention. *Death Studies*, *41*(10), 614-621. https://doi.org/10.1080/07481187.2017.1335544

Levi-Belz, Y., Krysinska, K., & Andriessen, K. (2021). "Turning personal tragedy into triumph": A systematic review and meta-analysis of studies on posttraumatic growth among suicide-loss survivors. *Psychological Trauma: Theory, Research, Practice, and Policy, 13*(3), 322–332. https://doi.org/10.1037/tra0000977

Luhmann, N. (1995). *Social systems.* Stanford University Press. (Original work published 1984)

Sajan, M., Kakar, K., & Umair, M. (2022). Social interactions while grieving suicide Loss: A qualitative review of 58 studies*. The Family Journal*, *30*(3)*,* 1-10. https://doi.org/10.1177/10664807211052492

Sawyer, R. K. (2005). *Social Emergence: Societies as Complex Systems*. Cambridge University Press.

Schrock, D., Holden. D., & Reid., L. (2004). Emotional resonance: Interpersonal emotion work and motivational framing in a transgender community. *Social Problems***,** *51*(1), 61-81, https://doi.org/10.1525/sp.2004.51.1.61

Shulman, L. (2016). *The Skills of Helping Individuals, Families, Groups, and Communities* (8th ed.). Cengage Learning.

Summers-Effer, E. (2006). Ritual Theory. In J. E. Stets, & J. H. Turner (Eds), *Handbook of the sociology of emotions (*pp. 135-154). Springer. https://doi.org/10.1007/978-0-387-30715-2_7

Tosini, D & Fraccaro, D. (2020). "Like climbing a glass wall": Suicide survivors in an Italian province. *Death Studies*. Advance online publication: https://doi.org/10.1080/07481187.2020.1795746