

THE IMPORTANT ROLE OF THE SCHOOL FOLLOWING SUICIDE IN NORWAY. WHAT SUPPORT DO YOUNG PEOPLE WISH THAT SCHOOL COULD PROVIDE?*

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ABSTRACT

Little knowledge has been documented on the experiences of young suicide survivors, how they are coping with schooling and what kind of support they think they need. Thirty-two adolescents who had lost a close family member or friend by suicide participated in a research project by filling in questionnaires and participating in focus group interviews. The article explores the young people's experiences with and wishes for help from the school, including teachers and school nurses. The results show that the young people struggle with concentration and learning new material. Although many are satisfied with care and support while at school, the young bereaved do not receive all the assistance they wish for and need. In order to adequately support young suicide survivors to continue schooling, it is worth listening to their opinions about how they may be approached.

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INTRODUCTION

Research indicates that there is an insufficient understanding of young people's grief and crisis reactions in the wake of suicide. Children and young suicide survivors are referred to as "the forgotten bereaved" because they are overlooked or are not adequately taken care of by adults in their surroundings (Dyregrov & Dyregrov, 2005; McIntosh & Wroblewski, 1988; Pfeffer, Martins, Mann, Sunkenberg, Ice, Damore et al., 1997; Valente & Saunders, 1993).

Like most Western countries, Norway has a high annual suicide rate. In 2003, when the study was carried out, 502 persons committed suicide, hereof 374 men and 128 women. The suicide rate (the number of suicides per 100,000 residents) was 16.5 for men and 5.6 for women, with a total rate of 11 (Statistics Norway, 2005). With some fluctuations, the suicide statistics have remained relatively stable over the years, and the rate is three times higher for men than it is for women. The high suicide rate implies that every year many people are left in a state of shock and profound grief, among these many children and young people. The number of young people this applies to in each country is unknown, but is believed to be a great many. As shown in previous research findings, the experience of this type of bereavement is extremely stressful for the close bereaved, whether these are children, young people, or adults, for a long period of time following a suicide. In addition to the grief and loss, many young people also experience an existential crisis, psychological and physical reactions, difficulties with schooling, and extensive social difficulties (A. Dyregrov, 2004, 2008; K. Dyregrov, 2008; Dyregrov & Dyregrov, 2005, 2008; Wertheimer, 2001).

As the school is one of young people's most important arenas outside of the home, teachers and the school inevitably play an important supporting role for young people who experience that close family members or friends commit suicide (Dyregrov, 2004). Although there exist many suicide postvention guidelines for schools (e.g., Callahan, Meripolski, Rosen, Sattlem, & Tierney, 1999), there is still a great deal of uncertainty regarding how one can support young people, and more research is needed in this area (Eggert, Thompson, Randell & Pike, 2002). Thus, Streek-Fischer and van der Kolk (2000) claim that it is important to understand the processes involved in creating any problems that arise as seen from their perspective, and develop educational and psychosocial interventions to assist young bereaved in schools. The purpose of this article is to contribute to providing the school system with increased knowledge and greater security in its role of helping and supporting young people who experience a traumatic loss such as suicide. The knowledge is based on the experiences of "those who have the shoe on"—the young survivors themselves.

A User Study

To address the unique and little expressed support needs of the young suicide survivors, the organization LEVE (the Norwegian Organization for

Suicide Survivors) carried out the project “An improved care scheme for the young bereaved by suicide” helped by the author of this article. The project comprised three phases:

1. Week-end gatherings for the young bereaved;
2. A research segment to outline and analyze the help and support needs of young people, based on their own experiences; and
3. A communication part to inform potential support communities of how they can help young people in the period following a suicide.

The research focused on the young people’s primary difficulties, their experiences with help and support from the school, the public health care sector, family and friends, and other young bereaved and their self-help strategies and opportunities for growth. The school system, including teachers, nurses, and social teachers was viewed as a particularly important target group for the research. The purpose of this article is to communicate knowledge pertaining to the relation between young bereaved and the school as experienced by the young suicide survivors themselves. The research was carried out in 2004-2005.

METHOD

The study is based on the user perspective, where the informant is considered to be an expert on their own experiences and knowledge. Mixed methods were used (questionnaires and focus group interviews; Coyle & Williams, 2000; Morgan, 1993) to outline the young people’s needs for help and support from the school, social networks, and professionals. In line with Morgan (1993), the use of focus group interviews are the explicit use of group interaction to produce data and insights that would be less accessible without the interaction found in a group. Recruitment occurred through LEVE’s youth gatherings in the project’s first phase—through notices in the daily newspaper, schools, and nursing service, and in LEVE’s membership newsletter. The young people are therefore presumed to be representative of the type of young people who would consent to this kind of participation.

The Youth Sample

A total of 32 young suicide survivors filled out questionnaires and took part in qualitative focus group interviews. Ten (31%) were boys/men and 22 (69%) were girls/women. Their ages varied from between 13 and 24 years, with an average age of almost 18 years ($M = 17.8$; $SD = 3.20$). The young people were in elementary school (25%), high school (50%), college/university (16%), or working (9%). They represented all of the health regions of Norway; 69% were from urban areas while 31% lived in rural areas. Only five (16%) of the young people had been present when the individual who had committed suicide was found. Six (20%) had

lost a mother or father, 22 (69%) had lost a brother or sister, while the others had lost other close relatives or friends (11%). The ages of the deceased varied from 12 to 56 years of age, with an average of almost 27 years of age ($M = 26.69$; $SD = 12.49$). The amount of time that had passed since the deaths varied from 1 month to 7 years (84 months), with an average of around 3 years ($M = 35.5$ mos; $SD = 23.58$).

Data Collection

Data collection took place following the youth gatherings, in 11 focus groups, with two to four young people per group. The interviews were carried out either in connection with a gathering, at the researcher's office, or in the young person's home. A 4-page "help form" produced by the Center for Crisis Psychology (CCP) outlined the scope of the help received and wanted, and consisted of 172 standardized questions and five open questions. In order to ensure the validity and reliability of the form, the form was reviewed critically by two young survivors, and an adult version of the form has been translated into English, discussed with researchers, and adapted on comparable groups in other countries (de Groot, de Keijser, & Neeleman, 2006; Wilson & Clark, 2005). In addition, two subscales of the Impact of Event Scale (IES-15) were applied to measure posttraumatic reactions (intrusion and avoidance—consisting of seven questions each). The sum score of IES-15 is 0–75, and cut-off was set to 35 to define serious posttraumatic stress reactions (Horowitz, Wilner & Alvarez, 1979). Grief reactions and personal growth was mapped through Hogan Sibling Inventory of Bereavement (Hogan, 1990).

The focus group interview was chosen as a method for the extraction of individual experiences. The interviews were based on a phenomenological approach adapted from Giorgi, where the objective was to acquire descriptions of the interviewee's life-world, with an eye toward interpretation of the described phenomena (Giorgi, 1975; Kvale, 1996). By disclosing the scope and variation of the young people's subjective experiences of their encounter with the public assistance scheme, the method provided an opportunity to illuminate experiences of importance for the young survivors, of which the school and assistance professionals could be unaware. To ensure that certain subjects were addressed systematically, a theme guide based on four themes, was used for the interviews. It aimed at illuminating the survivors' experiences concerning:

1. Qualitative dimensions of the support quantified in the questionnaires (sources of support, frequency, time perspective, etc.);
2. Relational dimensions of the support (particularly good or bad support, unhelpful support, lack of support, barriers for accepting support, etc.);
3. Dimensions of ideal support (quantitatively and qualitatively); and
4. Self-help strategies ("What has been the best self-help strategy to alleviate your situation?").

These themes were used as starting points for encouraging the survivors' narrative activity. The "CCP-help-form" mapped the quantitative aspects of the same.

Data Analyses

The qualitative data was analyzed according to Kvale's (1996) 5-step analysis for qualitative data. The method is designed to condense expressed opinions in order to find basic units of meaning and processes in relation to the issues under investigation. The researcher specifies the main theme for the units of meaning before the analyzed material is interpreted in relation to the issues under investigation, relevant theory, and former research. Descriptive analyses (frequency distributions, means, and standard deviation) of the questionnaire data were carried out using STATISTICA 7. The results of the quantitative analyses were connected with the informants' subjective experiences in the interviews to say something about the assistance approach from schools.

Approvals were acquired from the Privacy Ombudsman for the Norwegian universities (NSD) and the Regional Committee for Medical Research Ethics (University of Bergen).

RESULTS

Difficulties with Schooling

As shown in previous research, many of the young people experienced anger, frustration, suicidal thoughts, depression, or anxiety to varying degrees following the suicide (Dyregrov & Dyregrov, 2005). As shown by the Impact of Event Scale, about one-half of the young people struggled with post-traumatic stress reactions to a disturbing degree (K. Dyregrov, 2008). They were disturbed by intrusive memories or thoughts about what had happened, experienced physical stress reactions, or spent a disproportionate amount of energy on avoidance strategies as a means of distancing themselves from all memories in connection with the suicide. Many experienced sleep disturbances, reduced appetite, an increased incidence of physical illness, and reported a lack of energy resulting in social withdrawal. The ability of most to function in daily life was debilitated and some described reduced self-esteem and an identity crisis. The young survivors spoke of broken-hearted parents who had been incapable of giving them support and care for a long period of time following the suicide. Instead, many of the young people had been obliged to take over parenting roles in relation to younger siblings or caring roles for parents during the initial period following the suicide.

In the midst of this, their life's nightmare and crisis, it was expected that the young people continued at school, learned and performed as if nothing had happened. It is therefore not surprising that the young people spoke most about

difficulties with schooling when they made reference to the particular problems they struggled with in the time following the suicide.

Many of the youngsters told of increased absenteeism and poorer grades due to sleep disrupted by nightmares, a reduced overall condition, and illness. As time passed, the problems increased in step with the surrounding world's gradually forgetting what they had experienced. An increasing level of maturity resulted in many having a need to understand and speak about what had happened—long after everyone had believed that they had “forgotten.”

Concentration Difficulties—A Main Problem

Concentration was identified as being the individual problem with which the majority in the study experienced ongoing and lingering difficulties. While 43% of the participants ticked off the box stating that they “almost always” had difficulties concentrating, all (100%) said that it was difficult “once in a while,” “often,” or “always.” The concentration difficulties led to many young people finding that they needed more time and explanations than previously to learn new and difficult things:

It's just like you can't even manage the multiplication tables even, right? It takes me a lot longer, you know, to understand that an arithmetic problem is right. And I need a much better explanation. . . . (Boy 14 years old who had lost an elder brother)

Particularly when it was quiet in the classroom or when doing homework at home, distressful thoughts tended to become particularly intrusive, accompanied by brooding over why the suicide had occurred. This distracted the young people and disturbed their concentration on school subjects:

The thoughts come like when one is at home and doing homework and stuff, when I sit alone, completely silent in a room and then . . . such thoughts about what happened right when it occurred, what he was thinking about, why it happened. (Boy 13 years old, who had lost an elder brother)

Distrust and Pressure

The young suicide survivors who experienced that they were not believed acquired an added pressure to perform and master along with the intense inner tension. Gradually they came to feel like losers because they did not manage to live up to their performance level of before the suicide, or to perform in accordance with teachers' expectations. Many felt they were distrusted, subjected to intense pressure, and without the support that they found themselves needing. A clear pattern was that the young people had an easier time holding the intrusive thoughts and memories at bay when they were doing pleasurable things or were active, such as during recess. Those teachers who observed this pattern and did not have knowledge about traumatic reminders and how these actually function for young

people, suspected some of them taking advantage of the situation in order to more easily get out of doing their schoolwork. The young people who did the best they could, despite concentration difficulties and headaches, often had depressive thoughts because they felt constantly under pressure, not least in terms of grades:

At midterms this year I had a headache for all of the exams and I did not really manage to concentrate. So I said so, but they don't care about it, they still gave me grades. It's foolish. If you do the best you can and have great difficulties concentrating, so you get a bad grade, the teacher is like this: you should have done better; I know you can manage to do better. It's depressing in a way.
(Boy 14 years old, who had lost an elder brother)

Many Schools and Teachers Did Well

The young people stated that they had received some help through the school, and were more satisfied with the school and the teachers than with the local public assistance. Their reports indicate that very many schools have addressed the situation and have plans for or thoughts about taking care of pupils following a suicide of a close family member. This was reflected through a number of positive encounters between the young people and the school. Therefore, most young people wanted to return to school as quickly as possible if they were allowed to attend a bit on their own terms during the initial period. They wanted a "psychological time out" from the sad atmosphere at home while they also experienced that the school, teachers, and classmates could provide them with important support:

I managed to hold on to the fact that I was going back to school. That alone was what was in my head, hang on for two days, for now I will soon be back in school. I believed that I would receive important support there and so I did.
(Girl 15 years old, who had lost her father)

Many emphasized the help they had received in the form of teachers inquiring about and helping them to inform the class about the suicide, or in collaboration with them/the family informing the class for them:

I was allowed to go to school and have a meeting with the teacher where I told her absolutely everything. And she told the class so there would not be any questions when I came back. That was quite good. (Girl 17 years old, who had lost her elder sister).

The young bereaved experienced it as extremely positive where teachers took a little extra care with them, brought up the situation and implemented concrete measures if necessary. They were greatly appreciative where teachers followed up on a regular basis over time and asked (discretely) how things were going with them:

The teacher asked how it was going with me from time to time and she was very obliging at school. So I spoke with her if there was something, she was very good. She told me if there was something in a book about somebody

taking their lives. And then she was very much like: now we are going to talk about it and it's ok if you don't want to be here, you don't have to. (Girl 13 years, who had lost her elder sister)

In particular the girls and boys emphasized that the (head) teachers, social teachers and school nurses were the most important and best helpers:

I had a social teacher in primary school who contacted me and everything took place on my terms. He was a great person to talk to and has helped me quite a bit throughout primary school. (Girl 17 years who had lost her father)

The teachers I have, they have been like nurses the whole gang. They are full of compassion and caring and it is what it is and you acquire a very good contact with them. And then one dares to say everything, too. But one does not have such a good chemistry with everyone one meets. (Girl 19 years old who had lost her sister)

Still, Improvements Are Needed

Although the school and teachers received relatively good evaluations from the young people, they pointed out a number of important factors that required improvement. Better care giving on the part of the school was extremely important for the young bereaved and 32% wanted (more) support from the school. A big problem for many was the experience of being under the pressure of expectations to perform and attend and continue school just as they had done previously, in spite of the fact that they had been having such a difficult time. In addition, a number of young people found that different teachers at the school had different practices with regard to care giving of the same pupil following a suicide.

Many young people wanted the teachers to a greater extent to be able to understand what they were struggling with after the suicide and had thoughts about and suggestions for how the school could better help them get over their concentration problems:

I wish that someone had contacted me, I wish that someone had come and helped me with my absenteeism, sort of more concretely, that someone could have told my teacher that when one has experienced something like this, it is completely normal to have concentration problems. (Girl 22 years old who had lost her mother)

It should be that if I had needed to calm down that I would be allowed to sit alone and maybe speak with a teacher or something, because you can't suddenly just leave the classroom. I skipped school because I didn't have the energy to be there and only after a year and a half was I then able to concentrate and start doing schoolwork again. It would perhaps have gone a bit more quickly if I had received more help with my concentration. It's going tolerably well now, but right after it happened, it didn't. Had I received more help, had I been allowed to go into a group room, if someone could have helped me with math. . . . (Boy 14 years old, lost his mother four years previous).

An extremely sensitive subject for the young survivors was empathy on the part of the teachers and how it ought to be expressed. It was important for them that the teachers approach with caution, indicating that they understood their situation but without falling all over them in front of everybody else. Due to the extreme nature of what had taken place, and due to their age, they were extremely vulnerable and sensitive to the surrounding world. While they wanted true empathy from teachers, it had to be expressed in such a way that they were able to accept it. The expressions of empathy were otherwise dependent upon how they happened to be feeling from one day to the next, the relation they had had to the teacher previously, and—in particular—that the setting allowed for intimacy. Taking all of these factors into consideration is extremely demanding for teachers who are in turn often uncertain about how they will manage to handle the situation. These dilemmas are neither alleviated when one takes into account the young people's different needs for support and intimacy:

Because everyone is so different, some have a need for lots of hugs and others don't. (Girl 18 years old who had lost her mother)

A big problem that everyone experienced was that the people in their surroundings forgot about it long before they had finished struggling:

The first month or so, it was easier, but then they began expecting that you will, yeah, start to get over it. (19-year-old boy who had lost his brother)

Push Us a Bit, but Find the “Traction” Point

Many young people admit that they have personally contributed to their not receiving the help that they later found they would have needed. They admit that they do not always do so well with regard to expressing and informing helpers that they are not managing. Because the young people for different reasons try to hide their feelings or reactions, they realize that it is not easy for those around them to help them out. Some have refused to accept help that was offered and about this, most say: “Push us a bit more and repeat the offer of help. The helpers need to dare to be a bit more on the offensive and not just accept the first refusal at face value”:

If I am asked to talk about the suicide, I can but I don't think that I will take the initiative for it myself. If they ask whether I want to inform others about it that is ok for me. (14-year-old boy who had lost his mother).

Young People's Wishes and Advice for Caregiving from the School

The young people claimed that it is extremely important that the help for young suicide survivors to the greatest possible extent is provided in collaboration with them:

It is important that they (the school) ask the pupil: What do you want help with? What do you need and that you develop trust in the person you are speaking with. (Girl 17 years old who lost her father)

Young people's advice in relation to how and what could be improved in their situation at school are listed in the following:

- The school/teachers should acquire knowledge about the situation of the young bereaved by traumatic death (including suicide) through basic and continuing education for teachers.
- A follow-up strategy in the school should be created for the young bereaved by suicide.
- The school/teachers should have responsibility for contact being made with the pupil/home in connection with necessary adaptations and plans for care. Involve the pupil in the dialog with the school and parents.
- The school should take the initiative and/or help the pupil to inform the class about what has happened.
- The school/teachers must be prepared for the fact that the pupil may need to return gradually after the funeral.
- Teachers should show sympathy/be empathetic—but expressions of sympathy must be adapted to the individual and the situation so that teachers don't "fall all over" pupils.
- The school should practice flexible attendance rules enabling the option to stay home from school should they feel the need to do so.
- The school should provide opportunities for "time-outs," especially in the beginning—e.g., permission to go to a separate group room, activities to allow distraction from difficult thoughts, such as use of PC.
- According to need, exemption from (some) tests and exams should be possible—particularly immediately following the death.
- The school should provide adaptation of tests—e.g., in a separate room, more time, possibly oral exam if this alleviates concentration problems.
- In order to reduce pressure for grades—the school could try to view new tests in relation to the pupil's previous performance and what he/she has experienced when grades are awarded.
- Pupils should be given permission for a period to be more passive in class without this having repercussions for grades.
- Young persons should be prepared if the subject of suicide is going to be addressed in class, possibly allow them to miss this class (in particular immediately following the suicide).
- According to need, practical outplacement or leave from school should be considered for short periods of time.
- Teachers must have coordinated strategy measures in relation to the same pupil at the same school.

- Routine contact with social teacher/nurse/psychologist should be provided, which in addition to serving as an outreach program, provides fixed appointments for contact throughout the semester.
- Offers of adaptation and help should be repeated if pupils who are clearly falling through the cracks refuse this. The school/teachers must show that they care and understand the difficult situation following the suicide.
- The school must have a realistic time perspective on grief and difficulties and the need for special care; do not expect it to pass after a few months.

The degree to which different young people will need care in relation to the respective “advice” will vary. The most important thing is to adapt to the situation using the heart and mind for the individual pupil.

DISCUSSION

The Young Suicide Survivors Struggle

Young suicide survivors struggle after a suicide. The results confirm previous research showing that this has repercussions for their schoolwork and participation (Dyregrov, 2004; Dyregrov & Dyregrov, 2005; Silverman, 2000; Valente & Saunders, 1993). Although some of the recommendations for support that the young survivors point to have also been in place in the U.S. and Canadian as well as European schools for years, it is important to listen to their voices. The negative consequences for the learning abilities as stressed by the young survivors have also been pointed out by other researchers (Streeck-Fischer & van der Kolk, 2000). Some of them tell that their school performance deteriorate, especially subjects high in attentional demand.

Thus, as supported by Streeck-Fisher and van der Kolk (2000), the young people reports show that memory and concentration, so necessary in learning situations, are negatively affected by a traumatic experience such as a suicide. The reason for this may stem from loss of motivation, intrusive material and cognitive processing tying up attentional resources, and lowering the cognitive pace due to depression and complicated grief reactions (Streeck-Fischer & van der Kolk, 2000; Prigerson, Shear, Jacobs, Kasl, Maciejewski, Silverman et al., 2000). The high levels of intrusion in this sample (K. Dyregrov, 2008), as well as the young people’s qualitative statements of having distracting thoughts on the deceased and the suicidal act, certainly support the above mentioned theories. Although the suicide survivors can experience a lack of concentration throughout the entire day, it is in the context of school that this is the most evident and the most troublesome. A clear pattern is that thoughts of what has happened arise when there is little to distract them. It is easier to concentrate on tasks that are pleasurable and require more activity in dialogue with teachers or fellow students than on quiet work done alone and difficult or boring assignments. As is seen in this study as well as

previous studies, children can fail exams or their marks can suffer as a result of such extensive concentration problems. Painful thoughts create a distraction from what the teacher is presenting and reduce learning capacity or concentration on assignments they have been instructed to carry out. Such thoughts, along with brooding about the death, in particular, will become prevalent when it is quiet in the classroom or while doing homework, causing young people to be distracted and disturbing their concentration on school subjects. Especially new and difficult (e.g., mathematics, physics, and grammar) assignments suffer because new material is not “stored” (Dyregrov, 2004; Dyregrov & Dyregrov, 2008). Also, as emphasized in other studies of the aftermath of disasters, it is not unnatural for children and adolescents to pose the question: “What is the use of investing in schoolwork when you can be dead to-morrow?” (Yule & Gold, 1993). Thus, some may lose the motivation to stay at school or do homework.

Still, in the midst of their crisis, the young survivors are expected to function more or less as usual at school. Because the young survivors also experience it to be supportive to be at school in order to continue “normal daily life,” they request help from the school to do so.

Advice to the School

The most important conditions to ensure that help-measures are functioning are the existence of trust, empathy, and contact between pupil and teacher. A good procedure for ensuring the necessary care can be to speak with the pupil one-on-one. Sit down and take your time. Do not ambush the pupil with physical contact if this is not completely natural. Do not say that you understand how they are feeling, but listen, be patient, and show that you care. Have the pupil understand that you/the school are willing to go out of your/its way to make adaptations so that the situation does not destroy their schooling. State clearly that you/others will be there for the pupil over time and agree on a way in which the teacher can be updated regularly as to how things are going, and adjust any measures for caring for the pupil at the individual level. In addition, collaboration between the home and the school following tragic events in the family will have central significance. The school will also, in addition to individual care, potentially have important tasks to fulfill in the manner of creating frames for collective processing—through memorial services, addressing the subjects of grief and loss, and possibly commemoration of red letter days.

Limitations and Strengths of the Study

Although the results stem from a nationwide selection, the sample is small in order to generalize from the quantitative analyses. Also, it may be difficult to generalize to other school systems around the world. Still, there are some qualitative descriptions and findings that are connected to communication and care in general, as well as connected to human interrelationships. Therefore, teachers around the

world could listen to these young survivors and think through whether the findings in this study could be relevant for them or not. Surely, the combination of quantitative and qualitative data gives knowledge that may help to interpret the results more adequately. Thus, many of the nuances of the young people experiences may apply for other suicide survivors and school teachers, especially in westernized school systems.

A possible bias in the study is that the sample can be distorted, because the study followed youth gatherings and one may have recruited persons to the study who are more interested in the problems addressed there. Thus, an important question is whether a wider group with different experiences and coping would want more or less support from schools than those who do access help. One possibility is that these informants may be struggling more or have a greater awareness of their own reactions than other young suicide survivors, or the young people in the study can be more resourceful or more confrontational than other young bereaved. All this may influence the outcome along the lines of more problems and dissatisfaction, resulting in more demands to the school. However, despite group differences on available basic background variables for this and a previous study (Dyregrov & Dyregrov, 2005) with young suicide survivors, great similarities in wishes for help were seen. This may reduce the likelihood for biased findings due to recruitment method. Rather, as earlier studies have shown that the non-participants might even be worse off than those who do participate in such studies (Paykel, 1983), it is possible that those who do not seek or are receptive to help (the group gatherings) may want even more support from schools.

Although it is difficult to conceive of the possibility of the informants constructing new experiences in connection with their unique situation after having heard the accounts of others, it is likely that the group interviews, gatherings, and the preliminary questionnaire may have influenced the interviews, in the sense of causing the young people to develop further reflections and associations to their own thoughts and experiences (Bloom, Frankland, Thomas, & Robson, 2001).

Conclusively, the qualitative material's validity and generalizability, both theoretically and analytically speaking, will be connected with degree of its plausibility and to which it is confirmed through recognition on the part of the young bereaved, in theory and by school teachers, school counselors, and school nurses (Kvale, 1996). It is a strength that the qualitative material is comprehensive in relation to the focus of the article. Also, two young bereaved read through and "validated" the final report without objections to the presentations; clinicians in the field recognized the young people's problems and some previous literature support the findings.

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