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(In)visible Educational Practices of Women After a Suicide Mourning: Learning and Care within the Family
(Nie)widoczne praktyki edukacyjne kobiet w żałobie suicydalnej. Uczenie się i troska w rodzinie

ABSTRACT

RESEARCH OBJECTIVE: The study aims to analyze the role of women being in an informal educational practices bereaved by suicide, and its meaning for the reorganization of family life and processes meaning-making the loss.

THE RESEARCH PROBLEM AND METHODS: The study addresses the underexplored everyday relational and educational practices in families after suicide loss. It employs a qualitative--interpretative approach using semi-structured interviews with 10 bereaved women from Lower Bavaria (Germany). The data were subjected to reflexive thematic analysis.

THE PROCESS OF ARGUMENTATION: Drawing on the concept of care work, emotional labor, stigma, and informal learning, it has been revealed that women's activities after suicide loss constitute forms of invisible educational work that support family functioning and giving a meaning to the experience of loss.

RESEARCH RESULTS: Women play key roles as organizers of daily family life, interpreters of the suicide, creator, and deliverer of experiential knowledge. These practices support an informal learning and the reconstruction of shared meanings in family.

CONCLUSIONS, RECOMMENDATIONS AND APPLICABLE VALUE OF RESEARCH: The study highlights the importance of gender determined caregiving and relational practices in

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mourning after suicide and the need for broader consideration of the role of women in post-traumatic stress and educational, communication and caregiving processes in families after the loss.

→ **KEYWORDS:** **SUICIDE BEREAVEMENT, WOMEN, EMOTIONAL LABOUR, INFORMAL LEARNING, FAMILY DYNAMICS**

STRESZCZENIE

CEL NAUKOWY: Celem artykułu jest analiza roli kobiet w nieformalnych praktykach edukacyjnych w rodzinach dotkniętych samobójstwem oraz jej znaczenia dla reorganizacji życia rodzinnego i procesów nadawania sensu stracie.

PROBLEM I METODY BADAWCZE: Badanie koncentruje się na słabo rozpoznanych codziennych praktykach relacyjnych i edukacyjnych w rodzinach po samobójstwie. Zastosowano podejście interpretatywne, wykorzystujące częściowo ustrukturyzowane wywiady z 10 kobietami z Dolnej Bawarii (Niemcy). Dane poddano refleksyjnej analizie tematycznej.

PROCES WYWODU: Odwołując się do koncepcji pracy opiekuńczej, emocjonalnej, stygmatyzacji i uczenia się nieformalnego, wykazano, że działania kobiet po stracie samobójczej przyjmują formę niewidzialnej pracy edukacyjnej wspierającej funkcjonowanie rodziny i nadawanie sensu doświadczeniu straty.

WYNIKI ANALIZY NAUKOWEJ: Kobiety odgrywają istotną rolę jako organizatorki życia codziennego, interpretatorki śmierci samobójczej oraz twórczynie i przekazicielki wiedzy opartej na doświadczeniu. Praktyki te wspierają procesy uczenia się nieformalnego i odbudowę wspólnych znaczeń w rodzinie.

WNIOSKI, REKOMENDACJE I APLIKACYJNE ZNACZENIE WPŁYWU BADAŃ: Wyniki podkreślają znaczenie genderowo uwarunkowanych praktyk opiekuńczych i relacyjnych w żałobie po samobójstwie oraz potrzebę szerszego uwzględnienia roli kobiet w działaniach postwencyjnych i procesach edukacyjnych, komunikacyjnych oraz opiekuńczych w rodzinach po stracie.

→ **SŁOWA KLUCZOWE:** **ŻAŁOBA PO SAMOBÓJSTWIE, KOBIETY, PRACA EMOCJONALNA, UCZENIE SIĘ NIEFORMALNE, DYNAMIKA RELACJI RODZINNYCH**

Introduction

Suicide is a major public health issue and a profoundly disruptive event for families and communities, leaving relatives with complex emotional, relational, and social challenges. Research on suicide bereavement has documented psychological consequences such as guilt, shame, anger, and prolonged grief.

Survivors often face stigma, silence, and uncertainty in their social environment (Pitman et al., 2016; Ruczaj, 2025). Suicide raises difficult questions about responsibility and meaning, complicating grieving and communication within families and communities (Feigelman et al., 2020). Bereaved family members must navigate not only grief but also social expectations and interpersonal tensions.

The aftermath of suicide extends beyond individual mourning to the reorganization of everyday family life. Routines may be disrupted, roles may shift, and family members often need to support one another emotionally (Dworakowska, 2024; Aksamit et al., 2025; Marek & Oexle, 2025). This relational work is frequently undertaken by women, who are often expected to maintain family cohesion and manage emotional relationships in times of crisis (Finch & Groves, 1983).

Such practices can be understood as forms of invisible care work and emotional labour that sustain everyday life (Finch & Groves, 1983; Hochschild, 2012). In the context of suicide bereavement, women often organize daily routines, mediate communication, explain the death to children, and support relatives. These activities also involve informal learning processes, through which families develop shared understandings of the loss (Illeris, 2018).

Despite their importance, these everyday practices remain underexplored. Existing research has focused primarily on psychological outcomes and professional support, while relational and informal educational dimensions – especially in relation to women's experiences – have received less attention.

This study addresses this gap by examining how women bereaved by suicide contribute to the reorganization of family life and meaning-making processes. The research draws on qualitative interviews with women from rural Lower Bavaria, Germany, where dense social networks and cultural norms may shape how suicide and bereavement are experienced and communicated.

The study explores how women manage everyday family life, interpret the death within the family, and share experiential knowledge. It addresses the following research question: *How do women bereaved by suicide contribute to the reorganization of family life and meaning-making processes after the loss?*

Theoretical Perspective

Suicide bereavement is not only an individual psychological experience but also a socially shaped process embedded in family relationships, social norms, and cultural expectations (Feigelman et al., 2009; Jordan & McIntosh, 2011).

A useful framework for understanding these dynamics is the Dual Process Model of coping with bereavement (Stroebe & Schut, 2010), which distinguishes between loss-oriented coping (focused on emotional pain) and restoration-oriented coping (focused on practical and relational adjustments). In the context of suicide, restoration-oriented processes often involve reorganizing family roles, maintaining routines, and renegotiating relationships (Stroebe & Schut, 2010).

Suicide bereavement is also shaped by stigma and disenfranchised grief. Following Goffman (1963), suicide may involve social discrediting affecting both the deceased and their relatives, while Doka (2002) highlights that such losses are not always socially recognized. As a result, survivors may struggle with uncertainty about disclosure and face ambivalent reactions from their social environment (Jordan & McIntosh, 2011).

Within this context, gendered patterns of care and emotional labor are significant. Feminist research shows that women often assume responsibility for maintaining relationships and managing emotional dynamics within families (Finch & Groves, 1983; Hochschild, 2012). In situations of crisis, such as suicide loss, these expectations become particularly pronounced, with women taking on roles related to family stabilization, support, and communication.

These practices can also be understood as processes of informal learning and the development of experiential knowledge (Illeris, 2018). Through everyday interactions and negotiations of meaning, family members develop practical ways of coping with loss.

These perspectives highlight the often invisible practices that emerge after suicide and their role in reorganizing family life. Women's actions can thus be interpreted not only as care or emotional support but also as forms of informal educational work through which families learn to cope with grief and reconstruct meaning.

Building on this framework, the article conceptualizes these practices as informal educational work within the family – everyday interactions through which knowledge, meanings, and coping strategies are transmitted outside formal education (Livingstone, 2001; Illeris, 2018). Through explaining the death, mediating communication, and sharing experiential knowledge, women support how families interpret and live with suicide loss (Aksamit et al., 2025).

Research Methods and Tools

This study adopts a qualitative-interpretative design to explore the lived experiences of women bereaved by suicide and the meanings they attribute to these experiences within their social and family contexts (Kvale & Brinkmann, 2014; Helfferich, 2022).

The empirical material consists of semi-structured interviews conducted between July and August 2025 with ten women who had lost a close person to suicide in rural Lower Bavaria (Germany). The time elapsed since the loss ranged from several months to over two decades. Participants represented different relational positions to the deceased, including 3 mothers who had lost a child, 3 partners or former partners who had lost a spouse or intimate partner, 2 daughters who had lost a parent, 1 participant who had lost a cousin, and 1 participant who had lost a close friend. The focus on women reflects the study's interest in gendered practices of care, meaning-making, and the organization of everyday family life after suicide.

Participants were recruited through informal networks, local support structures, and snowball sampling, relying on trust-based contacts due to the sensitivity of the topic.

Data were collected through semi-structured interviews, enabling both systematic exploration of key topics and participants' own narratives (Flick, 2021). Interviews addressed the period following the suicide, changes in family dynamics, communication about the death, and coping strategies. Most interviews were conducted in participants' homes, with some carried out online, which was experienced by some participants as emotionally protective (Kvale & Brinkmann, 2014; Blaze & Roberts, 2023). Interviews (60–120 minutes) were conducted in German, audio-recorded with consent, transcribed verbatim, and translated into English. The analysis followed an interpretative, thematic approach. Initial coding focused on recurring themes such as everyday care practices, communication about the death, and meaning-making processes, which were subsequently grouped into broader interpretive categories.

Participation was voluntary and based on informed consent. The study followed ethical standards for research with vulnerable populations, including trauma-sensitive interviewing and the option to skip distressing topics (Harris & Fallot, 2006). Participants were informed about support services, and particular care was taken to ensure anonymity, especially in small communities (O'Connell et al., 2022; Blaze & Roberts, 2023).

Data were analyzed using reflexive thematic analysis (Braun & Clarke, 2022). The iterative process involved familiarization with the data, inductive coding of meaningful segments, and the development of broader themes related to organizing family life, interpreting the death, and sharing experiential knowledge. Themes were refined through constant comparison across interviews. Reflexivity was maintained throughout, particularly in relation to the researcher's familiarity with the regional context (Finlay & dela Cruz, 2023).

Findings

Women as Organizers of Everyday Family Life After Suicide

Across the interviews, women described how they assumed responsibility for stabilizing everyday family life after the suicide, maintaining routines and ensuring continuity despite the disruption. A 65-year-old woman who lost her son illustrates how even the most ordinary activities became emotionally demanding after the suicide: "Everything became a challenge – getting up, meeting people, comforting others when they expressed condolences, the empty place at the table, organizing the funeral, celebrating birthdays or Christmas without him."

Her account shows how everyday routines suddenly required deliberate emotional and practical effort and became a way of maintaining family stability after the loss.

Several participants described a sense of responsibility for sustaining family continuity. A 64-year-old woman whose partner died by suicide explains how she felt compelled to maintain stability for other family members: "Someone had to keep things together. The children were looking at me, and I knew that if I collapsed completely, everything else would collapse as well." Participants described these responsibilities in different

ways: while some framed them as a sense of obligation toward other family members, others portrayed them more as a gradual and pragmatic attempt to restore everyday stability. In such situations, women became emotional and organizational anchors, regulating both practical and emotional dynamics within the family.

For some participants, returning to everyday activities also represented an attempt to gradually rebuild a sense of normality. A 55-year-old woman who lost her mother by suicide many years earlier describes how resuming daily routines became part of a longer process of adaptation: “I resumed my normal life immediately after the funeral. The loss of my mother left a huge gap. I had no social network that could support me at that time, so I had to build one step by step.” This illustrates how the reorganization of everyday life involves both practical and social adjustments. Maintaining routines, rebuilding networks, and sustaining family structures became ways of gradually restoring a sense of continuity in the aftermath of a disruptive loss.

These narratives illustrate how women’s everyday practices contribute to the stabilization of family life after suicide.

Women as Interpreters of Suicide Within the Family

Another theme in the interviews concerns the role of women as interpreters of the suicide within the family. Participants frequently described situations in which they had to explain the death to children, relatives, or members of the broader community. These processes involved translating the traumatic event into understandable narratives. A 55-year-old woman who lost her mother describes the emotional turmoil that followed the death: “The self-blame, the helplessness, the grief – it was like an emotional roller coaster for all of us. And someone had to talk about it, because otherwise everyone stayed alone with their thoughts.”

Her statement highlights the importance of communication in the aftermath of suicide. Without shared conversations, family members risked isolation in their grief. In this context, women positioned themselves as mediators facilitating conversations about the death.

Participants also described the challenge of explaining suicide to younger family members. A woman reflecting on these experiences emphasizes the importance of open communication: “It would be good if parents talked with their children about death, or if it were discussed in school. Otherwise children grow up with fear and silence.” These practices can be interpreted as forms of informal educational work within the family. By answering questions, confronting myths, and helping children process emotions, women contributed to the development of shared understandings of the suicide within the family context.

At the same time, these interpretive efforts were often complicated by the social stigma surrounding suicide. Several participants reported uncertainty about how openly they could speak about the death in their communities. In such situations, women had to navigate between silence and disclosure, balancing the need for communication within

the family with the perceived risks of speaking about suicide in the broader social environment. Women's interpretive work within families can therefore be understood as an important mechanism through which the suicide is gradually integrated into shared family narratives.

Producing and Sharing Experiential Knowledge

The interviews also show that women often developed forms of experiential knowledge about coping with suicide loss over time. These insights emerged through lived experience and were frequently shared with others who encountered similar situations.

For some participants, speaking with other suicide survivors was an important step in their own coping process. One woman describes how conversations with another bereaved person helped her feel understood for the first time: "Talking helped enormously. When I spoke with a woman whose husband had also died by suicide, I felt understood for the first time." These encounters show how experiential knowledge circulates among suicide survivors, who exchange strategies for coping with grief and social reactions.

In several cases, women also became sources of support for others in their social networks. One participant explains how her experience made her a person to whom others felt they could turn: "She knows she can talk to me about everything. She doesn't have to worry that I will judge her." Such interactions demonstrate how personal experiences of suicide bereavement can gradually evolve into forms of informal expertise. Women who had previously navigated similar situations often became trusted interlocutors for others facing comparable losses. Rather than taking place in formal institutional settings, knowledge about coping with suicide loss is produced, shared, and refined through lived experience and interpersonal exchange.

Discussion

The findings highlight the often-overlooked role of women in sustaining family life and facilitating meaning-making after suicide loss. While previous research – particularly recent qualitative studies – has mainly focused on psychological outcomes and professional support systems, often emphasizing individual coping and clinical perspectives, this study draws attention to the everyday relational practices through which families reorganize their lives.

First, the findings underscore the importance of women's role in organizing everyday family life after suicide. In many cases, women assumed responsibility for maintaining family continuity by organizing daily activities, supporting other relatives emotionally, and ensuring that everyday life could continue despite the disruption. These practices resonate with restoration-oriented coping processes described in the Dual Process Model of bereavement (Stroebe & Schut, 2010), which emphasize practical adjustments enabling

the continuation of everyday life. At the same time, the findings illustrate how these processes are embedded in gendered expectations of care. Consistent with sociological research on care work (Finch & Groves, 1983), women often become responsible for maintaining relational stability and emotional cohesion within families during periods of crisis.

The interviews suggest that much of this work remains socially invisible. Participants often described these efforts as obligations rather than as forms of labor, reflecting broader discussions of invisible care work and emotional labor that are frequently taken for granted (Hochschild, 2012). In the context of suicide bereavement, this invisible work involves both practical tasks and the emotional regulation required to support others while managing one's own grief.

Second, the analysis highlights the role of women as interpreters of suicide within the family. Participants frequently described situations in which they felt responsible for explaining the death to children, relatives, or members of their social environment. This interpretative work involves translating a traumatic and often incomprehensible event into narratives that allow family members to process the loss. From a sociological perspective, these processes can be understood as forms of meaning-making that help families integrate the suicide into shared narratives. At the same time, this work is shaped by broader social dynamics, as families must negotiate when and how the death can be discussed (Dworakowska, 2024). The findings indicate that women assume the role of mediators facilitating communication and enabling the loss to be acknowledged.

Third, the study highlights how suicide bereavement can lead to the development and circulation of experiential knowledge. Participants described how their experiences enabled them to develop and share practical knowledge about coping with suicide loss. These processes illustrate how learning emerges through lived experience and social interaction rather than through formal educational structures. In line with theories of informal learning (Illeris, 2018), participants developed practical understandings of grief, communication, and social support that were gradually transmitted within their social networks.

These findings highlight the educational dimension of women's everyday practices after suicide loss. In this study, the notion of "informal educational work" is used as an interpretive concept that builds on existing theories of informal learning and care work, rather than as a fully distinct theoretical construct. It refers to everyday relational practices through which individuals organize meaning, support others, and facilitate learning processes within family contexts after suicide loss. Through organizing family life, interpreting the death, and sharing experiential knowledge, women contribute to collective processes of learning that shape how families and communities respond to suicide. These practices extend beyond individual coping and constitute relational processes of producing and transmitting knowledge about grief, stigma, and resilience.

At the same time, the relative invisibility of these practices raises important questions for both research and practice. If women's everyday contributions remain insufficiently recognized, key aspects of the social dynamics of suicide bereavement risk being overlooked. A stronger focus on relational practices, informal learning, and gendered

care work may contribute to a more comprehensive understanding of postvention. From a practical perspective, recognizing these dynamics may also help support services better acknowledge the responsibilities that family members – particularly women – assume after suicide loss. This may have practical implications for professionals working with bereaved families, including educators, therapists, and support services, by encouraging greater attention to relational practices, informal learning processes, and the often unrecognized caregiving roles assumed after suicide loss.

The rural and culturally specific context of Lower Bavaria may additionally shape how these practices unfold, particularly in communities where family cohesion and interpersonal obligations remain strongly emphasized.

The findings should be interpreted in light of the heterogeneity of the participants' experiences. Differences in relational proximity to the deceased (e.g., parent, partner, or more distant relative), the circumstances of the suicide, and the time elapsed since the loss may have shaped both the intensity and the form of bereavement. While the study does not aim to compare these dimensions systematically, they provide an important context for understanding the variability of the narratives presented.

Conclusion

This study examined how women bereaved by suicide contribute to the reorganization of family life after such a loss. Drawing on qualitative interviews with women in rural Lower Bavaria, the analysis highlights how everyday family practices support communication, coping, and meaning-making within families affected by suicide.

The findings show that women play key roles in maintaining family stability and rebuilding everyday routines. The study also highlights the interpretative work women perform by explaining the death, facilitating conversations, and helping families develop shared understandings of the suicide. Experiential knowledge developed through bereavement is shared within families and social networks, creating opportunities for mutual support.

These findings suggest that women's everyday practices after suicide loss constitute forms of informal educational work within families. Conceptualizing these practices in this way extends existing research by emphasizing how processes of learning, meaning-making, and communication are actively mediated within family relationships. This perspective does not replace concepts such as care work or emotional labour but highlights their educational dimension, showing how bereaved family members facilitate social learning in everyday interactions.

The study has practical implications. While support systems for suicide survivors often focus on individual psychological support, the findings indicate the need to better recognize relational dynamics and the responsibilities assumed by family members, particularly women. Acknowledging these practices may help professionals in postvention contexts support families more effectively.

Several limitations should be noted. The study is based on a relatively small, context-specific sample, which may limit transferability. In addition, the focus on women's experiences means that the perspectives of male family members remain less explored. Future research could examine how gendered patterns of care, emotional labor, and meaning-making unfold across different cultural contexts and family constellations.

Despite these limitations, the study provides important insights into the social processes shaping family life after suicide. By foregrounding the everyday practices of bereaved women, it highlights forms of care, learning, and relational work that often remain invisible in research and public discourse, yet are crucial for understanding and supporting families after suicide loss.

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