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## A meta-ethnographic study

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# Relatives' experiences of providing care for individuals with suicidal behaviour conceptualized as a moral career: A meta-ethnographic study

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ABSTRACT

*Background:* An increasing number of qualitative research articles have reported on relatives' experiences of providing care for individuals displaying suicidal behaviour. To contribute more fully to theory and practice, these reported experiences must be synthesized.
*Objectives:* To identify original qualitative studies of relatives' experiences of providing care for individuals with non-fatal suicidal behaviour and to systematically review and synthesize this research using a meta-ethnographic approach.
*Design:* Systematic review and meta-ethnography.
*Data sources:* Literature searches were undertaken in six bibliographic databases (PubMed, CINAHL, Embase, PsycINFO, Web of Science and Scopus) and limited to peer-reviewed original studies. Eligible studies reported relatives' experiences of providing care for individuals with suicidal behaviour, published in English or a Scandinavian language.
*Review methods:* One reviewer screened the titles, abstracts and full texts and then collaborated with another reviewer on excluding ineligible studies. A two-step strategy was used while reviewing publications: 1) appraising study quality, and 2) classifying study findings according to degree of data interpretation. This strategy was used for each study by two independent reviewers who subsequently reached a shared decision on inclusion. Noblit and Hare's methodology for translation and synthesis was followed in developing a novel theoretical interpretation of relatives' experiences. The concept of moral career was adopted in producing this synthesis.
*Results:* Of 7,334 publications screened, 12 studies were eligible for inclusion. The synthesis conveyed relatives' moral career as comprising four stages, each depicting relatives' different perspectives on life and felt identities. First, relatives negotiated conventional ideas about normalcy and positioned themselves as living abnormal family lives in the stage *from normal to abnormal*. The first career movement could be mediated by social interactions with professionals in the stage *feeling helpful or feeling unhelpful*. For some relatives, this negotiated perspective of abnormality got stuck in an impasse. They did not interact with their surroundings in ways that would enable them to renegotiate these fixed views, and this stage was

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named *stuck in abnormality*. For other relatives, career movement took place as relatives re-positioned themselves as negotiating an alternative perspective of normalcy in the stage *from abnormal to normal*. *Conclusions:* Interactions with other people facing similar difficulties enabled relatives to shift perspectives and alleviated experiences of distress.



**What is already known about the topic?**

- Relatives providing care for individuals with suicidal behaviour experience substantial psychological distress and low well-being.
- Syntheses of qualitative studies should be carried out to maximise their contribution.

**What this paper adds**

- A novel theoretical explanation of relatives' experiences of providing care for family members with suicidal behaviour.
- Relatives negotiate different images of themselves and perspectives on their situation as they engage in various social settings. These socially negotiated perspectives follow a sequenced pattern of four possible stages.
- Relatives are able to shift perspectives in relationships with other people facing similar difficulties and then experience less distress.

## 1. Introduction

The psychological impact of an individual's self-harm or suicide attempt is enormous, often affecting others beyond relatives and friends. The number of people self-harming or attempting suicide worldwide each year remains uncertain, but the World Health Organization (2014) estimated that the number of suicide attempts is 20 times greater than the number of suicides (over 800,000). Furthermore, according to cross-national survey data, lifetime prevalences of suicidal ideation, plan and attempt were estimated to be 9.2%, 3.1% and 2.7%, respectively (Nock et al., 2008). Episodes of self-harm and suicide attempts are relatively common in adolescents and young adults. A systematic review including 128 population-based studies estimated that 9.7% (95% CI, 8.5–10.9) of adolescents had engaged in suicide attempts and 13.2% (95% 8.1–18.3) had engaged in self-harm at some point in their lives (Evans et al., 2005). The families of people attempting suicide or self-harm are often deeply affected by those episodes. Moreover, relatives often bear the heaviest responsibility for supporting and keeping people safe, because many refrain from seeking medical assistance after a suicide attempt or an episode of self-harm (Christiansen and Jensen, 2007). People tend to consult their families and friends rather than medical and mental health services (Barnes et al., 2001; De Leo and Heller, 2004). However, families are considerably strained by this burdensome responsibility and report substantial psychological distress and low levels of well-being (Morgan et al., 2013).

A consistent terminology for suicidal behaviour is lacking internationally (Silverman, 2006; Hawton et al., 2012), and the terms 'suicide attempt' and 'self-harm' have been used interchangeably, for instance by the World Health Organization (2014). As qualitative studies often rely on self-identified suicidal behaviour (Silverman 2006), a wider definition of non-fatal suicidal behaviour was used in the present study in order to capture a wider range of studies.

People give manifold reasons for their suicidal behaviour, such as trying to escape intolerable distress or genuinely attempting to die (Boergers et al., 1998; Hjelmeland et al., 2002). However, people have varying understandings of the severity and underlying motivation for this behaviour (Hawton et al., 2012). For instance, while some have attributed a self-harming act to suicidal intent, clinicians can often have conflicting interpretations of the same act (Hawton et al., 1982). Moreover, people's relatives are likely to make other interpretations of this act. The definitional distinction regarding suicidal intent is most often drawn by clinicians and researchers, whereas relatives do not necessarily make the same distinction and may intuitively interpret an act of suicidal behaviour far worse than the individual performing the act. The reported experiences of relatives providing care for people with suicidal behaviour may therefore have some overlapping features, despite researchers defining this behaviour differently, e.g. with or without suicidal intent.

Existing reviews (Arbuthnott and Lewis, 2015; Lachal et al., 2015; Curtis et al., 2018) have outlined parents' experiences of providing care for an offspring with suicidal behaviour. Arbuthnott and Lewis (2015) and Curtis et al. (2018) reviewed and summarised studies exploring parents' experiences of children's self-harm. The former review outlined these experiences as traumatic and emotionally taxing on parents and elaborated on the details of these experiences reported in each of the included studies (Arbuthnott and Lewis, 2015). In line with that description, the latter review concluded that self-harm had a substantial impact on parents and significantly impaired their well-being (Curtis et al., 2018). The metasynthesis by Lachal et al. (2015) thematically integrated the perspectives of young people with suicidal behaviour, their parents and healthcare providers. Parental experiences were primarily derived from studies including suicide-bereaved parents and included one study of mothers of living suicidal adolescents. The synthesis described parents as distressed and powerless, and as characterized by self-hatred and incomprehension (Lachal et al., 2015). In summary, these reviews clearly emphasize the significant strains that children's suicidal behaviour imposes on parents. Other relatives beyond parents are probably under a similar strain, but their experiences have, to our knowledge, not been reviewed.

Furthermore, no existing reviews have gone beyond summarizing and offered interpretive explanations of relatives' experiences. Interpretive review approaches are contested methodologies, but the large increase in the number of qualitative studies encourage research integration, because the full contribution of individual studies can only be realised if syntheses are carried out (Britten et al., 2002). The aim of the present study was therefore to identify all original qualitative studies of relatives' experiences of providing care for individuals with non-fatal suicidal behaviour and to systematically review and synthesize these studies using a meta-ethnographic approach.

## 2. Methods

This meta-ethnographic study was developed according to the principles provided by Noblit and Hare (1988). Meta-ethnography is a seven-phase interpretive methodology for integrating findings from ethnographic studies (Noblit and Hare, 1988; Thorne et al., 2004). The methodology involved comparing concepts derived

from qualitative research and exploring how these concepts related to each other, hereby reaching a higher level of conceptual or theoretical understanding of relatives' experiences compared to insights from individual papers (Noblit and Hare, 1988). As with other qualitative research, this meta-ethnography was understood as partial and positional, depending on the reviewer's perspective (Noblit and Hare, 1988).

Noblit and Hare (1988) originally described three approaches to synthesizing ethnographies. These approaches differed according to the way in which the accounts to be synthesized related to each other. If they were directly comparable, a 'reciprocal' translation should be conducted. If they stood in relative opposition to each other, a 'refutational' translation should be made. Ultimately, a lines-of-argument interpretation should be constructed if accounts were both dissimilar and related to each other (Noblit and Hare, 1988). France et al. (2019a) recently opposed this tripartition of approaches, proposing that all meta-ethnographic studies integrate both reciprocal and refutational translations. Furthermore, expressing a lines-of-argument synthesis was considered to be an inherent and subsequent stage of any translation process (France et al., 2019a). Indeed, meta-ethnography involves complex synthesis processes, requiring more methodological decisions on the part of the reviewers. The eMERGe reporting guidance (France et al., 2019b) was therefore used to guide the reporting of this paper, because it provided detailed instructions as to what aspects to describe to demonstrate good meta-ethnographic conduct and it prompted us to clarify the methodological modifications made to the original methodology.

## 3. Deciding what is relevant

According to Noblit and Hare (1988), an exhaustive literature search is not absolutely imperative to the conduct of a meta-ethnographic study. Rather, the number of included studies should be tailored to the intended audience of the synthesis. However, considering that high-quality reviews are often evaluated on whether they are based on thorough and systematic literature searches (Noyes et al., 2018), we decided to undertake an exhaustive and systematic search for qualitative studies to avoid the potential critique of missing rigour (Toye et al., 2014). The present meta-ethnography targets a wider audience that includes lay people and healthcare practitioners. Hopefully, the meta-ethnography will enrich clinical and public policy discourses on suicidal behaviour in general and its influences on relatives in particular.

Two search strategies were pursued. First, a building block strategy (Harter, 1986), constructed by the first author, was used to search the following bibliographic databases: PubMed, CINAHL, Ovid Embase and PsycINFO between June and September 2018. The inclusion criteria of the review were a) reporting relatives' experiences of providing care for individuals with suicidal behaviour, b) use of qualitative methodology and c) published in English or a Scandinavian language. Searches were limited to peer-reviewed publications. The building block strategy combined three blocks of controlled headings and free-text terms around: a) suicidal behaviour, b) relatives and c) qualitative methodology. The controlled headings were identified in the unique thesaurus of each database, while free-text words were identical across databases. All retrieved relevant publications were checked for relevant, indexed, controlled headings and the use of free-text words, and these headings and free-text words were then added to the three blocks (see Table 1 for an overview of the final search string in PubMed).

A total of 7334 references were identified (Fig. 1). After removing duplicates, the titles of 3897 references were screened by the first author and 145 abstracts were subsequently evaluated against the inclusion criteria. This process identified 80 full-text publications, which the first author examined for relevance by extracting key elements (participant type, type of suicidal behaviour studied, aim and methodological approach) and discussing these extracted elements with the last author. In this way, the following exclusion criteria were defined: a) comprising mixed samples and thus conveying uncertainty regarding relatives' views, b) being other formats than original articles, i.e. dissertations, c) reporting experiences of peers or suicide-bereaved relatives, d) using minimal qualitative data/analysis, and e) not focusing on caring experiences. The building block strategy identified 20 eligible publications for the review. One publication (Kelada et al., 2016) reported on two studies; only the latter was considered eligible for inclusion.

Second, these 20 included publications were used as the outset for a comprehensive citation pearl growing strategy (reviewing reference lists and reference citations) (Harter, 1986). The citation search was performed in the citation indexes Web of Science and SCOPUS. This strategy also comprised browsing suggested related/similar articles for each publication in the four databases. This led to the identification of two additional two publications eligible for inclusion. Finally, an accepted, not yet indexed publication was provided by the last author. In all, the literature search identified 23 eligible publications.

### 3.1. Quality appraisal of included publications

There is an ongoing methodological dispute over the requirement to appraise the quality of included studies when undertaking a meta-ethnographic study (Campbell et al., 2011). Currently, no widely accepted position has been taken regarding this issue (Noblit and Hare, 1988; France et al., 2014). The included studies were therefore appraised using Blaxter's (1996) criteria for evaluating qualitative research publications. In line with Dixon-Woods et al. (2004) and Sandelowski and Barosso (2003), we acknowledge the difficulty in agreeing on characteristics that would define high-quality qualitative research. The present quality assessments were therefore used only to get familiarized with the contents of the publications, not to exclude publications based on the judgement of reporting or methodological quality. Each publication was appraised by two authors, who then compared their appraisal of the 20 items in the checklist. These discussions were aimed to challenge authors' individual appraisals and to nuance our understanding of the publications.

To be included in a meta-ethnography, studies must, however, provide categories with conceptual depth to allow translation (Noblit and Hare, 1988; Toye et al., 2013). We therefore decided to classify each study's findings according to the typology developed by Sandelowski and Barosso (2003). This typology places findings on a continuum that indicates degree of interpretation of data. Accordingly, findings classified as 'no finding' or 'topical survey report' are not perceived as constituting qualitative research and should be excluded from the research integration (Sandelowski and Barosso, 2003). This typology was then used as a cut-off point for inclusion, thus ensuring the presence of interpretive theoretical findings in the publications. This typology enabled exclusive inclusion of studies providing thick descriptions (Geertz, 1973) or some level of interpretive explanatory insight about relatives' experiences of providing care for individuals with suicidal behaviour. Based on this classification, 11 studies were excluded (available in supplementary online table), leaving 12 studies to be included in the present meta-ethnography (marked with * in the reference list). In the present study, the phrase 'relatives' therefore denotes the sampled participants, e.g. parents, spouses, siblings, daughter and aunt, included in these studies. The publication provided by the last author (Nygaard et al., 2019) was published in 2019 after the time period covered in the literature search.

**Table 1**
Controlled headings and free-text search terms included in the building block strategy in PubMed. Free-text search terms were limited to titles and abstracts.

| Block: suicidal behaviour | Block: relatives | Block: methodology |
|---|---|---|
| Suicidal Ideation [Mesh] OR Self-Injurious behavior [Mesh] | Family Health [Mesh] OR Caregivers [Mesh] OR Family [Mesh] | Grounded Theory [Mesh] OR Focus Groups [Mesh] OR Narration [Mesh] OR Interview [Publication Type] OR Interviews as Topic [Mesh] OR Qualitative Research [Mesh] |
| suicid* risk OR suicid* attempt* OR suicid* ideation OR suicid* attitude OR attempted suicide* OR self-inflicted OR self-injur* OR self-harm* OR self-destruct* OR self-poison* OR self-mutilat* OR parasuicide* OR suicidal OR auto-mutilat* OR self-wound* OR self-immolat* OR self-burn* OR self-violen* OR self-cutt* OR suicidality OR risk of suicide OR risk for suicide | family OR families OR family carer* OR mother* OR father* OR parent* OR spouse* OR sibling* OR grandparent* OR family member OR family relation* OR family dynamic* OR informal caregiver* OR family caregiver* OR significant other OR informal care provider* OR family attitude* OR loved-one OR caregiver burden OR social network OR social support OR support network OR caregiver support OR family role* OR spous* caregiver* OR parent* attitude* OR relatives OR next of kin OR informal carer* OR support system | interview* OR focus group* OR narrat* OR grounded theory OR ethnograph* OR hermeneutic* OR phenomenolog* OR in-depth OR field work OR lived experience* OR thematic analysis OR content analysis OR concept* analysis OR field stud* OR qualitative research OR qualitative analysis OR qualitative design OR qualitative study |

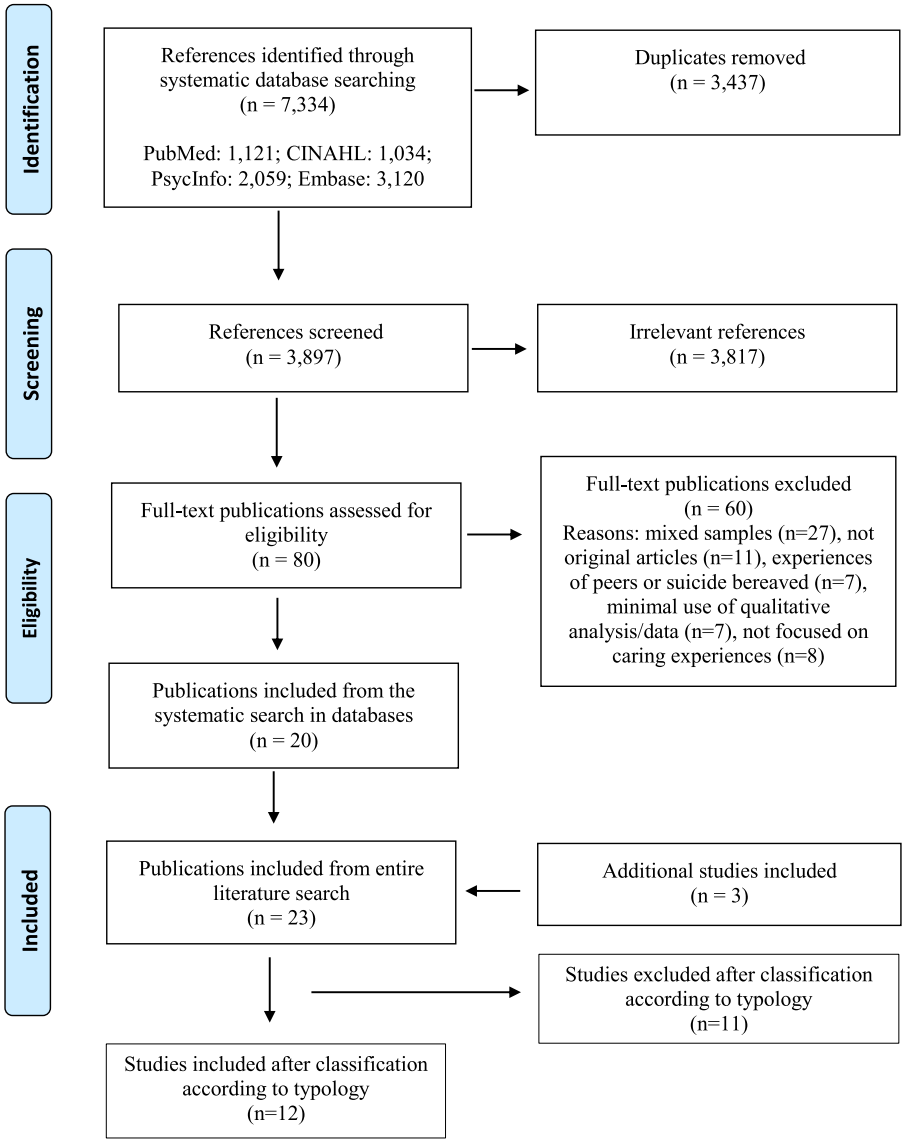


**Fig. 1.** Flow chart illustrating the literature search process.

## 4. Reading included studies

The papers were read carefully several times to ensure the identification of all interpretive metaphors, defined as the central metaphors, phrases, ideas, themes or concepts developed by authors to explain their data (Noblit and Hare, 1988). Using Alfred Schutz's notion of second-order constructs (Schutz, 1962), the interpretive metaphors reflect only the original authors' views and interpretations of relatives' experiences of proving care for individuals with suicidal behaviour. The interpretive metaphors were extracted from the Results and Discussion sections. These extracted metaphors preserved the original authors' own words or closely paraphrased their words (Malpass et al., 2009). In this way, we tried to preserve the terminology used to describe the interpretive meanings in the original studies. When a key metaphor was identified, we searched for paragraphs that described or explained the metaphor. This was not necessarily the themes that the original authors themselves had applied to organise their findings. For example, McDonald et al. (2007) identified six themes from their analysis of accounts of mothers of self-harming children and used these themes to organise their findings, i.e. *Dilemmas of guilt and shame*. However, these themes were descriptive, and an explanation of findings (the interpretive metaphor) was instead identified in the Discussion: *'Mothers saw their children's experiences from a perspective of maternal guilt and family turmoil'* (McDonald et al., 2007, p. 306). The first author extracted interpretive metaphors from all papers and LLB, LH and NB made similar extractions from four papers each. The extracted interpretive metaphors were then compared, and differences were resolved through discussion. A grid listing the interpretive metaphors extracted from the studies was created. We also drew conceptual maps illustrating the concepts of each study and their interrelationships. Finally, short summaries describing these conceptual maps were made.

## 5. Determining how studies are related

To determine the relatedness of the studies, we compared their study settings, sample characteristics, types of suicidal behaviour studied, data collection methods, methodological approaches, aims and general explanations of findings (see Table 2). Despite minor dissimilarities, the interpretive metaphors of the studies were perceived as congruent, thus supporting the combination of reciprocal and refutational translations described above.

The studies were published over a timespan of 18 years (2001–2019). The study settings varied with three papers being from Denmark, two from Sweden, two from the UK and one from Norway, Canada, USA, Australia and Ghana, respectively. The Ghanaian study (Asare-Doku et al., 2017) was assumed to provide important cultural insight into non-Western relatives' experiences. The sampled participants' ethnic characteristics were in general rarely described. Mostly, characteristics were limited to sampled categories of relatives, where eight papers focused exclusively on parents and four papers included varied categories of relatives. Two studies (Talseth et al., 2001; Sellin et al., 2017) did not report on the category of relatives being interviewed. For all studies, the authors' primary disciplinary affiliations were nursing or psychology. Four studies specifically aimed to explore relatives' experiences of healthcare services (Talseth et al., 2001; Lindgren et al., 2010; Rose et al., 2011; Sellin et al., 2017). Lindgren et al. (2010) seemed more critical towards the healthcare system than the three other studies. Two publications were derived from the same primary study (Buus et al., 2014a, 2014b).

## 6. Translating the studies into one another

First, the studies' interpretive metaphors were compared chronologically according to publication date. This approach was adopted because of initial uncertainty regarding the most appropriate way of clustering the interpretive metaphors. The first author translated the interpretive metaphors by comparing those identified in the study by Talseth et al. (2001) with those in the study by Daly (2005). At the same time, these studies' conceptual maps were juxtaposed. This synthesis was then compared with the interpretive metaphors identified in the subsequent study by McDonald et al. (2007) and so forth. For each translation, we appraised whether specific contextual segments might have influenced the findings: for example, whether and how the findings of the studies may have been influenced by the aims, methodological approaches, categories of relatives, study settings, authors' disciplinary positions and types of suicidal behaviour studied.

We then explored whether and how these contextual segments could serve as explanations for the differences and similarities seen in the findings across studies. In this way, we sought to ensure that the contexts of the original studies contributed to explaining their findings. These initial translations helped us to perceive the interpretive metaphors as clustered around different perspectives that relatives could adopt in relation to themselves and their situation. At this point, the first author discussed potential alternative explanations of the translations with the co-authors, and agreement was reached by consensus discussion on grouping the papers according to the identified perspectives. The translations were then repeated within each perspective/group of studies. This subsequent translation strengthened the final synthesis and process of expressing the lines-of-argument interpretation.

The interactionist concept of 'moral career' was adopted to theoretically frame the identified perspectives. A moral career is a continual process through which people construct and negotiate their perspective on life and self through social interactions with others (Atkinson and Housley, 2003). The concept was fruitful, as it enabled a framework for exploring the processes of learning and becoming a relative to someone suicidal. This negotiation is understood as a process because people engage in various social settings over time, and their life perspectives and felt identity are therefore amenable to change (Goffman, 1961; Charon, 2010). Relatives providing care for individuals with suicidal behaviour are assumed to be confronted by similar circumstances and to respond to these in similar ways (cf. Goffman 1961). Relatives are therefore assumed to be involved in similar trajectories of social interactions and thus to develop similar perspectives on self-identity and the outside world. Hence, these perspectives are presumed to follow a pattern of successive stages (Hughes, 1937; Atkinson and Housley, 2003). The present synthesis therefore expresses the sequenced stages in relatives' moral career.

## 7. Findings: synthesizing translations

Relatives' experiences of providing care for family members with suicidal behaviour were interpreted in terms of a moral career with four possible stages. Each stage depicted a perspective that relatives could adopt in relation to their situation and their self-identity. Career entry took place when relatives suddenly or gradually realized the suicidal behaviour and started to negotiate their position in relation to normative beliefs about acceptable family behaviours. They perceived themselves as living abnormal family lives, and this stage was named *from normal to abnormal*. The first career movement could be mediated by social interactions with professionals, primarily during the institutionalized treatment of the person displaying suicidal behaviour. As negotiations between relatives and professionals created two disparate perspectives regarding relatives' perceived capability to help their family members, we named this mediating stage *feeling helpful or feeling unhelpful*. For some relatives, no career movement took place. We called this stage *stuck in abnormality*. Here, relatives

**Table 2**
Characteristics of studies included in the present meta-ethnography.

| Author | Study setting | Sample | Type of suicidal behaviour studied | Data collection method | Methodological approach | Aim |
|---|---|---|---|---|---|---|
| (Talseth et al., 2001) | Norway<br>Context: Hospital | 15 adult relatives (type of relationship not described) | Suicidal thoughts or attempted suicide | Narrative interviews | Phenomenological hermeneutics | To illuminate the meaning of relatives' lived experiences of being met by mental health care personnel during the care of their family member at risk of committing suicide |
| (Daly, 2005) | Canada<br>Context: Outpatient care | Six married mothers of adolescents (12–16 years) | Suicidal behaviour (suicidal ideation, suicidal gesture or suicide attempt) | Unstructured interviews | Phenomenology | To describe the experiences of mothers living with suicidal adolescents |
| (McDonald et al., 2007) | Australia<br>Context: not described | Six mothers of adolescents (12–21 years). Mothers were married/two had repartnered/one single parent | Self-harm such as cutting, burning or risk-taking behaviours | Interviews | Hermeneutic phenomenology | To examine the experiences of mothers dealing with self-harming adolescents and to gather insights about the ways in which this affected their own well-being and that of their families |
| (Nosek, 2008) | USA<br>Context: not described | 17 relatives (seven spouses/eight parents/one sibling/one daughter) | Suicidal (no further definition) | Semi-structured interviews | Grounded theory | To examine the experience of families caring for a depressed and suicidal family member at home to gain insights into the processes involved in their efforts to provide this care |
| (Lindgren et al., 2010) | Sweden<br>Context: Outpatient care | Six parents (five mothers/one father) of adults (21–25 years). Parents were 45–55 years old, all married and employed and had other children | Self-harm (repeated impulsive behaviour where tissue damage occurs, but suicide is not the intent) | Narrative interviews | Phenomenological hermeneutics | To discover and describe lived experiences of professional care and caregivers amongst parents of adults who self-harm |
| (Rose et al., 2011) | UK<br>Context: CAMHS | Five mothers of children (>16 years). Mothers were 41–52 years old, white British, employed in health and education; two were married, three were divorced | Self-harm (intentional self-injury or self-poisoning regardless of motive or intent) | Semi-structured interviews | Interpretive phenomenology | To explore how parents experience their relationship with services following an episode of their child's self-harm |
| (Buus et al., 2014a) | Denmark<br>Context: An NGO | 14 parents (nine mothers/five fathers) of children (14–35 years) | Suicide attempt as a type of self-harm with a high level of potential lethality or danger regardless of the person's suicidal intention | Focus groups | Interactionism | To gain insights into the experiences of parents of sons or daughters who have attempted suicide and how these parents responded to the increased psychosocial burden following the attempt(s) |
| (Buus et al., 2014b) | Denmark<br>Context: An NGO | 14 parents (nine mothers/five fathers) of children (14–35 years) | Suicide attempt | Focus groups | Interactionism | To explore the psychosocial burden experienced by parents of sons or daughters who attempted suicide and examine their experiences of receiving postvention |
| (Hughes et al., 2017) | UK<br>No specific context | 37 parents (32 mothers/five fathers) of young people (aged up to 25 years) | Self-harm (intentional self-injury or self-poisoning regardless of motive or intent) | Narrative interviews | Interactionism | To offer a detailed examination of parents' reported experiences of young people's self-harming from the perspective of sense-making |
| (Sellin et al., 2017) | Sweden<br>Context: Psychiatric clinic | Eight relatives (>18 years old, type of relationship not described) | Suicide risk defined by a clinical suicide risk assessment scale | Phenomenon-orientated interviews | Phenomenology | To describe the phenomenon of participation, as experienced by relatives of individuals who were subject to inpatient psychiatric care due to the risk of suicide |
| (Asare-Doku et al., 2017) | Ghana<br>Context: Psychiatric hospital | Ten relatives (four fathers/two mothers/one brother/one spouse/one aunt/one sister, aged 18–34 years old) | Suicide attempt | Semi-structured interviews | Interpretive phenomenology | To understand the experiences of the families of suicide attempt survivors and how they cope with the aftermath of the attempt |
| (Nygaard et al., 2019) | Denmark<br>Context: An NGO | 19 parents (seven fathers/12 mothers) of sons or daughters (aged 14–54 years old). They were 42–81 years old. Eleven were employed/six retirees/two unemployed. Two were stepparents/two were adoptive parents | Suicide attempt or suicide threats | Semi-structured interviews | Interactionism | To explore how the parents and their relationship with their partner or ex-partner were affected following their son or daughter's suicide attempt or serious suicide threats |

never interacted with their surroundings in ways that enabled them to perceive or manage their situation differently. Other relatives were, however, able to change an initial perspective of abnormality and begin a process of re-positioning themselves in a stage that we named *from abnormal to normal.* Here, relatives negotiated an alternative perspective on their situation, either through their own actions or their relationships with other people in a similar situation. This career movement enabled relatives to regain a feeling of normalcy and find comfort in the position as a relative to a person with suicidal behaviour. A paraphrase of the interpretive metaphors which contributed to the theorizing of the four stages is presented in Table 3. In the following section, the four stages are described.

### 7.1. From normal to abnormal

In nine of the papers, interpretive metaphors were concerned with relatives' image of themselves and of their situation after suddenly or gradually realizing their family members' suicidal behaviour. Relatives had regarded their family as 'normal' in relation to their normative beliefs about 'normal' families. For parents, this included a perspective on being 'proper' parents. It was not possible for relatives to hold on to these beliefs after realizing their family member's suicidal behaviour, and relatives had to re-evaluate their understanding of themselves and their family. In Daly (2005), this was interpreted as a loss of normalcy, whereas Hughes et al. (2017) metaphorically described this as loss of taken-for-granted ways of seeing the world. This new situation evoked various feelings in relatives. Relatives felt helpless and powerless. However, anger was also a common emotion. For example, anger was present in the interpretation by Buus et al. (2014a), where parents experienced their children as deliberately disrupting all family relationships.

Trying to reconcile themselves with this realisation, relatives searched for reasons for this decisive change in their situation. In particular, parents searched for reasons for their children's behaviour and felt guilty and responsible for their family's situation. One common perception amongst parents was that they had failed as parents, which made them doubt their parental skills. They became uncertain of how to manage their children's behaviour and began compromising on their former beliefs of what good parenting is. Notably, the method of data collection, focus groups, in the studies by Buus et al. (2014a) and Buus et al. (2014b), created a context that provided parents with an opportunity to negotiate legitimate roles *in situ* as morally responsible parents who should not be held responsible for their children's suicidal behaviour.

For some relatives, their family members' suicidal behaviour made them feel shameful. For the mothers in McDonald et al. (2007) and Rose et al. (2011), shame merely involved themselves as failed parents. For Ghanaian relatives on the other hand, shame was interpreted from a family system perspective and involved the shame of having failed as a family (Asare-Doku et al., 2017).

This understanding of being to blame for their family's situation and feeling ashamed made relatives strongly believe that they were being discredited by others. One common way of coping with this anticipated condemnation was to withdraw from relationships in the outside world. However, by isolating themselves, relatives made no use of the possibility of receiving support from their social network. Especially studies that applied an interactionist view on parents' experiences (Buus et al., 2014a, 2014b; Buus, 2014) interpreted parents as conflicted in their relationships because of different, potentially oppositional, ways of coping with the situation. The fear of being discredited by others was especially prominent amongst Ghanaian relatives. The context of this study (Asare-Doku et al., 2017) influenced the interpretive metaphors where religion was described as institutionalizing the stigma related to suicidal behaviour, and religious beliefs were therefore interpreted as an explanation for relatives' fear of being discredited. Moreover, spiritual means of coping with possible condemnation were only mentioned by Ghanaian relatives.

The career stage *from normal to abnormal* can be exemplified by an interpretive metaphor developed by McDonald et al. (2007). In this Australian study, mothers of self-harming adolescents were interviewed to explore how providing care for their adolescents changed the mothers' well-being. The authors interpreted these mothers' experiences as ways of making sense of their children's abnormal behaviour. Furthermore, mothers could perceive this behaviour as meaningful if they believed they were to blame and were responsible for it. The metaphor was paraphrased as: 'Mothers felt guilty and responsible' (p. 307). In adjusting to this abnormal family life, mothers positioned themselves as blameworthy for their children's behaviour.

### 7.2. Feeling helpful or feeling unhelpful

In four of the papers, interpretive metaphors were solely concerned with relatives' relationships with healthcare professionals. These relationships took place within various institutional contexts where relatives sought professional care for their family members' suicidal behaviour. The relationships between relatives and professionals negotiated two disparate perspectives which relatives could adopt regarding their ability to help their family members. The institutional context meant that there was an inherent power disparity between relatives and professionals, giving professionals authority to control whether relatives perceived themselves as helpful or unhelpful in regard to their family member's care.

One relationship to professionals was characterized by relatives' experiences of being involved in the care for their family members. These experiences also included contributing with their personal knowledge about the situation and professionals sharing their clinical knowledge with them. This relationship strengthened relatives' beliefs of being able to help their family members, and they perceived themselves as valuable. In that way, relatives developed a kind of confidence with respect to professionals. This relationship was also significant for relatives hoping for a change in their family member's situation. In Talseth et al. (2001), professionals also relieved relatives' experiences of helplessness and powerlessness. The interpretive metaphors in three studies encompassed a fear of losing the family member to suicide. In Talseth et al. (2001) and Sellin et al. (2017), this kind of relationship with professionals diminished the fear. Rose et al., 198) metaphorically described the fear as 'a sense of impending doom', but it was not evident whether professionals were able to lessen this sense of fearful anticipation.

An interpretive metaphor that contributed to the perspective of *feeling helpful* was extracted from Talseth et al. (2001). This Norwegian study explored relatives' experiences of being met by mental healthcare personnel during their suicidal family members' hospitalization. The phrase being met was defined as professionals acknowledging relatives as human beings in need of help. This interpretation positioned relatives as fragile and helpless and as dependant upon professionals to adopt the perspective of feeling helpful. The paraphrased metaphor was: 'When relatives experienced being met by professionals, they felt hopeful' (p. 254). Accordingly, a hopeful perspective could only be negotiated in terms of relatives' relationships to professionals.

The seemingly opposing relationship to professionals was characterised by relatives' experiences of being excluded from the care of their family members. Here, relatives believed that professionals did not acknowledge their understanding of the situation and refrained from sharing their clinical knowledge with them. This kind of relationship discouraged relatives from helping their family

**Table 3**
Paraphrased interpretive metaphors contributing to the description of the four stages in relatives' moral career. The four stages illustrate the sequenced changes in relatives' self-image and perspectives on their situation according to changing engagements in social settings. At career entry, relatives' perspectives were constructed by negotiating social norms. For some relatives, these perspectives subsequently got stuck, while, and for others, they got modified by negotiating with themselves or with other people facing similar difficulties. The first career movement could be mediated by social interactions with professionals.

| | *From normal to abnormal* | *Feeling helpful or feeling unhelpful* | | *Stuck in abnormality* | *From abnormal to normal* |
|---|---|---|---|---|---|
| Talseth et al. (2001) | | When relatives experienced being met by professionals, they felt hopeful | When relatives experienced not being met by professionals, they felt isolated | | |
| Daly (2005) | Mothers experienced loss of normalcy, hope, their child, and themselves | | | Mothers perceived their grief as recurring and rarely resolved | |
| McDonald et al. (2007) | Mothers felt guilty and responsible | | | Mothers were not able to change their feeling of guilt | |
| Nosek (2008) | Relatives moved from not knowing to identifying that something was wrong | | | | Relatives modified their feeling of being helpful through an ongoing, cyclical process of vigilance and managing |
| Lindgren et al. (2010) | | When parents felt valued by professionals, they felt hopeful | When daughters were held hostage by hostile professionals, parents felt invisible and lost | | |
| Rose et al. (2011) | Societal discourses about proper parenting made mothers feel to blame and shameful | When mothers gained insight into professionals' clinical knowledge, they felt hopeful | When professionals withheld their clinical knowledge from mothers, mothers felt they were to blame | | |
| Buus et al. (2014a) | Normative beliefs about proper parenting made parents feel socially traumatized | | | | Parents were able to create new possibilities for coping with the situation |
| Buus et al. (2014b) | Normative beliefs about parental responsibility made parents feel stigmatized and discredited by other people | | | | Postvention provided parents with an alternative understanding of their situation and they felt less isolated |
| Hughes et al. (2017) | The situation was so destabilizing that parents lost the 'map' which had guided their lives in tried and trusted ways | | | | Parents created a new way of seeing their situation through a sense-making process |
| Sellin et al. (2017) | | When relatives experienced being actively involved by professionals, they felt part of the recovery process | When relatives struggled to be present for their family members, they questioned their ability to contribute | | |
| Asare-Doku et al. (2017) | Normative beliefs about proper family behaviour made relatives regard their family as stigmatized and shameful | | | Relatives were not able to change their feelings of shame | |
| Nygaard et al. (2019) | Diverging perceptions and practices of coping made parents regard themselves as frustrated and conflicted in their relationships with their partners | | | | A sense of solidarity enabled parents to collaborate with their partners and thus regard themselves as less stressed |

members. They perceived themselves as invisible and felt helpless, powerless and worthless. In that way, relatives lost confidence in professionals. They felt separated from their family members and interpreted this distancing as having been caused by professionals. In two studies, parents perceived themselves as guilty for their children's situation. In Lindgren et al. (2010), parents felt that the guilt was imposed on them when professionals accused them of being responsible for their children's self-harm. In Rose et al. (2011), parents felt that professionals fuelled an existing feeling of guilt. In this study, parents reconciled themselves with the passive position in which this relationship to professionals placed them. Parents found comfort in trusting professionals even if this conflicted with their parental instincts.

Lindgren et al. (2010) contributed to the perspective of *feeling unhelpful* with an interpretive metaphor describing a 'hostage drama' to explain parents' experiences of professional care. They interviewed Swedish parents of adult daughters who had harmed themselves. The paraphrased metaphor depicted the healthcare system as an enemy that held their daughters as hostages: 'When daughters were held hostage by hostile professionals, parents felt invisible and lost' (pp. 7–8). Here, the parents' relationships to professionals informed their sense of being invisible and completely redundant in their daughters' care. Most notably, this interpretation positioned professionals as very unfriendly and incompetent.

### 7.3. Stuck in abnormality

For relatives in three of the papers, the perspective of living an abnormal family life appeared to be *stuck* because relatives did not interact with their surroundings in ways that would enable them to renegotiate this fixed perspective. In general, relatives were positioned as relatively passive. In McDonald et al. (2007) and Asare-Doku et al. (2017), relatives were interpreted as *stuck*, because interpretive metaphors described no changes to mothers' remorseful feelings or to relatives' experiences of family shame.

Daly (2005) more explicitly described mothers as being *stuck in abnormality*. This Canadian study explored mothers' experiences of living with suicidal adolescents; these experiences were interpreted from a perspective of loss and grief. Mothers' inability to change their perspective was conveyed in the paraphrased interpretive metaphor: 'Mothers perceived their grief as recurring and rarely resolved' (p. 27). Accordingly, mothers understood their grief as continuous and thus remained stuck in this mournful perspective. As such, mothers lost hope of regaining their normal family lives. To endure this unresolvable grief, mothers distanced themselves from their children.

### 7.4. From abnormal to normal

In five of the papers, relatives adjusted their initial perspectives on living abnormal family lives. They modified these perspectives through negotiating with themselves or with other people facing similar difficulties. Parents were in particular interpreted to benefit from interactions with other parents. These negotiations helped relatives regain a sense of normalcy and reposition themselves as a conventional family.

Some relatives shifted perspective by virtue of their own actions. They acted to modify their situation and, depending on how they interpreted the responses to these actions, they adjusted their understandings of themselves and their situation. This negotiated perspective often resulted from relatives going through a learning process. For instance, the learning process described in Nosek (2008) involved relatives improving their ability to help their depressed and suicidal family member. In Hughes et al. (2017), the process concerned parents making sense of their children's self-harm. Overall, relatives were interpreted as resourceful, and searching for information let them advance through the learning process. The interpretive metaphors included objective descriptions of the different process stages, and insights into relatives' subjective understandings of themselves during these stages were rarely described. For example, in Nosek (2008), relatives initiated the process by identifying the risk of suicide. However, this study used a grounded theory approach and thus aimed to identify a psychosocial process without accounting for subjective perceptions per se. Finally, both studies interpreted relatives as always moving through all process stages.

Parents, in particular, regained a perspective of normalcy in their relationships to other parents. They became capable of adjusting their perspectives of living abnormal family lives when they learned about other parents' experiences and realized the similarities to their own. They were then able to view their problems as less abnormal and regard themselves and their family as less different from other families. In learning from other parents' experiences, parents also adjusted their ways of coping with their situation. For example, parents in Buus et al. (2014b) learned of other ways of managing this perceived disrepute than simply by withdrawing from relationships in the outside world.

The career movement *from abnormal to normal* was described in Nygaard et al. (2019). This Danish study explored how parental relationships were affected by children's suicidal behaviour. Parents felt frustrated and conflicted in their relationships to their partners if they had very discordant ways of managing the abnormal behaviour. However, a sense of solidarity between some couples negotiated an alternative situational perspective: 'A sense of solidarity enabled parents to collaborate with their partners and thus regard themselves as less stressed' (p. 137). This feeling of solidarity was promoted when couples communicated about and acknowledged their different ways of coping with this abnormality within the family. Thus, certain social interactions between couples promoted solidarity, and this strengthened parents' beliefs that they were able to manage this life-disturbing event and allowed them to regain a feeling of normalcy.

## 8. Discussion: expressing the synthesis

Using a meta-ethnographic approach, we synthesized interpretive findings from studies exploring relatives' experiences of providing care for family members displaying non-fatal suicidal behaviour. The interactionist notion of moral career was adopted to integrate the studies' interpretive metaphors. The synthesis conveyed relatives' moral career as comprising four stages. These stages depicted the sequenced changes in their images of themselves and their perspectives on their situation according to changing engagements in social settings. At career entry, relatives negotiated social norms, hereby positioning themselves as an abnormal family. This career movement could be mediated by social interactions with professionals. Some relatives got stuck in this socially negotiated perspective, whereas others were able to re-position themselves in negotiating an alternative perspective of normalcy. Social interactions with other people meeting similar challenges were interpreted as facilitating career movement.

In this meta-ethnographic study, we included all qualitative studies that reported on relatives' experiences of providing care for individuals with suicidal behaviour, in some instances defined by the authors as self-harm and in other instances as suicide attempts. We do not believe that the variety of definitions problematised the translation and synthesis work. In fact, definitions seemed to exert little influence on the original authors' interpretations. Rather, interpretive metaphors were constructed according to the authors' specific viewpoints, e.g. the adopted theoretical framework. Certainly, definitions did not cohere with relatives' positioning within the four career stages. One might intuitively

interpret relatives of individuals with definite suicidal intent as those who would be most affected by this behaviour. However, relatives interpreted as being *stuck in abnormality* appeared to express the greatest distress. These relatives were completely bereft of hope and incapable of alleviating their feelings of grief and shame. Studies focusing on experiences of self-harm, e.g. McDonald et al. (2007), and experiences of suicide attempts, e.g. Asare-Doku et al. (2017) both contributed to the theorizing of this career stage, pointing to the irrelevance of definitions.

The concept of moral career has been applied by Macintyre (1976) to explore the processes by which women, who conceived while single, reached certain pregnancy outcomes. These women were perceived as following four different pregnancy careers with the possible outcomes of termination of pregnancy, legitimation of the birth by marriage, adoption or unmarried motherhood. They defined their situation and evaluated possible pregnancy outcomes through negotiation with professionals and laypersons, and such negotiations ultimately shaped their career decisions. Most notably, professionals were observed to impute different moral characters to women, and their interpretation of women's moral character appeared to shape the pregnancy options provided to them (Macintyre, 1976). Professionals therefore seemed to have influenced the women's career options. There is some similarity between this finding and the present interpretation, where professionals' approach to relatives had an influence on relatives' perceived ability to contribute to institutionalized care. The point of similarity is professionals' apparent authority to regulate people's career paths and self-image, i.e. as an unhelpful relative or an unfit single mother. Professional authority is most probably not specific to these studies, but is implicit in most institutional healthcare contexts. Whereas women's selected pregnancy careers are easily identified, relatives' positioning according to the four career stages described in the present study is not. Professionals should therefore be very attentive to relatives' positioning within this career and take initiatives that enable relatives to shift their perspectives.

Moral career was also utilized to understand how straight parents of homosexual children changed their parental self-conception through different career stages (Johnson and Best, 2012). Here, parents also negotiated and challenged their conventional ideas of family life, but unlike the relatives in the present study, parents repositioned themselves by disclosing their children's abnormal behaviour in a wide array of interactions. Our review shows that relatives primarily disclosed the suicidal behaviour of their family member to people in a similar situation. A possible explanation for non-disclosure may be, that, unlike homosexuality, suicidal behaviour is generally considered illegitimate. Relatives are therefore more reluctant to reveal this potentially discrediting information about their family. Overall, Macintyre (1976), Johnson and Best (2012) and the present interpretation describe how people negotiate their membership of a perceived deviant social category, (cf. Goffman 1961). However, social categories considered as deviant change over time. Being an unmarried, single mother or parent of a homosexual child have gained increasing acceptance, whereas suicidal behaviour remains perceived as illegitimate, and thus continues to have enormous impact on relatives.

### *8.1. Strengths, limitations and reflexivity*

One limitation of this meta-ethnographic study is that only one reviewer conducted the translations. Other potential theoretical approaches to synthesizing interpretive metaphors may therefore have remained unexplored because of the reviewer's uniquely positioned perspective. However, continuous reflexive discussions between authors during the processes of translating metaphors and developing the synthesis aimed to address this limitation. The initial chronological translation of metaphors is not perceived as a limitation of the synthesis findings. One co-author had previously applied the concept of moral career to explore patients' views on taking anti-depressant medication (Buus, 2014) and thus agreed on this concept as fruitful in clustering the extracted metaphors.

Another limitation was the exclusive inclusion of peer-reviewed articles. Theoretical insights into relatives' experiences of providing care for individuals displaying suicidal behaviour may have been published in textbooks or dissertations but are not integrated into the present interpretation. However, meaningful meta-ethnographic studies are not necessarily contingent on exhaustive literature searches and on synthesizing all potentially relevant literature. Rather, meaning is contingent on developing novel interpretive insights into a topic of interest (Noblit and Hare, 1988). The present interpretation therefore bears great relevance because the synthesis comprises novel theoretical understandings of relatives' perspectives on their possibly constrained and onerous family lives.

An additional limitation was the primary papers' lack of descriptions and reflections on the sampled participants. The primary authors rarely discussed how participants' characteristics influenced the findings. The expressed synthesis was limited by these omitted reflections and therefore simply encompassed reviewers' reflections on interpretive variations amongst parents compared to relatives in general, e.g. the exclusive presence of guilt in parents. Furthermore, the synthesis accounts for the moral career of relatives in general, but this interpretation is contingent on the participants in the original research where only a minor proportion of papers included participants that where relatives aside from parents (see Table 2). The translation process therefore did not reveal any specific meanings ascribed to the viewpoints of, for instance, spouses or siblings. To provide nuances to their experiences within the four career stages, further exploratory insights into these relatives' experiences are needed. Moreover, primary studies rarely discussed how authors' disciplinary affiliations may have affected their interpretations. These affiliations may explain why most interpretations to some degree involved relatives' experiences of healthcare professionals. Finally, reviewers found no descriptions of significant social changes in the texts, which supported the assumption that texts with different ages could meaningfully be compared in the synthesis. However, increased public awareness of suicidal behaviour could explain the proliferation of research exploring this topic.

Extracting interpretive metaphors from studies using a phenomenological approach, e.g. Talseth et al. (2001) and Sellin et al. (2017), gave rise to uncertainty. These studies presented a highly abstract rendering of data, and separating interpretation from description was difficult. Indeed, some commentators have problematised the synthesis of interpretations stemming from different interpretivist traditions (Atkins et al., 2008). However, considering the uncomplicated integration of primary phenomenological findings into the present 'career' interpretation, we believe that omitting these studies would have reduced nuances. Thus, continuing reflections between reviewers in identifying these metaphors seem both imperative and enormously valuable.

Notwithstanding these limitations, several strengths of this meta-ethnographic study should be highlighted. Firstly, the exhaustive literature search presumably identified the majority of qualitative studies reporting on relatives' experiences. Furthermore, these studies' interpretive metaphors were all theoretically integrated, adopting the concept of moral career. This adoption precluded using any of the original interpretive metaphors as organizing concepts because none of them were broad enough to encompass these various perspectives. Some interpretive metaphors demonstrated refutability, e.g. the disparate perspectives negotiated with professionals. However, the concept of moral career proved sufficiently broad to encompass both reciprocal and refutational translations. This conceptual breadth implied an

almost equal contribution of studies to the present synthesis, as evident in Table 3. Furthermore, integration of interpretive metaphors from the study by Asare-Doku et al. (2017) substantiates the interpretation's transferability across diverse cultural settings. For instance, the perception of being discredited by others was not bound to one specific context. Secondly, undertaking comprehensive quality assessments of studies provided us with thorough understanding of the contents and methodological strengths and weaknesses of the studies. By virtue of these appraisals, we were well-prepared to identify interpretive metaphors and classify studies according to the utilized typology and, accordingly, exclude studies with findings not fulfilling its cut-off value. The adopted collaborative approach enhanced the assessment process. Thirdly, rich contextual details about paraphrased interpretive metaphors exemplifying the four perspectives were provided, where the synthesis preserved the contexts of the original papers. Overall, these strengths lend validity to the present interpretations. The eMERGe reporting guidance improved the transparency of this study, as it ensured comprehensive reporting.

## Recommendations and conclusions

This meta-ethnographic study provides a novel theoretical understanding of relatives' experiences of providing care for family members displaying non-fatal suicidal behaviour. The present interpretation positions relatives within a moral career path that comprises four stages that relatives are perceived to follow after realising their family member's behaviour and during which relatives negotiate certain perspectives on life and self-identity. Important contributions to the conduct of meta-ethnographic studies are also provided, e.g. suggestions for preserving the contexts of the original studies. The present theoretical understanding has substantial practical and political relevance. Since an important mechanism for career movement was meeting people who faced similar difficulties in caring for individuals with suicidal behaviour, healthcare planners and practitioners should design and implement these supportive meetings in clinical practices. These meetings will enable relatives to regain a perspective of normalcy and thus alleviate the heavy psychological burden surrounding this care provision. Further research should be undertaken to widen the theoretical interpretation, e.g. exploring whether other mechanisms are likely to advance relatives' moral career.

## Conflict of Interest

The authors declare no conflicts of interest.

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## Supplementary materials

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