



Reacting to adolescent suicide– taking a resilience-based approach in schools

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Abstract

Violence has many forms. One form of violence relates to auto-aggression, which includes suicide attempts and suicide itself. In this narrative review we focus on adolescent suicide and how school staff and students can be supported after such an event.

Adolescent suicide endangers the wellbeing of all groups involved in a school context (teachers, parents, students) in many ways. Danger of imitation forces the system to react appropriately, thus the focus should not only be on coping with bereavement but also on future suicide prevention. The support and/or intervention described here focuses on the school system and describes a) the tasks of a school-based crisis support team within schools, and b) crisis support in different phases (short-, medium- and long-term) after the suicide. We describe this intervention with a fictional case vignette on suicide of a high-school student. The intervention is based on resilience building, thus on how to (sustainably) activate or initiate a system to strengthen the resilience of individuals, groups and the school as a whole. Additionally, the adverse event (i.e. suicide of the adolescent), the reaction to it and the intervention will be described, using intersections of power in the sense of control, inclusion and exclusion, and gender.

Keywords: resilience, suicide, school-based intervention, intersectionality

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Framing suicide by focusing on adolescents

According to the World Health Organization, violence can be divided into three main areas: interpersonal, self-directed, and collective violence (World Health Organization (WHO), 2002: 4). Self-directed violence includes suicidal behaviour (suicidal thoughts, self-harm) and suicide, which is the subject of this narrative review. We synthesised key information on suicide in adolescence and particularly highlight power constructions in suicide. Our aim was to trace power constructions in suicide and how to dissolve these in interventions. Power was understood as power-over (e.g. domination, control) and power-to (e.g. empowerment) (Yoder and Kahn, 1992: 382). Our approach was guided by an intersectional lens (see e.g. Mattson, 2014) to demonstrate how power constructions in suicide can be drafted and how these can be dissolved in a resilience-based intervention in schools.

Prevalent intersections in suicide are age and gender. Research shows that suicidal behaviour is increasing in late adolescence and in the early twenties (Steele and Doey, 2007: 24s), and suicidal thoughts in adolescence are relatively common (Steele and Doey, 2007: 24s; Evans et al., 2005: 241). Female adults and female adolescents are found to report suicidal thoughts significantly more often and suicidal behaviour and suicide attempts are more frequent in female adults and adolescents than in their male counterparts (Cotter et al., 2015: 980; Evans et al., 2005: 244). Nevertheless, more male

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adults and male adolescents die by suicide compared to female adult and adolescents (Cibis et al., 2012: 12; Schnell, 2005: 457). One explanation for this gender difference is thought to be the choice of method. Even though men choose more high-risk methods for suicide (e.g., using firearms, hanging), it was found that men are more likely to die by suicide regardless of method compared to women (Cibis et al., 2012: 12-13). Another explanation for men's higher risk of suicide has been found in changing gender roles and characteristics of masculinity. Finding alternatives to the traditional masculine gender roles is challenging and might be especially difficult in adolescence due to also having to master other developmental tasks (e.g. gaining independence, forming romantic relationships, school transitions) (Möller-Leimkühler, 2003: 4-5). The stress of having to find one's (gendered) role and the societal restrictions to experiment with alternative masculine roles due to social norms might therefore amplify the risk of committing suicide in adolescence. Masculinity has been implicitly connected to suicide as masculinity and the adoption of certain masculine characteristics hampers help-seeking (Oliffe et al., 2012: 510, 512). This might be explained by one key aspect of masculinity, that of self-reliance, which refers to needing to appear strong in times of adversity or crisis (Pirkis et al., 2017: 324). Adopting masculine characteristics such as self-reliance to a high degree might lead to less help-seeking and more isolation, which can have detrimental effects when experiencing for example suicidal fantasies (cf. the pre-suicidal syndrome by Ringel, 1976).

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Further risk factors for suicidal behaviour and suicide include mental disorders (e.g., generalised anxiety disorder), hopelessness (Goldston et al., 2016: 402-403), depression (Barzilay et al., 2015: 72), and aspects of the developmental processes in adolescents (e.g. maturation, gaining autonomy) (Schnell, 2005: 459). Besides these intersecting, individual micro-level factors of suicide risk there is a societal, meso-level of suicide risk. For example, Emile Durkheim discussed the importance of integration and regulation in relation to suicide and suicide risk (Durkheim, 1897 /1951). Integration refers to extent of relations and an individual's attachment to a group (e.g. also in schools), whereas regulation includes society's effort to exert normative regulation over its members (Thorlindsson and Bjarnason, 1998: 95-96). The protective effect of integration in the sense of Durkheim, such as neighbourhood cohesion, family attachment and support is considered to be connected to a lower risk of suicide in adolescents (Maimon et al., 2010: 319-320). Integration can also have a downside and might be considered a risk factor if integration goes hand in hand with high levels of control and firm regulations of individuals. Mueller and Abrutyn (2016) showed that for adolescents tightly-knit communities that are very regulated and highly integrated may pose a risk for suicide and suicide attempts. This was also found in cultures with strong norms and a low threshold to tolerate deviant behaviour (Gelfand et al., 2011:1110). Adolescents' suicide acts can be seen to be the only option to escape high societal expectations especially when there is reluctance to seek help due to the social pressure to show no weakness (Mueller and

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Abrutyn, 2016: 890, 892-893). On the one hand being included at a societal level can be considered a protective factor regarding suicide risk. On the other hand this can be recognised as a risk factor if inclusion is dependent upon high social expectations and strict social norms.

The interpersonal theory of suicide also focuses on integration. This theory includes concepts such as thwarted belongingness (i.e. feeling estranged and alienated from others), perceived burdensomeness for family, friends etc. (i.e. it would be a relief if I as a suicidal person was gone) and acquired capacity (i.e. having the means to commit or attempt suicide) as main components of attempted and committed suicide (Joiner, 2005). On the one side, thwarted belongingness is linked to connectedness, and on the other to feeling alienated, loss of sense of belonging, and feeling excluded. Thwarted belongingness might also play a role when it comes to social (dis)approval. In this sense, male adolescents were discussed as being more troubled by social disapproval of their suicidal thoughts than their female counterparts (Canetto, 1997: 346). This is in line with committing suicide having a masculine connotation, whereas suicide attempts and suicidal behaviour, including expressing suicidal thoughts are seen as feminine traits (Scourfield, Fincham, Langer, & Shiner, 2012: 471; Canetto, 1997: 343, 345) and this gendered notion of suicide might be amplified in adolescence (Canetto, 1997: 345-346). These findings show that suicide should be understood in terms of intersecting strands of age, gender, social norms and integration. Thereby it is underlined that intersections in

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suicide occur on an individual level (e.g. age, gender) with interconnections to the societal level (e.g. integration, social gendered expectations and norms). The intersecting strands play a role in the power of suicide, bereavement and interventions after suicide.

The power of suicide

Power can be discussed as domination, manipulation or control (power or control over someone or a situation: named “power-over”), and as empowerment or re-gaining power also in the sense of control (referred to as “power-to” someone) (Yoder and Kahn, 1992: 382). Such a differentiation can also be found when tracing power in suicide.

During adolescence, the peer group becomes of crucial significance. With regard to suicidal behaviour and suicide, peers are sometimes included in the adolescent’s suicide fantasies. Such fantasies might include for example the grieving process of others in the peer group after dying by suicide (Juen et al., 2008: 71-73). Imagining how others grieve, their (shocked) reaction to suicide, or imagining punishing others by committing suicide also relates to a kind of control even if the individual feels overwhelmed by and incapable of escaping suicidal thoughts (cf. Ringel, 1976). In a study of Aboriginal youth suicide, suicide threats were found to be a form of re-gaining control over one’s body (Tighe et al., 2015: 7) in the context of hopelessness regarding the future (Tighe et al., 2015: 6). Therefore, suicidal ideas and fantasies might also be seen in the context of coping, re-gaining control or reducing helplessness in uncontrollable situations and when feeling

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trapped in these situations (cf. Mueller and Abrutyn, 2016: 890, 892-893; Tighe et al., 2015: 8-9). The power of suicide is expressed by leaving others wondering about why the suicide, and with feelings of guilt and anger (Young et al, 2012: 180).

Loss of control can be observed in those committing suicide. In this sense, perfectionism, unrealistic expectations of what can be achieved, and even when achieving these standards, having no feeling of achievement and satisfaction, might play an essential role in depression and ultimately in suicide (Bell et al., 2010: 265). Thereby, the strain of perfectionism and the constant feeling of failing might be the trap where suicide appears to be the only option (Mueller and Abrutyn, 2016: 890, 892-893). In this situation, suicide could be seen as the ultimate chance to re-gain some power in the sense of control. In contrast, suicide can also be viewed as ultimate and complete loss of power in terms of uncontrollability and hopelessness. This dichotomy points out the dynamic interplay between re-gaining control on the one hand and feeling trapped in the uncontrollability of spiralling thoughts on suicide and being powerless on the other. Suicide is not “either- or” but both: power/control and loss of power, thus “power-over” and “power-to” (Yoder and Kahn, 1992: 382).

The powerful impact of suicide

Suicide has an effect on both the micro- and meso-levels. Peers are affected by the suicide of a person not only in terms of grieving, but also in terms of possible copycat

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suicides, a so-called “Werther effect”. The term “Werther effect” was coined by the novel “Die Leiden des jungen Werther” [the sorrows of young Werther] by Johann Wolfgang von Goethe (von Goethe, 1774), because the description of Werther’s suffering and his ultimate suicide led readers to imitate Werther’s suicide as described in the novel (Bell, 2011: 93). A copycat suicide (“Werther effect”) refers to others attempting or committing suicide in similar ways after hearing about it in more detail and identifying with the circumstances leading to the suicide, or when schools or media dealt with the subject of suicide in an inadequate way and suicide appears to be a viable option for those left behind (O’Connell, 2012: 112). Talking about suicide is still considered taboo as it is assumed that this might promote suicide (Polanczyk, 2017: 557; Dazzi et al., 2014: 3361). The risk is less in talking or not talking about suicide but rather in how suicide is talked about. Thus, negative (imitation promoting) talk and presentation of suicide should be avoided when talking about suicide. Such negative and imitation promoting talk includes, for example, detailed descriptions or pictures of the suicidal actions, using highly emotional descriptions which also allows others to identify with the deceased (this also includes identification with actors/actresses in films on suicide), (Jamieson et al., 2003: 1643-1644), or suicide promoting words (e.g., successfully completed suicide) (Erreger and Singer, 2015). Suicide requires a balance of open talk (e.g. about the suicide victim, resulting grief, difficulties in life and how to cope with these) and reduction of a sensation seeking detailed description of concrete suicide actions and their (positive)

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consequences, namely heroism and impact (see also Erreger and Singer, 2015). By balancing these factors, the power of the suicidal act can be reduced.

Losing a family member to suicide is still stigmatised and results in the bereaved being silent about the suicide aspects of the loss (Hagstrom, 2017: 776-777; Bell et al., 2012: 60; Maple et al., 2010: 247). Nevertheless meaning-making of suicide is an essential element of bereavement (Hagstrom, 2017: 779). After losing someone to suicide many bereaved people ruminate over the “why” of the suicidal act (Hagstrom, 2017: 783; Walker, 2017: 637; Bell et al., 2012: 60) which points towards the importance of open talk (Fanos et al., 2009: 851, 853). Losing someone by suicide may have a deeper impact on the bereaved compared to losing someone by natural causes (Lester, 2012: 192). In the context of suicide it is important to ensure inclusion in social networks of those bereaved by suicide and providing social support to them to facilitate the grieving process and coping (Hagstrom, 2017: 789). This is especially important because having a community and feeling connected are ways to make the pain more bearable for those bereaved (Walker, 2017: 638). Change is also needed in the pathologising of suicide and the prevalent neglect of contextual and relational aspects in suicide in order to improve understanding of the nature of suicide (Hjelmeland and Knizek, 2017: 489; Tighe et al., 2015: 8-9; White and Kral, 2014: 126) and thus build a better basis for prevention and intervention.

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Power in grieving

Dissecting suicide also means to look at intersections of power and control. This can be observed in responding to different grieving reactions after suicide and promoting acceptance and tolerance of various ways of grieving. It is necessary to acknowledge the variety so the individual is able to show reactions and feelings without being pressured to conform to the “mainstream” or to expectations of how to respond “accurately” (cf. Pitman et al., 2018: 14). Some adolescents describe feelings of isolation and not being able to share grief experiences (Pitman et al., 2018: 11-12). These feelings might also result in loss of relationships and feeling changed as a person due to the bereavement (Ribbens Mccarthy, 2007: 293-294). This has also been described as feeling power-less and excluded. In studies of peer bereavement after suicide it is shown that adolescents and young adults highlight the importance of peer groups when grieving the death of a friend. Some adolescents also report uncertainty about how to engage with the deceased’s parents (Bartik et al., 2013: 213-214) or they are unsure about their entitlement to express their grief or to actually be hurting (Heffel et al., 2015: 291; Bartik et al., 2013: 213-214). Questioning one’s entitlement to grief relates to feeling that one was not as close to the deceased as others (Bartik et al., 2013: 213-214; Doka, 2002: 160) or that the deceased’s parents do not show as much grief as oneself (Bartik et al., 2013: 213-214). Adolescents might feel that they are not acknowledged by others in their grieving (Ribbens Mccarthy, 2007: 292; Doka, 2002: 160) and that their grieving is belittled or not taken seriously.

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Power in grieving reactions can be exerted by mourning groups and individuals. Such power might be expressed in disenfranchisement of grief which denies or hinders those bereaved to express their grief (Attig, 2004: 199-200; Doka, 2002: 160). The power lies in “giving” the entitlement to grief, to express grieving and to be included in the primary mourning group (i.e. those who express their mourning more publicly). Individuals and groups might disapprove of the expressed grief of others and thereby try to confine the length and the extent of suffering (Attig, 2004: 206). The primary mourning group utilises power by “allowing” to grieve and intensifying bonds in the given group. Simultaneously this makes it less possible for others to share feelings and thoughts with primary mourners and to express individual reactions. A similar mechanism operates in the group who less expressively mourn the deceased as it may appear that others cannot connect and share their greater feelings with members of the less expressive mourning group (see also Bartik et al, 2013: 213-214). Young female adults who lost a peer by suicide during adolescence reported expressing grief to a greater extent than did young male adults, both presently and as an adolescent (Abbott and Zakriski, 2014: 674). Consequently, female adolescents might be especially vulnerable to disenfranchised grief. Development of different mourning groups has to be observed to prevent exclusion mechanisms from happening. Otherwise some students might feel alienated as they are not allowed to participate in these groups because of not having been friends with the deceased (Bartik et al., 2013: 213-214; Doka, 2002: 160), or not showing as much grief as “expected”.

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Disenfranchised grief might not only occur within the peer group, but also adults (e.g. teachers, parents) might disapprove of the extent of grief and dismiss relationships bonds during adolescence (Balk et al., 2011: 150). Gender differences in inclusion/exclusion mechanisms such as disenfranchised grief, and expression of emotion (Balk et al., 2011: 157) should be taken into consideration when teachers (or other adults) deal with grieving adolescents. Since adolescent females in particular might be vulnerable to social isolation, this increases suicide ideation (Bearman and Moody, 2004: 93).

A salutogenic approach to adversities: resilience

Over the past decades the focus has shifted from psychopathology and risk factors to salutogenesis. In the 1950s, Emmy Werner and Ruth Smith conducted a longitudinal study of vulnerability in children exposed to poverty, disrupted families, and psychopathology in parents. This longitudinal study is also commonly known as the Kauai study (Werner, 1989: 157) and it has provided the basis of further resilience-based research. In the course of the study, Werner and her colleagues found that about a third of high-risk children showed resilience, thus appearing to cope well with adversities (Werner, 1989: 157, 160-161). Since these early times of research on resilience, the concept has evolved and (mis)conceptions of resilience have been discussed broadly (e.g., Southwick et al., 2014). Resilience is generally defined as 'bouncing back' to some kind of normality after adversity, but it is also defined as stress resistance. Another aspect

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often included in the resilience concept is the ability to thrive after adversities (e.g. Aburn et al., 2016: 991-994; Carver, 1998: 247; 262-263). Early concepts have focused on resilience as an individual trait, also called ego-resilience (Fletcher and Sarkar, 2013: 15; Richardson, 2002: 309), whereas more latterly scholars have included a social perspective (Fletcher and Sarkar, 2013: 15-16). It is important to emphasise that resilience depends on the interplay between systems, and is therefore a social process, not an individual trait (Juen and Siller, 2013: 239-240). These systems, for example, the person, social environment, wider community etc., have also been considered in other approaches to resilience. For example, Edith Grotberg conceptualised resilience in three areas: “I am, I have, I can”. “I am” refers to personal characteristics that the individual brings into the resilience system, such as being empathic, open, patient, autonomous, trustful, hopeful. “I have” includes the social networks and the wider community, but also non-personal resources, such as having access to health and welfare systems. “I can” relates to abilities or skills that enable the individual to access resources to solve problems, regulate feelings, control impulses, create and maintain trustful relationships, and communicate with others (Grotberg, 1995: 9-10). Resilience can vary over time, and can be learnt, but cannot be equated with being invincible even though resilience includes a certain amount of stress resistance. People showing resilience may also display distress (Bonanno, 2012: 754, 755) before adapting again to their disrupted and thus

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changed reality. Resilience is mostly shown in times of adversity such as stressful life events or traumatic experiences.

Case example and resilience-based approach to school interventions

In the following we illustrate a resilience-based approach after the suicide of a high-school student. For this purpose we will use a fictional case vignette inspired by our professional experiences. The case example “Mike” is used to synthesise the strands of resilience, control, suicide, and adolescence in a context of school-based interventions.

Case example “Mike”

A seventeen year old student named Mike hanged himself in the basement of his home. He was found there on a Sunday morning by his parents. In a very short time his school friends and the school knew about the tragic event. Mike’s classmates showed stress reactions and were overwhelmed by his suicide. At first the school was shocked by the event.

Tasks of crisis teams in schools

Feeling connected (cf. Juen and Siller, 2013; Hobfoll et al., 2007; Grotberg, 1995) to the school, school staff, and classmates is associated with less suicidal thoughts and suicidal behaviour (Marraccini and Brier, 2017: 15-18). This points to the school as an important and stabilizing social system for children and adolescents (cf. Opperman et al., 2015:

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397) and as a basis upon which to build resilience before, during and after adversities. Therefore it is essential to train school staff before these events happen. Such adverse events may include the death of a teacher or student, accidents in the school or during school-related activities, life-threatening diseases of a student or teacher as well as violence in its different forms. Sensitivity towards such adversities has led to the training of school staff and development of school-based crisis teams (e.g. Warger, 2015). Crisis teams in schools consist of teachers and administrators who are trained in responding to such adversities, as well as school psychologists and external professionals if necessary (Warger, 2015: 75-76). It is also important to train them to recognise when to contact professionals (e.g. psychologists, psychotherapists) and to serve as a link between these professionals and students. Training increases teachers' feelings of manageability, self-efficacy and thus resilience in crisis situations. Manageability refers to being able to handle these crisis situations and to offer support to adolescents. In addition, teachers can support students to create support systems for each other. Training of these crisis teams includes short-term interventions on how to react to crises, knowing the team's limitations and responsibilities, preparing first steps after notification of an adverse event, dealing with media, and talking about death and adversities with students (Warger, 2015: 64-72). Medium-term interventions refer to understanding the grieving process and reactions to such adversities and the ability to return to some kind of normal school routine, whereas long-term interventions include resilience building and suicide

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prevention, lessons learned and future plans (e.g. planning for anniversaries of events). Ideal approaches to suicide prevention should be based on training teachers in effective and evidence-based interventions, not downplaying or romanticising suicide, and providing a logical and simple protocol to follow in crisis situations (Henning et al., 1998: 171).

Promoting resilience: I have, I am, I can (Grotberg, 1995)

The school-based crisis team in Mike's school was informed about Mike's death. Even though some friends and the school were already notified about Mike's death on the Sunday, it was necessary for the school to coordinate how to systematically distribute information about Mike's death on the first day of school. The school-based crisis team met on Sunday evening to plan the first day together with Mike's main teacher and the school principal. By planning the first day at school, discussing what to expect (reactions, questions) and preparing for the media, the crisis team provided resources for teachers and students such as information, support, and relationships of trust with others, thus increasing strands of resilience ("I Have" in Grotberg's terminology). Collecting information, planning, and being prepared for what to expect is important to perceive the situation as manageable and controllable (Hobfoll et al., 2007: 294) ("I Can" in the sense of Grotberg). The school staff and the school principal coordinated with the parents what to say about the adolescent's death and planned their involvement with rituals with the

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family (e.g. funeral attendance) (Balk et al., 2011: 152-154). On Monday morning the school principal announced this information to the school staff to enable a unified communication strategy (managing information on who is to be informed, how, when and where). Parents and school staff (school-based crisis team or school principal) working together has the effect of increasing connectedness (“I Have”, Grotberg, 1995: 9-10) between parents and school, thus reducing isolation.

Handling the power of suicide

During the first days of school, classmates, friends and teachers were confronted with different questions regarding suicide. These questions related to one’s own contribution to the suicide and how she/he could have prevented Mike from committing suicide. These are common questions in families and groups bereaved by suicide (O’Connell, 2012: 111; Young et al., 2012: 180). In this case example, Mike was initially idealised by his peers, a reaction which is commonly shown in grieving processes (Balk et al., 2011: 156). Mike’s school colleagues needed support to distinguish between idealising Mike as a person and idealising his suicidal act. Idealising or glorifying the suicidal act can be described as the “power of suicide”. This means that suicide is perceived as a viable option to overcome adversities (Pitman et al., 2017: 5), which makes peers more susceptible to suicide. The distinction between idealising Mike as a person, and not idealising suicide is important to prevent the suicide from being romanticised (cf. Callahan, 1996:111-112) and to avoid

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copycat suicide. Adolescents might tell their peers about suicidal thoughts and plans (Hennig et al., 1998: 184) and, therefore, it is important to train students how to effectively support each other if a friend discloses suicidal thoughts. It is also essential to teach students not to become a secret carrier, but to encourage their peers to seek appropriate help and counselling by talking to a trusted adult. Inclusion of students in interventions demonstrates the innate character of resilience as being able to make use of social resources, and is therefore an important part of training, intervention and action of school-based crisis teams. For example, White and Kral (2014) recommended the active engagement of students in intervention and suicide prevention. In this way, no specific discourse on suicide (e.g., pathologising of suicide) is forced onto students, but they are allowed to discuss, reflect and exchange their experiences, and the social nature of suicide as well as societal and culturally influenced ideas on suicide (131-132). Such an approach encourages and strengthens students to express themselves, and leads to more inclusion and connectedness.

Talking about suicide

Building a basis for talking about suicide is an important step in how to react in this situation (Juen et al., 2008: 72-73). In Mike's case, it was discussed if any warning signs had been overlooked, the meaning of the suicide, and why he had committed suicide (cf. O'Connell, 2012: 111; Young et al., 2012: 180). Questions regarding Mike's suicide

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("Why?", "Could we have seen it coming?", "Did I contribute to the suicide?" etc.) reoccurred at various stages of grief and were still prevalent after weeks and months (cf. Maple et al., 2010). Teachers were prepared that these kinds of questions would arise at any time and they were encouraged to stimulate open discussion about the topic. This means that within the resilience paradigm the teachers created a supportive school environment, in other words a strong social system, for their students.

Dealing with grief

Teachers discussed with the students how to respond to Mike's death (e.g. attending the funeral, talking to the family) and what to do with his school desk and school materials. Such inclusion in decision-making processes also helps adolescents to feel entitled to show their grief, to express their grief and to connect to others (Ribbens Mccarthy, 2007: 294, 297).

After the first shock had subsided, classmates and the school showed a variety of reactions. Grief was shown with different intensity and some students were affected to a greater and others to a lesser extent (Heffel, Riggs, Ruiz, & Ruggles, 2015: 291; cf. Bartik et al., 2013: 213-214). Therefore it was necessary to stimulate acknowledgment and tolerance of diverse reactions, and not suppress some reactions to prevent disenfranchisement of grief. Providing students with a platform to allow grief, to accept each other's reactions and to provide them with knowledge and tools to respond to each

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other increases the social systems of resilience. Discussing the various grieving reactions and encouraging all students to share their grief to different extents also dissipated the power of mourning groups. It was also important for students that teachers showed their emotional reactions to Mike's death in addition to providing support (Dyregrov et al., 1999: 197). This process enables getting to know one's own reaction, accepting differing reactions (Dyregrov et al., 1999: 203, 206), and strengthening external resources such as relations, having a platform to grieve, having respect and acceptance of others.

Going back to normality

In addition to the above-mentioned resilience promoting actions, it was important to acknowledge distraction and daily routine because this emphasises the importance of going back to "business as usual" after allowing an initial grieving reaction. Business as usual does not refer to denying any kind of grieving or remembrance of Mike, but rather it was marked by re-establishing some kind of normality in the school setting, simultaneously providing the possibility to interrupt teaching if necessary and allowing discussions relating to Mike's death (Dyregrov et al., 1999: 199). Teachers took care that they continued teaching after an interruption.

Support for teachers

In the end, support of teachers should not be forgotten. Even when doing debriefings in team meetings, school counsellors and partner/spouses are used by teachers for support

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after a student's suicide, and some teachers wish for more support (Kölves et al., 2017: 278). Thus, school administrators thought about how to involve teachers in interventions, so that these interventions target students and teachers alike.

Long-term training

After returning to “business as usual” the opportunity emerges for the crisis team to evaluate their performance and to make adaptations if necessary (Tipler et al., 2018: 1249). Eventually, the school will also be confronted with the question of how to prevent future suicides. Not ignoring student's suicide is an important message (Kölves et al., 2017: 278) sent to other students, parents and school staff. This was addressed by the additional training of teachers to increase warning signs for suicidal behaviour, and training students to provide peer support and to refer them in case of suicidality (Hennig et al., 1998: 184). Teachers and students discussed and initiated projects related to Mike's suicide, and thereby sustainability to suicide prevention was granted as it was not a one-time project, but the topic was included continuously in the long-term planning of projects. Mike's suicide could be turned from having power over the school staff and students to empowering school staff and students and presenting the opportunity to learn about strategies to prevent future suicides. If the topic of suicide had not been addressed by the school after Mike's death, future suicides and imitation of suicides could have been more likely.

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Conclusions

Suicide and grief can be observed in the nexus of power and control and when using an intersectional lens. Power is expressed by the suicide act itself. The act can be discussed as an external aggressive force to end one's life and an aggressiveness that has a masculine connotation (Canetto, 1997: 342). Suicide also causes feelings of powerlessness in the suicidal person yet leaving others wondering why and in search of meaning of the suicide can be seen as exerting power even after death. Reactions to suicide might also result in allowing some to grieve or, conversely, to disapprove of grief, thus the disenfranchisement of grief, with possibly different outcomes for female and male adolescents (Bearman and Moody, 2004: 93). Therefore it can be concluded that power is dynamic in the context of suicide. The person contemplating suicide is exposed to a constant dynamic of being power-less to suicidal thoughts (cf. Ringel, 1976) whilst, at the same time, taking back some control over the situation (Mueller and Abrutyn, 2016: 890, 892-893). Friends, peers, teachers, and parents are also exposed to power-lessness because of the suicide act, and because of being confronted with reasons why someone died by suicide. Power and power-over is observable in for example mourning groups allowing or denying grieving (Bartik et al, 2013: 213-214; Attig, 2004: 206; Doka, 2002: 160). Thus, power-over and power-to/empowerment (Yoder and Kahn, 1992: 382) is constantly at play. As shown in this article, there are intersecting strands such as gender and age in suicide; however power constructions in suicide (e.g. the person contemplating

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suicide and those bereaved by suicide) have not yet been discussed sufficiently. Discussing suicide in the power/control nexus demonstrates the importance of research on intersecting strands to accentuate the existent power relations. This article is therefore the endeavour to draft (some) intersecting strands in the power/control and suicide nexus and it also illustrates that more research needs to be done in this context to emphasise further intersecting strands.

Dissolving the power in suicide also means to acknowledge intersecting strands and power constructions. Various forms of empowerment (“power-to”) have to be used in order to break this cycle. Thus, the school as a system is one focal point to monitor grieving processes and to support resilience systems (e.g. relations, role models). This can be done via school-based crisis teams that are trained to respond to adversities. The main focus should thereby not be on students only, but also on teachers and other school staff, the interaction between students and teachers and the interplay between these various resilience systems. It is only when planning, acting and thinking holistically takes place in times of crisis, that efforts to overcome the detrimental effects will be fruitful.

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