

Summary of the dissertation in English

Suicide remains a major public health issue worldwide. Although there has been significant progress in suicide prevention, the experiences of those who have lost loved ones to suicide and the support available to them are still relatively underexplored. In many settings, grief after suicide is often viewed mainly as an individual psychological response rather than as a process rooted in social and structural factors. Additionally, postvention—understood as support for those bereaved by suicide—is frequently poorly defined, scattered across different institutions, and only loosely integrated into current care systems. These issues are especially evident in rural areas, where resources are limited, responsibilities are less clearly outlined, and social networks are tightly knit. In this context, the present dissertation investigates suicide bereavement and postvention in the rural region of Lower Bavaria in Germany.

The main goal of the study is to examine how grief after suicide is experienced, understood, and socially negotiated, and how postvention is viewed and implemented in everyday life and institutional settings. The research recognizes that suicide bereavement cannot be seen only as an individual coping process, nor can postvention be simplified to a single intervention. Instead, grief following suicide occurs within a complex network of personal histories, social relationships, cultural norms, and organizational structures. Therefore, the study explores both the perspectives of individuals who have lost someone to suicide and those of professionals involved in providing support after such tragedies.

Methodologically, the dissertation adopts a qualitative and context-sensitive research design. Empirical data were gathered through semi-structured interviews and written accounts with bereaved individuals and professionals from various institutional fields, including psychosocial counseling services, emergency services, pastoral care, medical institutions, and educational settings. Participants were selected through purposeful sampling to capture a wide range of experiences and perspectives within the rural research context. The data were analyzed using a thematic approach informed by qualitative research methods, combining deductive and inductive coding to identify recurring patterns, meaning structures, and socially embedded dynamics within the empirical material.

The findings show that suicide bereavement is not just a short-term phase but a long-lasting and socially embedded process. Grief after suicide is influenced not only by emotional reactions to loss but also by social responses, cultural interpretations, and institutional factors that affect how grief is expressed, acknowledged, or silenced. People who are bereaved often face uncertainty, cautious silence, or stigmatization in their social environment, which can lead

to secondary isolation. At the same time, informal social networks like family members, neighbors, religious communities, or local groups can offer important support, though these resources are not evenly accessible.

A key empirical insight is the fragmented nature of postvention support systems. Support for bereaved individuals is rarely experienced as a cohesive system of care. Instead, postvention often occurs indirectly through personal relationships, individual efforts by professionals, or informal networks. Institutional support generally focuses on the immediate aftermath of a suicide, while long-term support structures are limited. As a result, many bereaved individuals must manage their grief largely on their own once the initial crisis has passed.

The study further shows that the rural setting of Lower Bavaria significantly influences both the experience of grief and the availability of support. Rural areas are defined by close social networks, limited anonymity, and high interpersonal visibility. These conditions can offer helpful resources for support but may also heighten feelings of social control, stigma, and hesitation. As a result, rurality is not just a geographic location but a social environment that actively shapes how grief is expressed, how support is provided, and how postvention is carried out.

The dissertation advances research on suicide bereavement and postvention in multiple ways. First, it expands the understanding of suicide grief by framing it as a relational, socially embedded, and long-term process rather than just an individual psychological response. Second, it identifies structural fragmentation within postvention and highlights the importance of continuity, recognition, and relational trust in support systems. Third, it introduces a postvention interface misalignment model, which conceptualizes postvention gaps as the result of insufficient alignment between individual needs, institutional logics, and sociocultural conditions. Fourth, it presents the rural context as a crucial factor for understanding how grief and support are experienced and organized.

From a practical perspective, the findings suggest that effective postvention relies less on expanding isolated services and more on developing coordinated, context-aware, and relationally based support structures. Enhancing cooperation among institutions, recognizing the importance of informal support networks, and addressing social stigmatization may help improve long-term support for people bereaved by suicide.

Overall, this dissertation shows that suicide bereavement and postvention must be understood within broader social, cultural, and institutional contexts, and that their effectiveness depends on how these dimensions are structurally and relationally aligned.