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**An Interpretative Phenomenological Analysis of Post-traumatic
Growth in Adults Bereaved by Suicide**

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Submitted in part fulfilment of the requirements for the Doctorate of
Clinical Psychology

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Thesis Abstract

This thesis explored the experiences of post-traumatic growth in adults bereaved by suicide. Past literature into posttraumatic growth, posttraumatic growth in bereavement and bereavement by suicide is examined to rationalise the current research. There is critique of the methodologies used in the past literature.

The epistemological stance of the current research and justification of the qualitative approach to the current study is examined. Six participants were interviewed using a semi-structured interview schedule. Transcribed interviews were analysed from an interpretative phenomenological framework.

Two superordinate themes, with three ordinate themes in each, were identified: (1) Positive growth: 'life view', 'knowledge of self', and 'relation to others'; (2) Social perception: 'gaze of others', 'public guise', and 'solace of other survivors'. These are presented and discussed within the journal article. Three additional ordinate themes were identified: (3) Process of time, (4) Bereavement stages and, (5) New normal, which are presented in further detail and discussed in the extended paper.

The results yielded that some suicide survivors gain extra characteristics and insights due to their experiences, but are reluctant to acknowledge that they do. These results are discussed with reference to previous literature, and the epistemological stance of the research. A critique of the current research is provided before recommendations for research are outlined. The thesis concludes with the researcher's critical reflection on some of the theoretical, scientific and ethical considerations made during the process of the research.

Statement of contribution

1. Project design:
Angela Smith (with supervision from Roshan das Nair and Stephen Joseph)
2. Applying for ethical approval:
Angela Smith (with supervision from Roshan das Nair and Stephen Joseph)
3. Writing the literature review:
Angela Smith (with supervision from Roshan das Nair and Stephen Joseph)
4. Recruiting participants:
Caroline Simone and Eric Thwaites (Survivors of Bereavement by Suicide Trustees), and un-named group facilitators disseminated the 'Participant Information Packs' to group members. Richard 1326 (Samaritans) placed a 'Participant Information Pack' into the Samaritan's 'Branch book'
5. Data collection:
Angela Smith
6. Transcription:
Participants 1 – 3: Angela Smith, Participants 4 – 6: Carol di Cello (Transcription Services)
7. Analysis:
Angela Smith (with supervision from Roshan das Nair and Stephen Joseph)
8. Write up:
Angela Smith (with supervision from Roshan das Nair and Stephen Joseph)

Article for submission to the “The Journal of Loss and Trauma”

**An Interpretative Phenomenological Analysis of Post-traumatic
Growth in Adults Bereaved by Suicide**

(Shortened ‘running head’ title: Lived experience: Growth in suicide bereavement)

(Guidance for authors can be found in Appendix A)

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This study explored the experiences of post-traumatic growth in adults bereaved by suicide. Six participants were interviewed using a semi-structured interview schedule. Transcribed interviews were analysed from an interpretative phenomenological framework. Two superordinate themes, with three ordinate themes in each, were identified: (1) Positive growth: 'life view', 'knowledge of self', and 'relation to others'; (2) Social perception: 'gaze of others', 'public guise', and 'solace of other survivors'. Suicide survivors gain extra characteristics and insights due to their experiences, but are reluctant to acknowledge that they do. This requires consideration in theoretical and clinical settings.

Post-traumatic growth (PTG) is the term used to describe the heightened levels of personal development that can be achieved after trauma (Linley & Joseph, 2004). While the majority of research into PTG has investigated survivors of illness, accidents, and disaster, a small body of research has developed into bereavement as a trigger to PTG (e.g., Davis, Nolen-Hoeksema & Larson, 1998; Parappully, Rosenbaum, van den Daele & Nzewi, 2002; Park & Cohen, 1993; for a review see Schaefer & Moos, 2001; Yalom & Lieberman, 1991). No research has yet

examined the lived experiences of PTG in bereavement by suicide. (*For more in depth description see extended paper – Background [A]*)

In 2006, 5,554 adults (aged 15 years+) took their own lives in the UK (Office for National Statistics, 2008). It has been suggested for every person who dies by suicide there are at least six people significantly affected by that death (e.g. Pompili et al, 2008). McGlothlin (2006) reported 4.5 million people are impacted by the suicide of a loved one each year, leading to complex grief responses (McMenamy, Jordan & Mitchell, 2008; Melhem, Day, Shear, Day, Reynolds & Brent, 2004), prolonged depression, post-traumatic stress symptoms (Melhem et al, 2004), poorer physical health (Shepherd & Barraclough, 1974), stigma (Cvinar, 2005), guilt and blame (Van Dongen, 1993; Silverman, Range & Overholse, 1995) and an increased risk of their own suicidal intent (Andriessen, 2005; Callahan, 1996) or completed suicide (Calhoun, Selby & Selby; 1982; Melhem et al; 2004; Pompili et al; 2008). In light of this research, it would be less expected for PTG to arise in bereavement from suicide compared to other traumatic experiences. However, a recent study asserted that personal growth represents an important part of healing in parents who have lost a child to suicide (Feigelman, Jordan & Gorman, 2009). But as this was a large-scale questionnaire-based study it was not able to explore in depth what actually constituted growth for people bereaved by suicide. Therefore

further qualitative explorations of the idiographic understanding of PTG are required. Indeed, a review indicated few papers tell the story of people's experiences beyond the suicide (Maple, 2005). Begley and Quayle's (2007) qualitative investigation of the lived experience in people bereaved by suicide revealed 'purposefulness' as a master theme. Purposefulness refers to the determination to find meaning in life after their loss. They highlight the need to further understand the meaning-making processes to gain further insight into the distinctive nature of bereavement by suicide. This study looked at the general experience since the suicide, rather than growth specifically. The current study aims to further our knowledge of PTG in adults bereaved by suicide by examining their lived experience of growth since their bereavement. *(For more in depth description see extended paper – Background [B])*

Method

Interpretative phenomenological Analysis (IPA; Smith, 1996a; Smith, 1996b) was used to explore the meaning of the experience for each individual, rather than generate general theory. IPA permits the researcher to interpret, based on their own experiences and knowledge, the participant's account. A flexible IPA framework guided the analysis (Harding & Gantley, 1998; Smith & Osborne, 2003). *(For more in depth description see extended paper – Methods [A])*

Sample

A purposive, self-selected sample of six participants (three male, three female) took part in the study. Participants responded to information disseminated by charity organisers (*Appendix E and F*), and snowball sampling through: 'Samaritans' (a charity providing listening service to people experiencing distress and despair, including thoughts of suicide) and 'Survivors of Bereavement by Suicide' (a charity established to support bereaved people by other survivors of suicide bereavement [*Appendix G for approval letter*]).

Inclusion criteria:

All participants were required to:

- have been bereaved by suicide more than two years prior to participating in the study.
- Speak English
- be 18 years of age or older

People with either an uncorrected hearing impairment or a disability resulting in an inability to verbally complete the interview, and those unable to provide informed consent were excluded from participation.

(For further details see extended paper – Method [B])

Data Collection

(see Appendix H for 'Consent Form') The lead researcher conducted and digitally recorded six semi-structured interviews, ranging from 50 minutes to 2.5 hours. The recorded interviews were transcribed verbatim. All six interviews were conducted at participants' homes. Participants were asked to describe their experience, in particular their perception of life since their loss. A semi-structured interview permitted questions as a prompt, alongside the flexibility for the researcher to adapt to the participant's narrative. The purpose of the interview as described to the participants was to discuss ways they felt life may have changed, or remained the same for them since their loss.

The semi-structured interviews were designed to be free of double negatives or technical jargon, leading content or assumptions, and questions were piloted with colleagues. The interview schedule used the following questions/prompts:

- Tell me about your experience of losing someone to suicide
- How has life been since your loss?
- What does that change mean for you? / What does it mean to you that it remained the same?
- What else might you want to tell me that we have not included?

Incidentally, the interview schedule was rarely utilised, instead the researcher relied on clarifying the meaning derived by individual's of a topic described (e.g. 'What did that mean for you?', 'How did you experience that?', 'What was that like for you?') and reflecting/summarising points to prompt further description. The lead researcher had lost two relatives to suicide; all participants were made aware of the lead researcher's personal history prior to the interview, and informed they would be given space to discuss these accounts after the interview so as not to influence participants' individual accounts. Participants were contacted approximately one week after the interview via telephone to discuss any ensuing concerns. *(For further details see extended paper. Method – [C])*

Analysis

Each interview transcript was read and re-read initially, noting down summative descriptions of the participant's narrative in the left margin, and interpretative statements in the right margin. A process of collating interpretative statements into groups was completed once transcripts had been thoroughly read. Connections between groups were identified to provide themes. Lists of themes were developed into a diagram created for each interview. All themes were combined as the analysis progressed. Circularity of interpretation meant newly emerging themes were explored in previously analysed transcripts to inform the final

research themes. Themes not integral to the aim of the study were also identified though not reported in this article. (*For further details see extended paper. Method – [D]*)

Quality Assurance Measures

Faithful to the aims of qualitative enquiry the researchers sought to assure quality by establishing *trustworthiness* of the findings (Lincoln & Guba, 1985) by the following means: an audit trail of analytical processes was maintained to generate a transparent and explicit decision-making process (Biggerstaff & Thompson, 2008) permitting themes to be traced back to statements made by participant's in their interviews; quotations provided from participants' accounts ensure the reader can assess the *credibility* (Beck, 1993) of themes. Additionally, a reflective diary commenced prior to interviews being conducted through to completion of analysis so data could be repeatedly scrutinised by the researchers to ensure inequitable emphasis was not place on individual themes.

The lead researcher had previous experience of bereavement by suicide; her father died 12 years and her brother 2.5 years prior to the study commencing. The reflective diary was utilised to document the potential influence of the lead researcher's previous personal history; given concerns about extrapolating data which was not present in participants'

accounts, but purely based on the lead researcher's experience. Moreover during the analysis stage reluctance was noted in permitting themes to emerge due to the fear of merely replicating previous studies. The same researcher conducted all interviews. (*For further details see extended paper. Method – [E]*)

Ethical approval

Ethical approval for the current study was granted by the 'Institute of Work, Health and Organisations', University of Nottingham on 21/10/2008 (Appendix B), and alterations were subsequently approved on January 1, 2009 (Appendix C) and July 20, 2009 (Appendix D).

Results

Sample characteristics

The final purposive sample comprised six participants; all had been bereaved by suicide. One participant had been bereaved by suicide twice. Participants' ages ranged from 40 – 72 years. Table 1 outlines the relationship between the deceased and the bereaved, and the length of time since bereavement.

Table 1: Participants, their relationship to the deceased, and the time since the suicide.

Participant pseudonym	Person lost	Time since death (years)
Stephen	Wife	12
Belinda	Close friend	2
Roger	Daughter	15
Lorna	Son	10
John	Sister	19
Tracey	Son	3
	Brother	33

Table 1: Participants, their relationship to the deceased, and the time since the suicide.

Overview of themes

IPA yielded '*Process of time*' as an overarching transcendence to thematic contextualisation; a ubiquitous thread in all themes. The

themes that were extrapolated from the data corroborated the 'stages' of bereavement detailed in previous literature (Kübler-Ross, 1969). As these are well-documented elsewhere they are not outlined here. Themes developed in this study were not discrete; each was complex and contained a number of convolutions.

Two super-ordinate themes, within which overlapping ordinate themes were derived: (i) Positive growth: 'life view', 'knowledge of self', and 'relation to others' (ii) Social perception: 'gaze of others', 'public guise', and 'solace of other survivors'. Figure 1 illustrates all themes using a Venn diagram to illustrate how themes can overlap and be interrelated with one theme able to impact on another for a given person. Whilst some themes appear 'central' in the diagram these are not intended to be considered more important. 'Social perception' is something which impacts on all the interpreted areas of growth and thus overlaps with all three subthemes within 'positive growth'. 'Solace of other survivors' is in a dashed box to illustrate the bereaved experience a relief amongst other survivors described below, however when considering growth they are unable to feel the comfort of other survivors afforded to them regarding other factors of their loss. A limitation of the diagram is it cannot capture the fluid nature of themes; that at any given time one theme will be demonstrated as more pertinent than others.

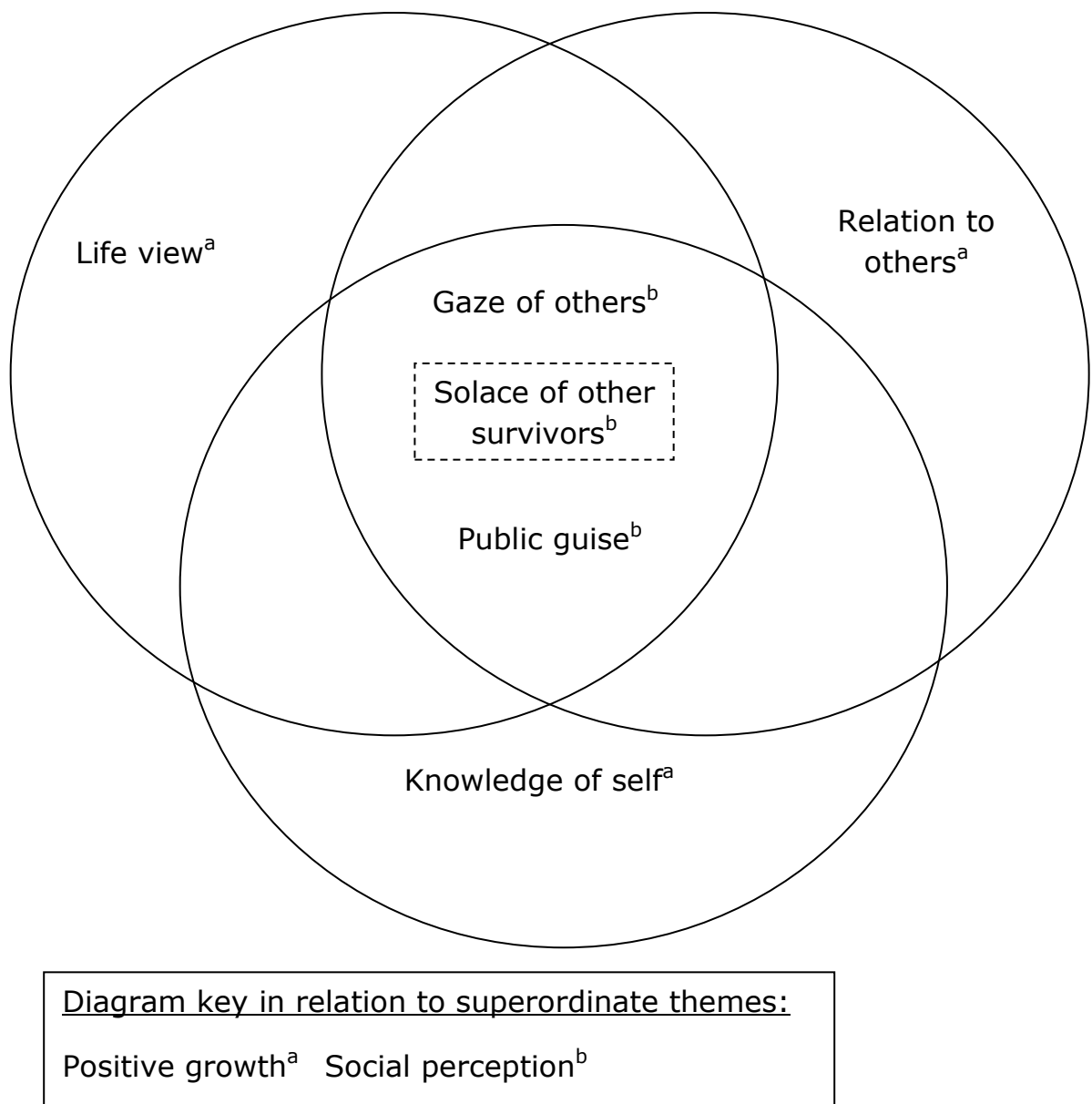


Figure 1. Illustration of the overlaps between superordinate and ordinate

(For descriptions of other related themes not reported here see extended paper: Results [A])

Positive growth

Interpretation generated elements which have changed for participants, for the better, as a result of their loss. These elements were broadly encapsulated under the following ordinate theme titles:

Life View

Participants were understood as having developed greater awareness of certain aspects of life, and their place in the world. The experiences heightened their awareness of their *existence* in the world; they started to consider their relation to the world and life surrounding them. There was a sense of understanding what it *meant* to be alive.

You've no right to, you know, that dead means dead. And because you're on this planet you're alive. Is there an assumption that you actually really *living* if you are existing <mm> on this planet. (Roger)

There appeared to be a reciprocal relationship between participants having a greater awareness of their existence and consideration of their own mortality. The suicide of their loved one had forced people to confront why someone would want to die and what mortality means to them.

... to me immortality is how people remember you <right> you know, if y, if you're gonna, I ,I don't believe in life after death in the, you know, in the solid sense of it but, but, you know if you've got any mor, im, any immortality I think it's..*how* you're remembered by people. I mean obviously that's a, that's not a finite thing is it, it's a time limited thing<mm> but..erm...yeah I think tha, that, that's , you know, MY immortality to me will be how my boys remember me and how my grandchildren, and if they talk, and if they talk about ..me to *their* daughter or son, or whatever <mm.. Erm." (Belinda)

Awareness of mortality alongside consideration of the reasons for their loved one ending their life prematurely was not necessarily growth itself; rather it was interpreted that the effects of having this awareness lead to a desire to get the most from life and so participants appeared to seize opportunities as they were presented.

Participant (P):...my attitude to life and my attitude to things like..er...
deferring gratification has changed. (chuckle)

Researcher (R): What do you mean by that?

P: Well in the sense that my, my son, my... both my parents, my son and wife all died prematurely. So now I'm thinking hmm...why do I bother about thinking about what will happen when I'm 70, 80, 90. <okay> Get on and do things now. <right> erm... Thats' one that, I mean I...back

in, I suppose really my mind that's the reason I packed in my job. Erm..The chance to try and do a few different things rather than just stay in the same groove all the time, <mmm> erm..I'm, I'm less, I'm less inclined to wait to have things. (Stephen)

The desire to take every enjoyment from life is not necessarily with disregard for other aspects of life, indeed participants reported it serves the purpose of distracting from the underlying pain of having lost someone to suicide, which has the incidental effect of providing a greater sense of freedom.

I'm never going to change what's happened, and it's a fact that I've got to make the best of what I've got left of my life, so I no longer plan what I'm going to do. I try and live every day how I can, and I try and do as many things that are uplifting and that are going to make me feel better (Tracey)

Participants discussed the idea of life's unpredictability. Their existence not being within their control was deduced to heighten the sense of needing to get as much as they can from their life whilst they can.

...we like to think of ourselves as being in control of our lives and think we're a lot less in control than we like to admit <right> because, you know,...ah..it was a psychologist who said it actually, I think it was

Ericson but I'm not sure <mm> said something about our lives are basically a sequence of accidents and coincidences. (Stephen)

Knowledge of Self

Participants discussed their individual relationship with the deceased, but invariably discussed how that *role* was in some way distinct from their self in existence. In seeing these as distinct participants were construed as having a greater sense of the core *self*.

I think one of the thing was , that, that struck me very forcibly was that, I'd geared a lot of what I was doing to supporting my wife ..and now I didn't have to do that. And it was a very strange sensation thinking well actually I can now do, well...within reason I can do exactly as I please... (Stephen)

Participants were considered to have a greater awareness of who they were, independent of other duties and roles, meaning mistakes in one role in life did not necessarily impact on their sense of self.

I feel as though, as a person I felt justified in saying it. Her father, as her father I wish that I'd had more patience, more understanding, more *love*, for want of a better word but more..openness about what was going, bu, because that's ideal is that. (Roger)

Participants stated they were more aware of their psychological capabilities; what they were able to do, and what might be too much for

them. Metaphors were often used to describe this idea, such as a boat with 'witting and unwitting cargo' referring to things voluntarily loaded onto the ship by an individual versus things loaded against one's better judgement and choice, usually as a result of life's unpredictability.

Well to me that sums up life, everybody's doing it, whether they're aware they're balanced, or, or by doing a balancing act or not. When I was young fart, a young married man with small children, it was more like that...keeping about half a dozen balls in the air. <mm> so yeah, I'm not..doesn't perturb me anyway to say that my life is on a fine balance because I am *aware* that it's a very fine balance. As long as I keep the awareness I think.. (Roger)

Psychological growth does not dictate a person is able to cope with more emotional strain, indeed it could be less since the bereavement. The growth, per se, was the recognition of what will strain and an increased willingness to attempt to control the amount they take on.

...before I would take on lots of things and erm, and feel guilty if I ever kind of said no to people. Whereas now I think, no, I've got to sort of be careful.... ...Because I used to fly around doing a hundred things at once, you know, help do this, do that, and I kind of don't do that now because I think it is better to do things properly but slowly and just take my time because, erm, I haven't got the same sort of capacity as

I had before, really, to sort of take on tasks, really, as it were..”

(Tracey)

It was extrapolated that coping strategies were developed or strengthened as a means of ensuring each person’s psychological capabilities were not over-stretched negating the impact of upsetting incidents, and increasing a person’s governance of their emotions. These coping strategies took on many forms. Explicitly people discussed: purposefully avoiding certain events or places, particularly around the time of the anniversary of the person’s death, mentally preparing for future events, or distracting themselves with activities.

P: I remember taking, taking myself off to the pub in [place name] with a book.... ...I remember just sitting sort of, in corner with a book. It was somewhere to go where there was some noise.<right> there were other people in the place.

R: what do you think it is about the noise?

P: I...I think it’s I think it’s a distraction as much as anything else. It’s something you can pay attention to... (Stephen)

Unspoken means of coping were also used within the interviews, which was interpreted as a means to distract the interviewer away from painful subjects and impeding emotional disclosure whilst the participant was in the presence of an ‘other’. Such means included: use of humour,

diverting to an alternative perspective (such as use of the collective term 'we', or from the perspective of the deceased), use of third person references to self, or use of physical restraints to prevent oneself from revealing emotions such as a controlled cough.

And what I'm doing and erm..yes, yeah, how am I, how am I dealing,
how is my grieving? Telephone 08457...(laughter) <yeah> (Stephen)
[example of humour]

R: And what, all of those things that kind of, that happened around
then, what were they like for you?

P: Well I think she, I think she would've erm, I think she'd've er,
she'd've been ple. I think she'd've laughed at us having a memorial
service (Belinda) [example of diverting to an alternative
perspective]

Through the use of explicit and implicit coping strategies participants were taken to have increased control over their emotions at any given point, which was acknowledged by some. However, participants acknowledged times when they might be 'caught off guard' or unexpectedly feel low. Yet, it was inferred, as time passes there is an ability to allow themselves to experience low mood, without necessarily: actively struggling against the feeling, trying to continue to function

regardless of low mood, berating themselves for being 'weak' or indeed worrying the feeling will get worse. Their increased emotional governance afforded a leniency for temporary low mood, as there was knowledge the low period will end. Indeed perhaps allowing low mood, within reason, was necessary to permit ongoing emotional governance the remainder of the time.

R: Those times when... ok, you've been lucky but those times when you have been caught (yeah)...er what are they like for you?

P: I don't worry about it because I know it won't last very long. You know, I've, I've found this, it will just pass of its own accord.
(Stephen)

Relation to Others

Some participants reported they either notice more about the emotional states of others or perhaps were more willing to ask questions to find about others feelings.

I suppose one of the other things is, I'm a lot, I'm a lot better at spotting people who are...er, down <okay> and not, you know, coz I...again y...it was just something I didn't really think about, you know again I, it was the classic...oh how are you alright? Yeah fine...an, or the classic are, are, are you ok? And actually as you are walking off and not waiting for

the answer, you know. And I don't do that anymore but erm...I'm I think better at spotting people who aren't in a good place.(Stephen)

Participants appeared to be less likely to assume things about others, realising the idiosyncratic nature of each person's life.

I think that you should never judge a situation from how you first see it, because there's often a lot more in the background than you ever imagine... (Tracey)

There was consensus that people were less willing to risk upsetting others. This may have involved not wanting to get into arguments, not showing one's own upset to avoid upsetting others (see public guise), or just a consideration of other people's life events so one's actions might not be considered 'thoughtless'.

So one of the things that's come out of this for me is that I am very careful about my choice of Christmas cards and who I send what to. I now think very hard about whether they've had any sadness in their particular life that year or you know whatever and send an appropriate card because to me it was just unbelievable that somebody just knowing, full knowing that we'd lost our son, just picked the next card out of the box without even so much as a cursory glance at it. (Lorna)

Beyond merely ensuring they did not upset others, all participants were construed as going 'out of their way' to meaningfully contribute towards

the lives of others. They appeared to demonstrate enhanced munificence; a desire to give to others either *ad hoc*, or through purposeful actions such as voluntary work. Some participants reported what they considered to be altruistic acts of practical and emotional munificence. This can involve 'giving back' to those who helped them, and passing on your experiences to other survivors. This was perhaps indicated simply by participants' desire to contribute to research such as this.

... it's difficult to see any positive elements that comes out of suicide but the one is that you can help other people who are so traumatised after the death. (Tracey)

As an extension of the sensitivity in noticing when others are low, participants were viewed as more likely to extend a supportive hand to others, even strangers, than prior to their bereavement.

.. I've got to look after people more. (John)

(For further descriptions of theme and exemplar quotes see extended paper: Results [B])

During the analysis stage and the collation of statements into groups the researchers were reluctant to 'collapse' themes into groups as they were very aware of not wishing to merely replicate findings of other positive growth after trauma studies by providing 'just' the three subtheme headings. However in

discussing these headings the researchers became aware of the ways in which the participants' growth was perceived as subject to the individual's feelings about how they were viewed by others, especially in discussing any growth they may have experienced. This reflection led the researchers to re-visit earlier collapsed themes and draw on aspects of the accounts which were not growth *per se* but the social view on that growth which permitted the consideration of the second theme of 'social perception'.

Social Perception

The second superordinate theme of 'social perception' was not concerned with added personality characteristics but is fundamentally involved in all areas of positive growth. Participants' accounts were interpreted as concerned with how they appeared to others and what others might think of them. The other was broadly divided into the general other and other survivors of bereavement by suicide.

Gaze of others

The gaze of others refers to the inescapable element of the participants' accounts referring to how they believed themselves to be viewed by other people.

well I suppose, it's, it's, it's around what thinking, what thinking, thinking what people think of you. Erm...oh you know, people say they don't, they don't really care what people think about them, I mean I've said it

myself, but there are things that you do care about aren't there?

(Belinda)

The gaze of others may leave them feeling they were locked into a certain role, differing from their own view of *self*.

I suppose that we will always be known by the people around here, you know the couple who ..lost a son.. to suicide. I can't do anything about that, I try not to think about it. (Lorna)

Participants considered how disclosing their innermost emotions in public would affect people's view of them: some feared exploitation by others if they exposed any form of weakness, whereas others did not want to appear incompetent in the *role* the 'other' knew them in, other participants worried about the embarrassment of showing upset.

a show of emotion is a weakness. ... I would like to be close enough to somebody whereby I could actually do that <mm> ... but I've never been in a situation where I've been close enough to a person to allow myself to open up to an extent whereby I would not think that they were then going to use that against me. (John)

Public Guise

Participants described having a public presence, which masked their underlying emotions and was construed to serve a purpose of deflecting the gaze of others saving participants from emotional disclosure. The

public guise appears to give others the impression of the bereaved being at least 'functional' and at most 'over it'. This public guise was believed to be easier to maintain once a person has increased the knowledge of their self allowing a sense of emotional governance maintained by coping strategies.

But other people would never guess that, that is the real truth of it. Because I always put on a very good act, so that people imagine that I'm actually doing very well. You know, people will say, "Oh god, that Tracey, she's, you know, it's amazing. Look at her, she's doing this, that and the other." But they actually don't know what's in my head and I think if they did they would be very surprised.(Tracey)

Public guise was not interpreted as a void of emotions merely emotions are disguised and hidden from others.

I'm far too much in control of my own emotions. I'm certainly very good at controlling my emotions ...

...And, no I don't show it, and yes, I'm in complete control. But *privately* ... (John)

It was felt that public guise allowed participant's to choose when and to whom they reveal their underlying feelings, providing them with a protection against revealing their emotions unwillingly.

... yes, I would, I would like to be close enough to somebody whereby I could actually do that <mm> ... but I've never been in a situation where I've been close enough to a person to allow myself to open up to an extent whereby I would not think that they were then going to use that against me. (John)

Public guise was interpreted to not only protect the participants, but also was seen as a munificent act. In considering the other, and not wanting to risk upsetting them, public guise acted as protection for the other from the participant's true emotional state.

I suppose that's all bubbling away, and you feel that, it's a lot of that is under the surface sometimes, but you can't actually say anything to other people, because you don't want to shock other people, you don't want to upset other people, and you don't want to certainly lower the tone, because people like to hear about uplifting things. They don't want to hear about anything downbeat or depressing or ...(Tracey)

Solace of other survivors

The feeling of social perception was considered as different for the participants when amongst other survivors of bereavement by suicide. On the whole, participants seemed to find relief from the *gaze of others* and were able to drop their *public guise* when with other survivors. Participants regaled the benefits of contact with other survivors.

I found that a big help to me to be able to talk to others and exchange views, opinions (inhale) suggestions, you know, experiences in general to do with suicide bereavement (Lorna)

Even years after their bereavement participants felt only others bereaved by suicide understood their experience, and it influenced their ability to speak to people about the death. Even though the interview for this study was designed for people to be open, participants felt speaking to someone they knew was also bereaved by suicide made the exchange easier.

See, if you weren't bereaved, I wouldn't really want to talk to you, because you don't know – I know that you know what I, where I'm coming from. But if it was somebody else, I just wouldn't, I wouldn't talk to them in that same way, because you've got a different level of understanding (Tracey)

However, even within the *solace of other survivors*, it appeared that the idea of growth remained unmentionable. People were perceived as unwilling, or perhaps unable to speak about what they may have gained through their loss.

Can good things come out of suicide?..Yes they can. Do we want to talk about them? Do we want to say, I feel better because of this, they say, “no, don't put your mouth on it!” That's what I think. But nevertheless,

good things *do* come out of it. <mm>...(9 secs) For a price...(14secs) I wouldn't talk like this if I were 6 months into the bereavement. (Roger)

Some participants explicitly acknowledged some outcomes from their experience were positive, though acknowledgement of these elements of growth was difficult given the source of the positive outcomes.

Now I don't know what people think about it, / think that some good things have come out of the terrible loss that we had but other people might not consider them to be.. that I don't know. (Lorna)

...having said that I'm still not sure that the silver lining's worth the cloud (Stephen)

(For further descriptions of theme and exemplar quotes see extended paper: Results [C])

Discussion

(For discussion of themes not discussed here see extended paper, Discussion [A])

This study presented a detailed exploration of six participants' experiences of bereavement by suicide, with specific attention given to areas of PTG. The theme of 'positive growth' and its sub-themes closely replicate the findings of growth after other traumatic events (Linley & Joseph, 2004). The finding illustrates that the concept of positive growth can be applied to

bereavement by suicide. However, the second theme of 'social perception' is a facet that has not previously been discussed in studies regarding growth after other trauma. 'Social perception', and its implication for the growth experienced, appears to be a distinctive feature of bereavement by suicide. Given the theme of 'social perception' and its influence on the lack of acknowledgement of growth after bereavement by suicide it is perhaps pertinent to consider fully the implications in applying growth-orientated interventions.

The study interpreted that participants had greater understanding of their existence, alterations to their actions in order to truly live whilst alive, an ability to govern their emotions, permitting low moods when they occurred, employing coping strategies to mitigate their low mood, and thus maintaining a public guise. Analysis demonstrated an alteration in their relation to others through sensitivity to feelings and increased munificence. The findings support previous assertions that PTG is experienced by those bereaved by suicide (Feigelman, et al., 2009), and further our understanding of the idiosyncratic nature of growth by showing that social perception is fundamental in the healing process. *(For further discussion see extended paper, Discussion [B])*

'Social perception' was also interpreted as a second important theme for survivors of bereavement by suicide. Finding *solace of survivors* supports previous findings of 'social uneasiness' amongst the general other (Begley & Quayle, 2007). However, the finding suggests the

uneasiness remains even amongst other survivors with regards to 'growth'. The gaze of others appeared to enhance the shame and stigma in suicide bereavement, which may overshadow or preclude the willingness or ability to acknowledge 'growth'. *(For further discussion see extended paper, Discussion [C])*

PTG is not yet a prominent feature of the bereavement literature, despite it being evidenced in bereavements of other forms and now in bereavement by suicide. Perhaps this is partly due to the result of 'social perception', and in turn its absence from the literature serves to maintain these social perceptions. Thus, there are implications for bereavement theory and consequently bereavement support, in particular working with those bereaved by suicide.

Implications

The concept of 'growth' needs to be normalised amongst the grieving, so people can discuss ways they feel they have changed and developed, without fear of judgement. It is commonly accepted that someone dealing with a problem must first admit they have a problem, likewise the initial step in fostering growth is to acknowledge its possibility.

Bereavement counselling currently focuses on giving people space to explore their loss and the impact it has on their life, and "identify and resolve the conflicts of separation" (Worden, 2001, p.101), and on the

normalisation of the bereaved person's emotional experience. In the case of traumatic loss, where necessary, consideration is also given to the acceptance of not ever being able to know all the facts surrounding the loss (Cruse, 2006). It is a skill of the bereavement counsellor or therapist to hold in mind that people are regularly able to regain function in life despite the bereaved person perhaps feeling they will never function properly again. We would suggest that growth maybe a natural progression of the grieving process, beyond the end point of 'acceptance' previously acknowledged (Kúbler-Ross, 1969). As such it is important to provide the bereaved with the opportunity to explore the possibility of gaining through their adversity. However, professionals should be cautious not to imply growth is expected or is necessary. *(For further discussion see extended paper, Discussion [D])*

Limitations

IPA assumes each participant has the ability to articulate their thoughts (Smith, 1996b). However, participants used different means to communicate their experiences including non-verbal cues, metaphors, diagrams and emotive language, which are accepted generally as appropriate means of communication (Wilbram, Kellet & Beail, 2008). Purposive sampling was employed to ensure people bereaved by suicide participated, however it is acknowledged people who volunteered were motivated by emotional drives to help others understand the

experience, and are able to discuss their experience. Growth may be an anomalous facet present in this sample, perhaps unrepresentative as survivors in general. However, representativeness was not the objective of this study, nor is it the objective of many qualitative studies, which emphasise an ideographic approach to knowledge production and comprehension. The ability to access the emotionally vulnerable population in a non-threatening manner to include people who may feel unwilling to volunteer for participation needs addressing.

The lead researcher's personal experience may reduce the objectivity during analysis, however in adopting a double hermeneutic stance objectivity was not sought. The researcher could be considered to provide 'theoretical sensitivity' (Glaser, 1978). The detailed reflective diary and audit trail were used to ensure the researcher's own experiences did not gratuitously emphasise themes. Additionally, one participant was 'on record' as saying the researcher's prior experiences made it easier to be open, this was corroborated informally by three other participants.

Future research

Investigation into the clinical applications of this research is called for. Research is needed to examine each of the themes in more depth. In particular, the novel theme of *social perception* is worthy of study

because of the possibility to extrapolate means of altering the social dialogue with regards to suicide bereavement.

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Extended Paper

Background

Literature Search Strategies

Two strategies were used to establish the literature for the review. Initially the major databases (PsycINFO, Medline, Web of Science) were searched for published literature between January 2008 and October 2009 using specific terms such as *posttraumatic growth*, *post traumatic growth*, *positive change*, and *growth following adversity* in order to locate articles related to, but not exclusive to, post traumatic growth. The same databases were searched using terms such as *bereavement by suicide*, *suicide survivors*, and *suicide loss* with a view to locating published articles focusing on the people left behind in the wake of a suicide. 'Survivors' is a term which has become popularly used in the literature to describe those who have experienced and survived the loss of another person to suicide. Sources identified through this search were checked for citations of other publications containing the search terms. This process was repeated for each new publication found. Researchers were contacted for copies of articles cited as 'in press'. Previous reviews covered a number of studies relating to post traumatic stress and bereavement by suicide. The findings of these reviews have been included to contribute to current understanding.

[A] Post Traumatic Growth

There has been an interest in the psychological stress a person may incur with a traumatic event since the experiences of soldiers returning from the First World War were documented. Each major traumatic event

in world history since has provided an area for study. Many individuals experience some kind of traumatic event and/or loss, yet apparently continue to cope with relatively little disruption to their lives. However, it appears that some clinicians may see this as a pathological or infrequent response (Bonanno, 2004, p. 20). This view is presumably due to the majority of data being provided by people unable to 'cope' with traumatic events, and who consequently present at services. Studies focusing only on data gathered from people who present at services is likely to give a skewed understanding of post-traumatic reactions (Linley & Joseph, 2004). The contemporary movement of positive psychology (Seligman, 2002) has increased interest in the study of strengths and assets in an attempt to understand and facilitate positive growth outcomes (Seligman & Csikszentmihalyi, 2000). This includes the idea of seeing the responses to trauma in a positive light, facilitating the process of recovery and growth rather than seeing reactions as disordered. Diverse terminology has been used in this area (e.g. thriving, flourishing, transformational coping, perceived benefits, positive change, post-traumatic growth, stress-related growth, quantum change, growth following adversity). These terms refer not only to a person returning to normal function after a traumatic event, but also having additional qualities, wisdom or psychological outlooks as a direct result of their experiences. Specifically, three aspects heightened after traumas are reported: relationships are improved; peoples' view of themselves change; and there is a reported change in the way life is viewed (Calhoun & Tedeschi, 1999; Joseph and Linley, 2006). Current models of post-traumatic growth (PTG) suggest that clinicians see positive growth as a process rather than an outcome (Tedeschi & Calhoun, 1995; Joseph, 2003; Joseph & Linley, 2005). In 2004, Linley and Joseph reviewed 39 empirical studies of PTG. They concluded that

people experienced growth after a diverse range of trauma including accidents and assaults, medical illness, sexual abuse, and terrorist attacks. The review illustrated that those who reported and maintained growth were less distressed over time.

Post Traumatic Growth in Bereavement

Kübler-Ross's (1969) 'five stages of grief' model remains the most prominent in literature (despite the existence of other theories). Although this model, corroborated by more contemporary descriptions (Worden, 2001), incorporates hope and emotional adjustment resulting in 'acceptance', no specific consideration is given as yet to 'growth' in any theoretical conceptions of bereavement. However, loss and bereavement has been shown to be a trauma through which PTG has been evidenced. For example, Parappully et al. (2002) found despite being profoundly traumatized, parents of murdered children can experience positive outcomes. Davis et al. (1998) found people actively seek to make sense of any loss and find benefit where possible from their loss. Information from bereavement studies such Parappully et al. (2002) and Davis et al. (1998) can be generalised to suicide survivors given that all loss could be identified as a trauma; in particular similarities in the sudden and violent nature of the loss in the Parappully et al. (2002) study could be considered comparable. However, neither these studies nor any of the cases examined by Linley and Joseph (2004) specifically addressed bereavement by suicide.

In a prospective study of 30 widows and 30 widowers Stroebe and Stroebe (1991) argued that "grief work" after bereavement was not always necessary for adjustment, though extreme avoidance of it may be harmful. Widows who did not engage in work to confront their loss did not differ in depression scores when compared to those who did.

Conversely, however, there was an association between widowers who did engage in some therapeutic work and greater adjustment at 18 months. However, this research highlighted the current research focus on negative aspects; perceived 'coping' was defined by a lower score on the Beck Depression Inventory, rather than on life functioning and positive developments in the life of the bereaved. This issue is emphasised when considering bereavement by suicide. This is not to say the negative impact should be totally replaced by positive growth, and as Linley and Joseph (2004) stated researchers should avoid self-report measures which do not allow for negative responses, but positive growth aspects should not be overlooked. Linley and Joseph (2004) indicated the amount of social support received by people after a traumatic event (e.g. Evers et al., 2001 cited in Joseph & Linley, 2004), and the level of satisfaction with that support (e.g. Park, Cohen & Murch, 1996) can contribute to an individual's growth process. However Linley and Joseph (2004) recognised when interpersonal relationships are being used as a method of assessing adversarial growth, the direction of the causal relationship becomes unclear; social support may promote growth, though growth may result in greater perceived support.

Evaluation of Methodology Used in Post Traumatic Growth Research

In the study by Parapully et al., (2002) change was rated by self-report on the "Human tragedy and parental suffering" questionnaire which consisted of 11 statements related to positive change, 11 statements related to persisting trauma, and included the capacity for respondents to describe major changes in their lives. From the responses within these questionnaires, sixteen respondents who indicated greatest change were selected to partake in further in-depth interviews. However, as a result of this selection criterion, there is no discussion of

people who would have been rated as experiencing less change, which may have provided invaluable comparison in order to understand the different responses. This has been highlighted as a significant oversight (Linley & Joseph, 2004). Furthermore, the high female to male ratio, 13 to 3, was not commented on with regards to its potential impact on the findings. The validity of Parapully et al.'s (2002) results may have been improved had consistent themes been derived by external researchers who performed separate analyses on the in-depth interview, rather than reliance on the interpretations of one analyst (Smith, Jarman & Osborne, 1999). However, the authors clearly described the step-by-step processes they implemented in order to analyse their results, which allows for comparison of more contemporary studies or cross-population contrast.

In another approach, Davis et al. (1998) contacted families as their relatives entered hospice care with a letter describing the study and that their choice to participate or not would in no way impact on the services they received. This approach to recruitment ensures families were aware of the study prior to their bereavement which possibly reduces the 'intrusive' factor of invitations to participate distributed during the vulnerable and painful period post-loss. There was, compared to other studies in this field (e.g. Stroebe & Stroebe, 1991) a high rate of acceptance to participate (80%) which may be in part due to this pre-bereavement recruitment. The prospective nature is a strength of the study, though, as recognised by the authors, this option is not viable for all types of bereavement. Indeed the palliative nature of the care received by the deceased may have provided more positive results in meaning making and benefit-finding. Linley and Joseph (2004) noted the lack of pre-event data makes it difficult to note changes after any trauma to be verified and that there is an apparent lack of objective

indicators of growth. In contrast, the recruitment process could be seen as coercive; participants in the early stages of bereavement may feel in some way obliged to take part, despite no longer feeling able, because they agreed pre-bereavement. Research has shown that longitudinal design can underscore time relationships between variables (Johnson, 2001). Researchers can perhaps begin to extrapolate cause and effect by examining antecedent- consequence relationships. The longitudinal element of Davis et al.'s (1998) study, therefore, provides an additional benefit in that it is able to provide information as to the development of meaning-making over time. Davis et al. (1998) utilised several self-report scales and two open ended questions about meaning making. Unlike Parapully et al's (2002) study (described above), three independent coders analysed the responses to the open ended questions and statistical measures were applied to ensure their agreement.

In Stroebe and Stroebe's (1991) investigation of 'grief work' there were methodological issues of note. Names were obtained from a local register of people bereaved in the previous 4-6 months. Whilst the authors stated that "*no pressure was put on them to participate*" (p. 479), it is a likely reflection in the acceptance level of 28% which could be considered low, that the potential upset caused by a mere invite must be recognised. There could be a selection bias from among those willing and able to participate which may have skewed the findings; people experiencing more negative reactions to their bereavement may have been under-represented due to feeling unable to participate. Peoples' differing abilities to become participants; i.e. those who experience a stage of denial, or where grief is too painful in comparison to those who want to talk about their loss, needs to be considered in all post traumatic growth research. Ethical considerations, such as sensitivity in approaching participants and the intricacies of what is

expected of them at a vulnerable time, are important in any area of research. There is the potential for the invitations to participate in the research to cause grief to re-emerge briefly, as other reminders or triggers will, however, if no questions are asked, more appropriate help cannot be developed. Clark (2007) recognised this is an important restriction to research with the bereaved, especially when the deceased ended their own life. It would be erroneous to regard Stroebe and Stroebe's (1991) study as unethical as they did consider the needs of their participants, for example they removed questions regarding sexual interest from their assessment. However, Stroebe and Stroebe (1991) do not provide details of how the deceased died. This is important as a sudden, violent, traumatic passing may well have a different effect on those left behind than a death that was preceded by long-term palliative care.

The data collected by Stroebe and Stroebe (1991), like that of Parapully et al. (2002) and Davis et al. (1998) relied on self-report scales, which have recognised limitations in their accuracy, for example reliance on subjectivity and a conscious bias to provide socially appropriate responses (Baldwin, 1999). In Stroebe and Stroebe's (1991) study participants were interviewed three times; 4-7 months post-loss (in person), approximately 14 months post-loss (in person) and 2 years post-loss (via telephone). The long-term effect of the 'grief work' is monitored due to the longitudinal approach taken in this study; a pre-documented strength. However, Stroebe and Stroebe (1991) do not provide a rationale for the change of interview medium for the final interview, nor do they acknowledge the impact that this may have had on the participants' responses. For example, the interviewees could perceive the change as indicative that they *should* now be functioning

better, thus not requiring face-to-face contact, which could subsequently alter their responses.

Summary of Post Traumatic Growth Literature

Overall, there is confirmation that individuals can experience an increase in some aspects of their functioning after a traumatic event, including bereavement, yet whether post traumatic growth occurs in suicide survivor groups has not yet been investigated. Self-report measures are commonly used in this field, perhaps understandably given that it is the individual who is best placed to report on their experiences, though measures of post traumatic growth should not disregard the negative impacts of a traumatic event. Whether semi-structured or open-ended interviews are used, it is prudent to have independent analyses from different researchers to decrease subjective interpretations. The literature highlights that researchers need to be mindful of the ways in which they approach the vulnerable groups.

[B] Suicide as Trauma

The suicide of a family member or friend can be considered a traumatic event (Callahan, 1996). Statements of the number of people affected by one suicide can only be treated as an estimate (Sakinofsky, 2007). Whilst it is commonly stated that on average six people are significantly affected it is suggested that one suicide can produce as many as a hundred survivors (Cerel & Campbell, 2008). Despite these staggering numbers, survivor issues are rarely dealt with; indeed they have *"...fallen between the two stools of bereavement and suicide prevention, with both disciplines seeming to take the "too difficult" line"* (Clark, 2007).

The negative psychological and social implications for suicide survivors and their future prognosis are documented. More recent literature suggests the stigma that surrounds suicide can have an impact on those bereaved through 'social uneasiness' and result in intense emotional distress (Begley & Quayle, 2007). The language used, such as "commit suicide", alludes to the days when suicide was illegal (in the United States it is still considered a crime in many states). The metaphors regarding the methods of suicide used in daily conversation (Martin, Clark, Beckinsale, Stacey & Skene, 1997 cited in Clark, 2001) may serve to increase the distress which the bereaved experience. Maple (2005) conducted a review of literature relating to parental bereavement by suicide, but did not discuss any positive changes that may have been documented in the literature they reviewed.

Feigelman et al. (2009) recently investigated the correlations between PTG on the Hogan Grief Reaction Checklist (Hogan, Greenfield & Schmidt, 2001), and difficult grief responses and supported earlier claims that over time those experiencing growth had better mental health (Joseph & Linley's, 2004). The authors' purported growth is a fundamental aspect of the healing process, but they gave little detail as to what constitutes growth, or how it is experienced by the bereaved. It could be suggested Feigelman et al. (2009) presumed the existence of PTG in survivors of bereavement by suicide given that the background to their research cited growth in general bereavement, granted supported by some literature which included consideration of people bereaved by suicide and two convincing, but anecdotal narratives from bereaved parents.

Begley and Quayle (2007) looked into the lived experience of suicide survivors and discovered four master themes: controlling the impact of the suicide; making sense of the suicide; social uneasiness and

purposefulness. The latter refers to a change in life's priorities *"the death had changed how life is viewed, a feeling that their lives are totally changed and that the deceased is now helping them. Engaging in new activities, role in helping others"* (Begley & Quayle, 2007, p. 29). Indeed, seven of the eight participants examined by Begley and Quayle talked about how the suicide, though undeniably harrowing, had changed their lives and that change was positive for the most part. The authors suggested at the end of their study that there is a need for a greater understanding of the meaning-making process in suicide bereavement. However despite the purpose that had developed in the life of the bereaved, Begley & Quayle (2007) suggested many were still *"deliberately living in the shadow of the suicide 5 years after its occurrence"* (p. 32) The authors imply that the bereaved had not moved on from the death. The use of the term 'living in the shadow' by the authors could be interpreted as meaning it is desirable to 'move on' and deliberately holding onto the suicide is an unconstructive act. Yet, conversely, a quote earlier in the paper indicated 'Martin' has no desire to move on, he feels closer to the deceased by maintaining a mental bond and is happy to do so. Though, to the authors' credit, they do acknowledge this behaviour maybe indicative of complex grief that perhaps warrants further inquiry.

Current Approaches to Suicide Postvention

Given the poor prognosis documented, it is important to understand the current approaches used in intervening with suicide survivors. Postvention is a term referring to the intervention with the bereaved conducted after a suicide. There is a need to ensure appropriate and effective postvention strategies are provided (Clark, 2001). Current postvention strategies include attempts to alleviate the distress of the event for the bereaved individuals, reduce the risk of imitative suicidal

behavior, and promote the healthy recovery of the affected community (Department of Communities, 2008). Postventions focus on the traumatic aspects of an event and appear to have some benefits, though early literature presented mixed findings. There would be implications for these interventions should research suggest psychological growth is possible in this group. The Department of Health (DoH, 2002) highlighted that there should be focus on promoting the mental health of those bereaved by suicide and as a result, the *"Help is at hand"* leaflet was developed outlining practical and emotional advice for those bereaved by suicide. The DoH (2006) re-emphasised that all people who come in to contact with suicide be given the *"Help is at hand"* leaflet. Grad, Clark, Dyregrov and Andriessen (2004) presented findings from studies across four countries that indicated that the bereaved experience a lack of support and understanding. The International Association for Suicide Prevention (IASP, 1999 cited in Grad, et al; 2004) created a taskforce to tackle the issues of those bereaved by suicide, leading to policies on suicide prevention that include suicide bereavement and creation of a *"European Directory of Suicide Survivor Services"* (Andriessen & Farberow, 2002). There are approximately 300 bereavement services in the U.K., though the caller load of 10,000, which they claim to be only a small proportion of those in need of services, is an *"educated guess"* (Andriessen, 2004, p. 27) and there is no indication of how this figure was deduced. Most survivors do not seek out support (Dyregrov, 2002; Provini, Everett & Pfeffer, 2000), though 74% who wanted support experienced barriers to receiving it (Provini, et al., 2000). Some literature highlighted that the stigma experienced by those bereaved by suicide makes it more difficult for them to seek out help (Hawton & Simkin, 2003). As a result, whilst the support groups in operation and documents created by the DoH (2002) and IASP (1999

cited in Grad et al, 2004) may well be useful, it is not known how many of those bereaved by suicide are actually benefitting from this information. McMenamy, Jackson and Mitchell (2008) suggested that lack of data indicating where to locate resources is a barrier for many bereaved, and as a result interventions need to be more out-reaching than passive.

The Local Outreach to Suicide Survivors (LOSS) Program is an out-reach program that employs an Active Postvention Model ('APM'; Campbell, Cataldie, McIntosh & Millet, 2004) in East Baton Rouge Parish, USA, and has been shown to markedly reduce the length of time between bereavement and seeking support. Currently the LOSS team's outreach is initiated by one coroner in response to a suicide. Team members make themselves present at the scene of a suicide in order to be available to the bereaved to contribute advice and support as soon as possible after a death. Campbell et al. (2004) suggest the immediate availability of a para-professional survivor can establish a supportive bond and air of emotional openness regarding the suicide. In addition, the presence of LOSS team members has increased the awareness of professionals in attendance resulting in a more caring approach at the initial event. It is recognised that in order for such an active postvention approach to be successful the understanding and acceptance of the authorities is required; as a result, all LOSS team members are trained by the coroner in crime scene etiquette. Cerel and Campbell (2008) discovered APM recipients presented for treatment sooner than those who had received a passive postvention model, 48 days compared to 97 days respectively. In addition, those in the APM group were more engaged in treatment and group work.

With regards to psychological therapies, Pompili, Lester, De Pisa, Del Casale, Tatarelli & Girardi (2008) presented a case study in which a 69

year old woman experienced the loss of three siblings to suicide over the course of a 2 year period, as well as her mother's attempted suicide. Indeed, the woman attempted suicide herself six times, which the authors use to illustrate how 'psychache' (an intense psychological distress in the psyche which may lead to suicide) experienced in the family may have been deepened by each suicide. This can lead on to subsequent suicides and attempted suicides, which illustrates the necessity for professionals to intervene. De Castro and Guterman (2008) gave case examples to highlight that brief solution-focused therapy may be useful as it emphasises strengthening already existing resources and encouraging the use of previously successful strategies. These case examples ostensibly indicate the effectiveness of the solution-focused approach.

Conversly, Callahan (1996), similar to Stroebe and Stroebe's (1991) assertions on 'grief work', indicated that postvention is not always positive for survivors in that it fails to prevent copycat attempts in students and may lead to the development of unhelpful secondary gains. Namely students in their study who were close with the deceased experienced an increase in their popularity at school which in turn glamourised the suicide. Whilst links have been shown to illustrate that experiencing the suicide of another can lead to increased likelihood of suicidality (Krysinska, 2003; Pompili et al 2008), the very term 'suicide survivor' illustrates that there are people who cope with such experiences. It is this aspect of coping, and indeed perhaps in some cases, flourishing, after a suicide that warrants further exploration.

Evaluation of Methodology Used in Suicide Survivor Literature

Given there have been few methodologically sound evaluations of care for people bereaved by suicide (Hawton & Simkin, 2003), it appears that

many reports into the validity, usefulness and efficacy of postvention methods are merely conjecture and opinion. The report by Grad et al. (2004) included attitudes, without empirical evidence, obtained from discussion groups at the International Association for Suicide Prevention meeting in Chennai in 2001. Those contributing to discussions were people bereaved by suicide and service providers or professionals who have many years experience working with the bereaved. Given those providing the opinions are those who have a personal interest in seeing service provision increase and improve, any alternative consensus would have been surprising. Indeed none of the four countries represented at the meeting supplied any information as to how the support received by those bereaved by suicide differed from those who have lost a loved one in any other way, and as a result, the suggestions of the paper may be extended to all bereavements. Whilst there is no empirical evidence presented, the opinions across so many professionals and lay people, in four different countries, appear to be similar and consequently necessitate follow up empirical investigation.

Campbell et al. (2004) appear to provide encouraging results from the APM, however within this report no data is provided as to how the results were quantifiably assessed. The report appears to outline the authors opinions about the success of the active outreach postvention programme without empirical basis. However, the spread of the active outreach ethos throughout the US and in other countries is perhaps indicative of the model's success. Further research (Cerel & Campbell, 2008) outlined support for some of the Campbell et al.'s (2004) unsubstantiated assertions by comparing 150 individuals who received the APM to 206 who received a passive postvention. This study merely compared the length of time taken for individuals to seek treatment after their loss, and their attendance at support groups. The authors

noted that those seeking treatment were not necessarily representative of survivors in general. Callahan (1996) highlighted that few empirical studies have been conducted to ascertain the effectiveness of postvention studies in schools. *"Part of the appeal of these techniques appears to be their 'face validity'."* (Callahan, 1996, p.110)

Discussion of suicide needs to be done in a way which will not alienate potential participants, especially when it lacks empirical support. For example, Lester (2004) talked of the 'denial' that suicide survivors exhibit. He purported despite 69% of those who end their lives communicating their intent to a friend or relative, averaging 3.2 communications per suicide (Robins, Gasser, Kayes, Wilkinson & Murphy, 1959) these communications were denied by survivors. Lester (2004) goes on to state *"researchers then began to ask why their relatives and friends ignored this communication"* (p.78) In addition, Lester (2004) outlined that survivors deny their role in the responsibility for the suicide, citing the example of parents focusing on physiological factors and psychiatric disorders, rather than more psychodynamic interpretations, when losing a child. A clearly enraged Michel (2005) responded there is no evidence for Lester's (2004) claims, and highlighted the 'assumption' that the communications referenced, retrospectively, by Robins et al. (1959) had been ignored. Furthermore, Lester (2005) outlined that after the death of an 'enemy' *"I was pleased"* (p. 95). He also described the happiness experienced by an associate who had a similar reaction to someone's suicide. Although Lester (2005) highlighted something that may be valid to many people; i.e. not to feel surprised if one's reaction to another's suicide is relief, the manner in which this is highlighted is disquieting and makes no attempt to conceal the identities of the deceased. Lester's (2005) oversight of the impact of his writings on the suicide survivors is one

illustration that suicide postvention is still often seen as the “poor relation” to prevention (Clark, 2001). As a co-author in a case study (Pompili et al, 2008), Lester does note that the suicide survivor’s “... *profound grief is often underestimated*”, yet he appeared markedly insensitive not to acknowledge that pain, despite someone else’s pleasure, in his earlier writings. The concern when reading Lester’s (2004) report is the impact which it may have on a vulnerable group. Some authors suggest that postvention *is* prevention (Cerel et al, 2008). People bereaved by suicide have the potential to be an important resource in helping others; but this potential needs to be acknowledged and borne in mind by suicidology professionals. Survivor characteristics are helpful for more than just individual survival but for others in a similar situation (Andriessen, Beautrais, Grad, Brockman, & Simkin, 2007). Survivors may well, as Lester (2004) suggested, have a realisation that they could have done more and might share their experiences to help find more concrete and accessible ways of people with suicidal intent seeking help.

Some observational information has been acquired through a case study approach (De Castro & Guterman, 2008: Pompili et al. 2008). However, for De Castro and Guterman (2008), each case is very descriptive, with little discussion as to failings of the psychological approach or any negative impact results. There is no description of a case where the approach was perhaps not as successful, which may allow clinicians to identify areas of potential weakness. Pompili et al. (2008) also use a case report to illustrate that failing to intervene with this population could be dangerous. However, it is unclear how far this can be generalised to the wider population, and suggests the need for future methodological consideration.

Begley and Quayle (2007) conducted qualitative interpretative phenomenological analysis of in-depth interviews with eight adults bereaved by suicide in order to examine their lived experience. The participants in this study were approached through the voluntary organisation which had provided support for their bereavement. Five female and three male adults responded; six had received support from the voluntary organisation. A discussion guide was developed for the interviews after a review of the international literature, which resulted in 13 questions regarding demographic information; the deceased's story; the relationship between the bereaved and the deceased and the impact of the death. Validity of the five subthemes ascertained is described as resulting from comparing the subthemes consistency with the data set, though this could be considered as lacking in objectivity. Begley and Quayle (2007) indicated that they used a snowballing sampling technique in order to recruit people outside of the support group, and that the majority of their participants could be considered a subsection of the population and of a mindset that was willing to seek support. Comments are made in the discussion of the benefits that were felt by those that attended the support group; however comparisons are not drawn with those participants who did not seek out such support, which renders superfluous the prerequisite for having participants from both backgrounds. It would have been interesting to know what caused some people to seek out support and others to grieve individually. The impact of the demographics on the four main themes is neglected. For example, the demographic information highlighted that the participants had been bereaved between 3-5 years, yet there was no clear indication as to how this impacted on the meaning making process; did those bereaved longer feel more purpose in life? How long after the bereavement did the participants seek out support from the group, if at all?

As Calhoun, Selby & Selby(1982) noted, the studies on which they based their “tentative generalisations” (p. 409) had several methodological limitations, such as relying on retrospective information. Since Calhoun et al.’s (1982) review, there have been methodological advances, and social changes. However, more contemporary reviews indicate similar findings (Jordan, 2001; McIntosh, 2003). Cerel et al. (2008) stated “...the need for rigorous study of the phenomenology of survivor experience in unbiased samples, both at the individual and family system level, is imperative” (p. 41) which they contend may lead to operational hypotheses for further research.

The investigation comparing PTG and grief difficulties (Feigelman, Jordan & Gorman, 2009) closely relates to the aims of the current study. However, this study is a large scale questionnaire based study. The investigation involved the return of postal and internet-based questionnaires from 462 parent survivors. The nature of the methodology precludes obtaining detailed idiographic information with regards to the form of PTG experienced. The authors noted the Hogan personal growth subscale is an attitudinal measure which does not account for behavioural components of compassion. They suggested further research might investigate the link between attitudes and behavioural manifestations.

Summary of Suicide Survivor Literature

There is a wealth of literature indicating pessimistic projections of the lives of suicide survivors, yet Feigelman et al. (2009) indicated PTG does occur, but did not provide information on the idiographic nature of such growth. Begley and Quayle’s (2007) qualitative enquiry highlighted some aspects of growth that may warrant further investigation. Current postvention success is inconsistent, and yet there is a need to provide

effective support in light of the vulnerable nature of the population (Clarke, 2001). Current approaches appear to be passive, for the most part, and focused on reducing depressive symptoms and future decline rather than harbouring any potential growth.

Methodological limitations include the ethical elements of approaching the recently bereaved. Some of the needs highlighted by reports are based on postulation and generalisations from individual requirements. Case studies lack the ability to be generalised, yet qualitative enquiry into the phenomenological experiences of survivors is being encouraged. Interpretative phenomenological analysis has successfully generated new information, namely the appearance of some positive corollary in the wake of a suicide. If limitations of prior research are noted it would be possible to utilise this approach again for further enquiry.

Requirement of a New Approach to Suicide Survival

Grad et al. (2004) found that there appeared to be a recent shift in the way that 'survivors' wished to be viewed. They found that when survivors were more open about the cause of death of their loved one, rather than masking it with false information or incomplete truths, life became easier. The desire for openness is a movement towards combating the stigma that surrounds the death (Grad et al., 2004), and most survivors tend to have natural coping strategies (McMenamy et al., 2008). Clark (2001) suggested *"overturning the myth of suicide being the most difficult form of bereavement to deal with is of particular importance to the bereaved, as this new concept no longer condemns them to what has previously been regarded as the most difficult bereavement process. This itself may give new hope."* Clark indicated whilst there are important lessons to be learnt from investigations of people who have a morbidly negative response to the suicide of a close

friend or relative, there is just as much to learn from those at the other end of the spectrum.

A report from the 1st International Suicide Postvention Seminar (Andriessen et al. 2007) detailed that there are some topics that have not yet been explored by systematic research and state *"it seems sensible to explore the needs and then to match services to needs, rather than assume, without evidence, that there is a high level of unmet need in this field."* (p. 211). Most current research focuses on the negative implications and to some extent the unique nature of the grief process to each individual (Clark & Goldney, 1995) and the means to prevent deterioration in the bereaved. But as yet it is limited as to how services might facilitate the post-traumatic growth elements of experiencing bereavement by suicide.

"I see many survivors who have become stronger, wiser, more compassionate, and positively changed people as a result of their loss." (J. Jordan, personal communication, July 14, 2008). Although few in number, current studies have revealed that positive change may occur in those bereaved by suicide. These findings signify a positive move away from a focus on the negative findings of research which condemn the bereaved to poor physical and psychological futures.

Current Research

There is clearly very little or no research of any kind into the post traumatic growth of people bereaved by suicide. Indeed, *"The area of posttraumatic growth following bereavement from suicide is one that has received very little attention"* (J. Cerel, personal communication, July 9, 2008). Future research ought to incorporate the need to examine the positive growth aspects as suggested by Begley and Quayle (2007), while looking at people at various points through the growth process to

encompass those at each end of the 'morbidity spectrum' (e.g. Clark, 2001) while acknowledging the different points in the growth *process* suggested by post traumatic growth models (Linley & Joseph, 2004). Specifically this should involve exploration of the positive outcomes of people's experiences, namely how it has changed the person's outlook on life; knowledge of the self or their world view (Joseph & Linley, 2006).

Research into the post traumatic growth that may be experienced by suicide survivors may expand the theoretical and clinical knowledge of how to best approach this section of the population. By striking the fine balance of aiding the process of the post traumatic growth whilst not diminishing the significance of the suicide itself clinicians could assist a group of people who may benefit, long term, from their pain. It may indicate areas in which the target population feel under-supported and provide clinicians with an evidence-base on which to develop bereavement support which acknowledges potential post traumatic growth. Linley and Joseph (2004) suggested "*the most important research questions...center [sic] on the potential clinical applications of adversarial growth research*" (p.19). Future research in the field needs to draw links from the findings to actions that can be taken clinically.

Method

Overview

The following expands on the information in the article by addressing the rationale and procedure in the current study; in particular the different theoretical perspectives of qualitative and quantitative modes of enquiry will be contrasted to provide the reader with a rationale for the qualitative approach utilised in this study. There is a review of the various qualitative methods available and rationale for Interpretative Phenomenological Analysis (IPA) as the approach adopted. The epistemological underpinnings of the current research and PTG are presented to justify the approach.

After the rationale for an IPA approach, the development of the research design including the interview schedule, sampling techniques, inclusion and exclusion criteria, ethical considerations, recruitment procedure, data collection, and quality assurance measures, are outlined. There is a brief discussion of the difficulties faced during the development and data collection phases of the study.

[A]

Qualitative Rationale

All research is grounded in some theoretical perspective (Crotty, 1998). There are many differences between quantitative and qualitative modes of research inquiry, resulting in the two modes developing as if entirely independent of each other. During the 'Positivist' era research focused

on predicting universal laws regarding an objective reality based on measuring observable human behaviour and through the use of statistical analysis (Yates, 2004). At the other end of the research spectrum, qualitative research attempts to gain in-depth understanding of the reasoning behind individual behaviour through non-numerical data collection, more associated with sociological and anthropological investigations. In a field such as clinical psychology which places emphasis on evidence-based practice, it is important to have an understanding of what counts as "evidence".

Often quantitative research is seen as more rigorous and thus commands more respect from the scientific world than qualitative enquiry (Denzin & Lincoln, 2005). The use of comparable statistical norms mean quantitative research is seen to provide data applicable to the wider world (Boutilier, Rajkumar, Poland, Tobin & Badgley, 2001). Perhaps as a result of the aforementioned assumptions there has been a lack of qualitative research in the clinical setting (Jack, 2006), in favour of the 'more rigorous' gold-standards of systematic reviews and randomised controlled trials (Rycroft-Malone Seers, Titchen, Harvey, Kitson & McCormack, 2004). Focus on methodological rigour by means of validity and reliability is attributable to quantitative modes of enquiry drawing from positivist epistemologies and reliance on these may result in a distorted agenda of what counts as legitimate enquiry (Smith, 1996a).

It is inaccurate to presume qualitative research cannot be rigorous (Seale & Silverman, 1997), but applying these quantitative requirements to qualitative research may have drawbacks (Koch & Harrington, 1998; Lincoln & Guba, 1985). For example, 'technical fixes'

(Barbour, 2001, p. 1115) can be applied to qualitative research but will have limited effect in conveying precision. Qualitative research should transcend the traditional prescriptive quantitative criterion of quality (Buchanan, 1992) as the distinction between the two approaches is actually philosophical and epistemological rather than methodological (Yanchar & Westermann, 2006). More faithful to the epistemology of qualitative enquiry is the establishment of trustworthiness of the findings (Henwood & Pidgeon, 2003; Lincoln and Guba, 1985). The concept of trustworthiness has been examined by many authors (Beck, 1993; Lincoln & Guba, 1985; Yardley, 2000) and requires the researcher to establish 'credibility' (Beck, 1993; Lincoln & Guba, 1985), 'transferability' (Lincoln & Guba, 1985) or 'fittingness' (Beck, 1993), 'dependability' (Lincoln & Guba, 1985) or 'auditability' (Beck, 1993) and 'confirmability' (Lincoln & Guba, 1985). These provide an alternative understanding of rigour (Loch & Harrington, 1998).

Scott-Findley and Pollock (2004) distinguished "evidence" (tangible information that can be communicated to others) from "knowledge" (more personal and intangible information), drawn from quantitative and qualitative research respectively. The authors suggested the latter may influence *how* research is used in clinical practice, rather than *what* is done. Qualitative research provides more flexibility and can be used creatively resulting in an increased clinical utility (Denzin & Lincoln, 2005). The Department of Health ([DoH], 2001) stated the need for research to generate knowledge that can be applied clinically and is informed by the service-users perspective. To view healthcare from the patient's perspective "*we must have appropriate and reliable technologies fit for purpose*" (Biggerstaff & Thompson, 2008, p. 215). Only recently has it become acknowledged by professionals within the

health disciplines that such research aims are most appropriately explored by qualitative means (Henwood & Pidgeon, 1992; Smith, 1996a, 1996b; Turpin et al., 1997). Rather than questioning 'what', 'when' and 'where', qualitative enquiry seeks 'how' and 'why' (Jones, 2002), to provide idiographic information on peoples' experiences rather than nomothetic generalisations. Accordingly less prevalent human experiences can be investigated, and marginalised populations given voice to describe their experiences.

The majority of contemporary research into suicide bereavement is qualitative, perhaps indicative that descriptive and interpretative accounts are warranted for a deeper understanding of this complex human experience. Understanding how each person has made sense of their experience is a core feature of this study indicating qualitative methodology as most appropriate given the exploratory aim (Barker, Pistrang & Elliott, 2002). Qualitative research places the bereaved and their PTG centrally in the study, but also aims to elicit clinically useful material. In addition, the current study aims to explore in-depth the idiosyncratic lived experience of the bereaved to provide an intangible *knowledge* of the experience, rather than testing predetermined hypotheses to provide tangible *evidence* related to the experience (Scott-Finley & Pollock, 2004). This is more appropriately studied using qualitative methods of enquiry.

Epistemology of Different Qualitative Methods of Inquiry

Even within the qualitative framework there are different modes of enquiry and each proposes a different means of constructing knowledge of what is 'real'. A brief background is given on some of the different philosophical underpinnings to qualitative research before consideration

of some, though not all, alternative qualitative methodologies, to rationalise the use of IPA in this study.

Realism underlines a lot of positivist empirical research as it presumes there is a reality to be researched. Critical realism suggests there are stable and pervasive features of reality which *do exist* independently of human conceptualisations (Fadé, 2004), namely what we see, hear and experience is tangibly in existence. However, there are other aspects of reality, in the social realm, which are constantly constructed and deconstructed by people's perceptions of and actions in the world. How each person experiences this social reality will differ. Consequently, the means of investigating 'that which exists' as prescribed by some positivist derived methods is difficult. This is even more complex when investigating phenomena in a psychological realm when there is often nothing tangible to engage with the senses. Social phenomena is understood differently by constructivism and social constructionism. Constructivism, attributed to Piaget, suggests each person has their own knowledge and meaning which they independently construct based on their own prior experiences. Whereas social constructionism suggests concepts are created by the attributions applied by a group; what is real is what is constructed by the group.

These philosophical underpinnings thus indicate what truth is, what is 'real', different dependent on the stance adopted. As a result many different qualitative methodologies have emerged, each with their own concept of what is the 'truth' that needs to be examined. The different modes of enquiry and what they consider to be the truth are now briefly outlined and compared to the aims of the study in an attempt to develop a coherent argument for the approach chosen.

Grounded theory: Personal experiences are examined in grounded theory (Glaser & Strauss, 1967) however researchers utilise data in theory construction (Charmaz, 2001). The research aim was to explore the lived experience of the bereaved rather than to construct theory on the development of growth. Within grounded theory researchers are thought to disengage their own views, through 'bracketing' to maintain an objective view by comparing data sets (Strauss & Corbin, 1990, p. 42). Given the personal history of the researcher 'bracketing' was considered to be unfeasible.

Thematic Analysis: Thematic analysis identifies themes in qualitative material, often by means of a coding scheme (Fereday & Muir-Cochrane, 2006). Thematic analysis is a search for themes that emerge as being important to the description of the phenomenon (Daly, Kellehear, & Gliksman, 1997). This approach generally treats narratives as a resource for finding out about the reality or experiences to which they refer, but like grounded theory does not take into account the interpretation imposed by the researcher. This could be considered an appropriate means of enquiry, however it was considered that a method which would permit the researcher's experiences to form part of the study would be more appropriate.

Discourse Analysis: Discourse analysis considers the importance of language, perceiving it to be a context-dependent behaviour in its own right. Simply put discourse analysis looks at 'how' things are said rather than 'why'. This method permits researcher bias and acknowledgement of their position (Potter & Wetherell, 1987). However, discourse analysis did not fit the aim of the research, to examine the meaning of PTG generally, rather than how language is used to convey a message within a given context.

Narrative Analysis: Narrative analysis is a branch of discourse analysis, perhaps seeks to understand the ways in which people make and use stories to interpret the world (Lawler, 2002), regardless of the 'truth' behind the story. This analysis is concerned with how people sequentially link events and makes them meaningful to others (Riessman, 2005). However, this concern requires finite events which cease to occur and then can be distilled into a story. This might be a useful approach to examining people's sense-making of the act of suicide, however PTG is considered to be a process ongoing through time (Joseph & Linley, 2004) and bereavement is a constantly shifting state (one cannot be considered un-bereaved), meaning a person's story cannot be completed. It is important to note the disparate methodologies encompassed under the umbrella of narrative analysis make direct comparison to other qualitative methods complicated.

Interpretative Phenomenological Analysis: IPA specifically examines what people believe about a phenomenon and the meaning of the lived experience to them as an individual (Smith et al., 1999), which appeared to match the exploratory aims of the research. IPA embraces the concept of the researcher's own experience providing input in the generation of results. Unlike discourse analysis and narrative approaches, IPA examines *how* things are said, and the researcher is free to interpret the meaning behind the different media of communication. Within the phenomenological framework researchers endeavour to use their findings from the particular to highlight and query concepts which shape our observations and explanations (Harding & Gantley, 1998).

IPA prevailed as the most appropriate means of study in this investigation, the rationale for which will be described in further detail below.

Current Study's Epistemological Position

Posttraumatic Growth

Studies of PTG are still in their infancy; whilst there has been some agreement that people are able to find meaning and purpose through their adversity (e.g. Tedeschi & Calhoun, 1995) there has been relatively little epistemological discussion of 'growth'. A symptom of the lack of epistemological understanding is perhaps the plethora of terminology used in an attempt to encapsulate the concept and the different assessment scales developed. The terminology is further confounded by different dimensions of positive change (Joseph, Linley & Harris, 2005). Some researchers suggest a unidimensional structure, others a multidimensional structure (Cohen, Cimboric, Armeli & Hetter, 1998). Additionally, PTG can be seen as both process and an outcome (Joseph et al, 2005). *"Hence, no agreed taxonomy of growth currently exists and each of the [scales] provide an idiosyncratic multifactorial conceptualisation of the domains of growth"* (Joseph et al., 2005, p. 85). It appears, whilst not currently operationalised or defined, there is either a process or outcome in existence which researchers view as PTG (or otherwise tautologically defined), however the meaning of this concept is different to each individual, in line with critical realist perspectives.

Interpretative Phenomenological Analysis (IPA)

An overview of the theoretical underpinnings to IPA is provided to elucidate its relation to the philosophical perspectives and utility in the current study.

IPA is a general research method developed by Smith, Jarman and Osborn (1999) which provides a synthesis of *phenomenology* and

hermeneutics. IPA develops hypotheses which maintain a critical realist perspective, remaining faithful to its roots (Bhaskar, 1978) when analysing phenomena. The IPA framework has two aims: to describe the participant's world and to develop an overtly interpretative analysis of that world situated in a wider social, cultural and theoretical context (Larkin, Watts & Clifton, 2006). Bottom-up theory develops through the iterative interplay between data collection and analysis. Within the phenomenological framework researchers endeavour to use their findings from the particular to highlight and query concepts which shape our observations and explanations (Harding & Gantley, 1998).

Phenomenology

Husserl, founder of 'phenomenology', was ardently against separating the ego from the world. He saw that subject and object cannot be distinguished, hence objects or experiences cannot be viewed 'objectively'. Each experience has its 'essence', the essential experience without any interpretation, and each individual has a 'life-world', in which an experience is the sum of all its parts. Husserl's use of symbolic interactions and hermeneutics furthered this point proposing the only knowledge people can have of the world is through the process of human consciousness (Husserl, 1927). In researching from this perspective Husserl encouraged people to utilise 'bracketing', namely to acknowledge their own prejudgements and set them aside from the research process.

Hermeneutics

Heidegger's (1923) hermeneutic phenomenology viewed Husserl's ideas as an unattainable ideal since interpretation is unavoidable. Heidegger suggested thought is ephemeral and ad hoc; thought is derived from the situation as we engage in it, rather than prior to the experience.

Namely, well learned skills take little thought, only when something disrupts the usual process do we begin to 'think' about our actions. Therefore each human-being is inevitably a 'person-in-context', there is a dialogic relationship between 'person' and 'world'. Heidegger believed 'bracketing' was not possible; researchers should *manage* their feelings rather than attempt to gain distance from them, consequently 'bracketing' in IPA research is controversial (LeVasseur, 2003). Researchers engage in double hermeneutic enquiry; their own conceptions provide a means of making sense of the participants' world through interpretative activity and yet unavoidably complicate that access. *"The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world"* (Smith & Osborn, 2003, p. 51).

The research aimed to examine the experience of PTG as people experience it, by extricating hermeneutic meaning from participant accounts (Smith, 1999) via the researcher's double hermeneutic, interpretative engagement with idiosyncratic data. The IPA framework has been utilised successfully in previous studies with people bereaved by suicide (Begley & Quayle, 2007).

Critique

However, debate regarding the extent to which IPA can wholly fulfil its aims needs noting. Novice researchers are often over-cautious in their interpretations resultant in projects which offer merely a social comparison level of description rather than in-depth interpretative analysis (Smith, 2004); perhaps due to most students grounding in positivist research design and the need for evidence-based practice (Biggerstaff & Thompson, 2008). The ability to obtain the participant's first-person account will always be complex and unattainable (Smith,

1996b) due to the researcher's preconceptions. Willig (2001) discussed the accuracy of describing IPA as phenomenological; the focus of IPA on cognitions to make sense of the world is contrary to phenomenological transcendence of the distinction between subject and object.

However, despite its shortcomings the researcher believes IPA to be the most appropriate means of investigating the area of bereavement by suicide. The question aims to examine the lived experience of any growth experienced, lending itself to a phenomenological approach. Yet the researcher recognises the individual nature of each person's experience, and that the researcher's own experiences will undoubtedly influence their interpretations of the participants' experience. This may mean that the first person account isn't necessarily attainable (Smith, 1996b), however a methodology which permits, and is transparent about the influences of the researcher's experiences contributes to trustworthy (Koch & Harrington, 1998) findings. Whilst the researcher is new to qualitative research methodologies and may experience the difficulties with over-cautious interpretation, supervision with more experienced researchers may provide a means of increasing confidence in in-depth interpretation. Additionally, the researcher views that providing a more in-depth analysis can transcend the cognitive level, which Willig (2001) views at odds with phenomenology, by looking at the possibly unconscious use of particular analogies, or even voice tone and body language (Smith, 1996b).

Summary

Qualitative research is concerned with the idiosyncratic experience and ascribed meaning for the individual. The epistemology of PTG is still unclear; whilst different theorists claim to encapsulate the nature of PTG there is an acknowledgement that it is experienced differently by each individual. For the purpose of the current study it can be seen that the critical realist, double hermeneutic position was appropriate. The present study thus utilised an IPA approach to address the lived experience of PTG in adults bereaved by suicide which allows the researcher to investigate different meanings attached by individuals via their own interpretation. IPA's iterative nature results in bottom-up

theory, and extrapolated to practical clinical utility, ensures focus on the participant experience as stipulated by the DoH(2001) guidelines.

[B]

Development

Sample

Purposive Sampling

The study employed purposive sampling, meaning individuals who were likely to provide the greatest insight into the research questions were approached to participate. Purposive sampling allowed the greatest opportunity to find distinctions and similarities in emerging themes and increase theoretical understanding of themes. Purposive sampling aimed to gather information to develop and refine emerging themes rather than create a generalisable nomothetic theory wholly representative of a particular population.

Snowball Sampling

Snowball sampling permits the inclusion of people who receive information about the research through a third party. Due to the difficulty in locating and approaching the target population it was appropriate to employ snowballing sampling. Members of the approached organisations passed information to relatives and acquaintances who may be interested in participating.

Sample Size

The required sample size is stated as 6-15 (Smith et al., 1999). However, some have suggested that reasonably the upper end should be 10 participants (Smith et al., 1999) and indeed that novice

researchers should aim for less to avoid being overwhelmed by the data (Smith, 2004). It is suggested research could include just one participant as the depth of analysis is the crucial factor in IPA research, rather than the number of interviews conducted, congruent with the idiosyncratic aims of IPA. The researcher aimed to recruit between 6-10 participants to ensure congruence with other IPA studies of this nature (Begley & Quayle, 2007). Participants were recruited consecutively until no further willing or eligible participants volunteered. Although Strauss and Corbin (1990) suggested sampling continue until the study data reaches saturation point, the present study employed an IPA framework which is incongruent with the concept of a saturation of data. Details of the recruitment process can be found below.

Inclusion/ Exclusion Criteria

Homogeneity

Some authors (Reid, Flowers & Larkin, 2005) suggest samples should be as homogenous as possible. Homogeneity establishes that the inherent characteristics of each participant are similar, with a view that any results may be attributed to differences between participants. In the current study homogeneity was established through purposive sampling to ensure all participants had been bereaved by suicide. Homogeneity may help focus the current research given the exploratory nature however further homogeneous characteristics were unnecessary in this research. IPA seeks the idiosyncratic experience, thus each individual is viewed in their own context regardless of the linking factors between them. By attempting to form further homogeneity the researcher would allow their preconceptions to guide participant selection and ultimately conclusions, detracting from the bottom-up nature of phenomenological hermeneutics.

Participant Inclusion criteria

- Have been bereaved by suicide (namely a person the bereaved considered to be significant to them, took their own life)
- English speaking – The researcher is English speaking and requires interviewees be English speaking in order to apply IPA directly to interviewee's response. The addition of a translator introduces another layer of interpretation to the double hermeneutic already in place (Smith & Osborne, 2003)
- Above 18 years of age –Parental consent would not be needed for those below 18 years old. Additionally, the researcher considered interviewing people under 18 years old regarding an event with potentially distressing content as ethically untenable.
- Those who were bereaved at least 24 months prior to the interview date - to allow for at least the minimal weeks or months of grieving to have occurred (Shear & Shair, 2005)

Participant Exclusion criteria

- People who cannot complete the interview due to disabilities (such as learning disabilities and cognitive impairment) leading to an inability to consent in accordance with the Mental Capacity Act (2005)
- People with an uncorrected hearing impairment or a disability which means verbal communication is not possible - This may affect the application of IPA

It was considered that the recruitment procedure ensured those who took part were able to give informed consent. It was stated on the 'invitation to participate' (*Appendix E*) that not everyone who returned

the 'interest slip' would be contacted by the researcher as recruitment rates could not be predicted, and the researcher could have received interest from too many people.

[C]

Procedure for recruiting and gaining informed consent

The target population was people bereaved by suicide. Potential participants were approached through 'invitations to participate' sent by the researcher to two charities: 'Survivors of Bereavement by Suicide' ('SOBS') and 'Samaritans'. These were considered to be locations where it would be possible to identify people who had been bereaved by suicide and who may be open to sharing their experiences.

The means by which the participants were 'approached' at each organisation is described separately given the structure of the two different organisations differed. The study adopted the following procedures to identify eligible potential participants willing to be contacted (Figure 2 illustrates the basic procedure which is later described more fully).

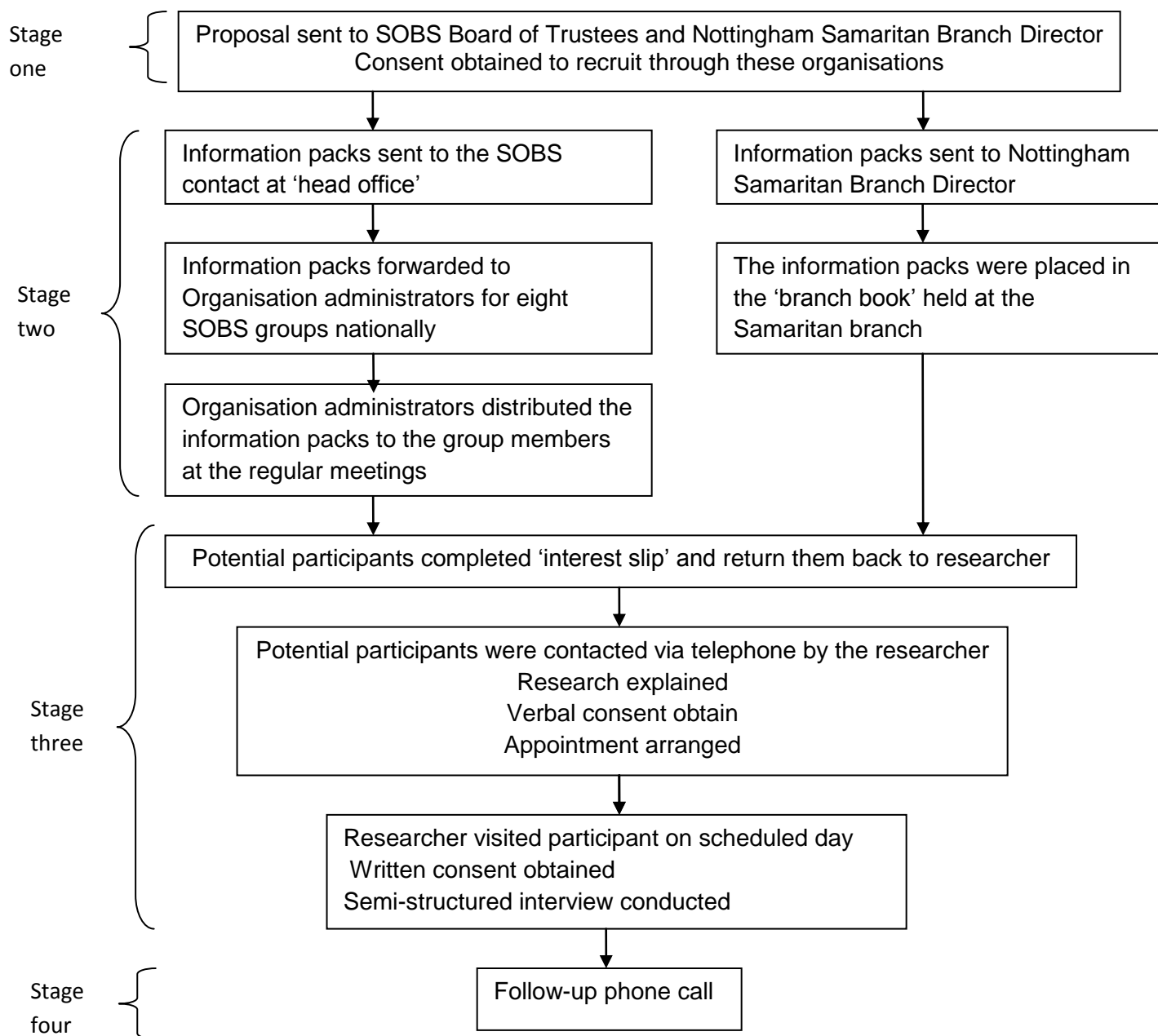


Figure 2: Basic flow chart of research procedure

SOBS: Stage one

The research proposal was sent to the 'SOBS' Board of Trustees and the research was approved .

SOBS: Stage two

The researcher sent eight information packs to a contact at SOBS head office, who sent them on to the administrators for eight SOBS groups nationally. The information pack included 20 informal letters introducing the research (*Appendix F*), 'invitations to participate' (explaining the purpose of the investigation and the details of the researcher's interest in the area and contact details for the researcher and tear-off 'interest slip' (*Appendix E*), and 20 stamped-addressed-envelopes (SAE).

The researcher followed up with a telephone call to the SOBS contact to discuss any potential problems or queries.

The individual group administrator informed group members of the research and gave them access to the information packs.

Stage one: Samaritans

The researcher met with the Branch Director at Nottingham Samaritans, with a copy of the proposal, to discuss the feasibility of recruiting participants through the Nottingham Branch. The research was approved verbally.

Stage Two: Samaritans

An information pack was given to the Nottingham Samaritans Branch Director. The researcher followed up with a telephone call to the Branch Director to discuss any potential problems or queries.

The Branch Director placed the information pack in the 'Branch Book' (a book which contains items for each Samaritan volunteers to look through on each shift).

SOBS and Samaritans: Stage three

People who were interested in taking part in the research from both SOBS and Samaritans returned the 'interest slip' to the researcher in a SAE. Six potential participants returned the 'interest slip'. By completing and returning the 'interest slip', participants agreed to being contacted by the researcher. The researcher made telephone contact with all six potential participants with 28 days of receiving the 'interest slip'. On the telephone the 'invitation to participate' was discussed in greater depth, the nature of the research and the details of the 'consent form' (*Appendix H*). The telephone contact allowed the participants to ask any questions they may have had and allowed the researcher to seek clarification of their eligibility to participate. Verbal consent was obtained on the telephone from all six participants. The researcher asked whether the participant wished the interview to be conducted at their home or another location. The researcher discussed the need for the room to be quiet and private. A mutually agreed date was arranged for the researcher to conduct the interview. Participants were provided with contact details should they wish to withdraw from the study.

Stage four:

Following the recruitment procedure, the researcher made telephone contact 24 hours prior to the interview to confirm the time and location of the appointment. On the interview day the researcher went through the 'invitation to participate' and 'consent form' with the participant in person and allowed the participant to ask questions. All six participants agreed to take part in the research and signed the 'consent form' prior

to the interview commencing. The participants were given a copy of the 'invitation to participate' to retain, which contained contact details if they had any queries or complaints after the interview or wished to withdraw their consent. Participants did not receive payment for their participation.

Stage five:

All participants were contacted within two weeks after the interview date to check on their psychological well-being.

Ethical Considerations

Interviewing

Face-to-face was thought to be the most appropriate means by which to interview people. Meeting face-to-face allowed the researcher to develop a rapport of trust with participants, and allowed the recognition of non-verbal cues and guide the interview.

Informed Consent

Informed consent ensures participants are aware and knowledgeable about the research, and ensures questions are addressed (Strydom, 2002).

All participants read the 'invitation to participate' which outlined what was expected of them during the research, and the researcher went through the research procedure on the telephone with the participant. All participants were given the opportunity to ask any questions they had prior to, during and after the semi-structured interview. Potential participants were informed via the 'invitation to participate', during the initial telephone contact and at the start of the interview session that

they had the right to withdraw from study at any point. Additionally, the researcher went through each point of the 'consent form' with the participants. The researcher used their professional judgement to assess whether participants had the ability to make an informed choice (Mental Capacity Act, 2005). All participants were over 18 years of age hence no parental consent was required.

Confidentiality and Anonymity

The declaration and observance to the confidentiality and anonymity of information assures the participant that the researcher will not report data which may identify participants. Anonymity needs to extend to third parties which may be mentioned in transcriptions (Hadjistavropolulos & Smythe, 2001).

Individuals interviewed were assigned a pseudonym which was used on interview transcriptions. The names of all third parties and place names mentioned during the interview were omitted; transcription included minimal detail of the relationship to the interviewee (for example, during transcription [ex-husband's name] or [place name] were used.) Participants were informed that quotes would be used in the research write-up and these would be combined with other quotes so that individuals would remain unidentifiable. All participants were informed about the circumstances under which confidentiality would be broken, namely on disclosure of information which meant the researcher felt the participant themselves, or another party might be at risk of harm.

Storage of Information

All data (including demographic information, recordings and transcriptions) was kept in locked filing cabinets. Identifiable and demographic information were stored separately to transcriptions and

audio recordings. Only the lead researcher and supervisor had access to the raw interview data. Where requested, participants were given a copy of the interview transcripts. The information will be stored at the University of Nottingham for 7 years in accordance with the University's 'Research Code of Conduct'.

Risk of Harm

In the development of research risk of harm, either physical or psychological, needs to be considered (van Deventer, 2007).

It was acknowledged in the 'invitation to participate' that the research carried a risk of emotional distress given the sensitive nature of bereavement and suicide. It was highlighted prior to the interview that the researcher or participant could stop the interview if it was thought that it was causing a marked distress for the participant. Each participant was thanked for their participation, given the opportunity to discuss any memories or feelings elicited during the interview with the researcher after the interview had finished. Each participant received a follow up call from the researcher to check their psychological wellbeing.

Participants were provided with contact details for the researcher, the researcher's supervisor and Nottingham University in the event they wished to complain about the research.

Data Collection

Interview

Participants were informed the interviews could be conducted at their home unless it was considered inappropriate or they requested an alternative location; all six interviews took place in the participants' homes. Participants took part in a semi-structured interview, based on the interview schedule, with the researcher. The interviews lasted

between one hour and two and a half hours approximately. The interview was digitally recorded to facilitate transcription.

The 'Lone worker' policy of the University of Nottingham (*Appendix I*) was adhered to throughout as the researcher informed a colleague of her whereabouts prior to, and make telephone contact with that colleague after the interview.

Transcriptions were completed by the researcher concurrently as interviews were conducted.

Demographics

Demographic information might aid the interpretation of the data and provide a context for the analysis, so was collected prior to the semi-structured interview.

- Age – to highlight possible differences in the growth process and social support across ages
- Gender – to highlight possible differences in the growth process and social support between genders
- Ethnicity – to highlight possible differences in the growth process and social support across ethnic origin
- Length of time since the loss – as this may inform the progress of potential growth
- Relationship with the deceased - to highlight possible differences in the growth process and social support dependent on this relationship

Interview Design

The semi-structured interview schedule consisted of open ended questions. It was designed to guide participants towards consideration of life since their bereavement though allowed flexibility to encompass individual accounts of loss and other issues significant to them. Whilst the interview schedule is designed to prompt the interviewee to discuss a few key areas, it is not intended to neither be prescriptive nor supersede the areas of interest to the participant (Biggerstaff & Thompson, 2008); indeed interviews are often co-determined through the interaction between the researcher and participant (Smith et al., 1999). The researcher experienced her questions and reflections 'mutating' in relation to the individual participant (Rapley, 2004) whilst attempting to maintain a degree of neutrality within the interview so as not to influence the narrative of the participant (Ackroyd & Hughes, 1992).

[D]

Analysis

Transcription

Three of the interviews were transcribed verbatim by the researcher, the remaining three were transcribed by a paid external transcriber. Separate consent forms were gathered from participants whose interviews were transcribed by the external transcriber (*Appendix J*), and the transcriber completed a declaration of confidentiality (*Appendix K*). The transcriber was also offered the opportunity to debrief on the content of the interviews. Table 2 indicates the codes used in the transcripts:

Code	Meaning
...	A pause of three seconds or less
..(4 secs).. [wife] or [son] or [sister]	A pause of more than three seconds, number indicating number of seconds Indicates a name spoken. Word used illustrates relation to the participant
[laugh] or [cough]	Distinctive 'noises' made by participant
(in breath through teeth)	Anomalous breathing patterns made by participant
UPPERCASE	Used to indicate higher volume of speech
<i>Italics</i>	Use to indicate stressed words
<mm>	Verbalisations by researcher

Table 2: Codes used in transcription.

For those interviews transcribed by an external transcriber, the researcher re-listened to interviews and added codes where appropriate.

Analysis

Different authors divide the analysis process into different 'stages' and 'levels' (e.g. Biggerstaff & Thompson, 2008; Larkin et al., 2006, Smith et al., 1999; Smith, 2004; Smith & Osborn, 2008; Willig, 2001). Smith (2004) highlights "*one cannot do good qualitative research by following*

a cookbook" (p. 40). As a Biggerstaff & Thompson's(2008) four stages to analysis (p.218) which provide the basic practical framework is outlined, with some synthesis of different recommendations from other authors. It is recognised that they may be "*adapted and developed*" (Smith, 2004, p. 40) as the analysis progresses. Following there is an outline of how the different 'levels' of analysis based on the epistemological considerations of the research will be considered.

Stages

Stage one: first encounter with the text

Each recording was transcribed verbatim with large margins either side for note-taking. Notations included a pseudonym for the participant, numerical coding for the sentence within the transcript to allow for ease of identifying an extract. The researcher listened to the recording and repeatedly re-read the transcripts to familiarise themselves with the content. During this phase the researcher made notes of any thoughts, observations or reflections that occurred whilst reading the text (Smith et al, 1999). These notes were recorded in the left hand margin. IPA acknowledges the role of interpretation and so a reflective diary was kept to record the characteristics and origins of any themes (*for an initial extract see Appendix L*).

Stage two: preliminary themes identified

The researcher re-read the text and identified themes that capture the essential characteristics of the text. At this stage psychological terms may be used (Willig, 2001). If analysis indicated themes disparate from earlier transcripts, the researcher revisited the earlier transcripts to ensure there were no misunderstandings of earlier texts before noting the hypothesis of a contrasting theme. Demographic information was

used to provide context for emerging sub-themes. At this stage themes not related to the aims of the study were discarded. (For an example transcript extract indicating discarded themes see *Appendix M.*)

Stage three: grouping themes together as clusters

Themes from all the transcripts were listed on a separate page and collated into subthemes and super-ordinate themes with a view to creating a hierarchy of themes. Each subtheme was checked for fittingness by examining its consistency with the rest of the data. New themes emerging in later transcripts were examined by returning to earlier transcripts and re-reading them in an attempt to identify if the theme was missed previously (*for a section of an audit trail from transcript to themes see Appendix N.*)

Stage four: tabulating themes in a summary table

A table was produced that listed the hierarchy of themes identifying core characteristics from each participant. A final diagram was devised that included the two super-ordinate themes and the three ordinate themes from within them (Figure 1). The themes were sent to two independent external sources who were experienced in the use of IPA. These researchers considered whether the themes derived were grounded in the text, namely examine whether themes are permissible based on the quotations marked as evidence by the lead researcher, whilst in the context of the transcript as a whole. This will ensure any biases on behalf of the lead researcher were not overemphasised in theme development.

It is important to note frequency of a theme does not necessitate its selection as a super-ordinate theme, nor does the infrequency of the a theme negate its capacity to be named as a super-ordinate theme

(Biggerstaff & Thompson, 2008). The researcher also considered the theme in relation to the participant's interview as a whole. *(For a final diagram indicating all clusters from all participants drawn together, along with reflective diary extract to document decision making into final themes see Appendix O)*

Levels

Larkin et al (2006) described the process, as described above, does not necessarily differentiate IPA from other qualitative methods. The phenomenological nature of IPA enquiry necessitates the researcher *describe* and then *interpret*. Examination of the text at the interpretative level attuned the research to its epistemological underpinnings. In following the two levels of IPA, which will be employed throughout the stages described above, are outlined.

Describe

Larkin and colleagues (2006) suggested the descriptive level aims to provide a logical, participant-centred, and psychologically informed description (p.104) of 'what' the participant's experience was like. The authors described how it is a misconception that IPA stops at this descriptive stage that has inexperienced researchers believing the method to be the least demanding of qualitative enquiry (Larkin et al., 2006). However, to leave the analysis of a text at this level "*undermines the potential of IPA to properly explore, understand and communicate the experiences and viewpoints offered by its participants*" (p.103, Larkin et al, 2006). Thus, the researcher described what the participant is saying in some themes, but went further to include interpretation where possible.

Interpret

This second level of analysis places the social, cultural and theoretical context around the description to provide a "*critical and conceptual commentary upon the participant's personal 'sense-making' activities*" (Larkin et al, 2006, p.104). This level of interpretation will involve examining the participant's use of social comparison, metaphor, shift in temporal descriptions within the text and also utilise psychological concepts (Smith, 2004). This level negates 'bracketing' as the researcher will be speculative, considering demographic information in generating interpretative hypotheses about 'what it means'. Thus, the researcher formed interpretative meaning based on what the participant described.

[E]

Quality Assurance Measures

As previously stated, the consideration of constitutes 'valid' and 'reliable' evidence differs between quantitative and qualitative research. Faithful to the epistemological underpinnings, the research did not seek to establish reliability and validity, but rather trustworthiness of the findings which is more appropriate in IPA research (Koch & Harrington, 1998). Trustworthiness was established through the following means:

Declaration of researcher's stance

The researcher was a Trainee Clinical Psychologist who practiced utilising psychodynamic and cognitive-behavioural perspectives informed by other psychological theories (e.g. attachment and systemic). The researcher had previous experience of bereavement by suicide; her father died 12 years and her brother 2.5 years prior to the study commencing. It could be argued the researcher's personal

experience may reduce the objectivity during analysis, however in adopting a double hermeneutic stance objectivity is not the aim, instead valuing a transparency of decision-making. Some qualitative researchers propose that knowledge can be considered highly individualistic and closely affiliated to the surrounding contexts within which it is shaped (Ferne, Greene, Weller & Newcombe, 2003) resultantly the shared experience of the researcher and participant may lead to a better understanding of the meaning. Indeed the researcher may have increased 'theoretical sensitivity' (Glaser, 1978). Participants were informed of the researcher's personal history and were given the opportunity to ask questions after the interview was completed. In addition, the researcher kept a reflective diary which included relating participant's stories to her own in an attempt to monitor her influence on later theme development.

Credibility

Credibility is established through the researcher demonstrating a truthful account of the data. The results and discussion section of the study contains a number of quotations from the participants' accounts to present readers the opportunity to form their own interpretations regarding the validity of the themes highlighted, and thus the theory derived (Elliot, Fischer & Rennie, 1999).

Transferability/Fittingness

The aspect of transferability refers to the possibility of fitting the data into a context other than that in which it was generated. Namely, when the researcher derived themes from one interview, the themes were checked against other transcripts to ensure they also appropriately indicated the content of these interviews.

Dependability/Auditability

Dependability is the ability to trace the researcher's decision making process, in effect auditing the research process. An audit trail of analytical decision-making processes was made to allow transparency of decision-making.

Transparency of interpretation

Each approach within the qualitative bracket has different philosophical assumptions. In selecting a particular qualitative approach, the researcher is required to focus on additional elements of trustworthiness relevant to their mode of investigation to prevent research being 'generically qualitative' (Caelli, Ray & Mill, 2003). Within an interpretive approach, rather than descriptive analysis, reflexivity is of upmost importance in order to guide the reader through the decision making process of the researcher.

Reflection is a crucial element of IPA investigation as the researcher's interpretations form the basis for the conclusions drawn (Yardley, 2008). When the researcher's thoughts are made explicit they become a legitimate component of the enquiry (Biggerstaff & Thompson, 2008) uncovering analytic decision making, and making it accessible and auditable (Baxter & Eyles, 1997). Transparency should be demonstrated in research write-up (Yardley, 2008), as the means of information transmission, to afford the reader the opportunity to decide themselves whether the conclusions are trustworthy.

The reflective diary commenced prior to any interviews being conducted, after each interview and was completed concurrently with the transcription of each interview. The researcher noted in her pre-interview reflective diary any areas of growth after her own experiences

(*Appendix L*). This permitted the data to be repeatedly scrutinised by both the researcher and other researchers.

Confirmability

Confirmability is established when credibility, transferability and dependability have been addressed (Lincoln & Guba, 1985).

Member checks/Triangulation

Some researchers (Lincoln & Guba, 1985) advocate checking themes by going back to the participants to allow them to read the transcriptions and article write-up to confirm the accuracy of findings and discover whether the researcher's interpretation maintains the participant's original meaning. Similarly, triangulation seeks to cross-check data, namely the themes derived, from multiple sources (O'Donoghue & Punch, 2003). Each transcript would be analysed independently by different researchers, and then agreement reached on the themes derived.

However, there are practical and ethical limitations to returning themes to participants (Koch & Harrington, 1998). In addition, the epistemological position negated the use of such 'member checks' (Lincoln & Guba, 1985) and triangulation in this study. The participant may disagree with the researcher's interpretation, or other researchers interpret differently the information in the transcripts, concordant with the critical realist idea that no single belief exists. However, the researcher would then need to determine which interpretation would endure. Also, each participant's interpretation may change between the time of interview and the time of the theme check; new interpretations may be informed by further PTG.

Interviewer consistency

The possibility of researcher interviewing style influencing findings was controlled by interviewer consistency; the same researcher conducted all interviews. Participants were informed prior to the interviewing that there were no right or wrong answers and the study was interested in their own individual experiences.

Interview clarity

The interview consisted of questions designed to be free of double negatives, technical jargon, leading content, double-barrelled inquiry or assumptions which may lead to biased responses. The researcher piloted the questions with an NHS professional prior to the interviews commencing to ensure question wording was unambiguous, and the questions were logically ordered.

Complications during the research process

There follows a list of the complications that arose for the researcher and actions taken to manage them.

Complication: Access to digital audio recorders was limited due the number of researchers requiring recorders.

Management:

- Liaised closely with peers and administration staff to ensure interviews were booked at times when recorders were available

Complication: Highly emotional content during the interviews at some points were personally distressing for the researcher given her life experiences.

Management:

- Utilised peer support network to discuss the psychological effects of the interviews
- Informed clinical placement supervisors of the research and its relevance to the researcher so that clinical supervision might be used to assess potential impact on clinical work
- Ensured there were intervals between each interview so emotional content did not become overwhelming

Complication: Building rapport with participants in a limited timeframe.

Management:

- Utilised clinical therapeutic skills to engage the participants and alleviate tension
- The researcher was open about her personal experiences and offered to answer questions regarding these experiences after the interview had finished

It was noted that three of the six participants indicated they had found it easier to speak to someone they knew had experienced a similar loss.

Complication: Managing third party link between the researcher and the participant.

Management:

- Prior to the interview commencing the researcher was transparent and discussed the mutual link

- Both parties agreed confidentiality would be maintained, as described in the 'consent form', but the researcher would be able to direct the third party to the participant with any questions

The participant indicated they may find it easier to discuss the event with the third party after the experience of speaking to the researcher.

Results

This results section will be used to elaborate on items unable to be included in the article: a description of the ubiquitous thread of *process of time* will be evidenced, brief consideration of evidence supporting some *bereavement stages*, details of an additional ordinate theme of *new normal* with subordinate themes of *rationalisation* and *accommodation*, will be evidenced and more in-depth exploration of the themes described in the article with further, though not exhaustive, exemplar quotes.

[A]

Process of Time

Concordant with stage theories of bereavement and the process of PTG each participant's account was considered to contain an element of time passing; what they were, and still are, going through is a process over time. Unlike a discrete event that occurs at one point in time bereavement, is an ongoing experience and each of the derived themes needs to be considered through the lens of time passing.

I think as the time has gone by.. the issue of time passing softens some of the rawness that you have in the early time of your bereavement... I wouldn't say time is a healer like a lot of, like the general phrase but it certainly *softens* a lot of that terrible rawness.

Sometimes things give me a bit of pain but I can cope with it better now because time's passed. (Lorna)

Participants might not be aware of the process of time until they come to look back on prior point in their life. It is during this reflection participants become aware of any subsequent growth.

..and I guess looking back, yeah sort of comparing. Although I've not been conscious of making sort of lots and lots and lots of changes, when I sort of compare now with then <mm, mm> there's a *massive* difference, there's lots of, lots of little incremental changes <ok> along the way.. (Stephen)

I wouldn't talk like this if I were 6 months into the bereavement.
(Roger)

So that is the only way that you can sort of imagine that you are progressing in the way that you look back to think a year ago I couldn't even do this, whereas now I can. So that is kind of a way that you recognise progress.

But over all you can only evaluate your, your progress, is when your looking back. (Tracey)

The growth experienced and time passed was not interpreted to negate the upset that people still feel on a regular basis. Even those bereaved the longest asserted:

I'm like everyone else I'm still learning. I'm still sharing, I'm still struggling. (Roger)

And I'm pleased that I'm actually, as it were, on the road to recovery, and that is kind of quite a ... well, I know I've still got a long way to go. (Tracey)

Each theme continued to exist at all points in time, but evolved as time passed and attempts will be made to highlight this throughout each theme description.

Bereavement Stages

Despite no deliberate intention within the research to substantiate or challenge, participants' accounts were seen to support some stages of bereavement. Bereavement stages corroborated were:

Denial:

the whole thing is absolutely unreal, you know. It really is, because it's so awful, but ... gradually, I think in the second year you do start to believe it, and that's when it's more painful (Tracey)

I think we were just struck with shock.. (Lorna)

Anger:

It took me a long time to admit that I had been very very angry <mm> for quite a long time <mm> erm...(8secs) and that really, again that was another thing that..erm...another thing I dealt with through counselling. (Stephen)

Bargaining:

Well right away, straightaway after we lost [name] I prayed a lot that something positive would come out of the, this tragedy, we couldn't put time back, we couldn't not have the tragedy, we'd had it and that was it. (Lorna)

Depression:

A terrible blanket of it, sort of, blanket of depression or...sadness <hmm> I think is the right word, not depression, <okay> sadness. <hmmm> it enveloped me (Roger)

I'm just extremely sad that we've not got another... our other son (Lorna)

Acceptance:

a certain period of acceptance has sort of taken place and there are windows of time that you're not thinking about the person and you can actually do normal things. (Tracey)

I think, now to a point where I can accept.. that.. he was ill (Lorna)

Participants accounts were also taken to adhere to the inconsecutive and elastic nature of the bereavement stages.

it's a non-linear process, you know.

because it is a journey, really, you know, and it's a bit of a rocky road sometimes, you know, it's very hard. And you sometimes feel that you're going backwards, really, that you're not progressing. (Roger)

New Normal

Participants' accounts alluded to rumination of events leading up to the suicide, reasoning behind the deceased's actions and making sense of the suicide. There was a sense that these thought processes were participants' attempts to make sense of the event in light of their previous knowledge about their relationship with, and actions towards the deceased.

And she couldn't resolve it, and was thinking of *escaping* from the marriage. And. In the meantime, he had told *her* to tell me, which she did. I'm sorry to intellectualise it but I must, for my own sake go back to where I was and I can't...erm. [former

son-in-law] told [daughter] to tell me, so instead of being a *man* and telling me something, but he loaded her boat with something she didn't need..to dea, to do, the bad news. (Roger)

..so I suppose ... for the first thing finding out what was happening and finding out the stresses that were in her life, from that I went on to the second phase really which was looking at my response to that, and *had I* been good enough. I then went through a guilt trip, if you like. Had I made sufficient contact with her and ...had I done all the things that were within my power to do, despite the distractions, to ease the situation, because if I'd known that she was in that particular situation, I'd have been in contact with her ... (John)

..in your head you're mulling over this incident and thinking of it from all angles and thinking in your head you would like to change it, but you know you never will, and all those mental cogitations are going round and round in your head (Tracey)

Participants were viewed as having accommodated the experience of the suicide into their lives. This meant participants created a semblance of normality, despite life having changed unalterably; not only the absence of deceased, but accompanied by a shift in perspectives.

I think the common misconception is that people imagine that within a few weeks or months that your life reverts back to normal, as it erm as it would, probably more so in the case of ... I don't know, any other type of death. I think you would recover in a different way, possibly. (Tracey)

P: We've learnt to come to.. accommodate it in our life I think those are the words because we'll never get over it, you don't, I

got over my mother's death and my father's death, I'll not get over this one, you don't expect to bury your children do you? So I, we'll accommodate it I think.

R: Yes can you, well try and explain a little bit more about what you mean by accommodate?

P: Yes. It's had to fit in to our sort of way of building a new kind of normal because you can't have the old normal because it's gone, so you have to have a new normal (Lorna)

Although the superficial part of your life stays the same I think that underneath.. you've always got this.. underlying thread.. that never leaves you. (Lorna)

How the additional themes related to previously described themes is illustrated in Figure 3.

The Venn diagram illustrates the overlaps in theme, though the centralised nature of any theme is not intended to illustrate a greater importance of that theme. The shape of the 'process of time' is an attempt to illustrate how all themes are subject to change over time as an ongoing process. The additional themes of 'rumination' and 'accommodation' are considered to occur prior to the growth process, as depicted by the direction of the arrow, however as things change over the 'process of time' so to will a person's reappraisal of a situation which may lead to further 'rumination' and 'accommodation', thus potentially further 'positive growth'.

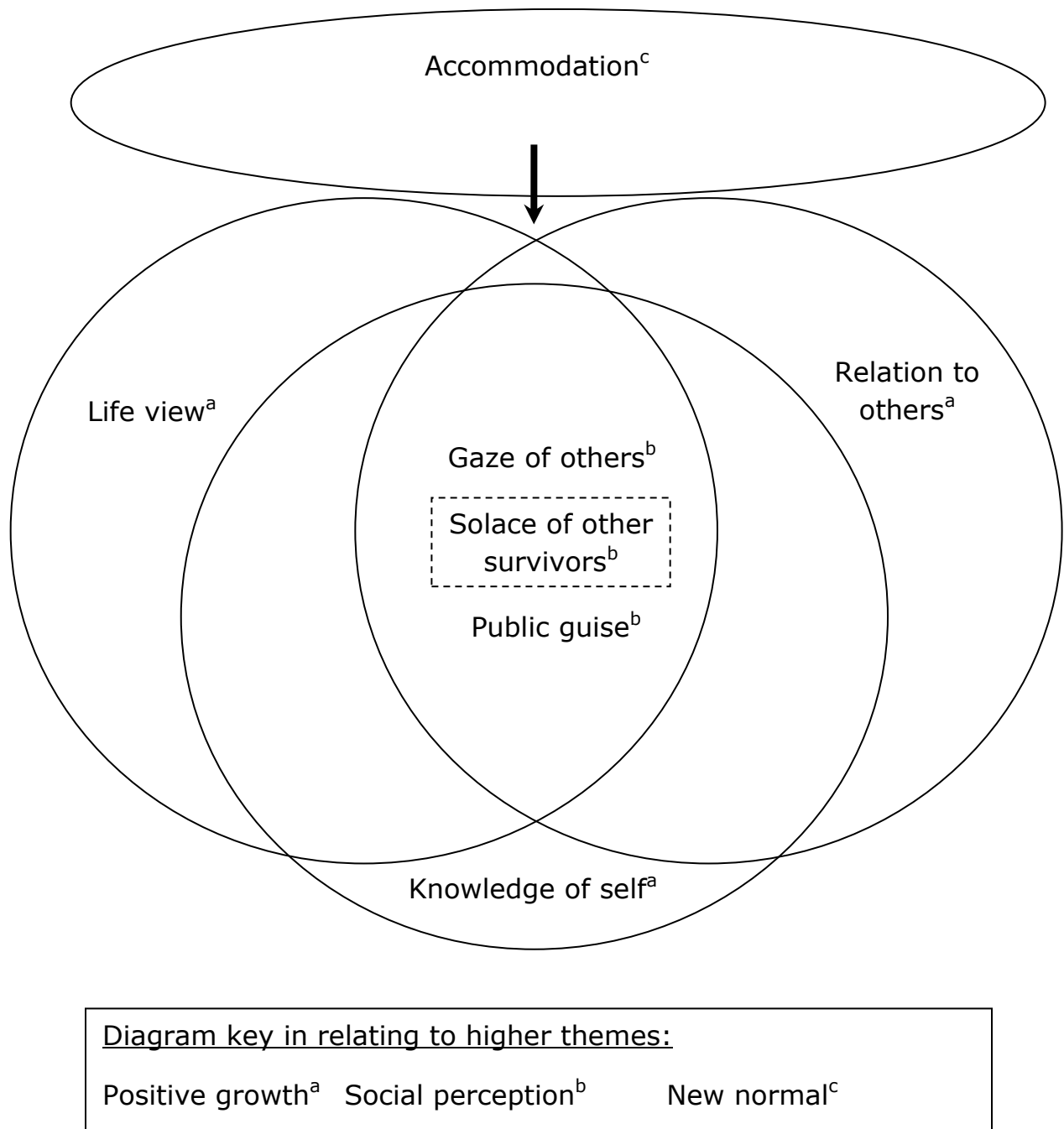


Figure 3: Illustration of how additional themes related to previously described themes

[B]

Positive Growth

Some participants indicated a *desire* for a positive outcome, so they were not left with a purely negative event which would taint life.

But surely perhaps to have something good to come out of it.

(Lorna)

Life view

The consideration of what life means to the participant was seen as beginning with *ruminations* regarding how the suicide questioned what the participant had previously 'known' about life and being alive. This included thoughts of the participant's life being intrinsically linked to that of the deceased, and the death meaning their life was no longer as meaningful.

I think particularly after [Son] died, I thought that that was the end of my life and I would never enjoy anything ever again and life wasn't worth living. I felt that very very strongly.

(Tracey)

The routines surrounding daily living were no longer 'known' and as a result nothing remained the same in life.

I think there's very little stayed the same apart from the fact that I live in the same place <right okay> other than that everything's changed. (Stephen)

The suicide appeared to give rise to participants pondering the meaning of their own life and what it means to be alive.

It makes me *feel* better, it makes me feel *closer* to...to, erm, my own life, and it makes me feel closer to what I believe is going on around me <right>.To, to be more in tune (Roger)

I value things much more. I kind of erm ... I notice things a lot more. Erm, I don't know, it's, it's quite strange, really, but small things now will please me, and I'm very grateful for very small, inconsequential things now erm ... and I realise that you can get pleasure from very small things that erm, for instance, my garden, or plants, or stuff like that, really, that you can actually get pleasure from little things, of which you didn't think, really, that you would get pleasure from, really, and ...(Tracey)

Participants' consideration of their life was seen as ultimately leading to a consideration of the end of their life and what death might mean. Often participants began the consideration of mortality through *rumination* over the deceased. This included reflection on how the action of suicide indicated some lack of meaning in a person's life, or a sense of not obtaining whatever is needed from life.

... the fact that she planned it just makes me think that...because (exhale), just how desperate she must've felt again, I keep coming back to that, but it's the only I can think of, the fact that she's, that, you know, that she's done it, she must've been in a terrible state mentally, to feel that that was the only course she could take (Belinda)

It's against every natural instinct in your life to take your life. Most of our lives are about ... prolonging life, preserving life, being well and being alive. Suicide is totally contrary. So it would have to be something er, very powerful, erm ... instinct, to make you want to do the opposite of what everything in

your life is about, really, mustn't it? So it's something obviously very, something seriously amis in a person to make them do that, and nobody would lightly take on something, or contemplate something as serious as ending your own life, without something being seriously wrong in their heads, you know. (Tracey)

I still, still something I find really hard is suicide it's... it just must mean these people are *absolutely can see no way out. At. All.* and that there's absolutely nobody can help them. it's a very sad state of affairs isn't it? and no better for the time that's passing. (Lorna)

Rumination was also seen to include thoughts of how the deceased might 'live on' despite their absence.

Well it meant that [name] wasn't forgotten because generally speaking.. nobody speaks his name, well they don't now, er...unless we do, nobody breaths his name, nobody laughs about things that happened in the past. If,if it's people that we've known a long time, they never mention his name and.. we did have him, he did breathe, he did exist! (Lorna)

Participants detailed thoughts of their own death.

I don't know much about future. I'm 72, I've had two heart attacks, I've had a hip replacement. I have high blood pressure, my father died at 74, he was the longest living male person in my family. My granddad died at 63, my great-granddad, in the named line, died at 44... (Roger)

Participants discussed the idea of life's unpredictability. Their existence not being within their control was deduced to heighten the sense of needing to get as much as they can from their life whilst they can.

I think it was Harold Macmillan said when some., some, somebody asked him bout er...what, what, what's the big, what's the biggest problem you have as Prime Minister? Some, some fairly inane question and he said "Events, dear boy" (laughter) and I think, I think that's very true we, our lives are governed much more by chance, luck.. (Stephen)

I think that's *my* hand <right> and I have to realise that I have a hand. In other words I've been dealt something in life <mm> and I need to work at it. (Roger) [Referring to a painting he had painted in which a 'hand' of cards were in plain view].

Rumination over one's own impending mortality, and the lack of meaning derived by their lost loved ones, and the unpredictability participants perceived in life was interpreted as focusing participants' thoughts on what they might make of any future remaining life they may have. The *ruminations* were viewed as leading onto a sense of wanting to get the most from life.

But no, life still does go on. And when you look at erm what influences your life, it's the things that are immediately around you, rather than the things that are away from you. So where is your allegiance, where is your affiliation to, to, you know, things that happen in life? And they are around you, the things that you can see, they're the visual stimulus that you get from being, you know, in a family environment and, you know, facing all the, all the different things that we've got, with work and, you know, houses, and your own situation (John)

Knowledge of self

Participants were able to directly consider the person they were prior to bereavement, immediately after their loss and the current self. This was interpreted as an indication of the *process of time* passing.

I'm weeping for...(5 secs) misunderstandings between my daughter and myself (inhale) but I'm weeping also, if I'm honest, for..that man. Me. Who was thinking like that! (Roger)

Further exemplar quotes regarding the differentiation between the core self and a person's role with others:

I actually *wanted* to think that I was a responsible <right> because she was my daughter. And as a father I felt as though I'd failed. (Roger)

Participants were considered to have an increased awareness of their self including an awareness of their inner strength, of which they were previously unaware, though this does not mean that strength will be a future comfort, given most participants are unsure where the strength came from.

HOW I got through it I'll never know! But I did (laughter)

...

I'm...perhaps more adaptable than I thought I was (Stephen)

I don't know...I think it's made, I think it, I think it...(4 secs) I don't know whether it's made me stronger, or whether I..am I stronger person than I thought I was

...

I suppose I, you know, I learned that I was, I was stronger than I thought I was when, when, when I needed to be (Belinda)

Increased awareness actually also highlighted that weaknesses may exist which needed to be discovered in order for a person to continue on the growth process. This indicated participants had an increased knowledge of themselves, but not a wholly complete knowledge.

I've become *aware* that there certain strengths, weaknesses, and some sort of swat analysis. That, I am aware of but can't, don't deal with on a day-to-day basis, but strengths and weaknesses. I'm aware of quite a lot of my strengths <mm>. But the weaknesses which you need to be aware of, I'm not sure that I'm aware of them even now.

...

If there is a maker I'm quite willing to go as I am...(4 secs) I'll polish bits of me, you know <chuckle> splay my collar but I'm quite *happy to improve*, how about that? I'm quite happy and willing to improve <yeah> but I'm getting there...I hope that other people benefit. (Roger)

Participants were considered to *ruminate* on how they interacted with others just prior to the bereavement, and considered the usefulness of their actions in order to assess how they might respond differently in the future. Participants accounts were construed as assessing the impact of social perception on their prior reactions and how that might continue to have a lasting effect.

P: I was very good at putting the ball in other people's court and yes, sort of, not talking. So you know, come on, I was, it

was, it was qu...almost...(exhale)...it was a singularly useless way of dealing with it actually..erm..

R: But it served it's purpose for you at the time?

P: Well, it , it, it did and it didn't. I'm not sure how helpful lit was in reality. <right ok> in that ...it meant...that I became very isolated for a while <okay>

P: Erm...(inhale) it relates to now in that erm...I'm, well, a) I'm more, as I, as I said, I'm more open but also a lot more approachable than I was so people don't have to make the same amount of effort <okay>I don't sort of go, don't find myself sort of pushing people away anymore. (Stephen)

Participants were viewed as having an increased awareness of knowing how much they could take on and manage psychologically.

I mean I'm much more willing to, to talk or to just say hang on I need some help with this <right> which at one time I would *never* have done (ha) <mm> nahna...nope, I sort of sat by myself thank you very much <mm, mmm> I'll go away and think about it. Not helpful (Stephen)

Participants were seen to built on that awareness of their psychological capabilities by implementing coping strategies to help mediate the psychological impact of some strain, or merely refuse to take more than they felt they are able. Coping strategies were seen as very personal to them as an individual and often needed amending dependent on aspects of life that they could not control.

A lot of people have a routine that they go through and we've never seemed to be able to establish a routine. I don't know why, we go up to [place name] where we have a seat but I

can't go up if it's a terrible day on the anniversary, if it's heavy and rainy and misty and... or like it was the day that he went missing it was one of those heavy summer days when it was a depressingly heavy, moist, cloudy summer day and I... I'm happier up there when it's sunny but I can't go when it's a poor day (Lorna)

The participants were seen as being able to mentally prepare themselves for things in advance. This could include active avoidance of somewhere, or alteration of plans in life of an unforeseeable factors such as weather.

... we go up to [place name] where we have a seat but I can't go up if it's a terrible day on the anniversary, if it's heavy and rainy and misty and... or like it was the day that he went missing it was one of those heavy summer days when it was a depressingly heavy, <mm> moist, cloudy summer day and I, I, I, I... I'm happier up there when it's sunny but I can't go when it's a poor day (Lorna)

It appeared to be particularly important to participants to engage in such mental preparation in the run up to anniversaries and birthdays or other significant events, which might even include happy events.

Anyway... but the anniversary of his death I find really difficult. A lot of people have a routine that they go through and we've never seemed to be able to establish a routine (Lorna)

I was absolutely dreading this wedding because it was going to be an event where other people would be happy and sort of having a great time of it, and I knew that me and my husband would fee absolutely terrible, but we had to smile, put the smile on and put the glad rags on and look really jolly. But I

knew that we would feel absolutely, you know, not very great, but, you know, we actually managed it (Tracey)

The mental preparation was also seen in participants' contemplation of future life changes, and how their loss might make events, some of which were ostensibly unrelated, more meaningful. Participants appeared to consider events in advance in relation to how they might feel, particularly if the event is unavoidable as above.

P: Well, and, and, and of course, when, when , I mean I'm going to retire in three years time <mm> so, in a sense, that's that will be a part of my life finished with <right> erm...so..apart from. I mean, I can see that I will still maintain contact with [colleague's name] erm...although I'll never forget [deceased] things that, daily things in life like, you know, will, won't be there anymore like seeing her writing in a file and <mm> and little things around the clinic that remind me of [deceased],and that's you know, that's ...sad, but life has to go on doesn't it? <okay> And you, you know, you learn to live with wha, what, what current life is, don't you? (Belinda)

I think it was the preparation beforehand, the dreading of it beforehand, all that, when it came to the day, we actually got through it amazingly well. (Tracey)

R: what that's going to be like for you? To see him again.

P: I've given it some thought... ... it's going to be extremely hard, it will be very very hard ... (John)

The coping strategies mentioned above were all strategies the participants appeared to acknowledge themselves, which they employed knowingly. However other strategies were interpreted as being employed unknowingly (*As the most interpretative theme*

reflective diary extracts are provided in Appendix P). Further exemplar quotes regarding the use of humour are:

It's quite a high wall I can always push people away if I want to (laughter) <right> if that makes sense <yeah, yeah> get the boiling oil out and pour it over the battlements (laughter) (Stephen)

I mean, I think it was Harold Macmillan said when some., some, somebody asked him bout er...what, what, what's the big, what's the biggest problem you have as Prime Minister? Some, some fairly inane question and he said "Events, dear boy" (laughter) (Stephen)

whether it was because she felt her health was going to deteriorate rapidly because of her diabetes <m> I don't know. I suppose I choose not to think that because I'm diabetic as well (laughter) (Belinda)

The use of humour did not appear to be used at just an individual level, it was recognised by participants that groups could also engage in humorous exchanges.

...and generally when we talk about [deceased friend] it's always something about, a bit funny or, we'll look at something in the, in the dining room, in the kitchen that reminds us of [deceased friend] and have a laugh or <mm> or look at a photograph <mm> erm...and I suppose you sort of (deep breath) you looking at it from a light-heartedly way (Belinda)

Deflecting by the use of the third person, and answering from different perspectives was deduced as another unknowingly employed coping strategy.

I went over for about four days to attend her funeral. And whilst over there, that's when you have the strength of emotions coming to you, because you're stepping into her house, where she lived (John)

Participants' accounts were also interpreted to include a leniency for the temporary low moods they might encounter.

P: But then, this is an important point for you, I suppose, there are times though, if you are low, it could actually, you could start, it could come back to you again, you could start thinking about it again.

...

R: What is it like for you? To know that ... that might happen ... again.

P: Doesn't bother me.

R: Okay.

P: No, it doesn't bother me, because I'm, I reckon I'm in control of my emotions. You know. And [wife] doesn't know anything about this at all. (John)

Relation to others

Participant's *rumination* included thoughts that they may have 'missed' a cue which would have indicated the intention of the deceased.

I went on to the second phase really which was looking at my response to that, and *had I* been good enough. I then went through a guilt trip, if you like. Had I made sufficient contact with her and ...had I done all the things that were within my power to do, despite the distractions, to ease the situation,

because if I'd known that she was in that particular situation, I'd have been in contact with her ... I'd have given up anything to go over there, you know. (John)

Was there something I should've spotted? Was there a conversation I had with her? .because very often.. we, she and I were left there at five o'clock at night <mm> erm.. and then we'd, you know, we'd lock up together and, and we'd chat, we'd stand out in the car park sometimes chatting erm... you know, and then again you think well, w, was there, should there have been something that I missed, was there a..something in a conversation that..that, you sort of laugh off or don't really absorb (Belinda)

After the suicide participants considered their relation to other people in the same light they consider their relation to the deceased. Namely, they become alert to 'cues' they may have missed in the past which has bestowed an increased sensitivity to the feelings of others.

When you look at the reasons *why* this occurred, there's a much greater justification to try to ease the suffering of others by getting on better with them, perhaps, by concentrating on looking after them well. (John)

I've become a lot more sensitive to other people's needs (Tracey)

Despite the apparent increased concern for others participants felt had a desire to improve it further.

I mean it just matters to me and..hopefully I respond better <hmm>, I mean I still put my foot in it, like everybody does all the time *but* I then will adjust whereas I think before I didn't adjust to, might take me back home a bit, I'm definitely

different, brood on it and think about instead *do* something about it, or say something. (Roger)

In addition, *rumination* was seen to include consideration of how others reacted to them in light of their bereavement. Participants were interpreted as able to learn from these reactions, and translated it to how they will and will not react to others in the future.

And she said to me ... erm, a few weeks later, she said, "I hope you don't mind me saying so, but erm ... I was rather disappointed that my name and my husband's name wasn't in the list of people in your local paper", you know, people who'd asked, you know when you sort of list the people who, who've attended a funeral, then there's like a little section where people who were unable to be present er, apologies. And I thought, well no, because you could have been present, and I thought, I wasn't going to mention her. And she was really offended. And I thought, "You're offended about that. Have you any idea of how I feel, that I've lost my son. I found my son. Have you any idea of my pain?" And she obviously had absolutely no notion. (Tracey)

I was absolutely *amazed* to give a bit of thought to the cards that arrived. There were people that surprised me..tut, tremendously by sending a one off card, the ones that they've had to go and pick at the shop that say thinking of you at Christmas or whatever <mm>, something special and then the very next envelope that you opened was a little square, Gordon Frazer card with a Champagne glass on bubbles and the robin sitting on the brim saying 'have yourself a merry little Christmas'. (Lorna)

The meaning of acting/not acting in certain ways was construed as a means of participants avoiding upsetting others, the avoidance of causing upset included behaviours such as carefully considering what one says to others, avoiding arguments with people, making amends quickly after an argument, and not exerting authority despite having the ability. In addition, as documented in *public guise* the bereaved were seen to protect others by not revealing their distress.

now that I've got my granddaughter, I think everything I say to her I think, what sort of impact is this going to have on her in later life, so I'm very very particular about anything I say to her, because I feel, well perhaps it could have a detrimental effect on her, so I just feel ... very kind of guarded in in what I say. And equally with my daughter now, I never engage in anything, in any arguments or ... it may seem a sort of false situation but I'd never want to get into an unpleasant conflict situation, because I think it's just not worth it, after what's happened. It kind of, your whole kind of priorities in life have shifted completely and the important thing is to have good relationships with people around you, and you've got to put a lot of effort into that, really, so you don't kind of, you don't want to dwell upon unpleasant difficult things, you try to put those aside or try to get over them. You don't want anything, well you certainly don't want to end up with, arguing with anybody. Or if you do, you kind of pick up, like, the phone and sort of make amends or whatever, because you don't want anything unpleasant ... because you always feel that that could lead to something more unpleasant happening, you know. (Tracey)

If you've got the authority the best thing to do is don't use it, because they know, everybody knows you've got that

authority and they know that you can use it, so they're a bit wary, but they respect you much more by coming at a lower level, and trying to understand more about them, and showing that you care, than you do by exercising that authority. It's a weakness to use that authority, you've failed, I think, in my opinion. (John)

In thinking about how they related to other people participants appeared to demonstrate an increased understanding of each person's idiosyncrasies. This encompassed recognising that different people will have different things occupying their mind at given times, the background each person brings with them, and the consequently different ways in which people understand events as they occur.

I do find that the brain very much acts like a prism. And that prism accepts information in different ways. And the way that a person accepts that information erm, depends very much on the way they've been brought up <mm> and the way they've been educated, and their, the way they're thinking on that particular day, even (John)

You have to try and find it and that thing is going to be different for everybody. That's quite hard to find, the right thing for everybody. (Tracey)

A sense of munificence on the part of the participant was apparent from the analysis. On a concrete level people gave up their time and money for others.

I spent 3 years on the helpline for [charity name], and in the main it was a very gratifying thing to do , I was glad to contribute and listen to people and be as supportive as I

could to other people in their deepest moments of grief.
(Roger)

This munificence encompassed acting on the increased sensitivity to others' feelings by a willingness to engage with people on an emotional level, rather than the more pervasive socially dismissive manner.

I can't pretend that it's not a bit of a boost when somebody confides in you <right, mm> erm...(4 secs) which I have to say people do more than they used to (huh) <ok> erm...(6secs) and...(6 secs) (inhale)... I suppose...I won, I wonder how often people say sort of, you know, people say yeah actually no I'm not and then people think oh my god why did I ask? Erm...which I *don't* do now (Stephen)

I go in at a much more, sort of friendly level, and er, talk to them about their families, you know, and about their ...an, and they just sort of open up to me. I don't know why it is <Mm>. I suppose they sort of trust me, and we just have a general chat. I think a lot of it's just er getting around and meeting the staff and just finding out what they do and, by going in at their level, it's really coming in and talking to.. them about *them*, not about me... (John)

[C]

Social Perception

The *social perception*, as it considered to appear to the bereaved, of this event impacted on their experiences of growth. The *social perception* of this event was tainted by the stigma already associated with suicide.

Well, you feel like a leper anyway because this awful thing, this tragedy, alienates you immediately from other people,

straight away, because of the stigma of suic- there is a stigma, I mean, however we like to look at it, there is a stigma about suicide. And people think, oh, that's that weird family that's happened to. I think there is that sort of ... there can be that feeling. And because of that, you feel even more removed from society. You're like, you feel as if you're on the fringes of everything, you really do feel like that, and I don't think we want to feel like that, you know. This has happened to us, it's a very unfortunate film. This is a very unhappy incident and we want to be ... regarded by society as normal people that need a certain level more of help... (Tracey)

..when we got back I rang up to see if [partner] was alright and then I asked [partner's daughter] to see if...I made some kind of really, to me now, er..funny, but at the time outrageously silly..si, si, statement like er 'does she still want to see me?', as though the fact that it was suicide e, I felt the...the social ou, you know I had no concept of what suicide meant so..the social context of it to me was one of..erm...*taboo* <right> you know how do you talk about this? So, she may not...she may, she may think 'well I don't want anything to do with this <right> situation' and I wondered whe, I felt so insecure and...it made me feel that, perhaps, she'd associate me with it<right>. And that would be in a rejection. So I felt, well lonely I think. (Roger)

...it hurts that I've lost a son in this way <mm> because it sort of in a way *reflects* on, it's bound to (unintelligible) reflect on the family in a way, *what were we doing?* (Lorna)

Some participants were seen to attempt to avoid the *social perceptions* by concealing the truth, or giving incomplete truths about events,

whereas others were interpreted as attempting to resist negative *social perceptions* by being open about the cause of death when asked.

People would ask and I sort of,... I didn't want to lie so I'd sort of gloss, I'd sort of gloss things over a bit and er,...er...I was surprised with what I could get away with because people didn't want to probe <mmm> And then I thought actually I'd rather just, it'd would be actually just easier to simply tell the truth. (Stephen)

I make no secret of the fact of how our son died, Erm.. I had to make this decision very, very early after we lost him because I thought I can't go through the rest of my life without meeting new people and one of the things you talk about when you meet new people issss your family (Lorna)

Roger insightfully commented on the role of shame, as a product of the view of one's self with regards to *social perception*. Shame interacts with the stigma of suicide, which might impact on how people portray their loss and their ability to receive support necessary.

It's an exclusive thing is shame...(8 secs) Shame...(7 secs) It excludes others, and it excludes your opportunity to speak and being honest with them... (Roger)

Gaze of others

Further exemplar quotes:

the worst one was it popped into my head...am I doing this the way other people expect me to, am I doing this the *right* way? As though there is a right way. (Stephen)

The pressure of the *gaze of others* was considered to be noticeably absent when the bereaved spent time alone, providing a sense of relief.

...one of the advantages of erm...living on my own is that I, if I, If I want to withdraw for half an hour, I can, it's quite easy. I can ..unplug the phone, switch my mobile off (clap of hands). Just shut down for half an hour.. (Stephen)

Some days I can be crying in my car, but as soon as I get out of my car, I've got to get my head together [cries (9 secs)] because I can't ... start crying in front of other people. (Tracey)

The impact of the *gaze of others* was seen as changeable dependent on who the other is.

"What did he die of?" *Really* caught me out and it caught me out because the lady who was asking me was an Asian doctor and in the Asian culture there is no such thing as suicide, they don't, it doesn't exist. And that really got to me, I could feel myself filling up and er, I said well he took his own life and you know she knew I was upset, bless her she came and put her arm around me. but I don't think I'd have been as upset, say if it had been you asking me, it was just because I knew that in the Asian culture.. they...they don't admit that it exists (Lorna)

Due to the media access granted to inquests, the bereaved were seen to face an increased level of *social perception* than would not perhaps be evident in other deaths. This was construed as increasing the bereaved's distress in the immediate aftermath of the event.

There were only five there, they might as well have been 15,000 because we'd inched all headlines and it just made

[deceased] look as though there was nothing good going for him because of what the Coroner has read out. (Lorna)

I think we were more concerned, we were more concerned, we were bracing ourselves I think, for, for people ringing up <mm> saying they'd seen it in the paper and, you know <mm>, what had happened? <mm, mm> That's why really we were er..concerned about whether it would appear when the inquest finally took place, but we never saw it (Belinda)

In considering the impact of the *gaze of others* on themselves the bereaved were viewed as showing greater awareness of their own gaze *upon* the other:

It's made more aware this business about being ready to blame and judge other people. It's made an enormous difference to me in my own mind about, because we all have to make judgements about situations about situations and people. And we tend to <mm> don't we? You know, look at most people and think...they haven't got anything to do with me, but each person is a human being and they have something to do with me, but to what, to what degree? And, there's that, there's that balance. But it has made me, I believe it has made me less judgemental and less likely to blame people. (Roger)

Being able to control ones emotions when under the gaze of the other was deemed a necessity and indicative of personal strength, as indicate in the participant's public guise.

Public guise

Participants' *public guise* was employed to hide emotions away from the *gaze of others*.

Nobody wants to appear at a disadvantage in front of other people, do they? They want to keep themselves at a certain level, you know, you want to appear compus mentus really, when you're speaking to other people. You don't want to let the side, you know, you want to sort of appear okay, really, I suppose, and you want people to see you as you've always been. And they've got the expectation of seeing you and they want you, they're willing you to be the same as you were (Tracey)

Further exemplar quotes that the lack of emotions on show does not mean a void of emotion.

And it's an awful feeling, which I'm not exhibiting, which I have had to struggle with...

...

Now, why I, why I'm quite.. level about this and I don't have much emotion in, the, in the, and I don't, I can't go into more, I'm prepared to more with you when I've finished but I don't have an emotional tone to it because I've done it so many times and also I've come to my conclusion about it now, which, which is this. (Roger)

The greater *knowledge of self* was perceived as not necessarily shared with the world due to shame and guilt.

The things that are part of my life that are essential to me *being* who I am and operating effectively. And being..being a,

a person that people want to be with. Is er, masked by it.
Whatever *it* is, the shame, guilt, all that. (Roger)

The increased utilisation, and reliance on, their own *public guise* was interpreted to permit a greater awareness of other people's guise, which in turn relates to participants' willingness or increase ability to see through the guise to discover people's underlying emotions.

I think about this sort of thing a lot more than I used to<mm>
and that, through having conversation with people, er..sort of saying, you know sort of the you ok, yeah, sure type conversation. Or conversations starting off like that...it's amazing the number of pro., and range of problems that people carry around with them and cover up and you know, put up the barriers, put up a brave face and yeah, putting on a brave face is an additional stress factor in itself. (Stephen)

Maintenance of the *public guise* also served to protect other people from upset:

R: Those times when... ok, you've been lucky but those times when you have been caught (yeah)...er what are they like for you?

P: Well, they're quite scary coz m first thought is...erm, you know am I going to upset someone by just withdrawing, I'm going to be difficult, I'm going to be awkward...erm am I going to, well I am going to lose control...am I going to upset anybody..erm..."(Stephen)

Solace of other survivors

Further exemplar quotes indicating the *solace of survivors*

I found that a big help to me to be able to talk to others and exchange views, opinions (inhale) suggestions, you know, experiences in general to do with suicide bereavement and to see people who.. came in a terrible, terrible state.. and the steps and how they came on over a period of time coming regularly to the group. So I found that exceedingly helpful.. (Lorna)

The outline of the group [SOBS group] is that we're here, all the same, in the same boat, supporting one another, not *doing* things for each, because we've been there. <mm>. And er. It's a legitimate thing to do..in the main, I, I know that I feel better for doing it. (Roger)

Just as participants employed the *public guise* to avoid upsetting others, the *solace of others survivors* was seen to give the opportunity to discuss the event and feelings surrounding it without relying on the general other.

People [who've attended the group] tell me they feel better and then they can go home and into work, and they can get on..and not impose that, and not worry about imposing it. (Roger)

Even within the *solace of other survivors* there still appeared to be an apprehension about sharing the ways in which participant's felt they had grown, with other survivors.

.. I NEVER, and that's the truth, I never say things like "it will get better". I *never* say "oh, in the 3 years you'll see it differently". I don't say that. (Roger)

Given that the *positive growth* was seen as due to traumatic loss of a loved one participants were seen as less willing to accept them. It was

considered that discussion about bereavement by suicide was challenging. Consequently participants were perceived as more uncomfortable with declaring they have gained from the experience, even if they believe it to be so, perhaps due to the *gaze of others* even within the in-group of other survivors.

It's possible that we need to be devastated by things, possible <okay> I don't say it's, that it's desirable <mm> but it may be essential. There is a difference. (Roger)

I know they say out of every tragedy you can, there are some positive elements, so you ... it's difficult to see any positive elements that comes out of suicide but the one is that you can help other people who are so traumatised after the death. (Tracey)

Roger highlighted that whilst he acknowledged the awareness he now has, he would not attempt to force this onto other bereaved people, instead favouring that they experience the process of time for themselves.

I *believe* in saying, truly believe, that in saying you know, "it sounds harsh but... you know have you ever wondered why you're doing this? Why you're banging our head against this wall? About how bad you feel" That people need to do it, until they know when to stop. I'd never try to say to anybody stop doing it (Roger)

Discussion

In this section comparisons will be drawn between the findings of this research and past literature, and there will be consideration of the philosophical underpinnings in light of those findings. The researcher has attempted to separate out discussion points to cover each of the themes; however as depicted in Figures 1 and 3, the themes often interlink and, at times, overlap. Inevitably discussion points are multi-faceted, with discussion of some themes relevant to other sections. There will also be expansion on issues not addressed in the article, such as discussion of the *process of time*, support for the *stages of bereavement* already documented in the literature, and consideration of the *new normal* acquired by the bereaved. Suggestions for further research are made throughout, though some are described in more detail in a separate section. The study will be critiqued, and the discussion will close with the researcher's critical reflection.

[A]

Process of Time

The ubiquitous theme *process of time* would agree with the suggestion that bereavement is a process. The process may have stages (e.g. Kübler-Ross, 1969) but theorists often stress the non-linearity, overlap and elasticity of the process. As a result people move back and forth through stages as time progresses, meaning their views on the bereavement experience change (Worden, 2001). *Process of time* also supports the idea that growth is an ongoing phenomenon which alters a person's views as time moves on (Tedeschi & Calhoun, 1995; Joseph, 2003; Joseph & Linley, 2005). Participants in this study appeared to still be continuing through a process of growth. Even those bereaved longest, at 17 and 33 years, proclaimed they still were not finished on

their journey. This supports the models which see growth as an ongoing process, rather than an 'endpoint' to growth (Joseph & Linley, 2005).

The thread *process of time* running through all of the participants' accounts can also be considered with reference to Heidegger's (1927) philosophies on the state of *being* and *time*; referring to a being as a consciousness or self, and time as a state of temporality. Philosopher's pre-dating Heidegger utilised the term 'da-sein' to refer to a state of 'presence' or 'existence' (as currently applied in the German vernacular, though literally translated meaning "being-there") devoid of the element of time passing. The notion of dasein, as coined by Heidegger, is a continuous evolutionary state of 'human entity' which interprets the meaning of *being in time*; the self is wholly grounded in temporality. This was an underpinning rationale to his hermeneutic phenomenology (1923) where interpretation is unavoidable, as incorporated into the IPA framework; thought is derived from the situation as we engage in it. Gaining the meaning of *being* is only possible through the temporality of dasein. The bereavement process for each individual then, along with all other mortal experiences, is only comprehensible through dasein; considering oneself through the lens of time passing. The interpretation of results yielded the concept of bereavement and PTG as a process through time which served to endorse use of the hermeneutic phenomenological stance to address the aims of the current research.

Bereavement Stages

Each of the five stages of bereavement (Kübler-Ross, 1969) appeared to be upheld in the current study. Until recently stages models of bereavement, (such as Kübler-Ross, 1969) suggested bereavement ends at a stage of acceptance. The inadequacy of placing emotions and thoughts within these stages is that on-going elements of bereavement

appear to be lost. Maple (2005) suggested, for example, the stages do not allow for the ongoing role a deceased child plays for a grieving parent. The findings of the current study, in agreement with Maple (2005), suggested stage models of bereavement are lacking ongoing elements beyond acceptance. It must be remembered the Kübler-Ross (1969) model, from which many other models take their inspiration, was devised for working with the dying. Presumably, those with whom the model was developed passed away giving limited opportunities to explore what came after acceptance. Ending the bereavement process at acceptance for those mourning the loss of another person excludes the ongoing process which may occur much later, when a person may experience growth as a result of their loss. The *process of time* indicated whilst bereavement models are useful in conceptualising the variety of emotions experienced in bereavement they perhaps require an 'extra', open-ended stage of 'on-going issues' which can include aspects such as growth, or indeed factors suggested by others (e.g. Maple, 2005).

New Normal

PTG literature proposed *rumination* is a fundamental aspect which can facilitate the development of growth in the grieving process (Kilmer, 2006; Tedeschi & Calhoun, 1995). The *rumination* demonstrated in participants' accounts suggested the development of PTG in bereavement by suicide follows a similar pattern to those described in various models (e.g. Tedeschi & Calhoun, 1995) and demonstrated after other traumatic events (e.g. Linley & Joseph, 2004). There is a debate in the literature regarding whether a traumatic experience is assimilated (information is appraised in such a way as to be consistent with the person's view of the world as they knew it) or alternatively accommodated in the life of the traumatised. Accommodation is the concept that after a trauma people confront what has occurred, and

change what they 'know' in light of what has happened (Resick & Schnicke, 1992). The data in this study supports the idea that information from a traumatic event is accommodated into the bereaved's perception of the world and life creating a new kind of normal for the rest of life.

[B]

Positive Growth

It would be impossible and tediously over-inclusive within the scope of this work to individually compare each of the three areas of growth demonstrated in this study (the ordinate themes) to all of the publications available demonstrating these three same areas of growth. Alternatively, the superordinate theme *positive growth* as a unified concept will be compared to previous literature, followed by a more philosophical consideration of the ordinate themes.

In just one review (Linley & Joseph, 2004) 39 different empirical studies investigating growth were documented. Nevertheless within "*the literature, three broad dimensions of growth have been discussed...relationships are enhanced in some way...people change their views of themselves ... [and] there are reports in changes of life philosophy*" (Joseph & Linley, 2006, p. 1042). The three ordinate themes devised in the research with regards to PTG support the areas of growth purported in the literature (Calhoun & Tedeschi, 1999; Joseph & Linley, 2006; Linley & Joseph, 2004). Given the constructs of growth in suicide bereavement have been shown as equivalent to those experienced after other traumas, the tools focused on investigating these three areas of change, such as the 'Changes in Outlook Questionnaire' (Joseph et al., 2005) or the 'Post-traumatic Growth

Inventory' (Tedeschi & Calhoun, 1996), would be appropriate for assessing growth in a larger sample of people bereaved by suicide.

The findings add to the growing body of literature evidencing bereavement as a trigger for PTG (e.g. Davis et al., 1998; Parapully et al., 2002; Yalom & Lieberman, 1991). The theme of *positive growth* in bereavement by suicide may serve to alter the predominantly pessimistic outlook for the bereaved. However the results do not give an indication as to how the sample might differ from those people who do not necessarily experience a growth response to their loss. Also, Gerrish, Dyck & Marsh (2009) suggested the outcomes for the bereaved are often dependent on what preceded them and highlighted the absence of data in the bereavement literature comparing the initial bereavement responses to the later stage outcomes. It would be interesting for future research to consider assessing those at both ends of the growth spectrum following a suicide loss, and compare these responses to pre-bereavement coping, initial bereavement responses and later stage outcomes in order to discover the characteristics that clinicians can facilitate to aid the growth process.

Interestingly it was not interpreted that people had become stronger *per se*, indeed some openly proclaimed they were not, more that they had an awareness of the strength already in existence within them of which they were previously unaware. Connections can be drawn between this finding and the resilience literature within positive psychology (Yates & Masten, 2004). The resilience framework looks at how to harbour the naturally occurring strengths, which participants were interpreted as unconsciously possessing, as potential protective factors in order to inform means of fostering positive developments post-trauma (Bonanno, 2004). The previous future research consideration, thus, would also serve a function within the resilience literature.

Life view

The concept of *dasein* is inextricably linked to existential philosophy which is concerned with how people make sense of their lives and live in a manner which gives their individual life meaning despite existential impediments such as mortality, as is considered by the participants in this study. Yalom uses the word “existence” in its simplest form (2008, p. 200), merely ‘to exist’ rather than be situated in time, though he noted Heidegger’s focus on temporality and authenticity. Yalom’s *existential psychotherapy* (1980) considered the confrontation people experience with their existence. The drive behind people’s being is considered to have differently origins dependent on the psychological model: latent sexuality in psychoanalytic assertions, reliance on relationships to early care-givers in attachment theory, disordered interpretations of events in cognitive theory. Yalom (1980) asserted an additional, and powerful, driving force through life is the fear people have of their own mortality. People’s actions are shaped towards distracting themselves from the omnipresent fact that everyone dies. Yalom (2008) discussed the human condition of being unable to examine death in any great detail due to the fear of it. Yalom & Lieberman (1991) showed that those who confronted mortality through bereavement gained a heightened existential awareness and continued to live life as fully conscious individuals who grasp the true nature of the human condition.

The suicide of a loved one could be considered another example of an “*awakening experience*” (Yalom, 2008, p. 31) in which one undergoes a transformation to become more mindful of being. As most people go through life attempting to distract themselves from the fear of dying, survivors of bereavement by suicide are forced to confront not only their loss, but the implications of that loss on their own mortality and the

realisation that their loved submitted to death. Thus the suicide of a loved could be interpreted as leading to an element of awareness; "*self-awareness is a supreme gift, a treasure as precious as life. This is what makes us human. But it comes with a costly price: the wound of mortality*" (Yalom, 2008, p. 1). This 'wound' is not in itself growth, but the confrontation of mortality leads to growth. For example, the idea of wanting to gain the most from life suggested participants found new meaning in their life experiences. Yalom (1980) argued the ability to unreservedly *carpe diem* requires one to experience an 'awakening event', such as bereavement by suicide.

Knowledge of self

The statements made by participants interpreted as the consideration of their place in the world alluded to a definitive sense of 'self' in light of their bereavement, as if the 'self' that once existed was a distinct entity which has now changed in to a new 'self' post-bereavement. This complements the earlier discussion of Heidegger's view of *dasein*. Some participants alluded to the process as having a finite point, perhaps suggestive of the hope of eventually achieving an ultimate state of understanding *being*. Heidegger (1927) highlighted the uncertainty of attaining such understanding given any understanding at a given point will be temporal and new experiences may change that understanding. However the organismic valuing theory of PTG (Joseph & Linley, 2005) suggested it is inherent in human nature to strive towards growth, thus would interpret the desire for ultimate understanding, seen within participants' accounts, as a fundamental part of human existence. In contrast other participants, notably those bereaved longer, appeared to accept the ever changing understanding that time passes, and thus the changing view of the self. According to *dasein* thoughts of ourselves alter within the moment, we can remain our *self* and yet have different

roles, akin to Roger's thoughts of *himself* being ok, but a failure as a father.

Within *knowledge of self* there was a description of acknowledged coping strategies (such as avoiding places, mental preparation, distraction) and unacknowledged coping strategies (such as deflection through the use of humour and speaking from alternative view points). These differential coping strategies adhere to the multiple pathways in resilience (Bonanno, 2004). 'Hardy' individuals are more likely to engage in active coping and social support, helping them deal with distress (Florian, Mikulincer, & Taubman, 1995) whereas 'repressors' tend to avoid unpleasant thoughts or emotions and reported little or no distress in bereavement (Weinberger, 1990). It must be noted that the interpretation of the use of humour in this study was taken as a strategy to deflect the researcher away from underlying painful emotions, rather than an absence of distress. However, the humour demonstrated could be alternately construed as a repressive adaptive coping mechanism (Bonanno, Noll, Putnam, O'Neill, & Trickett, 2003). Though a lack of distress, noted by 'repressors', was not evidenced in this study.

Relation to others

The perceived improvement in *relation to others* can be considered to start with *rumination* on the events leading up to the suicide. This *rumination* is a feature outlined in PTG literature (e.g. Tedeschi & Calhoun, 1995). However in: considering the mental state of their deceased loved one, questioning their own ability to 'spot' the intentions of the deceased, questioning of the 'what if's', and an ultimate feeling of helplessness, participants then become, either intentionally or otherwise, more able or more willing to reach out to others. Feigelman et al. (2009) had investigated PTG but noted the link between attitudinal

and behavioural aspects of PTG aspects warranted further investigation. The findings of the current research go some way towards providing some insight into this link through the munificent acts in which the respondents engaged and, as described later, the active seeking of other survivors. The current study supplied a more idiographic account of the people's experiences of growth and demonstrated that growth exists on a level perhaps more trustworthy than anecdotal evidence.

Linley and Joseph (2004) recognised when interpersonal relationships were used as a method of assessing adversarial growth the direction of the causal relationship becomes unclear; social support may promote growth though alternatively growth may lead to a perception of greater amounts of support. Thus, whilst the findings see improved interpersonal relationships as growth it does not necessarily give any further indication as to the direction of the relationship between these two factors. Interestingly, however, within this study there was a marked difference construed in the support provided by general others, and that provided by other survivors. Further investigation of this intricate support network might reveal more information on the causal relationship between support and growth.

One consideration that needs recognition in participants increased consideration of people, exhibited through their actions towards them, is whether the increased attention they give is actually desired or appreciated by the other. Given participants discussed a desire to maintain their *public guise* and their reasons behind limiting their emotional disclosure, it is not unreasonable to assume that other people will wish to do the same. As a result the increased willingness to react to another's distress may not necessarily be welcomed.

Clinical Implications of PTG Findings

Overall, the positive growth elements demonstrated in this study contribute to the movement of positive psychology (Seligman, 2002), however application of positive psychology ideals in a clinical setting remain in their infancy. There has been a recent attempt to make positive psychology applicable in the clinical world synthesising theory, research and application in positive psychology (Joseph & Linley, 2004). However, manuals require the reader to be aware of the movement and have sufficient interest to actively seek out and read the manual. Perhaps a more active approach to positive psychology should be taken by providing more detailed teaching on the movement at undergraduate stages, and discussions of its implications on vocational training courses (such as counselling diplomas, counselling and clinical psychology doctorate training programmes). The sharing of techniques which seek to evaluate peoples' strengths and assets and consequently foster those strengths through intervention, rather than merely ameliorate the difficulties could change the social discourse of mental wellbeing (Maddux, Snyder & Lopez, 2002).

The findings of this study support Yalom's (2008) desire for existential psychotherapeutic elements to be considered more fully in the mainstream. Given those bereaved by suicide have been exposed to an 'awakening experience', perhaps inspiration can be drawn from existential psychotherapy. This does not necessitate clinicians work from a purely existential mindset, but psychotherapists who are trained in many schools of psychology "*should also be trained to have a sensibility to existential issues.*" (Yalom, 2008, p. 202). Again perhaps an increased inclusion of teaching on existential ideas on training courses would be useful for those who may work with people bereaved by suicide.

[C]

Social Perception

The *social perception* superordinate theme is significant as it has not been evidenced within the literature as a feature of growth after other traumatic experiences. Within suicide bereavement literature Begley & Quayle's (2007) additional master theme of 'social uneasiness', in which participants discussed the difficulties experienced in social situations as a result of the suicide, could be considered in relation to *social perception*. The findings reported in this study suggested people feel the perception of them in the public sphere has altered, meaning they feel uneasy. The study findings support the abundance of literature indicating there is a stigma and a sense of shame (e.g. Cvinar, 2005) attributed to experiencing bereavement by suicide.

Gaze of others

Social perception incorporated the sense that it was the view of others which impacted on the growth process. Seguin, Lesage and Kiely (1995) suggested the existence of a feedback loop between social and psychological dimensions which is important in bereavement by suicide. The current study concurs with this point in viewing the *gaze of others* as an integral element of how growth is acknowledged and perceived. The findings of this study note this feedback loop means growth has very few, if any, areas where it might be freely acknowledged and given the opportunity to flourish. Shame is one of the most intimate emotions a human being can experience and as highlighted by Roger, is exclusive to the person experiencing it. What is uncertain from the findings is whether the stigma the bereaved perceived contributes to their shame, or whether the shame is internally derived. Given shame and guilt are often linked in literature it is possible the shame experienced relates to

the bereaved's feelings of unresolved guilt. Resultantly the shame experienced might be misattributed by the bereaved to the *gaze of others* when actually the gaze comes from within.

Public Guise

The wearing of a mask to prevent other people from seeing their underlying emotions may serve a purpose for the bereaved. Whilst, extreme avoidance of 'grief work' could be dangerous (Stroebe & Stroebe, 1991), as stated earlier, 'repressors' can also experience positive outcomes (Weinberger, 1990). However, in repressive coping styles it is considered that people report less distress (Bonanno & Field, 2001; Bonanno, Keltner, Holen, & Horowitz, 1995) with repression being an emotion-focused mechanism, such as emotional dissociation. Participants in the current study did report feeling distress and actively hiding it from others, rather than an absence of emotion. As a result, whilst the work into repressive coping is enlightening, the results of this study perhaps highlight that people who appear to be 'repressors' are not necessarily dissociating, merely masking their emotions. Given Stroebe and Stroebe (1991) concluded that those who engaged in grief work showed greater adjustment at 18 months it is debatable whether a more pro-active postvention strategy should be employed, similar to the LOSS programme (Campbell et al., 2004) to attempt to impede the onset of the numerous negative outcomes for those bereaved by suicide highlighted throughout the literature.

Solace of other survivors

The *solace of other survivors* perhaps provides shelter from the *gaze of others* because the bereaved perceives other survivors to be an in-group, which negates some of the stigma surrounding suicide. The findings support the idea that support groups are a useful tool in the

grieving process (Cerel et al., 2008). An enormous effort is required to maintain the *public guise* and emotional governance, whereas being amongst other survivors affords people the opportunity to relax more fully and allow one's true feelings to come out. This provision of emotional release, rather than governance could be perceived as good for one's mental health. This fits with findings of Begley & Quayle (2007) where survivors of bereavement by suicide were considered "safe and understanding" (p. 31). However, the current research suggests, with reference to PTG this is not necessarily the case. Interpretation of the participants' accounts suggested the traumatic nature of a suicide loss and perhaps the shame people associated with it, precludes the ability to voice, or even acknowledge, the growth a person may have experienced.

Implications of Social Perception

Conjectures can be made based on previous work and anecdotal evidence as to the reasons behind the inability or unwillingness to acknowledge growth in bereavement by suicide. The absence of the idea of *social perception* in general PTG literature could be considered understandable. The socially constructed appropriate reaction for people having experienced illness, an accident, or physical trauma to themselves is rehabilitation and recovery. People actively strive to regain normality without fear of being judged negatively for making such efforts. This is perhaps not necessarily the case in bereavement.

Past theories viewed an absence of grief following bereavement as a form of personality pathology (Osterweis, Solomon, & Green, 1984), or indicative of disordered mourning which may involve a superficial attachment to the deceased or that the bereaved is cold and emotionally distant (Bowlby, 1980). More recently it has become acknowledged that

absence of grief is not necessarily maladaptive (Bonanno, et al., 1995; Bonanno et al., 2002). However, this concept remains relatively new. It is possible that given just the mere absence of emotion could be perceived as 'cold' and 'emotionally distant' after a bereavement, to go further and state publicly that one has benefitted from one's loss could elicit a similar affronted reaction by society. Participants were seen as unwilling or unable to consider that they had benefitted through their loss which may be due to the *social(ly constructed) perceptions* of what constitutes an appropriate grief response. Though it is important to note the social construction of appropriate bereavement responses will depend on the culture of the bereaved. Survivors may not wish to belittle the negative implications of suicide bereavement, appear 'cold', disrespect the memory of the deceased, or demean the psychological distress which the deceased may have been experiencing before their suicide. Add shame, stigma and guilt as additional mediating factors in a suicide bereavement (though not proclaiming their absence in other bereavements) may make growth seem even more unsavoury, even in the eyes of other survivors. Take, for example, Lester's (2004) assertion that he was 'happy' on hearing of the suicide of a colleague. Lester's (2004) views perhaps made uneasy reading; indeed the author himself highlighted the potential inappropriateness of the reaction in a suicidologist. However the author's aim to normalise such a response for those who may feel guilty about experiencing it, could be considered analogous to the movement of recognising disparate grief responses. This work, therefore, contributes to the debate that the social construction of bereavement perhaps warrants even further movement. We not only need to see an absence of emotion as an adaptive coping strategy, but require the normalisation of the potential for growth in bereavement.

One means to change the social dialogue surrounding death is for professionals to openly acknowledge the idea of PTG in bereavement literature, rather than perpetuate the *social perception* of its unacceptability. The NHS "*Help is at hand*" booklet given to the newly bereaved (by any sudden or traumatic death) covers aspects of the different emotions that may be experienced. It freely quotes people being able to return to functioning and being able to, for example, laugh again. The booklet does not mention the possibility of acquisition through the tragedy. Whilst growth has been demonstrated in other forms of bereavement (e.g., Davis, et al., 1998; Parappully et al., 2002; Park & Cohen, 1993; Schaefer & Moos, 2001) the concept is not yet asserted actively in the literature. As a result, clinician's wishing to foster growth in bereavement must first combat the social dishonour of proclaiming to have gained through some else's demise. This might be even more problematic within suicide loss given the stigma and shame surrounding such a death. It is understandable that organisations, such as the NHS, may not wish to cause offence or further upset to people who have been recently bereaved in a traumatic manner, however to ignore the possibility of potential growth perhaps perpetuates the *social perception* that it is unsavoury to consider potential growth. However, as Lorna stated, some mourners may wish for something positive to come from the event. Perhaps, on revision of the "*Help is at hand*" booklet statements can be made and quotes from survivors provided that intimate the possibility of growth.

Calhoun & Tedeschi (1999) offer a clinician's guide to facilitating PTG which may be beneficial for most forms of trauma. Clinician's could go further than merely ameliorate the distress of client's but also provide them with the means to enrich their lives. The public normalisation of growth in bereavement, especially a bereavement so shrouded in stigma

and shame, and clinician's recognition of their abilities to facilitate growth could serve to decrease the ignominy faced by survivors in declaring growth as a result of their loss.

Knowledge of survivor characteristics is helpful for more than just individual survival but for others in a similar situation (Andriessen, et al., 2007). Most survivors do not seek out support (Dyregrov, 2002; Provini, et al., 2000) though 74% who wanted support experienced barriers to receiving it (Provini, et al; 2000). Yet this study revealed, for the most part, people found some comfort in the company of other survivors. The benefits of the *solace of other survivors* discovered here and documented elsewhere (Cerel, Padget, Conwell, & Reed2008), perhaps indicate a more active outreach service needs to be developed in the United Kingdom, similar to the LOSS program in the USA (Campbell, et al., 2004). Cerel & Campbell (2008) discovered people who received an active postvention programme presented at services quicker for therapy, and were more likely to attend survivor groups. Perhaps suicide survivor groups in the UK need to examine the possibility of providing 'out-reach' to the newly bereaved who might not otherwise seek out support. As a result, clinician's and support agencies must first address the pathways to receiving support after suicide bereavement

Methodological Issues

The quantity of information gathered in just six one-off interviews in the current study is a testament to the potency of qualitative research. The findings presented in this work, alongside the many themes discarded as they did not align with the aims of the research, support the claim that qualitative methods are an appropriate means of gathering data from a vulnerable population such as those bereaved by suicide (Begley &

Quayle, 2007). However, it is understandable for large scale studies, such as Feigelman et al. (2009), to desire generalisable truth to apply across all survivors of bereavement by suicide. It must be noted that the suicide bereavement experience has been shown to vary considerably within the survivor population (Seguin et al., 1995). However, as described earlier, the findings of the current study illustrate that questionnaire based studies utilising PTG scales (e.g. Linley & Joseph, 2004; Tedeschi & Calhoun, 1996) could also be used to address a larger sample. This would gratify the suggestion that research into this area should draw on as many disciplines and methodologies as possible (Leenaars, 1996). The use of in-depth qualitative research can be used to feed into theory and subsequently can be applied flexibly to each individual, yet quantitative studies could provide more information about suicide bereavement in general. Indeed the critical realist perspective might endorse a multifaceted approach to studying this experience in order to represent the multifaceted 'truth' of the experience.

Critique of Current Study

IPA relies on each participant's ability to articulate their thoughts (Smith, 1996). Whilst different forms of communication were used within the interviews other means of communication may have been overlooked by the researcher. On analysis of the transcripts the researcher was reliant on her memory for some aspects of the interviews, such as when participants referred to pre-prepared drawings. Also, the researcher can recall noting during the interview when people's non-verbal physical communications through 'body language' altered. On some occasions she was able to reflect this for the digital recorder, however more often she was compelled to forsake the potential interpretative advantages of this communication in favour of listening to the verbal account. Perhaps the study would have benefitted

from being video recorded rather than just audio recording so the level of interpretation of the data could have been supplemented by visual cues. Nevertheless, the digital audio recording was high-standard and utterances were noted in the transcripts to allow in-depth interpretative analysis which yielded plentiful data.

Potential participants were informed of the study by either passively 'finding' the information in a communal source (Samaritans), by being provided the information through a self-help group (SOBS), or through a third party. As a result the researcher was limited in how potential participants actually encountered the study for the first time. It is possible the research was introduced differently by different SOBS groups or third parties, as a result influencing the people who returned the reply slip. Those who did return the reply slip may have needed to be further along their bereavement journey in order to even consider applying to participate in the research. As a result, those who have not experienced growth may have been less likely to volunteer initially, this would result in people from the other end of the growth spectrum being inadvertently excluded which is something studies into PTG should avoid (Clark, 2001; Linley & Joseph, 2004). However, perhaps a self-selected sample was most useful in addressing the particular aims of this study as an exploration of the PTG *that is experienced* by those who have experienced a loss by suicide.

The researcher only received six 'interest slips', of the six all were contacted and all agreed to take part in the research. Another drawback of the means by which people were recruited was that the researcher remained uninformed of how many people had looked at the participant information and had decided not to volunteer to participate. In addition, given none of the people who returned the reply slip went on to decline participation, the researcher considered whether aspects of the

telephone content or participant information sheet might have been considered somewhat coercive. However, all participants were repeatedly informed of their right to withdraw not only prior to, but during and after the completion of the interview. The researcher considered how the bereaved's munificence with the theme of *relation to others* may have contributed to the participant's active desire to pass on their experiences through a medium such as research.

Future Research

The following are some future research ideas stemming from the results derived in the process of this study:

1. As noted in the limitations, the sampling bias caused by a self selected sample may have skewed the data gathered on growth. Joseph & Linley's (2004) assertion that those at the other end of the growth spectrum should not be excluded from research indicates further research in this area is needed. Means need to be found to sensitively encourage those who were less likely to volunteer to partake in research to give an idea of what the 'growth' spectrum in suicide bereavement might look like. It is recognised that recruitment of this section of the population of people bereaved by suicide would be difficult to access (Clarke, 2007), however if the non-growth end of the spectrum remains unexamined then there will be an inability to devise more appropriate means of assistance.
2. Future research could investigate the theme *social perception* further. It would be interesting to directly consider whether the shame and stigma experienced by the bereaved was matched by the thoughts of others. Perhaps the in-group homogeneous experience of the bereaved leads them to perceive an out-group

homogeneous judgment, which is not actually intended. Heidegger suggested each person's phenomenological experience of the world will be different. It is possible the shame felt, and stigma experienced by survivors of bereavement by suicide are more attributable to their interpretations of people's reactions rather than the meaning intended in the action; the gaze may come from within rather than from 'the other'.

3. Given the overarching *process of time* it might be beneficial to conduct a longitudinal study of PTG in bereavement by suicide to see whether over time the content or extent of growth changes. Whilst this study's sample consisted of people ranging from 2 – 33 years bereaved, the nature of the study was to explore the idiosyncratic meaning of growth to each participant, whereas a larger scale longitudinal design might be able to map trajectories of growth. This suggestion goes along side that of Maple (2005) who called for more research into the long-term impact of bereavement on family members and close friends.
4. A longitudinal study following people from immediate bereavement to further on in the bereavement process might allow for patterns linking initial bereavement responses to potential growth development (Gerrish, et al., 2009).
5. There is incongruence in participant accounts. Participants do not wish to burden others with their emotional state, thus the munificence act of maintaining a *public guise*, and are subject to the perceived negatives of the *gaze of others*. Yet conversely participants feel the need to discuss suicide in order to break down the taboos and prejudice around. Further exploration of this

incongruence is required, and suggestions are necessary to abate the situation.

6. The research findings suggest there is a natural resilience within people, of which they are unaware, which may contribute towards growth outcomes. This study provides researchers interested in the resilience framework with a supplementary section of the population for investigation.

Critical Reflection

The 'Framework for reflective practice' (Rolfe, Freshwater & Jasper, 2001, *Appendix Q*) is a model used as a guide to address both inward and outward focused reflections (Varner & Peck, 2003) on three aspects: theoretical, ethical, and scientific context.

Theoretical

- *What?* Smith (2004) advocated people not adhere to a 'cookbook' for conducting the IPA research. The research was conducted from a critical realist perspective, adhering to the concept of interpretative phenomenology. Despite the remit of IPA, I constantly felt the need to justify aspects of the research that might be considered more positivist in nature. For example, Smith and Osbourne (2003), suggested researchers should aim to obtain a homogenous sample of participants. In addition, I was required to justify the use of IPA above other qualitative methodologies.

I also needed to be very careful in her use of some words due to tautological meanings being confused for methodological or epistemological meanings. For example, use of the word 'narratives', which could merely refer to the participants' articulation of their thoughts in any other context, would compromise the double

hermeneutic stance within this research if the reader saw it as an overlap with 'narrative approaches' to research analysis.

- *So what?* I constantly needed to remind myself of my own view of IPA and what constituted IPA research, rather than adhering to a 'cookbook'. The sense made of this is perhaps best illustrated by an extract from my reflective diary:

"A group of us just met with [qualitative researcher] to discuss interview scheduling and things. She quizzed me on my sample not being homogenous. Apparently Smith himself said we should aim for a homogenous sample to cut down on variance. I think I'm mainly confused as to why she picked me up on this and not others... Ok people might lose different people, whereas with the others the experience is a 'distinct' event or phenomenon, but then all of my participants have been bereaved by suicide...shouldn't that be the main point?! Even if I was able to get all 20-something males who have lost their mother surely each of them will have experienced it differently dependent on how close they were to their mum, whether their parents were still together, whether they have siblings etc etc. Surely it's impossible to account for everything. Anyway I thought the whole point was that each person's experience and interpretation would be different but equally useful so why does it matter if they're not exactly the same? The idea of homogeneity in this research seems totally at odds with it's underlying assumptions."

I also experienced confusion at times as to the differences between the different qualitative methodologies. It appeared the overlaps

between some methods meant very careful consideration was needed in deciding which qualitative approach to undertake and I felt I had to be clear on my epistemological stance in order to ensure her analysis did not implicate other qualitative methodologies with her research.

- *What now?* I feel I have developed a good understanding of IPA, which despite its drawbacks remains faithful to the aims of the study. I would be willing to use the framework again in the future but am aware that other methodologies may be more appropriate for different aims. On conducting future research, I will aim to refresh myself with the epistemological underpinnings of research methodologies, both qualitative and quantitative, to ensure the most appropriate methodology is employed in conducting research. This is an action which may not have occurred had I not been compelled to consider my research methodology in such depth for this work.

Scientific

- *What?* Smith (2004) expressed the desire for more people to conduct only one interview and submit it to more in-depth analysis, but IPA studies in the bereavement area used 6 -10 participants. After the first interview the researcher had already obtained a wealth of data, enough to constitute a doctorate level work. The third interview lasted 2.5 hours and was filled with complex information. Indeed the results of the analysis indicated more information than can possibly be outlined in the thesis as a whole.
- *So what?* I felt the academic component of course requirements would require more than just one interview to be conducted despite Smith's (2004) assertion. This was not due to 'pressure' by course staff, but perhaps remnant of a positivist feeling of 'the more participants the better' from the my undergraduate research. As the

project developed I began to worry I would be overloaded with information when it came to analysis and wondered whether I should have conducted just one interview as suggested by Smith (2004) which may have limited the amount of information she obtained through the analysis. However, I felt obliged to conduct the number of interviews stated in her protocol to meet academic requirements, and not compromise the ethics of the work by cancelling arranged interviews. Initially I was panicked by the amount of data I had through the analysis and required supervision to help focus my efforts on the aim of the research. Whilst I was left with some remnant feelings of disappointment that the current work could not wholly encapsulate the amount of effort put into the analysis, as time progressed she has seen the benefits of having such a large amount of information remaining to be 'written up'. I felt increasingly confident to put themes to one side during the current study, in the knowledge I could use the information in future work. In addition, I felt my research interview style developed over time and I am now confident I can utilise IPA in the future effectively in just one interview which may not have developed had I not had the experience of conducting an greater number of interviews during this research.

- *What now?* I have information for approximately five further papers, based just on the interviews I conducted as part of my thesis research and is looking forward to the opportunity to use this information to continue my research career subsequent to finishing the Doctorate training. In addition, I have gained confidence in my research skills sufficient to permit me to conduct qualitative research in the future conducting just one interview with a more in-depth analysis. This situates my reflection in the wider scientific discourse

as I agree with Smith and Osbourne's (2003) assertion that one interview could, on some occasions, be sufficient.

Theoretical/Scientific

- *What?* The final scientific issue I would like to highlight is the utility of critical reflection. Stage models, such as the framework utilised here, may restrict instinctive thought processes (Johns, 2004). During the research process the reflective diary I completed did not adhere to a specific 'model', preferring to allow thought to flow freely, and I found this more conducive to eliciting feelings that impacted on future practice. In addition, there is little evidence to support the integration of learning through reflection into actual clinical practice (Lowe, Rappolt, Jaglal & MacDonald, 2007).
- *So what?* Whilst I recognise the benefits of ongoing reflection in clinical practice, and especially during the process of research engaged in during this qualitative research. Whilst writing this critical reflective element to the research report I felt I was sometimes more concerned with ensuring I had addressed the 'stages' correctly, than allowing my thoughts to be accurately voiced. Therefore, whilst encouraged to act as reflective practitioners, I wonder if there is more benefit for myself to reflect freely rather than adhering to a model. In addition, as research stands reflection could be considered contrary to the philosophy of evidence-based practice, which is an inconsistency I struggle to comprehend.
- *What now?* I will continue to reflect, and critically,; however I anticipate being able to reflect in a way that is useful for me, rather than as a means of meeting criteria for guidelines.

Ethical

- *What?* When I initially approached the 'Survivors of Bereavement by Suicide' to request permission to recruit through the charity, I was informed they did not have official guidance for considering such requests. I was granted permission by the Board of Trustees with the condition I provide an alternative, less 'formal' letter for group members rather than the 'information for participants' sheet devised for the university ethics board. The Board of Trustees later compiled a protocol utilising my research proposal as a basis for the standards that might be aimed for in future requests (which was a result not only of my, but other requests). The guidance the charity published came after I had completed the interviews.
- *So what?* Initially I was surprised requests of this nature had not been considered by the Board of Trustees in the past, but reflected it was perhaps indicative of the lack of research interest with this audience to date in this country. I took on board the Trustees advice and re-wrote the information sheet to be less 'formal'. The experience made me realise that academic requirements do not necessarily translate to 'real world' use.
- *What now?* I was also pleased my request had perhaps contributed to the charity's consideration of their members when future requests for research occur. When conducting research in the future I will attempt to ensure I meet the requirements for ethic committees, whilst also considering the accessibility of information sheets to participants.

Ethical

- *What?* The research involved participants disclosing information of a very personal and traumatic nature, with the expectation the results will be disseminated to be of use to other bereaved people and professionals in the mental health field.

- *So what?* In order that the ethical stance of the research is not compromised, I feel obliged to use the data I collected in the most useful way possible by disseminating results to interested parties (i.e. those bereaved by suicide, professionals who may work clinically with the bereaved, suicidologists, and bereavement and PTG researchers.)
- *What now?* I was invited to present my research at the Survivors of Bereavement by Suicide National Forum on 7th November 2009. The forum was attended by those bereaved by suicide, professionals who may work clinically with the bereaved, suicidologists, including those from careers where people experience suicide which might be overlooked in general public (i.e. train drivers). The forum generated a lot of interest in the research findings and the researcher will continue to respond to email queries and requests as necessary. In addition, I have been asked to provide a synopsis of the research to be included in the 'Survivors of Bereavement by Suicide' newsletter which will be disseminated to all group members, and be available for download from their website. This ensures the section of the population contributing to the research are receiving feedback on the results. I am submitting the journal article for publication in the 'Journal of Loss and Trauma' as an appropriate channel of communicating the findings to other researchers and clinicians. In addition, I wholly intends to publish further article based on other themes unable to be presented in the current work, in order that the entire data be utilised, and participants time and emotional contribution be maximised.

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Appendices

Appendix A: Instructions for Authors for the 'Journal of Loss and Trauma

Instructions for Authors

Submission of Manuscripts.

Original manuscripts should be submitted to John Harvey, Department of Psychology, University of Iowa, Iowa City, IA 52242-1407; phone (319) 335- 2473; fax (319) 335-2799; e-mail: john-harvey@uiowa.edu. Authors are strongly encouraged to submit manuscript files via email attachment. The manuscript should be prepared using MS Word or WordPerfect and should be clearly labeled with the authors' names, file name, and software program. Each manuscript must be accompanied by a statement that it has not been published elsewhere and that it has not been submitted simultaneously for publication elsewhere. Authors are responsible for obtaining permission to reproduce copyrighted material from other sources and are required to sign an agreement for the transfer of copyright to the publisher. All accepted manuscripts, artwork, and photographs become the property of the publisher. All parts of the manuscript should be typewritten, double-spaced, with margins of at least one inch on all sides. Number manuscript pages consecutively throughout the paper. All titles should be as brief as possible, 6 to 12 words. Authors should also supply a shortened version of the title suitable for the running head, not exceeding 50 character spaces. Each article should be summarized in an abstract of not more than 100 words. Avoid abbreviations, diagrams, and reference to the text.

Manuscripts, including tables, figures, and references, should be prepared in accordance with the Publication Manual of the American Psychology Association (Fourth Edition, 1994). Copies of the manual can be obtained from the Publication Department, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242; phone (202) 336-5500.

Illustrations.

Illustrations submitted (line drawings, halftones, photos, photomicrographs, etc.) should be clean originals or digital files. Digital files are recommended for highest quality reproduction and should follow these guidelines:

- 300 dpi or higher
- sized to fit on journal page
- EPS, TIFF, or PSD format only
- submitted as separate files, not embedded in text files

Tables and Figures.

Tables and figures should not be embedded in the text, but should be included as separate sheets or files. A short descriptive title should appear above each table with a clear legend and any footnotes suitably identified below. All units must be

included. Figures should be completely labeled, taking into account necessary size reduction. Captions should be typed, double-spaced, on a separate sheet. All original figures should be clearly marked in pencil on the reverse side with the number, author's name, and top edge indicated.

Proofs.

One set of page proofs is sent to the designated author. Proofs should be checked and returned within 48 hours.

Reprints and complimentary copies.

Each corresponding author will receive one copy of the issue in which the article appears. Reprints of individual articles are available for order at the time authors review page proofs. A discount on reprints is available to authors who order before print publication.

N.B. In the absence of a word-limit being provided in the 'Instructions for authors' of the Journal of Loss and Trauma, the 4,000 – 6,000 word limits of The British Journal of Clinical Psychology is used as a guide

Institute of Work, Health & Organisations
<http://www.i-who.org>



**The University of
Nottingham**

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21/10/2008

Angela Smith, DClinPsy Trainee

Dear Angela

I-WHO Ethics Committee Review

Thank you for submitting your proposal on "Post-traumatic growth in adults bereaved by suicide". This proposal has now been reviewed by I-WHO's Ethics Committee to the extent that it is described in your submission.

I am happy to tell you that the Committee has found no problems with your proposal and is able to give approval. If there are any significant changes or developments in the methods, treatment of data or debriefing of participants, then you are obliged to seek further ethical approval for these changes.

We would remind all researchers of their ethical responsibilities to research participants. The Codes of Practice setting out these responsibilities have been published by the British Psychological Society. If you have any concerns whatsoever during the conduct of your research then you should consult those Codes of Practice and contact the Ethics Committee.

You should also take note of issues relating to safety. Some information can be found in the Safety Office pages of the University web site. Particularly relevant may be:

Sections 6.9, 6.10, 6.11, 6.14 of the *Safety Handbook*, which deal with working away from the University.
<http://www.nottingham.ac.uk/safety/>

Safety circulars:

Fieldwork P5/99A on <http://www.nottingham.ac.uk/safety/publications/circulars/fieldwk.html>

Overseas travel/work P4/97A on <http://www.nottingham.ac.uk/safety/publications/circulars/overseas.html>

Risk assessment on <http://www.nottingham.ac.uk/safety/publications/circulars/risk-assessment.html>

Responsibility for compliance with the University Data Protection Policy and Guidance lies with all researchers.

Ethics Committee approval does not alter, replace or remove those responsibilities, nor does it certify that they have been met.

We would remind all researchers of their responsibilities:

- to provide feedback to participants and participant organisations whenever appropriate, and
- to publish research for which ethical approval is given in appropriate academic and professional journals.

Yours sincerely

Professor Nadina Lincoln
Chair IWHO Ethics Committee

Received via email: January 1, 2009

From: Lincoln Nadina Sent: Mon 12/01/2009 13:08
To: Smith Angela
Cc:
Subject: RE: ethics update

Attachments:


Thanks, we are happy with the letter provided it is acceptable to the organisation

Nadina

Nadina Lincoln
Professor of Clinical Psychology
Institute of Work, Health & Organisations,
University of Nottingham, International House,
Jubilee Campus,
Wollaton Road,
Nottingham NG8 1BB, UK

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20/07/2009

Angela Smith, DClinPsy Trainee

Dear Angela

I-WHO Ethics Committee Review

Thank you for submitting your amendment to your proposal on "Post-traumatic growth in adults bereaved by suicide". This proposal has now been reviewed by I-WHO's Ethics Committee to the extent that it is described in your submission.

I am happy to tell you that the Committee has found no problems with your amendment and is able to give approval. If there are any significant changes or developments in the methods, treatment of data or debriefing of participants, then you are obliged to seek further ethical approval for these changes.

We would remind all researchers of their ethical responsibilities to research participants. The Codes of Practice setting out these responsibilities have been published by the British Psychological Society. If you have any concerns whatsoever during the conduct of your research then you should consult those Codes of Practice and contact the Ethics Committee.

You should also take note of issues relating to safety. Some information can be found in the Safety Office pages of the University web site. Particularly relevant may be:

Sections 6.9, 6.10, 6.11, 6.14 of the *Safety Handbook*, which deal with working away from the University.

<http://www.nottingham.ac.uk/safety/>

Safety circulars:

Fieldwork P5/99A on <http://www.nottingham.ac.uk/safety/publications/circulars/fieldwk.html>

Overseas travel/work P4/97A on

<http://www.nottingham.ac.uk/safety/publications/circulars/overseas.html>

Risk assessment on <http://www.nottingham.ac.uk/safety/publications/circulars/risk-assessment.html>

Responsibility for compliance with the University Data Protection Policy and Guidance lies with all researchers.

Ethics Committee approval does not alter, replace or remove those responsibilities, nor does it certify that they have been met.

We would remind all researchers of their responsibilities:

- to provide feedback to participants and participant organisations whenever appropriate, and
- to publish research for which ethical approval is given in appropriate academic and professional journals.

Yours sincerely

Appendix E: Invitation to participate

Professor Nadina Lincoln
Chair IWHO Ethics Committee



Title: Post-traumatic Growth in Adults Bereaved by Suicide

Researcher: Angela Smith

You are being invited to take part in a study. Before you decide whether to give your details so that the researcher can contact you it is important for you to understand why this study is being done and what it will involve. Please take time to read the following information carefully. You may wish to discuss it with other people. Please do not hesitate to ask if there is anything that is not clear or you would like more information. Take time to decide whether you would like to be contacted by the researcher.

What is the purpose of the study?

The aim of the study is to inform services as to possible ways to provide support for people who are bereaved after losing someone to suicide. In particular the study aims to look at any areas where people feel they may have learnt from their experiences and have found new strengths or insights with a view to informing services as to how they can facilitate this process.

Why have I been chosen?

The researcher would like to interview people who have lost someone to suicide about how they now view their loss and how it has impacted on their life, both positively as well as negatively. Participants will need to speak English, be over 18 years old and have been bereaved two years ago or more when a friend or family member ended their own life.

What will I have to do?

If you are interested in taking part, fill in your details on the last page of this information sheet and send it to Angela Smith (address below, envelope attached). The researcher may contact you to talk about the study and answer any questions you may have, though it is important to note that not everyone who sends back the form will be included in the research. If you complete the form but are not going to be included the researcher will contact you to let you know.

You may then be invited to an individual interview with the researcher which will last up to about two hours. You will also be asked to sign a consent form prior to the interview. The interview will be audio-taped. The interview will take place in your home (unless you request otherwise) so you can speak openly and honestly. The interview will focus on your

experiences of bereavement by suicide particularly what you found useful, what more could have been done and what you feel you may have changed, both with regards to the view of yourself, others and life in general, as a result of your experience. The researcher will send you a copy of the transcription of your interview for you to see if you think it is an accurate representation of what was discussed.

Do I have to take part?

You don't have to take part if you don't want to. The choice is yours entirely. If you do decide to take part but later change your mind, you can withdraw from the interview and study at any time without having to give a reason.

What are the possible disadvantages and risks of participating?

There are no known risks associated with taking part in this study.

Bereavement and suicide are sensitive subjects. Understandably not everyone will feel able to talk about their loss. If you feel uncomfortable answering any question, you're free to suggest we move on, or withdraw from the study altogether. Also, if the interviewer thinks that the interview is causing distress, she will stop the interview. At the end of the interview the interviewer will ask you if the interview has brought back any memories or feelings that you are finding difficult to cope with. If this is the case, she can point you towards appropriate support.

What are the possible advantages of participating?

The study will hopefully give us a better understanding of the positive changes people perceive after they have lost someone to suicide. Some people may feel some advantage in being able to tell the story of their experiences.

What if I have a complaint about how I have been treated as part of the study?

If you wish to complain about any aspect of how you have been approached or treated during the course of this study, you can do so through the normal University of Nottingham complaints procedures.

Will the information I give be confidential?

Yes. The personal information you give will be treated in strict confidence, unless there is a risk of harm to yourself or someone else in which case third parties and supporting agencies may be contacted. Some of the things you say may be used as quotations but the source of the quotation will remain anonymous.

What will happen to the results of the study?

The results of the study will be submitted as a thesis for a doctorate in clinical psychology. The findings may be published in a peer-reviewed journal and may also be presented at

professional conferences. No individuals will be named in the report. If you like, you can ask to be sent a copy of the report when it is published.

What do I do now?

If you have any questions regarding the information or would like more information before providing your contact details then please do not hesitate to contact me on the details below. If you would like to take part, please fill in your details on the last page of this information sheet and send it to Angela Smith (address at the bottom of the page), in the supplied envelope.

If you are able to take part the researcher may contact you to discuss the study in more detail, ask you to sign a consent form and arrange a date and time for the interview. Please note that due to resource limitations, not everyone who returns the slip will be contacted.

Thank you for your time.

Researcher Details:

Angela Smith University of Nottingham, International House, B Floor, Jubilee Campus, Wollaton Road, Nottingham. NG8 1BB Email: lwams@nottingham.ac.uk Tel no: 0115 846 6646

Dr Roshan Das Nair, University of Nottingham, International House, B Floor, Jubilee Campus, Wollaton Road, Nottingham. NG8 1BB. Email: lwrdn@nottingham.ac.uk Tel no: 0115 951 5151



Title: Post-traumatic Growth in Adults Bereaved by Suicide

Investigator: Angela Smith

You are being invited to take part in a study. Before you decide whether you would like the researcher to contact you or not it is important for you to understand why this study is being done and what it will involve. Please take time to read the following information carefully. You may wish to discuss it with other people. Please do not hesitate to ask if there is anything that is not clear or you would like more information. Take time to decide whether you would like be contacted or not.

I have read the Participant Information Sheet and asked any questions I feel I need to.

I would like the researcher to contact me with regards to taking part in the research.

Your name:

Address: -

Telephone number (including area code):

Please send this page to Angela Smith (University of Nottingham) in the envelope provided



Angela Smith,
University of Nottingham,
International House,
Jubilee Campus,
Wollaton Road,
Nottingham.
NG8 1BB

Email: lwexams@nottingham.ac.uk
Tel no: 0115 846 6656

Dear Group Organiser,

I am Angela Smith, a Trainee Clinical Psychologist studying for a Doctorate in Clinical Psychology at the University of Nottingham. As one part of the Doctorate we are required to conduct a research project on which we base our final thesis.

When the time came to decide what to research I did not have to look far for inspiration. I have lost two close, and much loved, relatives to suicide and therefore obviously have an interest in those who have had similar experiences. When I began doing some reading of other research in the area I became aware that there was a lack of research into the meaning people make of the experiences. Information that did exist understandably focuses on the negative implications such bereavement may have. Losing someone to suicide will undoubtedly be a painful and sad experience, complicated by other issues like stigma. I however am more interested in the philosophy of 'every cloud has a silver lining'.

I have designed some research which involves me meeting people who have been bereaved by suicide and talking to them about their experiences and the meaning they have made of their loss, with particular focus on things that they have learnt or they have realised through the experience, that may be positive. This research has been passed through the University's ethics board. In addition the information has been taken to the Board of Trustees for 'Survivors of Bereavement by Suicide' and it is with their agreement that I write to you. We have agreed that I will write a short article on the findings of the study for use on the organisations website.

I would greatly appreciate it if you were able to give out the information to your group members so that they might decide whether they are interested in taking part. I would like to emphasise that anyone can look over the information without obligation to take part, and I would welcome anyone who would like to ask me any questions via email or telephone. If you require more information packs then also feel free to contact me on the above details.

Yours thankfully,

Angela Smith

Dear Angela,

I hope that you are well? The Trustees discussed your research at the meeting on Saturday and it was agreed to offer our support to your project. This is a well-considered research project with the potential to support and inform suicide-bereaved people and practitioners too. There are just some points that I would like to put in writing to you:

1. The national office to receive a copy of your findings - this will not be for public use.
2. That you will write a short piece on your research findings for our website.
3. When we send out your information sheet with the newsletter (out in Jan 09) if you could write a short informal introductory letter to go with your information sheet - if that information sheet could also be reduced too (cost of photocopying) and you can give the full version when people contact you. If you address it to 'Dear Group Organiser' and outline who you are, what your research is, that your research is ethically sound (you know what you'll want to put in user-friendly language), would they please give out your information to group members and also, that you have agreed with the Board of Trustees that you will write a short article on the research findings for the website to inform and support survivors.
4. If you don't have success with people coming forward, please let me know and we'll reconsider how to recruit for you.

If you agree to the above, please email me and the national office and also send copies of what you want posting out. Eric and I, will then decide which groups to send your information to.

All the best,

Caroline

Appendix H: Consent Form for participants



Title: Post Traumatic growth in adults following bereavement by suicide.

Investigator: Angela Smith

Please take time to read the 'Invitation to Participate' you have been given and ask any questions you need to. Please read the following statements and initial the adjacent boxes if you agree with them.

I have read and understand the 'Invitation to Participate' (Version 1. dated 17/04/2008) and have asked any questions, which have been answered to my satisfaction ☐

I understand that I will take part in a face-to-face interview that will last up to 2 hours which will be audio recorded and these recordings will be transcribed verbatim ☐

I understand my personal information will remain confidential and alternative names will be used in transcription (unless information disclosed to the researcher gives them cause for concern regarding safety to me another person, at which point this will be discussed with the participant) and will be stored separately to the audio cassettes and transcriptions ☐

The transcriptions will be seen by other researchers who will help in the analysis of the transcriptions and those transcriptions and audio cassettes will be stored at the University of Nottingham for 7 years. ☐

I understand that direct quotations from my interview may be used to illustrate points in the write up of the study results (names will be changed for anonymity) ☐

If I lose the capacity to consent during the study the information obtained will still be used as part of the study. ☐

I understand that participation is voluntary and I can withdraw consent, without needing to give a reason, at anytime and the information obtained will not be used as part of the study (though will still be stored at the University for 7 years) ☐

Name of
participant: _____

Signature of participant:

Name of
researcher: _____

Signature of
researcher: _____

Date: _____

CONTACT DETAILS:

Angela Smith University of Nottingham, International House, B Floor, Jubilee
Campus, Wollaton Road, Nottingham. NG8 1BB **Email:** lwams@nottingham.ac.uk
Tel no: 0115 846 6646

Dr Roshan Das Nair, University of Nottingham, International House, B Floor,
Jubilee Campus, Wollaton Road, Nottingham. NG8 1BB Email:
lwxdn@nottingham.ac.uk Tel no: 0115 951 5151

Appendix I: Lone worker policy for the University of Nottingham

Lone Working

Whenever possible, work should be organised for groups of individuals and lone working is to be discouraged as far as possible. However, it is recognised that in some situations it is not reasonably practicable to avoid lone working and particular care should be taken to establish safe procedures with respect to the working environment, with the lone worker involved directly in the risk assessment.

Where people will be working unaccompanied/out of sight/earshot, then this must be justified and any additional precautions specified. Clear guidelines for the type of activity that the lone worker may carry out should be given. The risk assessment must take into account the environment, (e.g. lone females in individuals' homes; isolated fieldwork on the farm). The University supervisor is ultimately responsible for the lone worker and should know the lone worker's location and itinerary. Effective communication with lone workers is crucial (see Methods of Communication Appendix D, CVCP Code of Practice). The use of mobile telephones is advised. The frequency and nature of monitoring/reporting on lone workers depends on the nature of the work. This should be defined prior to commencement of the fieldwork. Consider precautions to protect lone workers such as security locks (e.g. on buildings/vehicles); anti-theft alarms/personal alarms; monitoring and reporting systems, e.g. personal radios, mobile phones; use of whistles.

Title: Post Traumatic growth in adults following bereavement by suicide.

Investigator: Angela Smith

An important element of conducting research is having respect for privacy and confidentiality. In signing below, you are agreeing to respect the participant's right to anonymity and that of the people included in the audio recordings. You are asked to respect people's right to confidentiality by not discussing the information collected in public, with friends or family members. The study and its participants are to be discussed only with the Investigator. Please read the following statements and initial the adjacent boxes if you agree with them.

I understand the importance of providing anonymity (if relevant) and confidentiality to research participants.

☐

I understand the information on the audio is to remain confidential, this includes the following:

The audio recording is not to be heard by anyone other than the named transcriber

☐

The transcription is not to be seen by anyone other than the named transcriber

☐

The names of people or organisations mentioned in the recordings are to be kept confidential

☐

The content of the interviews cannot be discussed with anyone but the researcher

☐

I understand that the data files (electronic and hard copy) are to be secured at all times (e.g., not left unattended) and returned to the Investigator when the transcription process is complete.

☐

Name of transcriber: _____

Signature of transcriber: _____

Name of researcher: _____

Signature of researcher: _____

Date: _____

CONTACT DETAILS:

Angela Smith University of Nottingham, International House, B Floor, Jubilee Campus, Wollaton Road, Nottingham. NG8 1BB Email: lwxsams@nottingham.ac.uk Tel no: 0115 846 6646

Dr Roshan Das Nair, University of Nottingham, International House, B Floor, Jubilee Campus, Wollaton Road, Nottingham. NG8 1BB Email: lwxdn@nottingham.ac.uk Tel no: 0115 951 5151

Appendix K: Participant transcription consent form



Title: Post Traumatic growth in adults following bereavement by suicide.

Investigator: Angela Smith

Please take time to read the consent form regarding transcription of the interview you took part in. This transcription consent form is additional to the participant consent form you have already signed. The participant consent form still remains valid. Please read the following statements and initial the adjacent boxes if you agree with them.

I understand the audio recording of the interview I participated in will be sent to a third-party transcriber who will type out the interview verbatim for an agreed fee.

☐

I understand additional information will remain confidential; the transcriber will not be given access to my full name, address or any other details written down on the day of the interview by the researcher.

☐

I understand the transcriber will be required to sign a 'declaration of confidentiality' prior to gaining access to the audio transcriptions.

☐

I understand the transcriber will not retain copies of the audio or transcript after completing the transcription.

☐

I understand that I have the right to refuse to allow the audio recording to be sent to a third party transcriber

☐

Name of participant: _____

Signature of participant: _____

Name of researcher: _____

Signature of researcher: _____

Date: _____

CONTACT DETAILS:

Angela Smith University of Nottingham, International House, B Floor, Jubilee Campus, Wollaton Road, Nottingham. NG8 1BB Email: lwams@nottingham.ac.uk Tel no: 0115 846 6646

Dr Roshan Das Nair, University of Nottingham, International House, B Floor, Jubilee Campus, Wollaton Road, Nottingham. NG8 1BB Email: lwxdn@nottingham.ac.uk Tel no: 0115 951 5151

22/01/2009

I wanted to get down on paper the ways I feel my experience has 'changed' me before I do any of the interviews and things. It feels very strange to write such a thing as whilst I may have thought them, and perhaps occasionally voiced, it's not something I readily say to people. But here goes:

I would not be the person I am today if my dad had died the way he did when I was just 14. It sparked my interest in psychology, I suppose because I wanted to know why someone would choose to do that. So I suppose in that sense the experience initiated my career!

I think I'm much more concerned about how other people are feeling. People often comment that I have a lot of close friends, and 'gosh aren't you popular' but actually I get a sense that it's my insecurities. I get a little obsessive if I've not heard from someone in a while. I get this need to know that they're ok. I don't want to lose contact with anyone because I don't want to find out later down the line that they've killed themselves and be left with unresolved guilt that I could've done more to make their life easier. I suppose that could be considered a bit narcissistic, like my presence is going to have that much of a difference, but then it stems from the feelings I have with regards to my dad and my brother, Mike, who were in some senses closer than friends. I definitely always want to make sure that my relationships with people are on a good course, that I've not upset them or anything because I couldn't handle having future unresolved feelings that I could've been nicer or done something more for a person.

These days I try not to stress about, what I consider to be the little things (which actually is quite a lot of life!) this is more a result of Mike's death than dad's. I still got stressed at school, after dad, about *achieving* as if that would prove life was worth something. But that all altered when I read my brother's suicide note. He wrote about how life seemed to just be about working, he was fed up with the treadmill and he'd come to the same conclusion as dad of 'what's the point?' I remember being very angry (and possibly a little self-centred!) thinking...well no, life's not just about working, it's about Mum, and me and my future children who are now denied the person who would've been a fabulous uncle! It made me reappraise and I now think I refuse

to get to a point where work, or indeed anything stressful, makes me lose sight of the wonderful things life has to offer. I became more aware of the positives around because I refused to look at the negatives. That's not to say I don't get worried on occasion, but as worry rises I remind myself 'what's the worst that could happen? At the end of the day you'll still have your intelligence and so an ability to make ends meet financially, you'll still have friends and family who'll love you regardless, who you can have ridiculous amounts of fun with in the absence of anything to 'do', you'll still be healthy and able" and so the worry usually peters off.

Theme: Dissatisfaction with coroners' court process

Participant 1.

The coroner was ...er...very thoughtful and very helpful . er...the one bum though was that although she'd died in [place name]... and it was...it, the was a lot of complications. Just before the august bank holiday that she'd died...and...although she died in [place name] it was then decided that, after however long... 3 , 4 da... I think it can't, i can't remember now, I can't remember now if it was after the bank holiday or what . But they decided to more the inquest to [place name]and drop the paperwork. <drop?>

7.26 In other words, in oth... they lost it. <OH, right> So erm it was the one time I, I did actually lose my rag <hmmm>. I was assigned a... what the term is...a coroner's officer, who was a copper. <mmm> And, er, I rang him and said you know this is ridiculous...you know...we, we, we, we'd delayed the funeral.

Media interest

Participant 2.

nobody was available for comment.

3.25: Erm...and [dhn] was quite angry with, with the newspaper. He, you know, he said he was going to give her a ring but I don't know whether he ever did. But I think, I think we were more concerned, we were more concerned, we were bracing ourselves I think, for, for people ringing up <mm> saying they'd seen it in the paper and, you know <mm>, what had happened? <mm, mm> That's why really we were er..concerned about whether it would appear when

the inquest finally took place, but we never saw it
<mm>. Erm...

Meaning in the method of death

Participant 1.

We, we got involved in trying, in a class action against the ..erm...the drug company that had made the stuff that... The whole thing fell through in the end. That was a separate story, a very long messy and complicated one. And she absolutely loathed doctors and I knew that if I called a doctor without her consent she'd...ooohh (in breath through teeth).... it would, it would not be pleasant... so ok

4.19 Went back a bit later and er... I couldn't rouse her so I called the doctor, ambulance and erm...took her into the ...er [hospital name]. Tut. I check the, I remember she'd got this paracetamol and codeine and I remember I'd bought them a few days previously and about half of them...half the... bottle had gone. So I knew she was taking a lot anyway but I thought ...I don't like the looks of this. And they, they and when they checked her out at the hospital, yes, she had taken, she had a lot of paracetamol in her blood stream.

Participant 2.

It just makes you wonder doesn't it? Somebody who, who...goes onto the ward and sees children who've taken overdoses, who then does the same thing.

Participant 3.

The rope which was around my *wife's* neck came from my *punch bag* which had been down the cellar."

1.41.46: (3 secs) Now those words. chill me to the bone. Those words. The rest of it makes me feel {(through sobs)devastated, but that line makes me

feel what I don't want to feel}, which is *hatred*...because I know his habit, described to me by [deceased]...(4 secs) For years I imagined how she'd done it. (long inhale, 3 secs)

1.42.27: But. She illustrated {(through sobs) to me...by the manner of her death, how she felt she had been treated (Crying- 17 secs) by those who she believed *loved* her}.. (8 secs, long inhale, crying/silence- 79 secs)

Participant 4.

I forgot to say to you that my son (12.34) put the exhaust fumes into his car.. and this young man found him early in the morning with the car engine still running. So we've no idea whether he died on the Tuesday or the Wednesday. We assumed that he died, or the authorities assume he died on the day that he was found (cough)

Participant 5.

But it was the

0:01:55 *manner* in which she committed suicide.. that led me to think in a certain way. And when you commit suicide there are various ways of doing it. There's an easy way of doing it, which is perhaps to take tablets or take some form of er..poison, er, but in her case, she disappeared one night with a serrated edged carving knife from er, the house and she sat at a tree about two miles away from her house. She then persis- proceeded effectively to cut her wrist off. So she, but she carried on hacking away until the radius and ulna were severed.

Interviewer: Right.

Respondent: And she was found the following morning at about half past five by somebody walking a dog and she was up against a tree and she was dead. So it was a manner which indicated to me the level of severity of the situation that she must have been in. She must have been so desperate.

1. Transcript extract with notations

<p>Metaphor – mind like a boat Weight is not necessarily our choice, so must watch what is being 'loaded'</p> <p>Time 's past</p> <p>We have to have control</p> <p>Suicide is big</p> <p>I have to rationalise</p> <p>Suicides can be linked</p> <p>Time's past</p> <p>Everyone's different</p>	<p>strikes me their lives are about buoyancy and, I, I must reach for my preparation. I can't describe it adequately but I can draw it.</p> <p>14.04(Sound of rustling paper)</p> <p>14.08: I know this won't be on tape, but there it is.</p> <p>R: Can you explain it to me?</p> <p>14.12 P: Yes I can explain the diagram. It's the picture of ship unloaded in water and it says balance and buoyancy, spelt wrongly and then re-corrected. <chuckle> And it says on the side which is supposed to be a dock, with cargo <right> '<u>witting cargo</u>', in other words what you take on board in your life willingly. And then in life there's what I consider to be 'unwitting cargo' which is what you take on board against your better judgement. <right>. And the consequence / feel is that if that is loaded incorrectly, if this vessel represents what you are, the state of your mind (sniff)..then it is inevitable that the balance will tip .. the vessel, because the nearest image I can get to ..my daughter doing what she did was that the balance of her mind <mm> was disturbed <mm>. Which is a phrased that I don't see very much used these days by coroners but wh., I now after 17 years of thinking about it, subscribe to entirely. <mm, mm>.</p> <p>15.20: We all have to keep a balance in our day..and to try to get back to your question. I think, when you start loading it up with negativity that you can't actually absorb rather than saying 'I don't want anything to do with this, this is too much for me'.. you know, I was about, as the G.P. evidently understood. Or someone who was talking to the G.P. understood, about to load myself with a big word called 'suicide', just there (indicating on diagram).</p> <p>15.54: And I think <i>that</i> is just too much for anyone to cope with but if they actually take on board themselves..it tips the boat and that's how you get a repetition of suicide. To me. Now that is an intellectualisation <yeah> but it's an intellectualising after 17 years of thinking, I'd never thought about the subject.</p> <p>16.11 R:Right, so how do you maintain that buoyancy? How do you keep the ship...</p> <p>16.15 P: Well because <balanced> <i>everyday</i>, I mean, th, this, there's no panacea. Every day personally er..aware or otherwise, but aware for me, that's</p>	<p>Aware life needs balance</p> <p>Knows own limits</p> <p>Time progressing</p> <p>Must control how much stress to take on</p> <p>Sense making</p> <p>If off balance can lead to suicide</p> <p>Reflection/rumination</p> <p>Time progressing</p> <p>Recognition of peoples' differences</p>
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I consciously think through what I'll do and who I'll see	not true 'aware', because I actually think about my daughter I light a candle every morning. (Exhale, inhale) (quavering voice) Because I <i>have</i> to contextualise it...so I check everything that I'm about to do, you know, it's not obsessive I just check and I think about the people in my life..who I <i>know</i> I'm going to relate to that day, that's the witting part. <mm>.	Mental preparation
I try to control when I think about her	16.55: And then I say to myself for the unwitting part and then I launch myself into my day. If I think about [deceased] again it's by serendipity. I don't obsess about it but, in a sense there's still obsession there but I have to deal with it.	Chance thoughts happen
Don't think too much	(hushed voice) as soon as I get up <mm>	
I choose when to say no	17.17 R: So there's a conscious effort to...	
Example of what I can take on	17.20 P: Yes it's a ticks and balances, a checks and balances...what I'm load, what I'm taking on board, what my capacity is and an ability to say to people 'no'. To give you a little example...we've changed to a new kind of bin around here <right>. The large bin collection, which is brand new and they give you a lot of equipment, one of which is a bag..now the lady at the end, [neighbour's name], was an old lady in her 80s, came to me and said, 'they haven't left me a bag, [name]'. And next door, which is empty 'cause the lady there died <ah>, 'she'll have one ca you, I know you've got a key will you get erm, mine' and I said 'erm.. no [neighbour's name]', now before [deceased]'s suicide I would've said 'oh yeah I'll go and get it'<mm>	Knowledge of what can cope with
Comparison of self prior to bereavement	18.00: because I wanted t, to please, I wanted to, good relationship by say, I think by saying 'yes' which is again what the G.P., I think was getting at, that <i>willingness</i> to commit I, I, the cargo that you're not.. capable of taking <mm>...and I think that was in my daughter by the way..before I forget to say it <right>. I think that she was terribly willing to take on board things that had <u>nothing</u> to do with her whatsoever <m>. And so, with [neighbour's name], I said 'no I'm sorry {neighbour}' I wasn't rude, I said 'it,s,th, that's not my business the people have next door, you know responsibility for it it's their bag. I can't give that bag, <i>ring</i> the council.' <m, right> 'the number's on so-and-so' I was as helpful as I could <mm> but 'no'.	Put own mental state first
Must control what I take on	18.49 and I, that's what I mean, it's such a simple example..that I'm more alert to saying 'no' <okay, and> so that I keep the balance..bec, sorry.	Actions are up to me
I can control what I take on	18.58 R: No that's, that answers it..keep the balance. So you (inhale), make a conscious effort..to...the, it's like every little thing that you go through, from what you've said, is..will this cargo...tip the boat, and it's like even little <well> things that can...	Coping strategy?
		Monitor things that might overload me

I can tell others what I can/ can't do	<p>19.20 P: I'm not an obsessing machine I just get a sense that, this ain't gonna do me any good. <okay> and I say so, in the main par, I don't always says that now, I still have, sometimes I think oh, I've done that and..and later say later 'I'm sorry but no I can't'. I think the whole point is drawing the line and saying 'I just can't cope with this' <right> 'this is too much for me' <mm, mm></p>	I know my limits
I don't cut myself off from others	<p>19.43 R: And then doing something that...</p> <p>19.47 P: You'll see it on (inaudible – nice a campert) not to get involved with something you know you can't cope with. That seems very isolatory but if we get on later on, I don't find it isolatory because I'm quite prepared to negotiate. It's not as though I've 'no, no, no', you know, because it could be very off putting to people. It's not just a blanket stop <mm>. It's not, n, n 'I can't at the moment...al, I'll have to think'. [partner]'s favourite phrase is 'I'll have to think about it' <right></p> <p>20.12: but I, I never had that phrase I don't think [partner]</p> <p>20.18 R: What phrase?</p> <p>20.20 P: I'll have to think about it.</p> <p>20.22 R: Oh right, sorry.</p>	<p>Social support necessary</p> <p>Individual situation and people on own merit</p>
How many people can I help	<p>20.23 R: I used to think it was what I would call <i>generosity</i> of spirit <right> if I thought anything at all, I didn't think I was a great generous bloke, but I used to think hh, it's what you should need to do, you know. Accommodate people.. <mm> but, how many people? <mm>..can one accommodate?</p>	I want to help others, but not at risk of own wellbeing
Comparison to bereavement	<p>20.37: I didn't ever used to think that, ever. And as I say I, that's, if there are family traits that I would see in my children, I've got four other children <mm>..I still have still have five children, I've even six because I have step-daughter (inhale) erm...I look now much more critically not..not, critically being an intellectual word, er, alertly, at their responses to what they find, that..They themselves since [deceased], not because of that necessarily, it was probably in them (inhale)..are less generous with themselves than I would have been at their age. <mm> I was far too..easy..really <mm>. An [deceased] was, of that I'm sure, I don't assert that because I want her to be like me or anything...I know that she was too accommodating of other people's problems and she got enough of her own and couldn't say 'I've got enough of my own'</p>	Changes to self
Look more closely at others responses	<p>21.42: I know that for a fact. (4 secs) and so th, I, if, if there are <i>traits</i> in it that I see, that is a trait. <mm>. And a connection..and again, I think the G.P. or whoever, whoever was advising the G.P., probably somebody to do with the G., the erm..bereavement service but I suspect a <i>clinical psychologist</i>...I don't say</p>	Compare self to others
Concern for others mental health		Concern for others
Analysed others reactions		Others responses were meaningful

	<p>that, that I say it lightly, or I don't say it just because you're here and I know er...with that role. I do <i>know</i> a clinical psychologist was involved, I would've thought a very active mind had prompted this 'do you feel responsible?' question. <mm></p> <p>22.22: Because they evidently knew my tendency or where aware of tendencies in people at this time of crisis. <mm>.</p> <p>22.34: What does that whole experience mean to you? To be called to the G.P. and have people thinking about you, in that way.</p>	
Metaphor- Out of control. At others mercy	22.41: I was like a lamb to the slaughter, I was just, I was totally...if, what did it feel like to me?<mm> I felt as though I could not do anything in this world at all so I would just follow the scri., I would, I felt I, I use the image of water draining out of a bath well I, to use the same imagery in a different context	Violent imagery
Metaphor- out of control	23.00: I felt as though I'd fallen in a stream and I felt a bit, and this is the danger, I felt a bit like Ophelia, you know the story of Ophelia <mm> Angie, you know, why bother? <yeah> That's what I felt like, anything I do doesn't work out, which is <i>very</i> negative feeling which I <i>feel</i> that [deceased] felt like before she did what she did, until she di, actually did it. <mm>. Which is a big discussion in our group, when people do they suddenly become motivate to do <i>something</i> . <mm> 'responsible'. (motioning quotation marks) you can't put in can you, on the...	Other's reactions important
Felt very low		Loss of control immediately post bereavement
All acknowledge regaining control	23.33 R: I can when I transcribe it	Depression?
	23.34 P: Yeah, something in control. And 'responsible'. ' <u>AH</u> , I know what I'll do' er..but up to that point I think [deceased] was a lot like this, 'cause I felt it, I felt it, in a way I'd never felt it. (weeping, sniff) before.	Control needs to be conscious
Identification with deceased's mental state	(5 secs) 24.01: It was as though, Angela, I was living through what she lived through.	Identification with deceased
	(32 secs - sounds of crying)	Life pointless
Lack of desire to go on	24.38 P: I just gave in <mm>. As I explained about [partner] 'she won't want anything to do with me'. I just felt as though that was it, the Ophelia effect which is one of just...you know (inaudible – matter), what matters? What's the point? (sniff)	Depression
Want to comfort past self – third person	25.00 R: you said earlier that you're weeping for..that man. <yeah> that was going through that, that was re-living what his daughter had lived through...what is it like for you now, when you think..upsetting..what is it like for you to think about that man now?	Unpredictability in life
		Time progressing

<p>In past i didn't keep a good balance</p> <p>Metaphor-need to control</p> <p>Am I grieving right?</p> <p>Suicide bereavement different to others</p> <p>Comparison to pre-loss.</p> <p>Awareness of balance. My experience might not equal others – all different. All people controlling actions</p> <p>Poor memory for immediate loss.</p> <p>I was just following instructions</p> <p>I didn't care</p>	<p>25.19 P: Ho, I would've said (inaudible – pick you) I, I , What does it feel like to think about that man? I want to love him! I want to, embrace him. I want to you know, h, you know got to see..blundering through life <mm>..thinking he was doing the '<i>right thing</i>', there again you'll have to put those in. <mm> Being a 'good father', working by images rather than working by ..as it is. <mm></p> <p>25.52: Not being totally honest , working by the plan rather than working by the circumstance, responding to the circumstance, Keeping the balance. Since then I've got all kinds of pictures for you, but there isn't time. Well there might be after the interview. But my son-in-law got a boat, a yacht, I'm talking about a <i>yacht</i>, I'm not talking about a little boat, I'm talk about a ya, a 30 ft yacht. Sail round the Mediterranean and I've had the pleasure, thanks to [son-in-law], that's [daughter]'s husband, in actually standing there..wh..with the wheel in my hands and that is just how it is. Believe you me, <mm> to be in control of that boat or <i>not</i> that's just how this experience of, of going through bereavement in this way, and I've been through several bereavements..both parents, both parent-in-law and my own wife, before this, and many other bereavements that didn't impinge on me because I was too young to realise that they did have an effect, they did impinge on me but I mean,.. I didn't <i>involve</i> myself in them consciously. <mm>.</p> <p>27.03: But never have I been so aware about the fine balance that there is. That everybody juggles with every day <mm>. (4 secs) I mean, we're all doing it now, all of us. Now. You and I, everybody. 'can I do this?' , 'Can I do that?'. 'No I can't, yes I can'. It's there, it's just like that Yacht in the Mediterranean with the wind blowing in the sail. I can't think of a better analogy. <mm>. Not in my experience anyway. <mm></p> <p>(9 secs) 27.40 R: There's the, this period that you went through where you were Ophelia, how long did that last for?</p> <p>27.47: Oh I, I, I think it could've been, I could've adopted Ophelia's, it lasted until they got the G.P. to, the day that [deceased] took her life, and I think it was, you see I'm very fuzzy on fact <right>. But it was within a week, I <i>think</i> if I remember correctly it was within two days (inhale) and I have no idea to this date, <i>how</i> it happened, or why I, well I just explained why I gave into it, because nothing mattered, you know I was just called to..I never thought to myself, 'hold on a minute, when I go to the G.P. I make the appointment' <mm> . The G.P. wanted to see me and I just <i>went</i> to the G.P. {high intonation at end of sentence- almost questioning} <mm></p> <p>28.30: Because I'd no...what's the right word? (11 secs) Yeah, what is the right word? (exhale) I was no, no, no longer self aware, no care about myself. I didn't</p>	<p>I now have control</p> <p>Want to give hope to newly bereaved</p> <p>Want to conform to social norms</p> <p>Other bereavement's lack personal responsibility</p> <p>I compare myself to prior to loss</p> <p>Time progressing</p> <p>Increased awareness of mental vulnerability</p> <p>Lacked control but came out of it</p> <p>Lacked awareness of own presence</p>
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Scared of being out of control		
Life matters!	care about myself, again which is quite frightening in a sense. I'm not frightened, but to think about that person in that state is quite..makes me feel quite anxious <i>for</i> that man I was <mm>. Because I didn't have any control <hm> it didn't matter, <i>it did not</i> matter. So, somebody could've said 'jump off that' and I would've done. <mm>. Because it didn't matter. I didn't matter.	Fearful of losing control
Respond better to others	29.22 R: How does that relate to your life now?	
I can improve	29.28 P:It, well, it relates directly because everything matters to me {rise in pitch, questioning?} now, not obsessively, but a, a, alertly. <mm> And erm..being a complete transformation in that sense that, you know, it doesn't mean I'm this, I'm not Mr Perfect. I don't mean that. I mean it just matters to me and..hopefully I respond better <hmm>, I mean I still put my foot in it, like everybody does all the time <i>but</i> I then will adjust whereas I think before I didn't adjust to, might take me back home a bit, I'm definitely different, brood on it and think about instead <i>do</i> something about it, or say something.	I've got things to work on
Questioning of past events	30.13: And I think again...we should back to the parent and the grieving, and the...and the self criticism of...'was I a good parent?', 'If I'd behaved like that, was I a good parent?'... Well, I wasn't all that good a parent, and I wasn't all that bad a parent, in my opinion. <right> Now, but not then.	More reflective
Conclusions made over time	30.44 R: And how does that come about, that, you talked about intellectualising people, how do you come to this conclusion that you're at, at the moment?	
Active desire to 'get through it'	30.54 P: Well there was a determination in me to...(inhale)to , see whatever this is through <mm>..a, a, big determination because of the people who helped me..at that beginning to address that question which I can't stress, well I have stressed already too much as it were, underlined it yet again, erm..but, given that sense I wasn't responsible for <i>that</i> it made me question well, 'what <i>are</i> you responsible <i>for</i> ?' <right> and I investigated that thoroughly because I'm that kind of person <mm>.	Life is important Rumination
Reflected on past actions	(3 secs) 31.25: And I mean..the simple short answer is, like it is for everybody, er...for myself and my actions, it's something you don't have to think about unless you're faced with huge big words, like 'suicide', I think. <mm> You know, you don't think about these things you just do it. <mm> you act responsibly because it works, it seems to be the thing to do, and you don't ac, a, intellectualise it. I, I never intellectualise things like this...but I'm glad I <i>can</i> . But I don't, I don't want to intellectualise it, I'm just glad that I'm able to, to, to function. <right>	Current acceptance of unknowables
People don't consider things until they have to	(4 secs) 32.06: Did I answer the question? (Laughter)	Time progressing
I want to just get on but have to think about it		Motivation to survive
		Active rumination
		Reflection not necessary until a trauma occurs

<p>Matured?</p>	<p>32.12 R: Yeah...and what about family? You had this perception that it was going to impact in a negative way. How's that? How's that been since the time that [deceased] died?</p> <p>32.25 P: Well, we've all grown up {very matter of fact tone}. (Interruption from external source)</p> <p>32.34 P: and I'm not, I'm being flippant. You know I spend a couple of hours talking about that, we've all grown to respect one another in a quite different way.</p> <p>32.46 R: Right, can you tell me a bit more about it?</p>	<p>Feelings towards to others has changed</p>
<p>All living lives</p> <p>Sticking at it</p>	<p>32.48 R: Well, erm (5 secs) again without sort of painting this, sort of negative picture, which it was, very negative, disjointed, dysfunctional as you, as the saying goes, family, apparently..all grieving and missing mother, and missing wife and now grieving a missing sister...and daughter. (Inhale)I, I mean I don't put it down to myself all, all I'm saying is that it, I hope that I, I, what I did which was to stick at this determinantly, er <mm> reflected on, on er..what..everybody seems to have done with their lives, my other children. {other children's names listed} all apply themselves to their own lives in their own way. (inhale) and when we meet up we</p>	<p>Getting most from lives</p>

<p>Aware life needs balance^E Knows own limits^E Must control how much stress to take on^H Time progressing^K Sense making^B If off balance can lead to suicide^C Reflection/rumination^B Time progressing^K Recognition of peoples' differences^F Mental preparation^A Chance thoughts happen^I Knowledge of what can cope with^E Put own mental state first^E Actions are up to me^A Coping strategy?^A Monitor things that might overload me^A I know my limits^E Social support necessary^A Individual situation and people on own merit^F I want to help others^F, but not at risk of own wellbeing^A Changes to self^H Compare self to others^H Concern for others^F Others responses were meaningful^F Violent imagery^C Other's reactions important^F</p>	<p>Loss of control immediately post bereavement^J Depression?^J Control needs to be conscious^E Identification with deceased^C Life pointless^C Depression^J Want to give hope to newly bereaved^F Want to conform to social norms^D Unpredictability in life^I Time progressing^K I now have control^E Other bereavement's lack personal responsibility^B I compare myself to prior to loss^H Increased awareness of mental vulnerability^E Lacked control but came out of it^G Lacked awareness of own presence^H Fearful of losing control^G Life is important^G I've got things to work on^H More reflective^B Rumination^B Current acceptance of unknowables^J Time progressing^K Motivation to survive^G Active rumination^B Reflection not necessary until a trauma occurs^G Feelings towards to others has changed^F Getting most from lives^G</p>
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Clusterings:

- A. Coping strategies to protect self emotionally
- B. Sense-making
- C. Consideration of mortality
- D. Impact of views of others
- E. Knowledge of maintaining balance
- F. Consideration for others
- G. Meaningfulness in life
- H. Knowledge of self
- I. Unpredictability
- J. Bereavment motions
- K. Time progressing

Further reduction to themes (noted by bold font) for Participant 2, represented diagrammatically.
 Note, each theme received further support from the rest of the transcript not documented here.

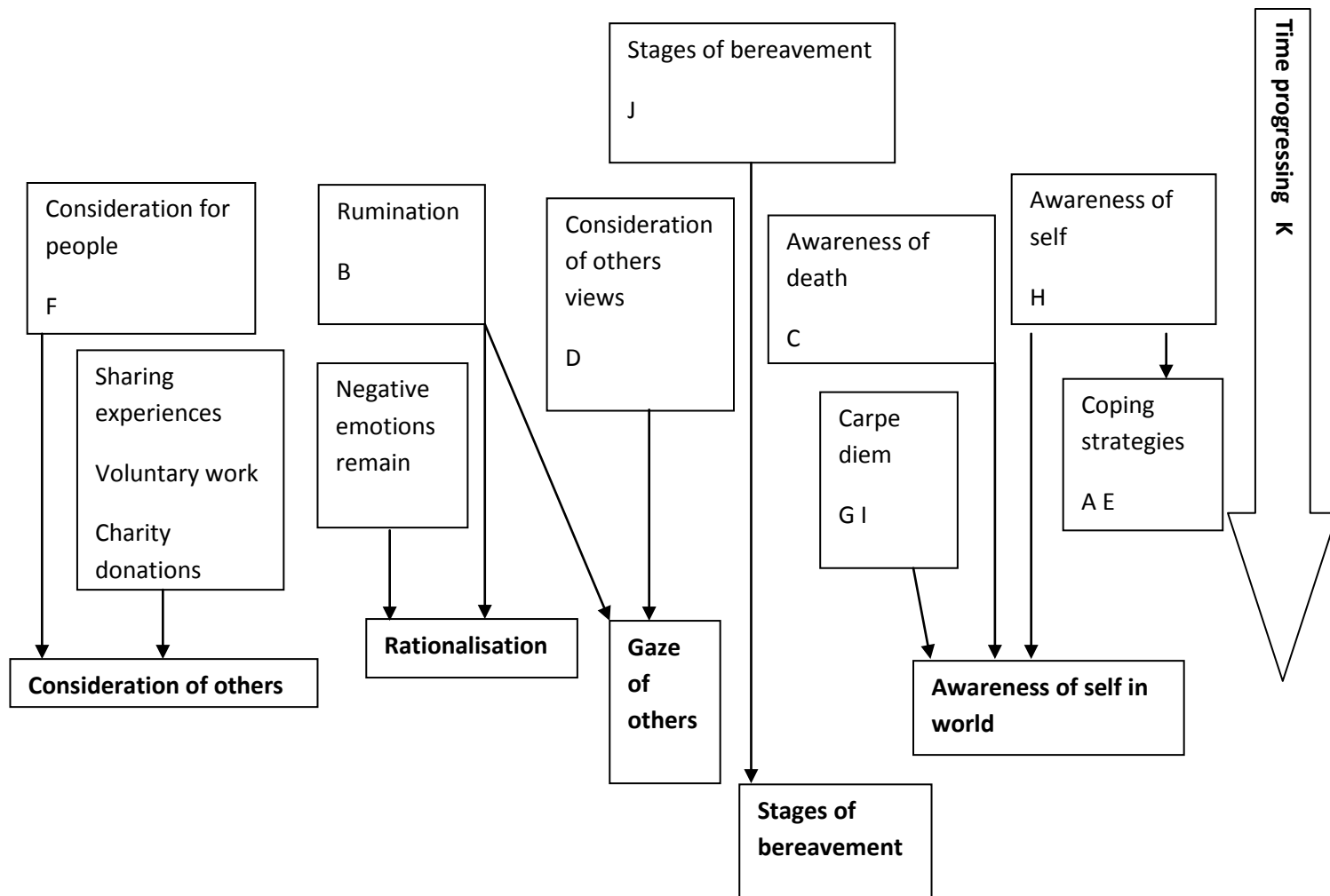
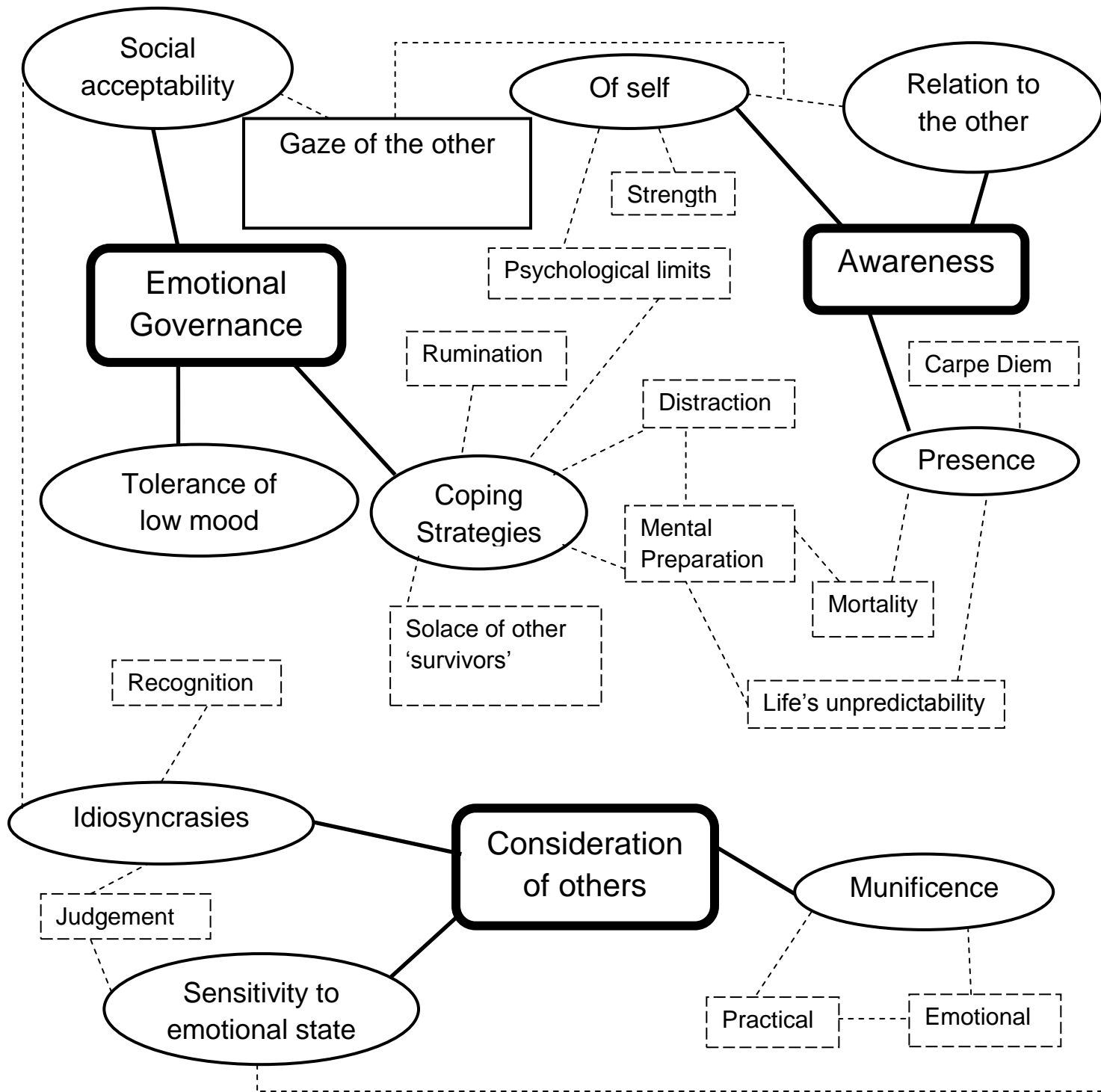


Diagram linking themes from all participants prior to final collection for superordinate and ordinate themes. Accompanied by an extract from the researcher's reflective diary describing how the themes were drawn together for final superordinate themes.



Extract from reflective diary 30/10/2009 towards the end of analysis, and during the thesis 'write up', regarding 'final spider diagram':

I've just had an epiphany moment. So far I have themes and subthemes:

1. Consideration of others: munificence,
2. Awareness: presence, of self, in relation to others,
- 3: Gaze of others
4. Emotional Governance

I'm trying desperately to write these up, and create a diagram that encapsulates them all and I suddenly realise that actually consideration of others overlaps and feeds into 'relation to others' in 'awareness'. SO now I'm thinking I can maybe further condense them all into the sub themes in awareness. Maybe the sub themes of awareness are actually more major than I'm giving them credit so far. All the other aspects fit into knowing about themselves a bit more, changing their view of life and thinking about other people. The reason I'm freaking out is that it's exactly the same all the other PTG stuff, there's nothing new there. I don't want the markers, and people reading the article to be fair, and just being like "well you've just taken the PTG template and *looked for* those in suicide bereavement." it's taken me until now (4 weeks prior to thesis submission!) to get to this point so I've obviously not done that, but how do I prove it?! Yes, it would've been nice to find an extra element of growth but I suppose I should be happy. The fact it fits so nicely should show me there really is something there in suicide bereavement.

That said I still haven't figured out where to put this 'gaze of others' I considered putting it with the ways of thinking about relations to others, but it doesn't really fit because it's more to do with the stiff upper lip thing and the stigma that how the bereaved can actually relate to others.

I've decided to move the element of public guise and solace of other survivors which were once related to a greater awareness of self to be features of social perception, under which I'll also put gaze of others. I think these three are all concerned with how the bereaved is around other people and this seems dissociable, yet interrelated with positive growth.

Extract illustrating the progression of the interpretative process equating to the coping strategy of 'deflection'.

04/02/2009

I've just finished my second interview, and my gosh did it feel like hard work! Belinda just kept going back to what things must've been like for her friend and whether her friend would've approved of the memorial plans, what they were doing with her office and stuff like that. She spent a long time talking about what her friend has been like etc etc. It just made it really difficult for me to illicit Belinda's thought and feelings about stuff. It as almost as if she didn't want to talk about it. But then I suppose she did get fairly upset in some bits so maybe it's all still a bit too raw for her. One of the few feelings of her own that she talked about was that sense of perhaps missing clue before her friend disappeared. Maybe she's still totally caught up in the guilt and shock so talking about her own feelings was just too dangerous for her.

During analysis of transcript one:

This guy cracks jokes a lot of the time, now maybe it's just me... My best friend says she can usually tell if I'm feeling down or insecure because my 'normal chat to banter ratio' alters in favour of the latter. I wonder if this guy's doing the same thing....

During analysis of transcript two:

I'm thinking again about people deflecting me away from feelings. I remember talking about it in an earlier reflection when I first did this one [*namely, when I interviewed Belinda*], but now I've analysed Stephen's interview I can see that he distracted in a different way, he used jokes and banter, whereas Belinda just doesn't answer the actual questions asked! I wondered if there will be any other ways people avoid the subject.

During read through of transcript five (transcribed by external transcriber):

I had to actually listen to this entire interview twice more when going through the transcript. First time I was just adding in the usual 'ums', 'ers' and pauses etc but when I came to print it out I realised the transcriber ha noted each time the guy had coughed. When I read it all

the coughs, appeared to me to be around the time that the discussions were 'deeper', or just closer to his feelings, particularly the difficult subjects. It was so blatant I wondered if the transcriber has included her own 'interpretation'! To save my double hermeneutic stance I listened to the audio again. As it happens she had noted all the coughs and there was only one that didn't appear to be related to feelings. Now I can't get it over in the transcription but there was a definite difference in the two coughs. The latter was as you would expect a cough releasing phlegm would sound whereas all the others were controlled, as if they served no physical purpose. It wasn't as though he *needed* to clear his throat, or release some phlegm physically, which leads me to conclude that the purpose was more psychological. It's almost like it's a 'choke back the tears' response.

Appendix Q: Adapted from Rolfe et al.'s (2001) Reflective model.
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Descriptive level of reflection	Theory - and knowledge - building level of reflection	Action-orientated (reflexive) level of reflection
<p>What ... → ←</p> <p>↖ ↗</p> <p>... is the problem/difficulty/ reason for being stuck/reason for feeling bad/reason we don't get on/etc., etc.?</p> <p>... was my role in the situation?</p> <p>... was I trying to achieve?</p> <p>... actions did I take?</p> <p>... was the response of others?</p> <p>... were the consequences</p> <ul style="list-style-type: none"> · for the patient? · for myself? · for others? <p>... feelings did it evoke</p> <ul style="list-style-type: none"> · in the patient? · in myself? · in others? <p>... was good/bad about the experience?</p>	<p>So what ... → ←</p> <p>↖ ↗</p> <p>... does this tell me/teach me/imply/mean about me/my patient/others/our relationship/my patient's care/the model of care I am using/my attitudes/my patient's attitudes/etc., etc.?</p> <p>... was going through my mind as I acted?</p> <p>... did I base my actions on?</p> <p>... other knowledge can I bring to the situation?</p> <ul style="list-style-type: none"> · experiential · personal · scientific <p>... could/should I have done to make it better?</p> <p>... is my new understanding of the situation?</p> <p>... broader issues arise from the situation?</p>	<p>Now what ... ↘</p> <p>↖ ↗</p> <p>... do I need to do in order to make things better/stop being stuck/improve my patient's care/resolve the situation/feel better/get on better/etc., etc.?</p> <p>... broader issues need to be considered if this action is to be successful?</p> <p>... might be the consequences of this action?</p>