CHAPTER ONE

MAJOR RESEARCH PROJECT

Title: "The experiences of people whose partners have taken their own lives: An interpretative phenomenological analysis"

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Experiences of a people whose partners have taken their own lives: An Interpretative Phenomenological Analysis Study

TABLE OF CONTENTS

3. Methodology

1. Abstract

Rationale and Aims: Grief research has highlighted the difficult reactions experienced by people bereaved by suicide, with studies also looking at the importance of sense and meaning making. There is limited research looking at experiences of individual kinships, for example partners of people who have taken their own lives. The current study therefore aimed to gain an in-depth understanding of the experiences of people who have lost a partner to suicide, using a qualitative approach. The research sought to explore the following:What are the experiences of people whose partners have taken their own lives and how do people experience trying to make sense and meaning of their partner's death?

Method: Semi-structured interviews were carried out with seven participants (two men) who had lost their partner to suicide more than two years previously. Verbatim transcripts of the interviews were then analysed using Interpretative Phenomenological Analysis (IPA).

Results: The analysis produced four master themes, including: "Pervasive impact of loss – "oh god, its such a disaster"; "The search for understanding – "There are so many questions that are unanswerable, like 'why'?"; Challenges and ways of coping – "All the challenges they just come daily, hourly, minute by minute"; and, "Looking to the future – Its been a turning point for me, and a catalyst for change". A description of these master themes and the related subordinate themes is presented.

Conclusion: The results of the analysis are considered in light of existing theory and their clinical implications.

Key words: grief, partners, meaning making, suicide.

2. Introduction

Within this introductory chapter, after a brief introduction to my own experience, I have reviewed the relevant current and historical literature, discussed my own position in relation to the study, and set out the research rationale and aims.

2.1. Introduction

Friday 29th September 2006, a date that will never leave my mind; the day my life was turned upside down when my partner of four years took his own life.

> *"I rushed home from work and saw his car wasn't in our parking space. I went into our flat and headed for our bedroom with the hope that he had gone out and left his phone. On the bed was a note with the word "sorry" written on it. I then saw a helium cylinder and a homemade contraption of tubing and a mask attached to it. I immediately knew what had happened, but he wasn't there."*

Above is a brief extract from a diary I kept following my partner, Simon's, suicide. He was missing for three days, and his body was eventually found washed up on a beach overlooking the Needles beauty spot, by a lady walking her dog. This experience both shook my life and unsettled my mind and its ability to make sense of the world around me, halting my ability to think clearly and understand and trust in others, let alone myself. Life appeared more dangerous and my understanding of the world became more and more unclear.

2.2. How I came to do this research?

Upon thinking through possible research options I was unable to escape a niggling in my mind, to complete my research looking at the exact experience I had for so long not wanted to think about. Shades of doubt clouded my mind, with thoughts mainly about what others would think if I suggested such a project, floundered by an inescapable feeling that my experience should stay silenced.

Looking back, it was clear that these thoughts were firmly related to the ways in which such a life event impacted on my sense of self and my subsequent perceptions about what other peoples' opinions of me were in relation to what I had experienced. This initial thought process allowed me to re-connect with my experience, and as time went by and research ideas came and unenthusiastically went, I felt determined that for both personal and professional reasons I wanted to understand on a deeper level both my own experience and the experiences of others whose partners had taken their own lives. A year and half later, here I am.

As a result, I have chosen to write in the first person rather than as the 'researcher' (Webb, 1996). This decision came naturally to me and while I was explicitly aware that my own experiences would impact upon the constructions of the research, I also hoped that by entering this process from such a position it would add depth and insight to the research findings and implications for clinical practice (Sword, 1999).

I acknowledge that my imbedded position as both 'researcher' and 'survivor' (the term to describe people bereaved by suicide) will undoubtedly add a deep rooted, subjective element to the findings. I hope that by taking an inherently curious position and by acknowledging my residual and emerging thoughts and feelings, that my writing will be both transparent and credible (Yardley, 2000). I have acknowledged the challenge of managing this dual role (Sword, 1999), and have discussed this further throughout this research.

2.3. Key constructs

2.3.1. "Suicide"

There are many words used interchangeably to describe when someone has committed "suicide', for example, 'killed themselves' or 'taken their own life'. Literature has documented the difficulties people have with the language of suicide, and how people often change how they refer to it over time (Wertheimer,

1991). With regard to the academic writing of my project I have used ”suicide” and “taken their own lives” interchangeably.

It is also important to note that some suicides will not have an inquest decision as such, and instead many people who are likely to have committed suicide will have an inquest decision of “accidental death”, “misadventure” or “undetermined injury” (Neeleman&Wessely, 1997). For the academic purposes of this study all of the above terms have been referred to as suicide, assuming the participant’s construction was that their partner took their own life.

2.3.2. “Survivors”

People who have been bereaved by suicide have come to be known as “survivors of suicide”. I will use this term throughout.

2.3.3. “Partners”

For the purpose of this study I have referred to “partners” as people whom someone was in a “romantic” relationship with, for example boyfriend/girlfriend and husband/wife. The duration or status (i.e. married, cohabiting) of the relationship was not a restricting factor.

2.3.4. “Bereavement” and “Grief”

The word bereavement refers to the actual experience of losing a loved one through death. In relation to this, the word “grief” refers to emotional reactions that can follow a loss (Stroebe, Hansson, Stroebe 2001). These words will be used throughout.

2.4. Review of relevant literature

In the following part of this chapter I have discussed the historical and current thinking about bereavement, specifically summarising key research in the suicide

bereavement literature, ideas associated with sense and meaning making, and research relevant to the experiences of people who have lost a partner to suicide (including other relevant research relating to the loss of a partner).

2.5. Literature search strategy

A multidisciplinary research base exists within the field of bereavement, mainly stemming from psychology, nursing and the medical professions. Other disciplines, such as sociology and anthropology, and non-academic literature, such as personal accounts written by survivors have also started to play an equally important role (Neimeyer and Hogan, 2001).

A preliminary search for review papers was undertaken using Annual Review and Cochrane databases, as well as searching major databases, including Psychinfo, Medline and Web of Science. The following search terms were used:-

- Suicide bereavement
- Suicide loss
- Widows
- Partner
- Spouse
- Boyfriend
- Girlfriend
- Survivors of suicide
- Meaning Making
- Sense making

Relevant articles' reference lists have also been examined to source further literature within the topic area. Internet searches, for example Google and Google scholar, have also been used to search for additional material. Searches of the Department of Health (DoH) and the National Office of Statistics (NOS) have also been undertaken to find out relevant information.

2.5.1. Bereavement overview

Bereavement is an almost unavoidable part of human life, and people will invariably experience losses of varying degrees and significance throughout their lives. Some of these losses may be expected, while others may come 'out of the blue', taking the person and their surrounding support networks by complete surprise. To date, there is no magic formula to predict when, where or how any of us will die, and similarly peoples' reactions to loss can also be unpredictable, confusing and emotionally, socially and physically challenging.

Over the decades, thoughts about bereavement have taken a number of different turns. For example, early understanding drew upon both psychodynamic and attachment theory (Freud, 1917; Bowlby, 1969), thinking about how peoples' early life attachment processes were linked to their responses when faced with the loss of a loved one.While attachment theory still plays a significant role in the understanding of how people respond to loss, it is now looked upon in a more integrated way. Similarly, stage theorists have also played a significant role (e.g. Kubler-Ross, 1973; Horowitz, Wilner& Alvarez. 1979), with influential contributions from Kubler-Ross's (1973) work, which initially looked at the emotional process encountered by people who were terminally ill. Kubler-Ross suggested five stages of emotion people would pass through, namely 'denial', 'anger', 'bargaining', 'depression' and 'acceptance'. This understanding went on to be used in the grief literature, although has faced criticism over time. For example people have raised concern about this theory seeing grieving individuals as 'passive' in the process, as well as highlighting the potential for pathologisingpeople who did not fit the stages of grief described (Neimeyer, 1998). In contrast grief research now presents a more integrated theory, examining the process of grieving as an idiosyncratic process through which people strive to reconstruct meaning in their lives, involving the re-organisation of one's life to find continuity between past, present and future. Theories now take into account the unique nature of peoples' reactions to loss, as well as acknowledge the potential for complicated and long lasting responses. A review of literature relating to complicated grief reactions is summarised below.

2.5.2. Prolonged grief

There is a wealth of research looking at grief reactions, with a detailed analysis of the effects of grief on health undertaken by the 'Centre for Advancement of Health' in 2004 (Ayres et al., 2004). The focus of the research completed by Ayres et al. (2004) was to look to strengthen bereavement and grief research as well as make recommendations for future clinical practice and research. A large amount of recent research has also focused on individuals who have difficult and long-term responses to a significant bereavement, now termed "prolonged grief" (Prigerson and Jacobs, 2001). Subject of current debate is the inclusion of "prolonged grief disorder" in the fifth edition of the Diagnostic Statistical Manual (DSM-V), which would be the first time 'grief' would be included in a diagnostic manual as a distinct category (Prigerson et al., 2009). It is hoped, by some people in the field, that the inclusion of prolonged grief in the DSM-V may lead to a deeper and more accepted understanding about the complex emotional responses that can occur following a significant loss, perhaps leading to a greater understanding about the predictors of difficult grief reactions and effective clinical interventions (Neimeyer, 2008; Lichtenthal, Cruess&Prigerson, 2004). In contrast, there is also the argument that the very act of including grief as a distinct mental disorder may also inadvertently 'pathologise' the normal and dynamic act of grieving, moving away from understanding individual differences in adjusting to loss (Breen & O'Connor, 2007). This current debate appears to have left grief researchers in a paradoxical situation, wavering between wanting to distinguish between the unique nature of grief as well as recognising and addressing the difficulties that can be experienced as a result of a loss of a significant other.

Studies have suggested that many people cope well with grief and show minimal adverse reactions (Bonanno, 2001). Bonanno and Kaltman (2001) also noted that individuals who *do* have adverse and difficult reactions are likely to return to "normal" functioning in the second year following a significant loss. Beyond this, Prigerson and Jacobs (2001) have estimated that 10-15% of people are likely to have intense and long-term reactions following a significant bereavement;

suffering debilitating effects both physically and psychologically. Recent bereavement literature also makes note of the unique and individual nature of grief reactions, emphasising that intense and long lasting reactions can occur following any bereavement (Ayres et al., 2004). There have been anumber of research papers produced that have specifically looked at the risk factors associated with having a complicated grief reaction, with the majority of studies highlighting how early attachment and adverse childhood experiences can play an important role (Johnson, Prigerson& Silverman (in press); Jacobs, Murray-Parkes, Prigerson&Vanderwerker, 2001).Furthermore, Ayres et al. (2004) highlighted three main factors that were likely to affect poor adjustment to loss, namely:-

1. The situational context of the death, for example whether the death is sudden or unexpected.

2. Individual factors including peoples' ability to deal and cope with stress and emotional instability. For example, current levels of self-esteem and religious and spiritual beliefs.

3. Social and emotional support, for example the availability of on-going emotional and social support from others.

The authors noted that the above factors could either be seen to add to the risk of having a difficult grief reaction (e.g. sudden or unexpected death) or provide protective factors for coping (e.g. the helpfulness of emotional support from others). In addition to this understanding, research has also highlighted the difficulties that can be associated with experiencing the sudden and unexpected loss of a significant other. Researchers have suggested that such bereavements can lead to some of the most difficult and long lasting grief reactions (Neimeyer, Burke, Mackay & van Dyke Stringer, 2010; Stroebe, Schut&Stroebe, 2007). Overall, research suggests that there are a number of factors that may influence whether someone has a complicated grief reaction or not, as well as highlighting the idiosyncratic nature of grief. As described above, factors such as experiencing

a traumatic or unexpected loss can lead to an additional stressor and lead someone who might not usually have a complicated grief reaction to react in such a way. Equally, somebody who has a number of risk factors prior to experiencing a loss, could have a complicated grief reaction from what would be seen as an uncomplicated bereavement. It is therefore not guaranteed that somebody who experiences a sudden or unexpected loss would definitely have a complicated grief reaction, highlighting how people will invariably have differing reactions to loss.

Of most interest to this study is the impact of a sudden or unexpected death, with a unique focus on the experiences of people who have experienced loss by suicide. A review of this literature is summarised below.

2.5.2. Overview of suicide bereavement

The most recent mortality statistics from the Office of National Statistics showed that 5,675 people over the age of fifteen committed suicide in the United Kingdom in 2009 (ONS, 2009), therefore ranking suicide as the 15th most common cause of death (ONS, 2010). Studies have shown that as a consequence of every 'completed' suicide, there will be between seven and ten people who are deeply affected with many more distant survivors also being identified (Lukas &Seiden, 1990). It is also acknowledged that in some cases, perhaps as a consequence of a celebrity suicide, the impact can be far more wide reaching. In addition to the often long lasting nature of bereavement following sudden and unexpected deaths, survivors of suicide have been highlighted as being at further risk of mental health difficulties and long standing emotional reactions (Ness &Pfeffer, 1990; Stroebe, Schut&Stroebe, 2007). This has been suggested to be due to survivors often experiencing an overwhelming sense of responsibility or feelings of guilt and anger (Wertheimer, 1991; Begley and Quayle, 2007; Fischer, 2006).

Range (1996) identified a number of unique aspects to suicide bereavement, highlighting that while it was clear that bereavement by suicide shared some aspects with other types of bereavements, it also had unique features associated

with the grief process. For example, social stigma, intense feelings of blame and responsibility, an agonising search to find meaning or explanation, feelings of rejection, suicidal thoughts, shock and common experiences of psychological intrusions and avoidance. Further research has looked to compare bereavement by suicide to other types of bereavement, and so far, there appears to be a compelling consensus that suicide bereavement is distinctly different to "normal" bereavement (Bailley&Kral, 1999; Jordan, 2001). Alongside this, some studies have also suggested that suicide is "more similar than different" to other types of traumatic deaths, such as murder and sudden infant death (Jordan, 2001).

There have been a number of quantitative studies completed looking at the psychological effects of experiencing loss by suicide. For example, McMenamy, Jordan and Mitchell (2008) studied 63 adult survivors of suicide by completing a newly developed needs assessment. They showed that participants showed high levels of psychological distress, depression and feelings of guilt, anxiety and trauma. Participants also described feeling socially uneasy and indicated that they found it difficult to know where to access social support, describing how they often valued informal support, for example having contact with other suicide survivors. The study highlighted the need to use a wider sample, although results were echoed in a number of other studies, which highlighted similar themes and sequalae of the grief process following the loss of a significant other to suicide. For example, a similar finding was reported by Mitchell, Sakraida, Kim, Bullian and Chiappetta (2009), who found that individuals who were most closely related to the deceased (e.g. parents, children, spouses and siblings) were likely to suffer greater effects of depression and anxiety and overall decreased quality of mental health. Bailley, Kral and Dunham (1999) also completed a quantitative study comparing university students' experiences of a number of different types of bereavement, including suicide, accidental death, unanticipated natural death and anticipated natural death. From a sample of 350 people, results highlighted that suicide survivors showed more frequent feelings of rejection, responsibility, increased levels of shame and feelings of stigma. While Bailley et al. had a large sample size there were only 34 suicide survivors involved in the study, which may have impacted on the validity of these results.

In contrast, Harwood, Hawton, Hope and Jacoby (2002) completed a longitudinal study looking at the experiences of people who had lost an elderly relative to suicide compared to a control group of individuals who had lost an elderly relative through natural causes. They highlighted the difficulties that were encountered with legal procedures, for example coping with an inquest, indicating how this experience can cause high levels of distress. Overall results did not show between group differences of depressive symptoms. Similar findings were identified by Cerel, Fristas, Weller and Weller (2000) when they completed a longitudinal study that compared families who lost a parent to suicide with families who lost a parent in another way. This study interviewed families at a number of points following the loss, namely one, six, thirteen and twenty-five months after the death. There is a question as to whether longer term difference between groups may have been noted, and again methodological issues were also highlighted with the measures used to complete the study.

Perhaps another important element of the grieving process to make note of, is the possibility that people bereaved in a traumatic or unexpected way may also be suffering from post-traumatic stress disorder (PTSD). Historically, to be diagnosed with PTSD was relatively rare and not commonly associated with people who had been bereaved (Bonanno & Kaltman, 2003;Chentsova-Dutton, Shuchter & Zisook, 1998). Within the publication of the Diagnostic and Statistical Manual of Mental Disorders-Fourth edition (DSM-IV), a broader range of "stressors" that can lead to PTSD was included, which lead to further research being completed looking at peoples' experience of bereavement and PTSD. As a result, there has been a new breadth of research which has looked to highlight that some people who experience the loss of a significant other go on to fit criteria for PTSD. For example, Chentsova-Dutton, Shuchter & Zisook (1998) completed research looking at three hundred and fifty newly bereaved widows. The widows had been bereaved in a number of different ways, for example death following a chronic illness, unexpectedly (i.e. an illness) and unnaturally (i.e. suicide or accident). Results showed that 10% of widows bereaved following chronic illness and 9% of widows bereaved following unexpected death fitted criteria for PTSD.

Alongside this, their results highlighted how 36% of people who had lost their spouse through unnatural means fitted criteria for PTSD. They also showed how the people who were diagnosed with PTSD were usually also diagnosed with co-morbid depression. Such research suggests that sudden and unexpected deaths, such as suicide or accident, are highly correlated with people experiencing PTSD. The complexities of a bereavement by suicide appear to leave unclear the exact process that occurs, and it feels that understanding it from thinking about people possibly suffering from both a trauma reaction, in the form of PTSD, as well as struggling with narrative disruption and difficulties in being able to make sense of the experience may lead to a deeper understanding as to how to help people.

2.5.3. Critical review of suicide bereavement literature

Conflicting research findings appear to be common in grief research (Wortman & Boerner, 2007). However, it appears clear to suggest that while suicide bereavement may differ in a number of unique ways to other types of bereavement, the core feelings of loss and sadness are likely to be observed across all types of bereavement, which may be a reason why there was not a consistent and distinct difference observed. Differences found across studies appear to also highlight the idiosyncratic nature of bereavement, thinking about the notion that there are likely to be a number of factors that influence whether someone has a prolonged or complicated grief reaction. For example personal factors relating to an individual, the type of relationship with the deceased and an individual's past experiences of bereavement are all likely to have an impact on how someone copes with the loss of a loved one. Perhaps with the way that someone has died (e.g. suddenly, traumatically or expectedly) acting as an additional factor that can also influence the type of reaction someone has. It may also be likely that the time at which research is carried out may also have a bearing on results, with the suggestion that people who have experienced more traumatic or problematic bereavements would be likely to show depressive symptoms for, or after, a longer period of time (Stroebe, Schut & Stroebe, 2007; Ness & Pfeffer, 1990).

A number of researchers have questioned the appropriateness of the methodologies used in bereavement research, and this may go some way to explaining the conflicting results (Fischer, 2006; Jordan, 2001; Beautrais, 2004 Range, 1996). Beautrais (2004) suggested that inappropriate measures that are not relevant to grief are often used in grief research, while Range (1996) highlighted that there is likely to be a potential bias as to who participates in research studies, with low recruitment levels often reported. Equally, ethical issues are highlighted, for example difficulties associated with recruiting participants who are in the acute stages of grief (Grad, Clark, Dyregov & Andriessen, 2004), with studies often being retrospective. This is likely to have an impact on the understanding that is developed about the ways in which people are affected across all periods of the grief process.

There is also a dominant use of quantitative research methods used in grief research (Neimeyer & Hogan, 2001), which has the potential to overlook the actual lived experiences of survivors. This may inhibit the development of an understanding of the complexity of reactions that may ensue; it may also fail to differentiate between different emotional aspects of the grief process. For example, regardless of the type of loss, similar emotions may be reported such as anger and guilt, but without taking a closer look at the meaning and individual experiences of these emotions it is likely that differences may go unnoticed. Neimeyer and Hogan (2001) made note of the importance of using a combination of research methodologies to enable progression in the understanding of grief processes. Some of the qualitative research that currently exists looking at the lived experiences of suicide survivors has been summarised below.

2.5.4. How do people experience suicide bereavement?

The most comprehensive study that has examined the experiences of people bereaved by suicide was by Wertheimer (1991) in her book, “A Special Scar: The experiences of people bereaved by suicide”. This book moved away from more traditional quantitative research that generally aimed to assess large cohorts’ susceptibility to mental health problems following suicide bereavements (for

example, Ness & Pfeffer, 1990; Stroebe, Schut & Stroebe, 2007). Following Wertheimer's own experience of her sister's suicide, she documented fifty individuals' stories of their experiences of losing a significant other to suicide. The book documented commonalities and differences between reactions, with the aim of being a practical resource for survivors and professionals alike. Within her writing, Wertheimer described the changing emotions that can occur from experiencing the death of someone to suicide, describing common initial feelings of shock and denial, and thinking through the complexities of compounding feelings of self-blame and guilt. Wertheimer also highlighted the difficulties some people faced from social stigma and a silencing of their experiences, illustrating how the "socially inappropriate" nature of the act of suicide can not only be directed towards the deceased, but also directed onto their surrounding support network. There have also been a number of other texts written by professionals and survivors alike (for example, Lukas & Seiden, 1990; Fine, 1997).

Of particular interest to Lukas and Seiden (1990) was the social stigma associated with loss by suicide. In their book, "Silent Grief: Living in the wake of suicide" they discussed the "silencing" that can occur from such a bereavement, highlighting the difficulties this can leave people facing when they feel unable to discuss the complexities of their life narratives. A literature review examining whether survivors "suffer social stigma" was completed by Cvinar in 2005. Conclusions rested on the notion that suicide bereavement is different to other types of bereavement, mainly due to the complex emotional nature of such a loss, and the compounding effect of the added difficulty of coping with social stigma. Cvinar stated that "the societal perception that the act of suicide is a failure by the victim and the family to deal with some emotional issue and ultimately society affixes blame for the loss on the survivors". This is an experience that the Cvinar recognised as an added stress to an already complex situation, and is perhaps a reason as to why survivors will often hide truths and disguise the true nature of their experience. Further research completed by Grad et al. (2004) discussed how when survivors are able to be open about their experiences, it was likely to lead to a an "easier" bereavement journey, possibly due to having their emotional and social needs met from both inner social circles and external support. This

notion appears to be an important one, especially when thinking about how to effectively support people bereaved by suicide.

Begley and Quayle (2007) carried out a qualitative exploratory study looking at adult survivors in Ireland. Their study involved conducting in-depth interviews with eight adult survivors who had lost either a parent or sibling to suicide (three to five years post bereavement). Phenomenological analysis of interview transcripts developed four main themes including; “Controlling the impact of the suicide”; “making sense of the suicide”; “social uneasiness” and “purposefulness”. Within their results they discussed the chaotic nature of suicide bereavement, explaining how participants described the presence of fluctuating emotional responses, such as numbness, disbelief, fear and panic, as well as descriptions of participants continually having to reappraise their experiences and their links to their current life narrative in order to make sense and cope with the loss. Begey and Quayle concluded that meaning making was likely to be an important factor when thinking further about suicide bereavement, while highlighting the importance of individual lived experiences and differences in peoples’ ability to cope with such an event.

2.5.5. Sense and meaning making

As described above, while it is clear that every survivor’s bereavement experience will be unique, research has also suggested that there are commonalities in survivors’ reactions, often highlighting the difficult emotions and agonising questions survivors can be left with (Van Dongen, 1990). The ongoing search to understand ‘why’ has been commonly described in the literature as trying to make sense and meaning of the loss (Gillies & Neimeyer, 2006; Neimeyer, 2005; Neimeyer, 2000). There is a developing body of research looking at the area of sense and meaning making, with regular research contributions made by Robert Neimeyer and colleagues. Like myself, Neimeyer is also a survivor of suicide, losing his father a week before his twelfth birthday (Neimeyer, 2010). In his writings Neimeyer talks honestly about his own experiences, and how they have impacted on his decision to pursue a career working with complicated grief. Neimeyer has looked to establish a theory of

grieving that steers away from traditional stage theories, such as Kubler-Ross's stage theory of grief (1973), instead focusing on grief as an individual process of meaning making. Neimeyer comes from a social constructivist viewpoint, a perspective that inherently describes people as looking to make meaning of their life experiences. His writing describes how, following a traumatic bereavement, an individual's meaning of life can be disrupted (for example, physically, existentially, spiritually and practically; Neimeyer, 2000), and has discussed how in order for an individual to process the loss of a loved one, an individualised process of meaning reconstruction needs to take place to be able to accommodate life with the reality of the loss. The idea of meaning making is not new, and the human act of trying to make meaning from difficult experiences has been documented for many years, for example Frankl's book "Man's search for meaning" (1959), which chronicles his experiences of being imprisoned in concentration camps and his developing understanding about peoples' deepest desire of searching for meaning and purpose in life. What is different is grief research focusing on the act of grieving and meaning making, and research focusing on the mechanisms by which people are able to do this still remains a relatively new area of exploration.

Important to the idea of sense and meaning making is the concept that when loss is either sudden or violent in nature, a subsequent disruption to a person's life narrative can take place. Whereby, a person's "psychological equilibrium" is disturbed and the ways in which they have previously been able to make sense of the world no longer works (Currier & Neimeyer, 2006; Neimeyer, 2006). Individuals are thus required to try and accommodate the new experience into their reality, something that has been described as particularly difficult when the loss is seen as meaningless. Neimeyer (2005) described three main forms of narrative disruption, namely 1) "disorganised narratives", where the narrative disruption is seen as vast and making no sense; 2) "dissociated narratives", where the new narrative can often be 'silenced' and withheld from an individual's world view and 3) "dominant narratives", where a life event dominates an individual's life story. It is suggested that in being able to identify how a person's

narrative has been disrupted will help in their future integration of a life event and ability to adapt and grow (Neimeyer, 2006).

2.5.6. Continuing bonds

Another area of current research looks at the changing ideas behind what it means to 'recover' or 'move on' from bereavement. For a long time grief theorists assumed that being able to "recover" from loss effectively meant "severing the attachment bonds to the deceased" (Bonanno & Kaltman, 1999). Over time empirical evidence did not support this idea, and a more integrated view of grief now exists. With this change in perspective, research has moved on to highlight the benefits of being able to maintain psychological and emotional bonds with the deceased (Silverman, 2010; Wortman and Silver, 2001). The concept of continuing bonds is often used to conceptualise the act of being able to continue the deceased presence in one's life, with Neimeyer describing how "the proper resolution of grief should enable one to develop and maintain a continuing healthy bond with the deceased" (Neimeyer, 2010).

2.5.7. Can anything positive come from loss?

As described above, the reactions of those who have lost someone to suicide can have particularly difficult sequelae of events to cope with. From reading the information above, the research base could be accused of painting a wholly negative picture of what it must be like to be a survivor. While, it is important to highlight the difficulties that can be experienced, there is also a research base that has focused on the positive aspects that can result from loss (Seligman, 2002). For example, there is a wealth of literature looking at post traumatic growth; the process of people having additional qualities following a traumatic event, such as developing a changed sense of self in the form of feeling stronger and more able to cope with life's challenges (Calhoun &Tedeschi, 1999; Bonanno, 2001). Recent research has shown the presence of post-traumatic growth in survivors of suicide (Feidelmen, Jordan & Gorman, 2009; Smith, 2010). Further to this Clark (2001) has discussed the importance of "overturning the

myth of suicide bereavement being the most difficult form of bereavement", stating that with such a social change on the outlook could benefit the survivors ability to cope, especially thinking about combating the social stigma that tends to exist (Grad et al. 2004). Holland, Currier and Neimeyer (2006) discuss "benefit finding" in the wake of loss, where they distinguish between sense making (i.e. trying to understand loss) and the search to find personal significance and hold onto positive implications for their lives. Holland et al. (2006) conducted a study looking at bereaved students within the first two years of their loss. Results highlighted that if someone had been unable to make sense or find benefit from the loss, they were more likely to be showing higher levels of complicated grief. This perhaps indicates the importance of helping people to make sense and meaning following loss in order to allow them to find resolution and positive growth.

2.5.8. What does the research say about the loss of a partner?

Holmes &Rahe (1967) ranked the death of a spouse as the life event needing the most re-adjustment. Alongside this, there has been a wealth of research conducted examining the links between the loss of a spouse and mortality in the bereaved (Stroebe, Schut & Strobe, 2007). In a review of this literature, Stroebe, Schut and Strobe (2007) suggested that there was an increased risk of mortality following the loss of a spouse, perhaps in line with the old age saying "dying of a broken heart". Studies have also highlighted an increased suicide risk for people bereaved of a spouse (Agerbo, 2005; Erlangsen, Jeune, Bille-Brahe &Vaupel, 2004), which is suggested to be linked to the psychological distress caused from living through and coping with such an experience.

Parkes (1996) explored how widows are more likely to feel anger and guilt following the loss of the spouse. Suggested reasons for this have included feeling angry due to the unjust life path that has happened to them (and their spouse), as well as feelings of guilt at not being able to stop the death from happening. Further research completed by Demi (1984) explored widows' ability to socially adapt to their loss. The study compared people widowed by suicide and by other

natural causes, with a sample of forty widows interviewed in the second year of bereavement using the Social Adjustment Scale. Results indicated that there was no difference between groups in the widows' ability to adapt socially, although results did indicate that people who had been bereaved by suicide showed higher levels of guilt and resentment.

Murphy (1998) highlighted the common dual difficulties of both coping with the loss of a partner, as well as people being faced with a new identity as a 'single person', describing how this can often be fraught with feelings of loneliness and fear for the future. Similarly, Wallbank (1992) highlighted the pervasive nature of such a loss on all aspects of a person's life, thinking about both the practical and emotional challenges that people can face, especially in relation to forming a new identity and the daunting thought of one day forming a new relationship.

Field, Gal-Oz and Bonanno (2003) have described the experience of losing a spouse as "an assault on the bereaved's meaning system requiring significant identity revision in coming to terms with the new life situation". They have explained the complexities of trying to preserve their past relationship and build a new life and identity, making links with continuing bonds literature in being able to successfully adapt to their changing life. This research was part of a wider research program looking at the post-bereavement functioning and adaptation in a sample of sixty-nine widows, where a number of studies were conducted at differing points of the bereavement process (Bonanno et al., as cited in Ayres, 2004). The studies illustrated that participants who showed higher levels of self-blame were more likely to have on-going issues with attachment and adjustment to their loss. The results also indicated an interesting finding about the early stages of the grieving process, suggesting that participants who showed early expressions of distress often coped better in the long run, suggesting that being able to express emotions early on can be a key aspect of the grieving process. They also showed that people who reported greater levels of satisfaction with their previous relationship showed higher scores on measures of continuing bonds, perhaps suggesting the difficulties with or reluctance to maintain a relationship with a partner who was seen in a negative or unfavourable light.

Attachment theory (Bowlby, 1969) is also discussed at length in literature relating to the loss of a spouse, thinking further about how people will interpret and subsequently cope with the loss of a spouse and their ability to adapt to a changing world. Neimeyer (2005) talked about the helpfulness of being able to use a narrative constructivist framework when thinking about the disruptions that can occur with the loss of a partner. He described the challenges of being able to find meaning from such an event, often proving a painful experience to undertake, while making note of the 'silenced' nature of such a loss. Bowman (1999) has also described the notion of "shattered dreams" in relation to losing a spouse. He describes how a person's ability to adapt and cope with a significant loss is made all the more difficult as the life they had once known, and the dreams they had once held, no longer exist. Neimeyer quotes a widow named Judith, who explained the difficulties she experienced in being able to find people who understood how she felt:-

> *"As a matter of fact, there is a strange kind of insatiable feeling about that – as if no one ever believes that anyone can understand this experience, or truly wants to, unless they have lived it, no matter what they say".*

Judith's comments perhaps highlighted the difficulties people face when thinking about the potential loss of a spouse, which can then translate into people who have experienced such a loss feeling unsupported and not understood. Equally, Neimeyer (2010) described the experience of Anne, who had lost her husband to cancer. Anne described her husband as *"her north, her south, her east and her west",* and her struggling to be able to navigate her life alone.

2.5.9. Losing a partner to suicide

As stated at the start of this literature review, there is a limited research base that looks specifically at the individual experience of people who have lost their partner to suicide (Ayres et al., 2004; McIntosh, 1996). This indicates the necessity for further research in this area. Of what does exist, some is focused on

the experiences of older adults, while other studies are wholly quantitative in design (for example, Faberow, Gallagher-Thomasm, Gilewski & Thompson, 1992; Demi. 1984). In addition to this, a survivor, Fine (1997), wrote a book entitled "No time to say goodbye", where she detailed her experience of losing her husband to suicide in 1989. Fine detailed her experiences from the moment she found her husband in his work office, taking the reader on a journey through the 'aftermath' of his death. She explained the rollercoaster of emotions she experienced, noting overwhelming feelings of confusion, guilt, shame, anger and loneliness. She also described her ongoing search to understand why her husband had given up on life, and how she continued to feel haunted by feelings of self-doubt and responsibility, placing blame on herself because she was not able to save her husband. Fine eloquently described her journey:-

> *"Over the past years, I have been on a journey that was not of my choosing, During this time, I have tried to comprehend the reason my husband elected to embrace the darkness, while I struggled to sustain the light (…) How have I - and all the remarkable people I have met during my travels – willed ourselves to pick up the pieces of our shattered lives, to rebuild and, eventually, to rejoice?"*

In the final sections of this chapter I have reflected further on my experience of losing a partner to suicide, as well as set out the research rationale and aims.

2.6. My position as researcher

At the start of this chapter I explained the background to my decision to embark on completing this research. In the section below I will explain further how I was affected by the loss of my partner, in the hope that by making my experiences and constructions explicit, it will help the reader understand how my own experiences may have impacted on this research as well as allow them to understand the perspective from which I entered this process.

2.6.1. My own experiences

Looking back on my diary entries was a very odd experience, as they read in a very abstract and routine way, initially explaining every minute detail of the week before Simon was missing until the day of his funeral. It read as if I were looking for clues to explain what had happened, why he had done it, perhaps in a desperate attempt to be able to make sense of what was happening as a result of his death. Reading it back now has not only been an emotional experience but one filled with sadness. One of the main elements of sadness, aside from losing my partner, stemmed from remembering myself when it happened; how I dealt with Simon's death and how my way of 'coping' was to rationalise, distract and just accept. As someone who is not an outwardly emotional person I found myself struggling with the *general* opinion of how you should grieve, often feeling that I had not only failed Simon but that I was also failing in the process of grieving, being unable to fix myself onto the grief curve I kept being told about. As a result I would hide my emotions and talk about it as if it were frustrating, but not the end of the world; a complete contrast to the inner turmoil I was actually experiencing. Guilt, shame, fear, shock, anger, depression, despair; I felt them all, like I had never felt them before. Nothing could have prepared me for my emotional reaction. Nothing has since even started to compare.

It was on the two-year anniversary of Simon's death that I started my Doctorate in Clinical Psychology. Within the first year of the course I was introduced to the writings of Robert Neimeyer. I remember listening with feelings of excitement and relief, suddenly feeling more and more alive and feeling like I had been given the explanation I had been waiting for. I had a sense that I was finally allowed to feel settled in the way in which I was grieving, to realise that my feelings were not wrong and that I was not mad. From this point on, things both got easier and more difficult, as with gaining the acceptance that "what I was feeling was 'ok'" came the process of starting to have to deal with the chaotic flurry of emotions that had been stagnating inside me. One thing I felt lucky about was that I understood some of the reasons behind Simon's decision. We had discussed his feelings about suicide and I had a sense about what it was all about. Despite this understanding, I was left with ongoing feelings of guilt, something I am yet to fully

resolve to this day, and remain to feel in a state of shock that it actually happened.

Despite the negative impact the loss of my partner has had on my life, I remain determined not to let it be a lead weight laying over my life. I feel that due to living through the experience I have been able to view the world in a different way, and have developed a new perspective about what is important in life.

2.7. Rationale and aims of the study

Despite the amount of academic literature exploring bereavement by suicide, there is limited qualitative research looking directly at the experiences of people who have lost a partner. From my own experience, it became clear that while there are many commonalities with other survivors' stories, there is a sense that there are also some fundamental differences, perhaps lying mainly in the impact on an individual's feelings of self worth and longer-term narratives of the bereaved and their ability to establish continuing bonds and regain trust in intimate relationships. For this reason this study aimed to focus solely on this group of individuals, thinking explicitly about how they have experienced such a life event and their experiences of trying to be able to make sense and meaning, and ultimately move forward with their lives.

Further to this Ayres et al (2004) noted that the bereavement literature needed further investigations into a number of different topics, including:-

1. A deeper investigation into thinking about how different types of death impact on bereavement processes.

2. An understanding about the nature and structure of effective coping, for example thinking about how people are able to make meaning.

3. They also recommended further exploration into “who” had died and the implications that had on the grief process. For example looking specifically at groups of people such as the loss of a partner, child or parent.

It is hoped that the current study has thought about the three recommendations for further research, as detailed above. It is also hoped that the research will expand on the theoretical and clinical knowledge that already exists about how best to support people bereaved by suicide, looking to provide clinicians with a unique understanding of the experiences of people have lost a partner to suicide. It is also hoped that the study’s finding will explore further how people who have lost a partner to suicide have been able to make sense and meaning of their loss; perhaps highlighting any common challenges that are faced in trying to achieve this, as well as ways in which people have been able to overcome these challenges.

2.8. Research Questions

This study aims to explore the following research questions:-

1. What are the experiences of people whose partners have taken their own lives?

2. How do people experience trying to make sense and meaning of their partner’s death?

3. Methodology

3.1. Research overview

This research aimed to explore the experiences of people whose partners have taken their own lives, with a specific focus on examining how people have been able to make sense and meaning following the event. Interpretative Phenomenological Analysis (IPA), a qualitative research methodology (Smith, 1996; 2004; Smith, Flowers & Larkin, 2009) was used to meet the research aims. The reasons for this decision will be discussed in depth within this chapter.

3.2. A qualitative approach

As described in the introduction chapter, there is a large body of quantitative research focused on exploring grief processes related to loss by suicide. Such research can offer a good understanding about the general needs and experiences of such a loss. The literature review identified a gap in qualitative research, which is still in the minority, as well as highlighting how there is limited research focused on exploring individuals' lived experiences of losing a partner to suicide (Ayres et al., 2004; Neimeyer & Hogan, 2001). As noted in the research rationale, there was a sense that experiences may differ between different groups of people and therefore an individualised look at partners' unique experiences may warrant further exploration (Ayres et al., 2004). For these reasons, this research hoped to develop a deeper understanding of the experience of losing a partner to suicide, using qualitative methods to understand the lived experiences of this group of individuals. By using a qualitative line of enquiry it was hoped that peoples' individual experiences would be made explicit to other professionals (Smith, 2008), with the hope that this would facilitate a deeper understanding of their experience with a view to developing clinical implications that may further inform practitioners working with people who have lost a partner to suicide.

3.3. Why Interpretative Phenomenological Analysis?

Interpretative Phenomenological Analysis (IPA) was initially developed by Jonathan Smith (1996; 2004; Smith et al., 2009), in an attempt to create a practical qualitative approach looking at individual meaning making, while holding onto phenomenological concerns relating to changing discourses and contexts. IPA was chosen for this research for a number of reasons, as discussed below.

1. Firstly, IPA was seen as the methodology that was most consistent with the aims of the research to gain a deeper understanding about the experiences of people whose partner committed suicide. For example, IPA allows for an in-depth analysis using an inductive approach. This aims to gain a detailed understanding of a person's lived experiences from an "insider's perspective" (Conrad, 1987), thus, allowing for individualised accounts of experiences to be held onto and commonalities and differences highlighted (Smith, 1996; Smith et al., 2009).

2. IPA is an approach that looks to examine how people have been able to make sense of major life events (Smith et al., 2009). A key element of this research was to examine how people have been able to make sense and meaning following the loss of their partner, so for this reason IPA was deemed appropriate to conduct this exploration.

3. The aim of IPA is not to make premature generalizations about larger populations, but rather to cautiously arrive at general claims after the in depth analysis of individual cases (Smith & Osborn, 2003; Smith et al. 2009). Smith (2004; pg 42) cites Warnock (1987) who suggested that "delving deeper into the particular also takes us closer to the universal", which illustrates the possibility of having an individual focus and also gaining clinically useful findings.

4. Finally, the exploratory nature of the study lends itself towards a social constructivist epistemological perspective and research design. This is in line with a "double hermeneutic" approach to making meaning, by which the researcher is trying to make sense of the participant trying to make

sense of their experiences (Smith & Osborn, 2003; Smith et al. 2009). The research rationale and my own personal affiliation with the research therefore lent itself well to this type of enquiry.

3.4. Why not another qualitative methodology?

Four other qualitative methodologies were also considered, including narrative analysis (Clandinin & Connelly, 2004), grounded theory (Charmaz, 2006), thematic analysis (Hammersley & Atkinson, 2006), and discourse analysis (Gee, 2010). During the study development I also considered using an autoethnographic approach (Chang, 2008), within which I would have focused solely on my own experiences of being a survivor. Below I have outlined the strengths and weakness of each of these methodological approaches in relation to my research aims.

3.4.1. Narrative analysis

Narrative analysis was strongly considered as a qualitative methodology as it is also a social constructionist qualitative approach concerned with understanding and analysing the "stories lived and told" by participants (Creswell, 2007; Clandinin & Connelly, 2004). While narrative analysis would also look at the meaning making processes of participants, it would have focused more on the individuals' life trajectory. This study aimed instead to think about how an individual viewed a particular life event and meaning making associated with this. For this reason, IPA was chosen instead if narrative analysis, while the potential for using narrative analysis to explore similar research questions was acknowledged.

3.4.2. Thematic analysis

Thematic analysis was considered, as it was seen as an accessible and flexible approach that would have stayed close to individuals' experiences by developing themes from participant transcripts (Hammersley & Atkinson, 2006; Braun and

Clarke, 2006). It was ultimately felt that such an approach would not have led to a deep enough interpretation of the data. Therefore, it would have not allowed for an understanding about meaning making processes that took place within the participants' stories which would not have answered this studies research questions.

3.4.3. Discourse analysis

Discourse analysis was seen to have the strength of focusing on analysing the language associated with participants' experiences. It looks to explore how language can both mediate and construct understanding of experiences, firmly placed in social and historical contexts (Gee, 2010; Starks and Trinidad, 2007). Overall, it was considered that discourse analysis consider the participants' individual lived experiences in sufficient depth, and was therefore not deemed suitable for the study.

3.4.4. Grounded theory

Finally, grounded theory was considered as a possible qualitative method, mainly due to the perceived benefit of being able to develop a theory relating to the experiences of people whose partners have committed suicide (Charmaz, 2006; Starks & Trinidad, 2007). While this could have been a useful methodology to adopt, overall it was not deemed suitable, as the research did not aim to produce an overarching theory. Instead the research sought to hold onto individual ideas and experiences, tentatively thinking about their wider application to clinical intervention.

3.4.5. Autoethnography

An autoethnographic approach was also considered, in which I would have focused on exploring my own lived experience as a survivor of suicide (Chang, 2008). This particular qualitative methodology was ruled out mainly due to

personal preference of wishing to steer away from solely exploring my own experiences; something, which I considered, would be more clinically useful.

3.5. Epistemological stance

In line with the qualitative line of inquiry I have chosen to use for this study, I have come to write this research from a social constructionist/constructivist theoretical framework (Smith, 2008, Burr, 2003). By this I have come from the perspective that people construct their own realities, from their own individual experiences and interactions with social processes. For example, highlighting the importance of social discourse. I feel this theoretical position fits well with exploring the lived experiences of people bereaved by suicide.

3.6. Study design and development

3.6.1. Recruitment process

In the initial stages of the research project I focused on trying to recruit participants through the charity "survivors of bereavement of suicide" (formally known as SOBS). Following successfully gaining ethical approval and sending out recruitment information, no participants came forward. Following this I moved on to contact a number of other bereavement support organisations across the United Kingdom, many of which were encouraging of the research and tried to identify potential participants through a number of strategies, for example through newsletters and forwarding the study website (http://www.melaniehodgkinson.co.uk) to relevant people. Two of these charities were successful in identifying potential participants whom were all later used within the research.

3.6.2. Inclusion/Exclusion criteria

The research aimed to ensure the participants were as homogenous to each other in experience as possible, for this reason the following inclusion and exclusion criteria were set out:-

3.6.2.1. Inclusion Criteria

1. Participants were required to have been bereaved two years or more ago, as suggested by Beck and Konnert (2007). It is important to note that many people who are likely to have committed suicide will have an inquest decision of "self inflicted death", "misadventure" or "undetermined injury" (Neeleman & Wessely, 1997). Regardless of the inquest verdict, the participants' own understanding about the cause of death would be the deciding factor in their inclusion in this study.

2. The participants needed to have been in 'romantic' relationship that existed at the time of death. That is, it should not be an ex-partner. The duration or status (i.e. married, cohabiting) of the relationship would not be a restricting factor.

3. Participants were required to be 20 years old or over, meaning that all participants will have been 18 or over at the time of the bereavement. There will be no restrictions on gender, ethnicity, culture or sexual orientation, although participants were required to be fluent in English.

3.6.2.2. Exclusion criteria

1. People who would be unable to complete the interview due to disabilities leading to an inability to consent.

2. People with an uncorrected hearing impairment or a disability which means verbal communication is not possible.

3. Individuals who were currently suffering from an 'acute' mental health problem (for example a psychotic episode) were not eligible to participate.

3.6.3. Interview Design

When using IPA a semi-structured interview is recommended as the exemplary method for collecting data in both a focused yet flexible manner (Smith, 2008; Smith, et al., 2009). I initially drafted an interview schedule, loosely based on Neimeyer's (2006) meaning reconstruction interview. The interview schedule was reviewed by my research supervisors, following which revisions to questions were made. The final interview schedule is included in Appendix A.

3.6.4. Pilot interviews

Two pilot interviews were undertaken in order to obtain feedback about question content, wording and interview length. Both pilot interviews were completed with two people who had lost someone close, one of which was to suicide. Following the pilot interviews a number of revisions to the interview schedule were made and my research supervisors then reviewed it again.

3.7. Ethical Considerations

The University of Hertfordshire Ethics Committee granted ethical approval for the study. The ethics approval form is included in Appendix B.

3.7.1. Informed consent

Following participants identifying their interest in participating in the study, they were contacted via telephone and given verbal and written information about the study (via email/website or post) and asked to think carefully about whether they felt they wished to take part. Following an agreed amount of time participants were contacted again to discuss whether they would like to proceed and make an interview date and venue. To ensure participants were clear about what the

interview would entail, the information sheet was discussed at the start of the interview process and participants were informed that they could withdraw at any time, without giving a reason. Participants signed a consent form prior to this, and were again informed that they could withdraw from the study at any point without giving any reason. The forms used within the interviews are included in appendices C - H.

3.7.2. Confidentiality

In line with the British Psychological Society's Ethical Guidelines (2004) all participants' information was kept confidential and identifying characteristics have been changed for the write up. Participants have been assigned a pseudo name used on both interview transcripts and within the report. All data (consisting of demographic information, tape recordings and transcriptions) were kept in a locked filing cabinet, to which only the lead researcher and supervisor had access.

3.7.3. Potential distress

The subject matter of this research was exploring potentially difficult and painful experiences. Research has shown that people often found bereavement research difficult at the time but beneficial and/or therapeutic in the long run (Dyregrov, 2004). Given that for some participants it may have been the first time they had spoken about their experiences for a long time, it was possible that some participants would become distressed or upset during or following the experience. Of specific ethical concern was the time period between experience of the death and recruitment. Beck and Konnert (2007) investigated this topic by looking at bereaved individuals' attitudes towards participating in bereavement research. Their results showed that 49.7% of participants felt it would not have been appropriate to recruit during the acute stage of bereavement, but 84.5% said they would be happy to be recruited within the first two years. For this reason this study had a two-year post bereavement policy.

Following the interviews participants received a formal verbal and written "debrief", which provided information about sources of support and help in the event that participants felt distressed in the days that followed the interview. In addition, participants were informed that they could withdraw from the research for the duration of the study.

3.7.4. Researcher affiliation

I made it explicit with the information given before and during the interview that I had also experienced the suicide of a partner. This was something I chose because personally I would prefer to talk to someone who had had a similar experience. Wertheimer (1991) also stated that one of her participants had explained that they would have only been happy to participate if the researcher had also been a survivor. I felt that there were pros and cons for this approach, and throughout this study I have endeavoured to be transparent and to ensure that my own prejudices and experiences have been made explicit and controlled for as far as possible.

3.7.5. Research ethical considerations

Alongside the ethical implications for the participants, I also thought through ethical considerations relating to my own well being when completing this study. For example, due to the personal nature of the research topic, it was possible that I may be more vulnerable to having my own grief triggered from hearing reminders within interviews, with the possibility of having potentially difficult feelings arise. In order to help with these concerns I had regular contact with my research supervisors, all of who were experienced clinical psychologists, and one of who was my placement supervisor. For more extensive issues I also had a number of sessions with a personal therapist, where I specifically thought about the emotional impact of the research on myself.

3.8. Procedure and data collection

3.8.1. Recruitment process

As outlined by Smith and Osborn (2003; Smith, Flowers and Larkin, 2009) a student project using IPA would require a sample size of between five and seven participants. In line with the literature this study aimed to recruit a minimum of six participants.

As noted earlier, a number of ways of recruiting were utilised using a purposive sampling approach (Smith, 2008). Participants were found through two charitable bereavement support organisations, namely:-

1. The WAY Foundation, an organisation that offers support nationally to individuals who have been widowed at a young age. http://www.wayfoundation.org.uk/

2. A suicide bereavement support group based in Norwich and offering support across Norfolk. http://www.suicidebereavement.co.uk

Both of the above organisations contacted potential participants on my behalf, either via phone or email, passing on the study information and contact details for myself.

3.8.2. Participant demographics

Eight potential participants contacted me, one of who was deemed unsuitable, as her loss had been more recent than the inclusion/exclusion criteria stipulated. Therefore, the final sample consisted of seven participants, of which four were recruited through the "WAY Foundation" and three were recruited through the "Suicide Bereavement" support group based in Norwich. Participants lived in a variety of places in the United Kingdom, including Norfolk, Hertfordshire and Yorkshire.

Within the sample there were two men, aged between 43 and 50 years, and five women, aged between 35 and 66 years. All of the participants had lost either a marital spouse or long-term partner to suicide. The time since the loss ranged between two and half and fourteen years. All of the participants were in heterosexual relationships and all bar one of the participants had children. One of the female participants, Opal, had left her husband a few days before his suicide. Within her interview, Opal explained that they had continued living in the same house after she had left him. It was decided to include Opal's transcript in the study regardless of the fact that she was deemed to no longer be in a "romantic relationship" with her husband at the time of his death, as stipulated in the inclusion criteria. I made this decision due to the fact that Opal was still married to her husband, and because it was only in the very early stages of their marriage break up, as well as difficulties found with recruitment. Please see Table 1. for participant demographic information and background information.

As noted earlier names and defining characteristics have been changed for confidentiality reasons. I decided to use 'precious stones' for participant pseudo names, with the hope to highlight the unique and individual nature of each of the participants' stories and experiences.

3.8.2.1. Table 1. Participant demographics

	Opal	**Ruby**	**Jasper**	**Amber**	**Crystal**	**Pearl**	**Jet**
Age	66	35	43	55	50	51	50
Ethnicity	White British	White British	White British	White British	White British	White British	White British
Religious Affiliation	None	None	None	None	None	Christian	Christian

Number of children	3	2	1	1	2	2	0
Relationship status (then)	Married	Married	Cohabiting	Married	Married	Married	Married
Length of relationship	13 years	19 years	14 Years	16 years	18.5 years	25 years	14 years
Years since experience	14 years	3 years	6 Years	2.5 years	8.5 years	3 years	4 years
Relationship status (now)	Single	Single	Partner	Single	Partner	Single	Single

2.8.3. Interview process

Interviews were conducted either in the participants' homes or within a private study area within a university. Participants were asked to allow between 90 and 120 minutes for the interview visit. The first 10-15 minutes of the interview talked through the information sheet and answered any questions or anxieties the participant had. During this time participants were reminded about confidentiality and its limits, as well as informed that they were allowed to withdraw at any point without any repercussions.

Following participants signing a consent form the interviews were conducted using the semi structured interview schedule. The interview schedule question order was used flexibly (Smith et al., 2009) following the participants' topic of conversation as far as possible in order to ensure the situation felt comfortable and natural. The interviews lasted between 50 and 75 minutes, and were all recorded using a digital voice recorder. Interviews were transcribed by a professional transcription service that had their own confidentiality agreement.

During the evening following each interview, I completed a reflective journal in order to document my feelings from the interviews, relating to both content and process issues within the interview. This reflective journal was also completed at various other times, for example when designing the interview schedule, completing the pilot interviews, following personal therapy sessions and throughout the study analysis and write up.

3.9. Data analysis

Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2003; Smith, Flowers & Larkin, 2009) was used to analyse the seven participant interview transcripts. Throughout the data analysis, supervision and support was accessed from a clinical psychologist with extensive knowledge and experience of using IPA, as well as peer support from other researchers completing IPA research. A detailed description of the data analysis process is shown below. An audit trail of the analysis is included in Appendices I and J.

3.9.1. Individual case analysis: Descriptive and conceptual comments

An in depth analysis of individual participant transcripts was initially carried out (Smith et al. 2009). This process began by firstly listening back to the interview recording and then reading and re-reading the transcribed interview a number of times. Initial comments were made in the left hand margin of the transcript, noting descriptive, linguistic and conceptual comments about the commentary. Following this process the transcript was re-read and the right hand margin was used to note emergent themes with a maximum of 20 per transcript (Smith, 2008). These emergent themes were drawn from the initial stage of the analysis and I took into account the whole transcript when making interpretations. This process was completed for each of the seven transcripts. An example transcript is included in Appendix J.

3.9.2. Development of superordinate themes

The second stage of the analysis involved chronologically listing the emergent themes for each transcript individually and grouping related themes to form clusters. These clusters were then labelled and formed an individual's set of superordinate themes set out as an overarching understanding of a participants' experience. Within this part of the analysis a number of processes were used to identify superordinate themes, as set out by Smith et al. (2009). For example, 'abstraction' (putting similar themes together and developing a combined theme); 'subsumption' (creating a superordinate theme from an emergent theme due to it drawing upon other related themes); 'polarisation' (looking for oppositional relationships between themes); 'contextualization' (looking for contextual or narrative elements within the transcript); 'numeration' (examining the frequency with which an individual theme is presented) and 'function' (examining themes for their function).

3.9.3. Cross case analysis and development of master themes

The final stage of the analysis looked to find patterns across the seven transcripts, achieved by drawing together the superordinate themes identified across the cases and clustering these into a final set of master themes representing shared experiences across the participants. The overall master themes, and concurrent superordinate themes have been used within the findings chapter (combined results and discussion; Coyle & Rafalin, 2000) to present the results and interpretations.

When creating superordinate themes I adhered to the criteria that a minimum of one third of the participants needed to be associated with it to ensure the relevance of the superordinate themes across the participants (Smith, Larkin & Flowers, 2009).

3.10. Quality and validity in qualitative research

In order to assess the quality and validity of this research I have used Yardley's criteria (2000), as specifically recommended by Smith et al. (2009) for its relevance to both qualitative and IPA research. Yardley set out four main criteria for assessing the quality of qualitative research, namely; 'sensitivity to context'; 'commitment and rigour'; 'transparency and coherence' and 'impact and importance'. Below I have explained how I have addressed each of these four criteria to ensure the quality and validity of my research.

3.10.1. Sensitivity to context

Sensitivity to context can be established by demonstrating sensitivity to current literature and research, the socio-cultural setting of the study and the data gathered from participants (Smith et al., 2009). Throughout my research I have endeavoured to demonstrate these criteria by being sensitive within my use and descriptions of the literature base in my introduction. Within this literature review I have considered the context of a Westernised societal view on suicide and how this context may impact on individuals' experiences and the way in which they told their story. I have also demonstrated sensitivity within the participant interviews, specifically thinking about power issues and always allowing time to make participants feel at ease and comfortable to discuss their experiences.

Within the findings chapter I have also attempted to demonstrate sensitivity by conducting an in depth and thoughtful analysis and descriptions of participants' experiences. I have supported my interpretations with carefully selected verbatim quotes; something Smith et al. (2009) suggest can give the participants a voice within the project, as well as allowing the reader a platform from which to check the validity of the interpretations made. I made the decision not to use member checking for the study write up, both due to time constraints and due the underlying theoretical orientation of the study having a "double hermeneutic", and therefore acknowledging the researcher is making sense of the participants making sense of their experience. I intend to contact the participants following the completion of the research and discuss the most appropriate way for them to hear the study findings

3.10.2.Commitment and Rigour

Yardley's second criteria refers to both maintaining an in-depth involvement with the research topic and research method used, as well as ensuring a competent and thorough depth of analysis. I have demonstrated commitment and rigour throughout the project in a number of ways, for example paying careful attention to developing my skills in using IPA as a qualitative method of inquiry and being attentive to the data gathered from participants. I have developed qualitative research skills from attending lectures on qualitative methodologies as part of my clinical training, reading relevant literature, and seeking support from both my supervisors and peers also completing qualitative research. I feel I have continually demonstrated attentiveness to the participants throughout, paying close attention to individual experiences within the data collection, analysis and write up. I hope this can be demonstrated from the example of a participant's transcript analysis, included in Appendix J.

Yardley (2000) refers to rigour as thorough data collection and the depth of analysis. I have acknowledged that the rigour of my research will have been affected by my 'novice' skills as a qualitative researcher (Smith et al., 2009), as well by time constraints and the difficulties faced from recruiting participants. At the same time my own experience could be seen as adding to the commitment to the research, perhaps allowing me to be rigorous and sensitive to the data. Despite these challenges, I have tried to ensure my continued commitment to the study, always aiming to remain commitment to the research rationale and aims. I hope I have demonstrated this criteria by gaining support from my supervisors throughout the study development and analysis.

3.10.3.Transparency and coherence

Transparency and coherence refers to illustrating clearly the stages of the research process and making clear links between the research design and underlying theoretical assumptions held by the study (Smith et al., 2009). I have

aimed to demonstrate the transparency of my research by including an audit trail of my analysis and interpretations within Appendix I.

Yardley also suggested consideration of reflexivity in order to demonstrate transparency, and I have aimed to ensure that I have been explicit throughout the process. Please see 3.11 below for a self-reflexive personal statement, which I hope, in addition to my personal experiences directly related to the introductory chapter, will also add to the transparency of the research.

3.10.4.Impact and importance

Yardley's final principle reflects the overall interest and usefulness of the research. I have included a clinical implications section within the conclusions chapter, in order to demonstrate the validity of the findings developed from this work.

3.11. Self-reflexivity

As discussed in the introduction I have an inherent link to the topic area explored within this research. Aside from this affirmation to the study I feel it is also important to make explicit other personal constructions I may bring as the 'researcher', as detailed below:

I am a 28-year-old white British female, who has grown up in a family of largely middle class white British and Scottish background. I have always resided in the south of the England, moving around for university and various jobs. I have worked in jobs related to psychology since completion of my degree in 2004, and have a keen interest in working with people with learning disabilities and autistic spectrum disorders. I am in a committed relationship of three years, and am lucky to have a reliable, stable and fun loving group of friends and family. I am not religious, and would class myself as 'agnostic', holding onto 'spiritual curiosity'.

I am currently a trainee clinical psychologist in the final year of training at the University of Hertfordshire. Throughout my training I have become progressively more influenced by social constructivism and would describe my therapeutic orientation as integrative, inasmuch as I am influenced by a wide range of theories and models of working, mainly including, systemic, narrative, cognitive behavioural, positive psychology, constructivist and psychodynamic.

As a 28 year old I am unsure as to how 'normal' a bereavement history I have. Before the age of 20 I had lost all four of my grandparents, my maternal grandmother whom I was unfortunate never to meet as she died before I was born. In addition to this, my parents lost a child before I was born; a topic, which while firmly in my consciousness is rarely discussed within our family system. In the past six months I have seen a close friend of mine pass away from cancer, leaving behind one of my closest friends as a 'bereaved partner', much like myself in 2006. It feels as if death has been a part of my life from a very early age, and is something that I greet with mixed emotions, feeling both inherently comfortable and unnerved by it. Overall, I have an overriding feeling that in some sense death has the potential to bring out an individual's core emotions, sense of self and lead them to develop a deeper connection with the world in which they live.

4. Findings

4.1. Overview

Interpretative Phenomenological Analysis (IPA) of the seven semi-structured interviews resulted in the emergence of four master themes, as set out below:-

- **Pervasive impact of loss** - "Oh god, it's such a disaster"
- **The search for understanding** - "There are so many questions that are unanswerable, like 'why'?"
- **Challenges and ways of coping** - "All the challenges they just come daily, hourly, minute by minute"
- **Looking to the future** - "It's been a turning point for me, and a catalyst for change"

This chapter is focused on examining these four master themes and their related superordinate themes, as set out in table 2 below. Verbatim quotes taken from each of the participants' semi structured interviews have been used to illustrate the four master themes, as well as each theme being discussed in relation to relevant academic and non-academic literature. It is recognised that not all of the participants' experiences have been included within these findings, and particular interpretations have been selected due to the relevance to the research questions. An audit trail of the development of the master themes is included in Appendix J, alongside a full example of a participant's analysis in Appendix I.

Within this chapter I have steered away from more traditional research presentations of separate results and discussion sections. Instead, the decision was made to combine the findings into one section looking at both themes and interpretation. I have aimed to do this by ending each of the individual theme sections with a discussion of the theoretical links. This is in line with examples

taken from other IPA researchers (e.g. Coyle &Rafalin, 2000; Rasool&Nel, 2011, in press).

4.1.1. Findings considerations

It is noted that the findings reported within this chapter are only one interpretation of the results, acknowledging that a number of factors will influence the construction of the interpretations made. For example, I explicitly recognise that this account is socially constructed and my own role as "researcher" and "survivor" will have impacted on the interpretation of the participants' stories. In addition, I acknowledge that the context within which the participants told their story and the overarching theoretical orientation of this study would have also had implications on the findings presented (Smith & Osborn, 2008).

At times I have made alterations to the verbatim quotes in order to ensure the findings are coherent and readable. Any 'missing' material has been indicated by dotted lines within brackets "(…)". Identifying information has been removed or changed for confidentiality reasons.

4.2. Table 2: Master themes and related superordinate themes

Master themes	**Superordinate themes**
1.Pervasive impact of loss **"Oh god, it's such a disaster"**	**A shattered world** - *"My world just started to fall* apart"
	A fragile self - "*It makes you a lot more fragile"*
	Loss of self - "The person I was has gone"
2. The search for understanding **"There are so many questions that**	**Struggling to make complete sense** - "I've got to join up those dots and finish off that picture"
	Unanswerable questions - "I've got a lot of questions and I'm not

are unanswerable, like 'why'?"	getting any answers"
	Understanding with hindsight - "I think I realised she was ill enough to take her own life"
3. Challenges and ways of coping **"All the challenges they just come daily, hourly, minute by minute"**	**Coping with difficult emotions** - "That's where I block"
	Coping with the changing nature of grief -"The death recedes and the missing takes over"
	Coping with social challenges - "There is a stigma, however accepting people are"
4. Looking to the future **"It's been a turning point for me, and a catalyst for change"**	**A different direction** - "I've written my own story"
	Finding a positive from tragedy – "There had to be something positive to come outof this"

4.3. Introduction to participants

Elaborating on the method section, where the participant demographics were described, below I have aimed to introduce each of the seven participants, by providing a synopsis of relevant background information to the loss of their partner, hoping to bring the participants experiences nearer to the reader. I have also noted any personal reflections that may be relevant to the interpretations of the findings, in attempt to be transparent in the process of analysis.

4.3.1. Opal

The first of the participants was a lady called Opal; a sixty-six year old white British female and mother of two. Opal described a thirteen year abusive marriage, which came to an end when her husband killed himself while at work a week after she had built up the courage and left him. When I met with Opal, it had been fourteen years since the death of her husband, within which time Opal had

struggled with the complexities of coping with an abusive relationship and the added impact of loss by suicide. Opal talked openly about her journey of "writing her own story" to make a better life for her family, as well as describing the personal challenges she had experienced along the way, for example experiencing depression and feeling unable to trust in relationships as a result of the loss. I connected with Opal's strength to not let the experience be a curse on her life, as well as the struggles that this brought her.

4.3.2. Ruby

I then met with Ruby; a thirty-five year old white British female and mother of three young children. Her husband of nineteen years had committed suicide three years earlier, when she had found him asphyxiated in the garage of their family home. Ruby described how she had had an argument with her husband the night before his death, when she assumed he had gone to stay at a friend's for the night. Ruby made the discovery the following morning when she opened the garage door. Ruby was left with complex feelings of guilt and anger, compounded upon by her initial thought that she had been involved in causing her husband's death when she had opened the garage door. She talked about having to mask her feelings and the challenges she had to cope with following her loss, for example the social difficulties of being a single mother and the complexity of coping with overwhelming emotions. I particularly connected with the way in which Ruby described masking her emotions, and her worry about what would happen if she let her true feelings out.

4.3.3. Jasper

The third interview was completed with Jasper; a forty-three year old white British male and father of one. Jasper described how his long-term partner of fourteen years killed herself via carbon monoxide poisoning 6 years ago. Jasper talked about his understanding of his partner's suicide being linked to her long-standing history of mental health difficulties. He talked about his ongoing struggle to work out whether he was "in part to blame" for his partner's decision to take her own

life. Jasper talked about his changing life role, taking on the childcare for their young son, and discussed the difficulties he faced coping with the impact his partner's death had on his feelings of self worth, wondering whether there was something intrinsically wrong with him as a person. I felt particularly moved when Jasper described how he wondered if there was something intrinsically wrong with him; intense feelings I remember experiencing in the past.

4.4.4. Amber

The next participant was a lady called Amber; a fifty-five year old white British female and mother of one. Amber lost her husband of sixteen years when he jumped from a car park roof one morning when he had gone to have their car serviced. Amber talked about her husband's previous mental health difficulties and how he had had a serious suicide attempt the year before. Amber distinctly described how she felt that she had no future without her husband, talking about the longing she felt for him. Amber talked about having an understanding about why her husband had chosen the path he did and acknowledged that she felt that he "could not help it". I connected with Amber's description of her feelings of longing and sadness; emotions that were incredibly strong for me upon Simon's death.

4.4.5. Crystal

I then met with a lady called Crystal; a fifty-year-old White British female and a mother of two. Crystal lost her husband of eighteen and a half years, eight and a half years ago. She described intense feelings of shock when she discovered her husband had shot himself in the garden of their home, struggling to make any sense of what had happened; something that continued to this day. Crystal was left with feelings of deep confusion as the man she knew and loved had always been 'fun loving' and she had seen no signs of depression or unhappiness with life. She spoke about coping with overwhelming feelings of depression following her husband's death, describing how for many years she felt suicidal herself as a result. I was particularly moved by the long-term nature of Crystal's grief process,

and was left feeling saddened that the experience had had such a devastating impact on her life.

4.4.6. Pearl

The final lady I met with was Pearl; a fifty-one year old white British female and a mother of two. Pearl's husband of twenty-five years took his own life by shooting himself while at work. Pearl talked about the shock she experienced and the "nightmare" that ensued following her husband's death. In her search to understand, she firmly placed the blame for her husband's death on bullying at work. She described feelings of guilt that she was not able to recognise how bad things must have been. Pearl talked about feeling that she had lost herself following her husband's death, and had suffered feelings of depression and thoughts of suicide herself as a result. She talked about an inner strength to survive and how she fought to continue living to find a "new" life for her and her children. I was touched by Pearl's description of her "Freddie bird" (in memory of her husband), and her fighting spirit keep on living.

4.4.7. Jet

Jet was the final participant I met with; a fifty-year-old white British male who lost his wife of fourteen years, four years ago. Jet talked about the devastating impact of learning of his wife's suicide, who had died from carbon monoxide poisoning, when he was away for work. Jet described a deep understanding about the inner turmoil his wife coped with from her long standing fight with depression. He spoke about the sadness he felt at her passing, as well as feelings of frustration that he had been unable to prevent it from happening. Jet was unusual within the sample as his wife had left a number of detailed letters explaining how she had been feeling, which seemed to help appease any feelings of guilt. I connected with Jet's understanding of his wife's inner turmoil, while also related to his description of being "emotionally unprepared" when it happened.

4.5. Exploration of themes

The following section aimed to examine each of the master themes and related superordinate themes in sequence. A summary of these findings had been included in the conclusions chapter.

4.6. Overview of master theme one: Pervasive impact of loss – "Oh god, it's such a disaster"

The first master theme aimed to capture the wide reaching impact the loss of a partner to suicide had on the participants. The master theme particularly looked to describe the shattering impact losing a partner can have on an individual's life, while also highlighting the difficulties faced due to the traumatic nature of the loss. Participants described the long-term impact the experience had on their sense of self, identity, self-esteem and connectedness to the world. Participants also often explained how the loss of their partner led to a sense that they had also lost a part of themselves. Related to this, social aspects of the loss were also discussed by participants, for example how the loss of a partner often led to changes in their social networks as well as how having an identity as a "single" person impacted on their sense of social inclusion. The three superordinate themes making up this master theme are discussed in detail below.

4.6.1. A shattered world – "My world just started to fall apart"

This superordinate theme highlighted the devastating impact the sudden loss of their partner to suicide had on participants' lives. This was most pertinently described in the earlier stages of the bereavement process, with subsequent stages identified over time. All of the participants directly, or indirectly, talked about the shattering impact the loss had on the world they knew, often describing the experience as one of the most difficult experiences they had ever had to cope with. For example, the following interview extract described how difficult the experience of losing her husband to suicide was for Opal:

"It was just easily the worst thing that's ever happened in my life, easily"

Pearl echoed a similar feeling and powerfully described how she *"wouldn't wish it on her worst enemy";* perhaps highlighting the extent of the devastation. Jet recalled the moment it all began, when the police broke the news of his wife's death:

> *"I was met outside by a police car, and that's where the nightmare began."*

The beginning of the nightmare was also described by Pearl, who recalled refusing to go inside when two policemen arrived at her front door to tell her the news of her husband's suicide. She went on to describe her initial reaction as she found out the news of her husband's death:

> *"And then there was an almighty scream, and then we had come inside, and yeah that's where the nightmare starts."*

As described by both Jet and Pearl, there was a sense that the moment they received the news of their partner's death lead to an immediate disruption to their life narrative. Participants described feelings of shock and disbelief, with a sense that they had been thrown into the unknown, where they had to try to pick up the pieces amidst the arduous task of trying to make sense of what had happened. Opal spoke with a heightened sense of emotion as she described the unfolding nature of events when she found out about her husband's suicide. She recalled a strong memory of sitting in the spare room with two policemen telling her the news. Opal explained both the physical and emotional pain she experienced, as shown in the following extract:

> *"I had a very strong visual thing of all of the people that it would impact and so it was strange because they were actually cardboard cut-outs, really strange, very strong visual image (…) his mum, his dad, his best friend, his sister, and each one was like somebody punched me in the stomach and knocked me out because I was living through them. I was the*

first one to know and all these people, I was straight to that and the shock of thinking about each person, (…) how it was going to be for them.

The above extract described the initial shock and struggle of hearing the overwhelming news, as well as illustrating Opal's initial horror about the subsequent impact it was going to have on the people around her. Opal spoke about her two children, sitting downstairs watching TV, and her worsening feelings of terror about what was going to happen from that moment on. Jet went on to describe the painful process that followed the initial shock of hearing the news of the death of his wife, and how over the first few days he struggled to come to terms with the reality of what had happened, as shown in the extract below:

"The first few days, just the first seven days or so, was just a nightmare and I remember howling in the morning, it was absolutely horrible. I used to wake up in the morning and everything is alright when you are asleep of course because you're not conscious of anything and you wake up and suddenly the fact hits you and I just used to start howling, screaming."

Jet continued to talk about the long-term impact of his wife's death on his ability to live, describing how his *"world just started to fall apart*". This sense of a dissolving world was also echoed by Pearl, when she described:

"But it is a big, it is a big, it's such a big change, and things like you know, I've done a lot, I've coped with a lot"

The language Pearl used in this extract highlighted the huge impact of the experience and the changes that it imposed on her life. A similar theme was also described by both Jet and Pearl, where they talked about the impact of the loss as an on-going experience, whereby they merely existed and lived each day as it came. Jet described this in the following extract:

"Its like a prison sentence you know, you've got another – you've got to do your porridge and then you've got another year ahead of you and the second year is really bleak because you are on your own and yeah, it really kicks in."

With Pearl similarly describing:

"I used to look upon it as that's one less day, but I don't know how many more are coming (…) it just hurts."

Crystal also indicated the long-term nature of the impact of the loss of her husband, while also describing how she felt that her life had been ruined. There was a sense that Crystal had feelings of anger towards her husband for both destroying his life, and hers, as she explained in the extract below:

"You know? He's ruined my life. Which I suppose is very selfish isn't it? Actually he's destroyed his own life, but it felt like he'd destroyed mine as well, and for many years he did."

Neimeyer (2008; 2006) has described how experiencing violent or sudden death can lead to an incoherent and meaningless understanding of what had happened, leading to an invalidation of the 'survivor' and the 'deceased's' life narratives. This was illustrated in the extracts above, with participants both describing the initial impact of learning of the news of the loss, as well as the ongoing impact the experience had on the participants' ability to cope with their changing lives. Neimeyer (2000) talked about how a highly individualised process of meaning reconstruction needs to take place to be able to accommodate life with the reality of the loss. This concept was illustrated by the participants when they described how each day was lived as it came, giving the sense that the participants were no longer able to make sense of the world around them and were actively forced into trying to integrate the new, devastating, life experience into how they were able to make sense of their lives. As many of the participants described, the initial process of trying to make sense of the loss often felt like a "nightmare", describing

how with every day came a new challenge and a new change. There was the sense that participants invariably had no choice but to cope with it, as eloquently described by Pearl when she said *"you have two choices; you sink or swim",* which encapsulated the notion that alongside tragedy, life still had to continue. The experiences of the participants, particularly in the early stages of grief, highlighted the life changing nature of losing a partner to suicide, holding onto the idea about how the impact of the death was so pervasive in its style, that it was almost impossible to integrate the experience, thus plunging the participants into a life made up of feelings of shock, confusion and heartache. As discussed by Currier & Neimeyer (2006) finding ways to be able to integrate such experiences into a person's life narrative appears to be an important part of recovery. Therefore highlighting how the devastating and shattering impact of such a loss is an important aspect for people to explore and address.

4.6.2. A fragile self – "It makes you a lot more fragile"

The second superordinate theme intended to capture how the participants experience often had a defining impact on the their sense of self, with particular descriptions of participants being left feeling fragile or developing negative self views following the experience. Participants often described the complexities of coping with difficult and intense emotions, such as anger and guilt, describing how they were left feeling traumatised, lost and confused as to how to continue. Common experiences were described including feelings of depression, low self-esteem and a feeling that there was something intrinsically wrong with them, as a consequence of what had happened. This superordinate theme was shared by all seven participants to varying degrees, and again was predominantly noted in the early stages of the grief process, with long-term impacts on participants' sense of self also described. For example, the extract below described the depression that Opal experienced following her husband's death, indicating the long term impact the experience had on her:

"I can't tell you how black it's been and the depression that I've had over the years (…) I still have to fight the depression that comes back as a result of what happened"

Crystal also talked about the hard hitting feelings of depression she experienced, as well as how she was left questioning, *"will I ever be happy again?".* Jasper described similar feelings of depression, as well as describing how the loss of his partner reinforced any negative views he already felt about himself, leaving him feeling vulnerable, as shown in the extract below:

"It sort of reinforces any negative views you've got of yourself (…) I think it makes you a lot more fragile as well"

Jasper also went on to explain how his partner's death left him questioning whether he was a "bad person", where he described how he was left with feelings of self doubt, questioning whether there was something wrong with him, which had ultimately lead to his partner's decision to end her life:

"I think that the biggest thing is the sort of self doubt it brings into you (…) it just makes you feel as though there is something not very nice about me as a person"

Jasper's feelings also appeared to be linked to feelings of guilt and responsibility, and he went on to talk about this feeling further, as shown in the extract below:

"Would my wife have died if I was a better person? (…) it makes you feel as though there's something intransigently wrong with you"

Another common theme discussed by four of the participants was the experience of feeling suicidal themselves, as a result of how they were feeling due to the loss. Crystal described these feelings, illustrating how the only option she could see to stop the way she was feeling was through her own death, as described in the extract below:

"I felt suicidal myself after he did it. Because I was so desperately miserable I thought the only way I can stop feeling so awful is to kill myself"

Crystal went onto explain the enduring nature of her depression, and the active thoughts she experienced about wishing to end her life:

"He wasted so many years of my life as well actually, because, I mean I would say there was probably seven years of my life when either I wanted to die, and some of that was quite active in that I wouldn't have minded killing myself, or less active in that I wouldn't mind dying"

The long-term personal impact of the loss of a partner to suicide was echoed by a number of participants and eloquently summed up by Pearl when she said:

"*The wounds will heal but the scars will always be there."*

In the extracts outlined above there are a number of impacts on self illustrated by the participants. For example, as initially described, feelings of depression were common among the participants. This resonates with the findings of a number of researchers, who have documented how feelings of depression are common for people bereaved by suicide (Begley and Quayle, 2007; McMenamy, Jordan and Mitchell, 2008). However, when listening to the participants' descriptions within the interviews, it feels as if the reasons for the depression are made clearer. For example, feelings of depression appeared to have been impacted on, or intensified, by the complexities of the emotions experienced following the loss of a partner to suicide, such as guilt and responsibility. It also appeared that the loss of someone to suicide often led to participants being left questioning themselves as a good and worthwhile person, as described by Jasper asking the question that if he had been "*better*" would he have been able to stop this. These feelings appeared to be incredibly difficult to cope with, leaving people feeling unable to face the world and ultimately contemplating suicide themselves in order to stop

the pain. From reviewing the participants involved in this study it appeared clear that the ones who had the least understanding about why their partner had died went on to have the most difficult grief reactions, for example Ruby and Crystal. This perhaps highlights further how important it is to be able to understand and make sense of such an experience in order to be able to process what has happened and move forward with life. This notion also links in with the wealth of research focused on increased risk of mortality following loss (Stroebe, Schut & Stroebe, 2007), and perhaps goes to highlight the risks faced by people who have lost a partner in such a sudden and nonsensical way.

4.6.3. Loss of identity – "The person I was has gone"

The final superordinate theme within this cluster addressed the impact of the loss of a partner on individuals' feelings of identity. In contrast to the previous superordinate theme, this theme encompassed the feelings of loss and sadness that their partner was no longer around, and the impact this had on their ability to cope and exist within the world. For example, participants highlighted how experiencing the loss of a partner subsequently led to feeling as though they had lost a part, or all, of themselves. In addition, participants highlighted the difficulties faced with their new found identity as a "single" person, living in a world ruled by couples. This superordinate theme was explicitly shared by five out of the seven participants, all of whom described feeling as though they had lost a part of themselves due to the death of the partner.

Pearl strongly described how she felt that she had completely lost herself following her husband's death, and talked about the difficulties she faced with feeling that she had to find a "new" identity, while desperately wanting to hold onto the life she had before, as described in the extract below:

> *"The person I was has gone. I am not that person anymore (…) I want to be the old me with him and I've got to find that new person and when you've been with someone for so long and you've known them from 16, it's hard –"*

Pearl went on to explain the massive impact her husband's death had on her life, while also indicating how she strived to continue living and looked to form a new life for herself:

> *"It's so, so massive, so massive when you lose someone like that. Because, you know, you're trying to keep on and like I said you're just trying to find out who you are now and at the same time, you obviously miss them but you've got to make a life and I don't – sometimes there's days you don't want to make that life."*

A similar theme was described by Crystal, who described how following her husband's death she was left not 'feeling whole', explaining how when her husband died he took her with him.

Crystal*:* *"It takes more than half of you when your partner dies."*

Melanie: Acknowledges.

Crystal*:* *"That's why I didn't feel whole I suppose."*

Melanie: Acknowledges.

Crystal*:* *"He took me away with him."*

Crystal movingly went on to speculate how her struggle to cope with her husband's death had taken so long to recover from, because of the intense feeling that she had lost a part of herself when he had died, leaving her feeling confused as to how to continue living:

> *"Maybe that's why it has taken so long to get through it because he was such a part of my life, he was me"*

Amber echoed Pearl and Crystal's difficulties in coping with the loss of their spouses and described the intense loss that she had experienced and the difficulties she now faced being able to look to a life without him, as described in the extract below:

> *"He was everything, he was my friend, my soul mate, my husband, my (…) so I don't know, he's gone and I'm here (…) But that's about it really. Where I go – well – I'm on my own and will be on my own."*

Amber went onto explain how without her husband in her life, she struggled to see a future, describing:

> *"I just thought, what am I going to do without him and I felt frightened (pause). I still do from time to time – I wonder what the heck is ahead."*

Pearl echoed a similar sentiment, as powerfully described in the extract below:

> *"I've always said I have no past, I have no future, I only have the present now"*

There was a sense that both Amber and Pearl were describing their struggle to view their lives without their husband in it, almost describing how their worlds had been shattered (Bowman, 1999) and they were left with a blank space where there had once been a detailed view of the life they had ahead of them.

A further difficulty was described by both Crystal and Pearl, who explained the social challenge they faced of no longer being part of a "couple". Firstly, Pearl described how

> *"You always went out as a partner, as a couple and that's gone",*

This was reiterated by Crystal, who described how she resented no longer being part of a couple, highlighting how society is made up of people living in couples, and the impact this had on her feeling of inclusion:

> *"People tend to live their lives in couples, don't they, and I resent not being in a couple."*

The above superordinate theme taps into a number of concepts that were discussed in the literature relating to the loss of a spouse, with particular links being made with attachment theory and the ideas of separation distress (Bowlby, 1969; Parkes, 1996). Participants' descriptions of how their identity was lost or shattered also linked to work completed by Bowman (1999), who highlighted the difficulties of having a future story 'interrupted'; something he refers to as "shattered dreams". Bowman has explored the difficulties some people have in finding the "willingness to dream again" following such events; something which has been movingly described by a number of the participants and appeared to have been amplified by the intimacy of a romantic, life long relationship with a partner where people had grown together as one. Social difficulties of holding a new label of "single" also appeared to have caused difficulties, especially impacting on participants' feelings of 'social belonging' and their ability to remain integrated in society (Murphy, 1998; Anant, 1966). As described by Wallbank (1992), the on-going struggle to adapt to a changing life situation was described by participants, as well as their understandable resistance to form a new identity, alongside the knowledge that they knew they had to. This appeared to have been especially difficult for the participants who had been with their partners for very long periods of time and who had described their relationships as positive and loving; for example Pearl, Amber and Crystal.

4.7. Overview of master theme two: The search for understanding – "There are so many questions, like 'why'?"

This master theme portrays the ways in which participants have looked to search for an understanding about the loss of their partner, as described in the literature as 'trying to make sense and meaning' (Neimeyer, 2000; Neimeyer, 2005). As illustrated in the initial master theme, feelings of shock were a universal experience described by the entire sample, with participants often talking about having little or no understanding about why their partner had taken their own life. Even when there was understanding, perhaps from a history of mental health problems or previous suicide attempts, there was still a search to fully understand why. This theme aimed to encompass the ways in which people have tried to make sense and find meaning, as well as some of the struggles people came up against; for example the difficulties of not being able to make sense of 'why' and being left with agonising questions which had no answers. This master theme also captured the feelings of guilt and blame people felt in response to their partners' death, and how this was manifested in their understanding of the loss. Finally, this theme looked at some of the emotional responses people had to the understanding they had developed, for example descriptions of feelings of relief that their partner was no longer in pain and feelings of frustration that they had been unable to prevent the fatal act from occurring. The three superordinate themes included in this master theme are discussed in detail below.

4.7.1. Struggle to make complete sense– "I've got to join up those dots and finish off that picture"

The first superordinate theme in this cluster aimed to capture the struggle participants described in being able to fully understand and make meaning following the death of their partner, with a specific focus on the participants' struggle to work out whether they were partly to blame. All participants described initial feelings of shock and disbelief when they found out about their partners' death, often coupled by feelings of confusion as to why it had happened, with some participants feeling that it made absolutely no sense. A major part of the struggle to understand was linked to participants trying to work out their own

involvement in their partners' death; often being crippled by feelings of guilt and blame. The intensity and longevity of these feelings are also discussed, with participants often explaining an on-going struggle to fully answer the question 'why', often being left with a sense of responsibility in the absence of another explanation.

As described above, participants spoke about intense feelings of shock upon finding out about the death of their partners. In the extract below, Pearl eloquently described her feelings of disbelief and difficulty in being able to recognise the man who had died:

> *"There was over 250 people at the funeral, all in shock, that's the last person – I mean I know he's a farmer, in inverted commas, and because everybody 'farmer commits suicide' (…) people were just shocked. He was the last person anybody, anybody would have thought would have done that. The absolute last person."*

The above extract highlighted the extent to which Pearl was shocked by her husband's death, mirrored by the similar reactions of their extended social network. The language used extenuated these feelings of confusion, with Pearl often repeating key sentences, such as "the last person" both here and in other sections of her transcript. This inability to understand was echoed by the majority of the participants, with many of the participants also discussing how they have tried to unravel their role in their partners' deaths. Themes of guilt and blame were common, and often long lasting, and appeared to be intrinsically linked to the participants struggle to make complete sense of what had happened. For example, Jasper spoke about his struggle to untangle some of the cognitive and emotional reasons for his wife's suicide, describing how he could think of reasons as to why she did it, but remained unable to develop a complete understanding, as described below:

> *"It took a bit of time to try and work through them and sort of understand them and how they fitted together, but I still haven't worked it out (…) I can*

work out all the sort of factors about her dad having mental health issues as well (…) So I can work out all these things, but I can't - I can join up all the dots, but I can't complete the puzzle."

Jasper went on to explain further the part of the puzzle that he was unable to complete, explaining how he was trying to work out whether he played a role in his partner's death, as described in the extract below:

"But I still haven't worked out the bit about where I fit into it. Whether or not I was partly to blame."

Feelings of blame and guilt, as hinted at by Jasper, were common across the participants' stories, and the devastating impact these feelings had on the way the participants felt. Opal powerfully used the metaphor of '*hell'* to describe the guilt she felt for husband's death, perhaps suggesting that she felt that she should be punished for what she had done:

"If there was such a place as hell I was in it because of the remorse, not the remorse but just the blame that I put on myself"

In a similar way to Jasper, Opal also described how she had to distinguish between both cognitive and emotional understandings for her husband's death, as shown in the extract below:

"Logically everyone was very kind and came round and said 'this isn't your fault', 'this is about his work' or 'he was ill' and blah, blah, blah, blah, blah and eventually if enough people tell you it starts to sink in but at first I just thought 'I don't know what they're talking about'"

Opal's use of "*blah blah blah blah blah*" perhaps illustrates the power of the emotion of guilt, and how it was the over-riding understanding she had for making sense of her husband's suicide. This was also described by Opal when she explained *"I was ready to take on the blame completely myself".* Further to this

Opal described how she thought she had a black power, a thought she struggled to cope with, as described below:

> *"I always thought it was me and I had this horrible black power over – I was able to cause this to happen which is very, very frightening and that was hard to deal with for a long time".*

Crystal also explained her feelings of guilt about her husband's death, encapsulating feelings of guilt relating to her to being able to notice that something was wrong, as well as describing how she had been able to fully resolve these feelings:

> *"I do still feel guilty that – well, partly that I never knew – that I'd been married to this guy and I'd known him for so many years, and actually I don't feel like I knew him at all really. He had been going through something in his head that nobody knew about and that he couldn't share with me. Well, that is terrible."*

Going on to also explain the longevity of these emotions:

> *"I just felt desperately, desperately sad that – and very, very guilty – and I will still feel guilty until my dying day".*

The literature relating to loss by suicide often talks about the inherent feeling to try and make sense and find meaning (Neimeyer, 2008: Neimeyer, 2006). There was a sense that all of the participants innately went through this process of trying to find a reason as to why their partner had taken this course of action, often leading to feelings of guilt, especially when there was no "absolute" understand about 'why'. In relation to this, researchers have often described how feelings of guilt are more common when somebody loses a partner (Parkes, 1996), and it appeared that the added impact of 'a suicide' perhaps lead to amplify these feelings of guilt and a sense that they were inherently to blame for their partners suicide, due to the nonsensical nature of the death. This may have pertinent links

to research carried out by Bonanno et al. (as cited in Ayres, 2004), who described how people who had high levels of self blame were more likely to have long lasting difficulties adapting to the loss; something which appears to have been shown with this sample. Within the sample of participants it was clear that the people who did not have an understanding about their partners' death showed higher levels of guilt and self-blame. In relation to this, it appears important to highlight how important it might be to help people make sense and meaning of such a loss, especially if in the absence of an understanding people lay blame upon themselves.

4.7.2. Unanswerable questions – "I've got lots of questions and I'm not getting any answers"

As described in the previous superordinate theme, many participants described their struggle to make sense of their partners' death. Alongside this, this superordinate theme aimed to capture the experiences of being left with agonising questions that had no answers (Van Dongen, 1990). Participants talked about the difficulties associated with 'not knowing', as well discussing ways in which they tried, or hoped, to find out answers to some of the impossible questions they were left with. The experience of being left with unanswerable questions was shared by four of the participants, to differing degrees. The questions they were left with also varied, for example some being left with the on-going question of 'why', while other were left questioning their past relationships and more existential thoughts, such as have their partner gone to heaven. The main question people appeared to struggle with was 'why', as described by Pearl in the extract below:

"There's so many question that are unanswerable, like why?"

Ruby similarly talked about being unable to make sense of her husband's actions, and her continual struggle to find answers to her questions:

"It was just the same thing like why? Why did he do it? Was it that bad, was he that unhappy? I've got a lot of questions and I'm not getting any answers."

Pearl highlighted the fact that there were some things that she would never be able to know the answer to, for example when thinking back to the night before her husband's suicide, relaying the events of what had happened in her mind:

"I don't know, I don't know whether that's why he slept separately so that he could get the gun without me knowing, I don't know, that's something you'll never ever know."

Another question which participants described wanting to know was if their partner was 'OK', and what had happened to them as a result of their actions, often leading to feelings of discomfort. Pearl, who was a practising catholic, described her struggle of not knowing if her husband would have gone to heaven, and the ways in which she had thought about going about finding an answer:

"It's the fact that I don't actually know whether he's up in heaven or in hell, because of the suicide, and no-one can give me that answer. And there's a few times I've thought shall I go to a medium, and then there is a part of me that thinks if I don't hear from him I still won't know where he is and I think that would upset me more."

Pearl openly described her hesitance to try and find out the answer to her question, perhaps suggesting that actually finding out the truth would also be an unsettling concept to cope with. Similarly, Ruby described how she visited the *"spook people"* in the hope to get answers *"of why he done it".* While Ruby did not receive any answers to her questions of 'why', she explained that she was told that her husband was *"getting used to living on the other side".* Following this visit Ruby explained how it had been comforting to know that he had gone to heaven, perhaps illustrating how she had found a way to try and live with the uncertainty of unanswerable questions. This is described in the extract below:

"It was nice to – it was nice to hear that I knew he'd gone, gone over that he wasn't here and just to get a picture of how he's living at the moment."

Jasper also talked about the struggle he faced when reflecting back on his relationship, questioning whether his wife had ever really loved him. He talked about hoping he would "get a sign", perhaps illustrating the difficulties of never being able to have a final conversation with someone to ultimately find answers to the questions you are left behind with. The extract below describes Jasper's struggle:

"Did she ever really love me or not and that's one of the other things after her death is trying to work out whether or not she had ever loved me and hoping that – I was hoping for a sign that I would know that she was ok but you don't really get that do you? Well I don't know maybe some people do but I just –"

The desire of some of the participants to want to find ways to find answers to their questions perhaps highlighted the importance of being able to make sense and find meaning following loss by suicide. It may also be that when people are left unable to resolve difficult questions, it can have an impact on their ability to adapt to the loss and move forward. Van Dongen (1990) highlighted the difficulty of not being able to get the answers, and the subsequent feelings of psychological distress that can result from such an experience. It appears important to note the ways in which participants described trying to resolve these questions, for example visiting a medium, and the possible healing powers of being able to find some way to live with the uncertainty of never being able to answer questions.

4.7.3. Understanding with hindsight – "I think I realise she was ill enough to take her own life"

The final superordinate theme in this cluster aimed to capture the participants' experience of looking back and reflecting on life before the suicide, and piecing

together information to form an understanding. In some cases this was a natural process, and the ability to make sense was something that was achieved quite clearly. Previous attempts or a history of mental health problems were often highlighted as an aid to be able to understand, especially when the mental health problems had been explicit and talked about within the relationship. Some participants described that with hindsight came sadness and feelings of frustration and that they had not been able to recognise the warning signs and fix things, which can perhaps also seen as feeling of guilt that they had not done something differently and prevented their partner from taking their own life. While other participants described feeling relieved that their partner was no longer in pain.

Jet described in detail how he was able to understand his wife's "inner turmoil", describing how discussions about her desire to no longer be alive had often been *"tea time talk"*. Jet also spoke about the helpful nature of being left with a number of detailed suicide notes, as well as being able to read her thoughts about her sadness and struggles with life in her diary, following her passing. He movingly described an extract from his wife's diary, explaining her thoughts about wanting to end her life, as described from an extract from her diary below:

> *"The leaves are falling off the trees and the darkness is coming, now is the time to go."*

This understanding Jet developed before, and after, his wife's death appeared to help Jet understand why she had made the decision to end her life. He described how having this understand was helpful in his ability to understand and cope, as described in the extract below:

> *"I think my preparation for it was different to other peoples, partly because she had been depressed and that was out in the open and we were able to talk about it (…). We used to talk about our feelings all the time (…) we shared an enormous amount of stuff so during the time she was depressed she was able to tell me in detail how she was feeling, the*

darkness and the depth and so on, she never hid it from me, and that was really helpful for me."

Similarly, Jasper spoke about his understanding of his partner's struggle to cope with having a "chronic mental health" condition, explaining how he felt that it had left her with limited choices, as described below:

"Because ultimately she sort of chose it didn't she, but the choices were so limited because it was either that or carry on living a life with medication and really a sort of horrendous life for her"

Jasper went on to explain his understanding of his partner's death, describing a sense of relief that she was no longer living in pain:

"The way I see it is it's as though it's the mental illness that killed her and I don't know if it's right or not but it's as if, would it have been right for her to carry on living a life in such pain, I don't know."

Jasper described how he struggled with these feelings of 'relief', often saying things such as *"this must sound really bad".* Later on in the interview he described how he had been to visit their GP, who had made the comment that *"she always knew that she was going to die like that".* Jasper went on to describe that hearing this from someone else allowed him deal with some of his feelings of guilt, as described below:

Melanie: "How did it feel to hear the doctor say that?"

Jasper: *"I was pleased. Does that sound really horrible? I was so pleased because I thought, it wasn't necessarily – I don't know, maybe it wasn't necessarily me or whatever. It just felt like a relief just to hear that from somebody else"*

While, it appeared that understanding led to feelings of relief and comfort, as described above, both Jet and Amber also described how understanding also led to feelings of frustration. For example, Amber described feelings of anger that she was unable to stop the death from occurring, and as Amber described it *"I still have anger that he's gone".* Jet described his frustration that she was gone, and that he was unable to fix it, as described in the extract below:

> *"Frustration because I couldn't do anything, I couldn't fix it, I mean I'm an engineer by trade so you know you can get a spanner out and put some oil in but with mental health you can't do anything (…) but you can't fix the things inside the brain, you can't buy them a bunch of flowers to cheer them up, even though that might help on the day, you can't tweak things or put right past hurts, all you can do is love them and look after them and hope they get better but whatever we did it wasn't enough and that's really hard."*

Jet descriptions of how hard he had tried to make sure his wife was alright inescapably led to feelings of deep sadness and frustration that what he did was never enough.

The above extracts perhaps indicate how when someone is able to have a deep and credible understanding about the reasons for someone's decision to take their own life, it can ultimately aid the process of being able to cope and adapt to the reality of the loss (Holland, Currier and Niemeyer, 2006). Across the participants transcripts there appeared to be a concurrent theme surrounding this idea, with the greatest struggles to adapt being seen by those who had no plausible understanding about why their partners had taken the course they had; for example Crystal, Ruby and Pearl. This perhaps also links further into the ideas mentioned earlier about the process of being able to integrate the new life experience into an individual's world view, something which is undoubtedly made all the more difficult when the event made no sense or had no meaning (Currier &Neimeyer, 2006).

4.8. Overview of master theme three: Challenges and ways of coping – "All the challenges they just come daily, hourly, minute by minute"

The third master theme looked to capture the challenges that were faced by the participants due to the nature of their loss, as well as highlighting ways in which people were able to cope. Challenges were social, practical and emotional, encompassing both the short and long term. There were similarities in the challenges participants described as well as the ways in which people coped, for example blocking out the experience perhaps due to the overwhelming nature of it. Similarly, most of the participants spoke about feeling stigmatised (perceived or real) due to the nature of their partners' death, often describing how they felt their experiences should be silenced, and the difficulties this brought. Participants also discussed how the emotions they had to cope with changed over time, throwing up new challenges on a personal, social and practical level. The three superordinate themes that made up this master theme are discussed in detail below.

4.8.1. Coping with difficult emotions - "That's where I block"

This theme looked to portray the ways in which participants described how they coped with the emotional fallout of the loss of their partner, for example, thinking about how people coped with the overwhelming emotions of anger, guilt, frustration and depression. There was a common theme across all of the transcripts with participants feeling an assortment of strong and often debilitating emotions. These included initial feelings of shock, moving into feelings of guilt, blame, anger and longstanding feelings of depression and low self worth. Across participants there seemed to be two main ways of coping with the overwhelming nature of the emotions, namely 'blocking out' and actively finding ways to 'release' their emotions. Within this, there appeared to a gender difference in how participants coped, with the female participants often describing ways of "*masking*" or "*blocking*" their feelings, and the male participants describing the helpfulness of releasing emotions in a number of practical ways.

Ruby spoke in a 'matter-of-fact' way about her use of a "mask" to cope with the devastating emotions she was feeling as a result of her husband's death. She described how she felt she had to hide her true feelings from others, perhaps suggesting how if she did show how she truly felt, or allowed herself to acknowledge it, the results would be devastating and both she and others would not know how to cope. This is described in the extract below:

Ruby: *"The mask is very good –"*

Melanie: "The what?"

Ruby: *"The mask. Have you not heard of that?" (laughter)*

Melanie: Can you tell me some more about the mask?

Ruby: *"This, but this really isn't me, so if you take off the mask…"*

Melanie: "What's underneath the mask?"

Ruby: *"It's the true me of how I really am. But if I say how I truly feel they'd die, they'd be here and wouldn't leave me alone."*

Ruby went on to explain how she rarely spoke about her partner, perhaps as means of protecting herself, as touched on in the extract below:

"I don't talk about my husband to my family and we don't discuss to this day or what he's done and I won't broach the subject with my family or with the children (…) It's like a shut down thing."

Like Ruby, Pearl, Opal and Crystal described their efforts to block out the experience, in a means to cope with the reality of how they really felt. For example, Pearl described how to protect herself from falling deeper into the "black

hole" she distanced herself from thinking or discussing her husband suicide, as described in the extract below:

> *"Because if you think about it then you go down anyway, and I've been in the black hole since, you know. I still don't, that's where I block, I don't actually like to think about it."*

Crystal also described how she "*has to block him out"*, while also explaining how she formed a new identity, with which she faced the world:

> *"So, I don't know, in a way it's kind of given me lots of new things. I mean now, I feel quite positive about my life. I've done lots of things I wouldn't have done if he hadn't have killed himself, but, if you'd asked me a few years ago I would have said "so what", because I didn't actually want to be doing a lot of things that I'd done. I've just – I suppose, I sort of pushed myself into lots of physical things because it was a way of not thinking, and getting through life."*

In comparison, both of the male participants described how cathartic it felt to release their emotions. For example, Jet described how he would listen to the music that was played at his wife's funeral, allowing himself to cry and release his pent up emotions. He also described the helpful nature of releasing his feelings of anger while walking on the moors, as described in the extract below:

> *"Yeah, anger has been one of them in those early days because you are out of control, something's been taken away from you and you've had no say in it, and as I said earlier I used to go up on the moors and rant and rage and that was really helpful and I'm glad I got that out of my system because I meet people there who are angry and bottle it up and it's not really good for you"*

Jasper also spoke about his experience of going on a course for people who had been bereaved by suicide, run by Winston's Wish. In addition to explaining the

helpfulness of meeting others who had been bereaved in a similar way, Jasper highlighted the experience of throwing clay at a wall in an attempt to release some of the difficult emotions he had been feeling, as described in the extract below:

Jasper: *"I think what was really helpful for me where we got to throw clay against a wall and that just felt so good."*

Melanie: "Oh right?"

Jasper: *"And maybe that was good therapy that you could do when you're a doctor of clinical psychology you could have some clay and get to throw it against the wall because it was so relaxing and very cost effective probably."*

Melanie: "How did you feel?"

Jasper: *"Oh just releasing everything just getting rid of everything in one go and just – that was just such a relief."*

The above participant extracts start to describe some of the ways they were able to cope with difficult and overwhelming emotions. In many of the participants' experiences it felt as if the intensity of the emotions they felt, perhaps coupled with the traumatic ways in which their partners had died, were too much to manage and a psychological mask proved to be the only way in which people were able to cope and continue living. In contrast, the male participants found more practical ways of coping with their emotions, describing the helpful nature of releasing their emotions. The gender differences identified here appear to go against the common assumption that men tend to employ problem-focused coping techniques (such as information finding), whereas women will tend to use more emotion-focused ways of coping (such as releasing emotions and distraction) (Snyder, 1999). This perhaps highlights the difficulty in being able to use problem-focused techniques, as there often will be no practical solution to the

difficulties they are facing. It also appears to solidify the intensity of the emotions that people feel, and the limited ways in which people are able to cope and manage their emotions, often leading to having to psychologically appraise the situation, finding strategies to allow them to continue functioning. From reviewing the participants overall stories, it may be true that there is not a distinct gender difference in how the participants managed their emotions. Instead it may be that the participants who were able to make sense of their partners' actions, for example, from previous knowledge of mental health difficulties, then coped with the emotions in more of a practical way. Perhaps suggesting that if people are able to make sense, or have an understanding, then they are able to practically manage emotions, as there is something tangible to cope with. On the other hand, it may be that if people have not been able to make meaning of their experience they are left with confusing and fluid emotions, to which a more internal approach to coping may be the only option available to them. It is unclear whether this may be true from looking at the current sample, and therefore this idea may warrant further research.

4.8.2. Coping with the changing nature of grief - "The death recedes and the missing takes over"

Another theme that emerged from a number of participants' transcripts was difficulties associated with the changing nature of grief. Participants often described how as time went by, and the initial feelings of shock lessened, things often got more and more painful and new challenges presented themselves. For example, participants spoke about the difficulties they came to face when the reality of what had happened sunk in. Feelings of depression and intense feelings of loss and sadness were often described, and the psychological pain that was experienced when these feelings started to surface. Another part of this master theme focused on the changing emotions linked to how life had progressed, and things in which their partners had missed out on. Participants especially spoke about this in relation to their children's lives and the sadness, and sometimes anger, that they felt about them not been there to see their children grow. Jet movingly described the changing nature of grief in the extract below:

"Over the years when the death recedes and the missing takes over."

Jet talked about how when his wife initially died *"there was no sense of missing the person"* describing how the initial stages of grief were quite "*factual*" and "*logical*", and were merely experienced as a "*narrative*" of events. He described this in the extract below, also explaining how the 'change' in the grieving process also coincided with support from others ending when things started to get really difficult:

"Right at the beginning as I said in the first few days, it's not so important because you'd seen her a few days ago, it's like she'd gone away for work or something, I could miss her for a few days no problem, but when you start to realise that they're not coming back, that is when it really kicks in and that coincides with support tailing off."

Jet likened this to experiencing the effects on an anaesthetic wearing off, perhaps describing the feelings of shock as a means of protecting the self from the pain of what had really happened. With the shock no longer protecting him from the pain he explained how the reality of what had happened started to set in, describing the pain that then followed:

"In about May / June of that year I just went into a black hole really, suddenly, I think the shock wore off like when you go to the dentist you know, when the anaesthetic wears off, bloody hell that hurts, and it did and phoosh, and I really started to understand that she'd gone and that's when it really starts to hurt."

Amber also spoke about the difficulties of coming to terms with the reality of life without her husband. She spoke of the sadness and desperate longing for him to be there, alongside her feelings of dread about a future without him. The extract below described Amber's thought processes about these feelings, highlighting her struggle in being able to contemplate that her feelings would ever change:

"I just long for him to be here. And the thing is I know that won't go away I'll always want him here, I'll always miss him because I don't think – well there will be nobody to replace him."

Amber later highlighted the concern she had that she would go on to "*forget",* with a sense that she was worried about losing that sense of connectedness and the memories of her husband:

"I used to have dreams as if, very strong dreams as if he was there and I'd wake up and I'd sort of lost that memory, I'm going to lose that feeling of him being there"

Jet also described the strength of his feelings of "*missing and sadness"* describing the experience of noticing the *"gaping chasm where she'd been".*

In addition to changes in emotions following the death, a number of participants also described feelings of sadness and sometimes anger towards their partner for what they had missed out on. For example, Opal described how she was saddened, *"especially to do with the children and things that he's missed out on",* with a similar sentiment echoed by Ruby who described:

"If I go down to the cemetery, you know I might go down and say 'why?' you know 'oh you've missed this' you know, I didn't realise our daughters turned 13. My sister gave her a card as a teenager and I'm thinking 'your daughter's a teenager and you're not even here to see that'."

Equally Amber described her sadness, and possible feelings of frustration, that her husband was not there to help their daughter with her exams and transition to university, something she had never experienced and such conversations and support had always been the role of her husband. She describes this in the extract below:

"If my daughter wanted to know something or she wanted some help with her homework and things - advice on this and that, he was there for her. He is not now"

The literature talks about the changing nature of grief and the ways in which new challenges present themselves over time as people learn to cope with the reality of a life without that person (Wallbank, 1992; Murphy, 1998). Concern for the children's future was a theme discussed by all of the parents within the sample, with the on-going challenges faced by bringing up children alone and the anger that they were not there to both support them and, as described by Opal, *"see how wonderful they are".* Within this study, the time since bereavement appeared to be a factor in determining the challenges people were or had previously faced, perhaps highlighting the long-term nature of loss by suicide. As also described by Amber, there was also a concern that as time when on, memories would fade. This idea perhaps relates to the ideas surrounding continuing bonds (Silverman, 2010; Neimeyer, 2010) and the importance of being able to continue a person's presence in one's life, instead of feeling that they need to "break bonds" with the significant other. It appears important to highlight ideas around being able to effectively find ways to continue a person's presence (if desired) while also being able to find a new way of living and coping with the world.

4.8.3. Coping with social challenges - "There is a stigma, however accepting people are"

Throughout the transcripts participants spoke about social challenges they faced throughout the grieving process. For example, participants talked about the feeling of being silenced due to the nature of the death, or a sense that there was a stigma attached to suicide that ultimately made them feel alone and unsupported. Alongside this there was also a common theme highlighted about the usefulness of meeting others who had also been bereaved by suicide, described with a sense of relief where participants felt they could relax and truly talk about the experiences they had been through. Participants also spoke about the difficulties of feeling socially isolated, perhaps due to their new life as a single

parent or as time went on and their grief got more difficult and people started to disappear. Pearl described her feelings of being silenced by talking about the "*added baggage*" she felt she had due to the fact that her husband had taken his own life. She described this in the extract below:

Pearl: *"I've always described that I've got a bereavement, I'm going through all the, all the series of bereavement but I have an added baggage and the suicide bit is my added baggage. So I have all that bereavement, all those emotions but to me I have the extra baggage, and I have to deal with that extra baggage as well."*

Melanie: "Can you say a little bit more about what the baggage is?"

Pearl: *"The baggage is the fact that it's a suicide, the fact that you can't openly talk about it.*"

Pearl also talked about the complexities of being involved in a bereavement support group for widows. She described how she felt guilty due to her husband having a choice to live or die, moving on to explain how she felt unable to explain the circumstances of her husband's death, as described in the extract below:

Pearl: *"But when those people are talking about their other halves and they've died of cancer I felt guilty because how could I say anything when my husband had a choice, and he took his own life, so it's a bit about how I felt about that and how they would react, you could hear them thinking 'well' – that's my …*

Melanie: Acknowledges.

Pearl: *"Yeah, and I'm sure people do think that and I've not yet put myself into a situation where I've had to say 'I'm a widow' or – and if I have I haven't had to actually say how yet."*

Pearl's description of how she felt she needed to hide her story from others, perhaps highlighted the difficulties people may face in accessing support, due to the complexities of the emotions linked to loss by suicide, particularly thinking about the shame that some survivors describe from losing someone in such a way.

Similar 'silencing' was felt by a number of other participants, for example, Jet described his experience of attending a 'new members meeting' for a bereavement support group for widows. He described a "*jaw dropping moment*" when attendees were explaining who they were and the background to their loss, as illustrated in the extract below:

> *"'My husband died of a heart attack', 'mine was cancer', 'my wife died, she killed herself' and suddenly there's this jaw dropping moment, and yeah as you know it's a bit different, and I wasn't made to feel awkward but you do feel awkward… There is a stigma, however accepting people are*"

Jet described the difference when he was involved in a support group for people bereaved by suicide, stating that "*people don't say 'oh that's really sad', they say 'oh wow, I know about that"*. Jasper playfully talked about how he tried to combat the social stigma he felt existed by explaining how *"I now use the word suicide a bit more just to – I don't know to shock people maybe, I don't know*". At this point, Jasper noted the terminology I had used in my research title; which perhaps made note of my desire to use language that is "easier to hear" and maybe linked to the social implications I have associated with the word 'suicide'.

Another social challenge participants frequently spoke about was the feelings of loneliness and social isolation they experienced. These feelings appeared to

sometimes be as a result of the stigma people felt, as described by Pearl and Jet above, as well as due to the impact of no longer having their partner around and changes in social support that occurred over time. In the extract below Jasper described the impact of feeling socially isolated and how it made coping with the death of his partner even more difficult:

> *"I think being on your own is worse and I think it just makes everything more difficult to cope with when you haven't got anyone to talk to yeah, I think so"*

Jasper also highlighting his feeling that he felt it was particular difficult for him as a 'man' taking on the role of a single parent, as he described below:

> *"I think in some ways it's worse for men because they don't have a school gate, you know when my son was seven, there was like other parents and they congregate around school but I didn't have that because I didn't really know them and then when you're a man on your own it's sort of different whereas if you're a woman, women can talk together."*

Ruby also spoke about the social isolation she felt, describing how in the initial stages of her bereavement she was surrounded by people offering support; subsequently leading to non-one coming to visit, leaving Ruby (and her children) feeling that they were on their own in coping with her husband's death, as described below:

> *"It was more like that second year that people think 'oh second year now, she's moved on, things are different' but that's when your feelings start coming out. And we, as a family, have said 'people don't come any more'. Like in the beginning it was constant, we had to do a diary, you know like 1 o'clock so and so, 2 o'clock so and so and it was just like, but right now there's nobody. We don't have anybody now who comes and I think they just think we've moved on."*

Ruby went on to describe her feelings of being on her own, talking about the lack of emotional support she felt she had, perhaps linked to her earlier depiction of using a mask to cover up the inner turmoil she was experiencing. Coping with her children, and their feelings of anger and sadness –

> *"It's a sad and lonely life, and I've had to explain to my eldest that I am trying to keep us all together I'm trying to make sure they've got all their feelings but hang on a minute, what about me? Who's looking after me and who's listening to me, and I have to say to Amy, I'm not the one who's gone out there and done it and I've not left you, I'm still here. I said 'but who asks about my feelings' and how I truly am?"*

The participants' extracts clearly indicated the difficulties associated with losing a partner to suicide, as well as making reference to the complexities of coping with such a complicated and long term grieving process. The research relating to prolonged grief appears to be an important concept when thinking further about this, especially when considering the long-term needs of survivors. As stated by Bonanno and Kaltman (2001) people tend to return to normal functioning in the second year of grief; something which does not seem to fit with some survivors experiences, with many participants describing how things got harder as time went on. Perhaps also of relevance to this theme is the social concept that people are likely to "move on" relatively quickly following a bereavement, thus making it especially hard for people who have prolonged reactions to grief, as the social and emotional support that was so valuable in the beginning is no longer available. Jasper made note of how useful it would be to have "*card*" that you could wave as time went on, by which you alert people to the fact that you are still struggling.

In addition, research focused on the stigma related to suicide also appears to play an important role in the experiences of people bereaved by suicide, and how this may link to the availability of social and emotional support. As suggested by Jordan and Mitchell (2008), survivors of suicide are less likely to access support, which may link in with participants' experiences of feelings socially uneasy

accessing support groups for people who have been bereaved in different ways. This appears to be an important clinical implication, especially as being able to access support and speak openly about experiences has been highlighted as an important part of being able to cope (Grad, Clark, Dyregrov & Andriessen, 2004).

4.9. Overview of master theme four: Looking to the future – "It's been a turning point for me and a catalyst for change"

The final master theme looked to capture the participants' experience of change following the loss of their partner. In some cases this was described as the experience of developing a new life, finding a new life direction or writing their own story, as a consequence of what happened. Encompassed within this theme are the ways in which participants were able to continue their partners' presence in their life, and the challenges this brought. Five of the participants shared this theme, with the remaining two participants perhaps still very much struggling with the initial stages of the grief process. This will be reflected upon within the following sections.

4.9.1. A different direction - "I've written my own story"

The first of the two superordinate themes making up this cluster looked to capture the ways in which five of the participants spoke about developing a changing self, following the experience of losing their partner. Participants' experienced this in a variety of ways, and with a variety of reasons laying behind the reason for change. For example, Opal may have been motivated to write her husband out of her life and "*write her own story*" out of anger about the impact of her husband's actions on her own life. In contrast, Jet described his desire to continue his wife's presence in his life, learning from her past and looking to find a more fulfilling future for himself. The stage of change also varied between participants, and was perhaps related to the differing times since the loss. In addition to descriptions of changing selves, participants described the ways in which their partner either remained or were made 'extinct' from their lives, thinking further about the

difficulties associated with continuing the presence of a 'partner' and someone who had committed suicide in a new life narrative.

Opal described in detail a life changing conversation she had with her doctor the morning after her husband had died. She explained how he had sat her down and described how it was her choice to live her life as she chose; something Opal bravely and actively took on board. This conversation is described in the extract below:

> *"There's two ways to deal with it and I'll tell you what they are: 1) they make a massive deal out of it and they let it ruin the rest of their lives, the other way, is your life from this moment is a clean sheet of paper, he's left it to you, you can do whatever you like now, how the children – how you cope with the children, how their life is a blank sheet of paper, your life is a blank sheet of paper' and he said 'you write whatever you like on it, it's up to you how you deal with it, your choice, deal with it by collapsing and making it the biggest thing that ever happened to you or deal with it by writing a new story and it's going to be an amazing story' and it was just like the most inspiring thing anyone had ever said to me and I just said, 'I'm going to choose that one, thank you'. And he said 'I know you will and you're going to do fantastically' and do you know what, I have."*

The power of what the doctor said to Opal was obvious. This, coupled with her determined nature, which she described throughout her transcript, demonstrated how she was able to live this new life and write her own *"amazing story".* Opal also described how it wasn't always easy to live in this way, but that she always held on to this conversation, explaining how she had to "*fight*" to be able to cope and achieve this. Alongside Opal's journey to "*write her own story*" she described how she blocked her husband out of her family's lives, as described below:

> *"I fight by being positive and looking forward, which is why I don't have any photos of him in the house, because I just can't stay in that place, I just can't do it and I can't remember."*

Opal's removal of her husband's memory from her life perhaps highlighted the difficulties of being able to continue the presence of someone who had caused so much pain, both throughout their relationship and by the way he died, and perhaps related to earlier descriptions of participants' attempts to "block" emotions and memories. In contrast to Opal's experience, Jet firmly described his wife's continued presence in his life, referring to her *"being on his shoulder"*. With his wife remaining by his side Jet talked about the experience being a "*catalyst for change*", and described his upcoming decision to think about making active changes in life. While Jet described that his decision had not been completely to do with his wife's death, he explained a new found energy to find a new life direction describing how throughout his grief journey he had *"continued to get to know himself better".* This is described in the extract below:

> *"I think it's been a turning point for me and it's been a catalyst for change in several key areas of my life, one of them obviously being suddenly made a widower and the possibility of finding somebody else, another one career vocation, I'm thinking of giving my job up at the moment, actually this week, coincidently you coming today, yeah, yeah, I'm seeing my boss tomorrow."*

Pearl described a similar continuation of her husband's presence in her life, and within hertranscript she spoke about the ways in which her husband remained a part of her life, talking about her experience of seeing a bird around the fields where she lives; *"I call it my Freddie bird"*. Pearl talked about the pleasure she got from seeing the bird, often talking with him, and feeling her husband's presence.

A similar theme was also discussed by Jasper, who described life taking a *"different direction"* as described in the extract below:

"I think in some ways its sort of sent our lives off in a different direction which my son wouldn't have experienced otherwise, which could be good, in some ways or just different really, maybe it's more just different."

In a similar way to Opal, Jasper also talked about not continuing his partner's presence in his life, perhaps only making reference to her for the sake of their son, as described in the extract below:

"I've got quite a few bits of her still and I've kept them as well, mainly for my son though really, but I wouldn't say she's massively part of our lives now, no, there's a couple of photos of her but not –"

The descriptions made by participants to move forward with their lives, often looking to find positive change strongly relate the literature focused on post traumatic growth (Calhoun & Tedeschi, 1999; Bonanno, 2001). Participants described new hope for the future and, in some cases, noted how their experience had been an impetus for change. There was a sense that experiencing post traumatic growth (Calhoun & Tedeschi, 1999; Bonanno, 2001) was part of a process, and as noted earlier two of the participants were still firmly stuck in a stage of grief where such 'positive' outcomes were neither achievable nor recognisable yet. There is also a sense, that this process of being able to achieve positive change following suicide bereavement appears to be a long process; with many of the participants taking many years to be in a position to acknowledge feelings strong again.

In addition to this, this theme links in to the research focused on continuing bonds, by which people are able to maintain psychological and emotional bonds with the deceased (Silverman, 2010; Neimeyer, 2010). While this was, for some participants, a process they were able to engage with, a number of participants described difficulties with being able to continue their partner's lives in their own life narratives. There could have been a number of reasons for this, including difficulties of continuing the memory of someone who had caused such disruption and pain, as well as the difficulties of continuing the memory of a partner being

intertwined with difficulties of looking to future with another partner (Field, Gal-Oz & Bonanno, 2003). Interestingly, within this study there did not seem to be a correlation between participants who had children wanting to continue a bond with their partner, and instead there was an overall pattern that the participants who did not feel angry towards their partners were more able to continue their presence in their life. This idea perhaps warrants further exploration in future research.

4.9.2. Finding a positive from tragedy – *"There had to be something positive to come out of this"*

The final superordinate theme in this cluster focused on five of the participants, who described how the experience of losing their partner to suicide led to a changed perspective on life. The participants talked about developing new ways of looking at life and themselves, for example realising their inner strength. There was also a common theme whereby people discussed the desire to find something positive resulting from the experience, perhaps to cancel out the damage such an experience caused and the ways in which they went about trying to achieve this.

Pearl discussed her changing life perspective, tentatively speaking about whether it was a good thing that it had changed, as described in the extract below.

> *"Whether you see that as a gain, to have gained something or learnt something, it's something that's changed."*

Crystal also described how the experience had expanded her horizons and tried to look upon the experience as a learning experience, as described below:

> *Crystal:* *"I suppose it has expanded my horizons in a way."*
>
> *Melanie:* "Acknowledges."

Crystal: *"Well, it has hasn't it? I know its funny way to look at it but it has given me an extra life experience, which is something that is useful I suppose as you grow up."*

Melanie: *"*Acknowledges.*"*

Crystal: *"Bigger insight into how people feel."*

Pearl, Opal and Crystal all talked about hoping to find something positive from their experiences, and they all discussed their decision to volunteer with people who had been through similar experiences to them. For example, Pearl described how her decision to volunteer for Cruse bereavement care may have been one way for her to find a positive from such a devastating experience, as described in the quote below:

Pearl: *"I've always said all along, I just felt there had to be something positive to come out of this."*

Melanie: "Yes, yes."

Pearl: *"God knows what. I am now embarking on becoming a – I'm going on a bereavement cruse volunteers course."*

Melanie: "Acknowledge."

Pearl: *It's going to open up a can of worms I know and I think – and one of the reasons is because it's a suicide I just feel that maybe I can help someone else in the same situation"*

Pearl went on to explain further her reasons for deciding to volunteer for Cruse, as described below:

"I think because it was a suicide that it was so awful that somewhere along the line I've had to hang onto the fact that something positive, somewhere, god knows where, has got to come out of it and if that's going to be this or you know I don't whether its for you doing something like this or through Cruse for me."

Pearl also suggested that perhaps the same desire to find a positive from disaster was part of my reason for completing this research. This was a common question I was asked by several of the participants; and to which I agreed.

Similarly, Crystal spoke about her choice to volunteer for the suicide bereavement helpline, specifically taking calls from people who were feelings suicidal themselves. In the extract below she described her hopes from doing this work, as well as noting the positive nature of her decision to volunteer.

Crystal: *"I don't know whether we stop anybody killing themselves but one would be a help."*

Melanie: "Acknowledges."

Crystal: *"If we stopped one doing it would be a help."*

Crystal also spoke about how the difficulties she encountered as part of her grief process had also made her feel stronger and given her impetus to live, as described below:

Crystal: *"I think it would have nearly broken most people actually but then it has given me the impetus to carry on as well."*

Melanie: "Yeah"

Crystal: *"And to try and get my life back on track. I don't want to be wasting my life."*

Crystal ended her interview by stating "*life is relatively short isn't it*", which perhaps encapsulated how such a life experience can change a person's perspective on life and make them re-evaluate what life is about.

This final theme appears to make links with the ideas already discussed in this chapter relating to the universal act of trying to find meaning, even from the most devastating of experiences. The participants noted above, all describe their changing perspectives on life due to their experience with the idea of trying to find a positive from tragedy. In many cases, the participants described looking to help people who had been in similar situations to themselves; perhaps in the hope to make easier the "nightmare" journey they experienced. In line with this, research by Holland, Currier and Niemeyer (2006) on 'benefit finding' appears to be pertinent to the participants' experiences, suggesting that the participants who were struggling to make sense of the partner's death were less likely to have been able to find personal significance and positive implications for their lives. Within this study's sample there was a clear correlation between the participants who spoke about being able to understand their partners' actions and their ability to start to feel strong again and move forward with their lives. There is a sense that in being able to understand and make meaning from such a loss leads on to people being able to start to release themselves from the tragedy they have experienced. In contrast, for those for whom there is no meaning, there is a sense that life itself has no meaning and moving forward and being able to live can become an increasingly difficult thing to do.

5. Conclusions

Within this chapter I have initially written a brief summary of the findings; making links to the research aims. I have then gone on to explore the significance on the findings and their implications for clinical practice before moving on to discuss the strengths and limitations of the study. I have ended the chapter with some final personal reflections and concluding remarks.

5.1. Summary of findings

The primary aim of this study was to explore the experiences of people whose partners had taken their own lives. The study had a particular emphasis on thinking about peoples' experiences of trying to make sense and meaning following their loss. A summary of the research findings and their links to the research aims has been included below.

There were four main themes that emerged from the analysis of the seven semi-structured interviews. The themes encapsulated a number of experiences including: The initial and long-term impact of the loss on the participants' lives; the process of being able to make sense and meaning; challenges and ways of coping; and finally, ways in which some participants were able to find personal significance and positive implications for their lives following their loss.

The first theme, "pervasive impact of loss", aimed to capture the ways in which losing a partner to suicide impacted on participants' lives, sense of self and identity. The very nature of the loss appeared to lead to a disruption in the participants' life narrative, and in effect shattered their assumptive world (Currier & Neimeyer, 2006). The effects of this appeared to often result in intense emotional reactions, including feelings of guilt and anger; often leading to longstanding depression and a negative self-view. There was also a sense among a number of the participants that the loss of their partner led to a feeling that they had lost themselves, often leading to difficulties associated with a

changing social identity and the ability to be able to picture a future without their partner by their side.

The second theme, “the search for understanding”, aimed to encompass the ways in which the participants tried to make sense and meaning of their partners’ deaths (Gillies & Neimeyer, 2006; Neimeyer, 2005; Neimeyer, 2000). It discussed the challenges this often imposed and the emotional reactions that were included in their struggle to understand their partner’s death. Participants frequently described intense feelings of guilt and blame, which appeared to be intertwined with the process of sense and meaning making. The theme went on to think about the participants’ experiences of living with ‘unanswerable questions’, as well as ways in which people had been able to find ways to try and live with ‘never knowing’ (Van Dongen, 1990). Finally, this theme looked at the experiences of participants who had been able to develop an understanding about their partners’ death. These participants often acknowledged feelings of relief, frustration and sadness that they had not been able to prevent their partner from taking the course of action they did. The process of trying to make sense and meaning was shared by all of the participants, and a number of factors appeared to impact on how easy this process was. For example, participants described particular difficulties when their partner’s suicide came completely out of the blue, with no previous mental health problems or difficulties with life noted. This wasoften linked to long-term difficulties with feelings of guilt and depression.

The third theme, “challenges and ways of coping”, captured the struggles participants encountered along the grief process. Participants specifically described the ways in which they tried to cope with overwhelming emotions they experienced, for example the female participants often described having to “block out” what had happened and the male participants described how they experienced releasing their emotions as cathartic. This master theme also described the challenges associated with the changing nature of grief, making specific note of how things often got harder over time, perhaps as feelings of shock wore off and the reality of their loss became clear. Finally, social challenges were described, with a particular emphasis on thinking about how

participants felt there was a stigma surrounding suicide (Cvinar, 2005), which often led to feelings of social isolation and a sense that their story should be silenced.

The final theme, “looking to the future”, portrayed participants’ changing identities and perspectives on the world. Participants described ways in which they had been able to find positives from their experience, often explaining how they had developed a new perspective on life. There was a sense throughout this theme that participants wanted to find a positive in order to counteract the devastating impact of their partner’s suicide. Within this theme, participants also discussed the ways in which they either continued or stopped their connection with their partner, with links to the continuing bonds literature (Silverman, 2010; Neimeyer, 2010). It was clear that some participants actively looked to continue their partner’s presence in their future, while others described being unable to; striving to live a life without their partner’s memory. The distinction between the two ways of coping appeared to be linked to both a participants’ ability to make sense and understand what had happened, as well as the connectedness of the relationship before the death.

5.2. Significance of the Study

This study has contributed to the already growing literature on the experiences of people who are bereaved by suicide. Of particular significance, the study’s findings have given an in-depth look at the unique lived experiences of people who have lost a partner to suicide, highlighting the individual struggles they encountered. As a result of the qualitative approach used, descriptions of the often difficult nature of grief experienced by participants was observed. The participants’ descriptions of their emotional reactions gave an insight into the complexity of their emotional responses, making links to feelings of guilt and responsibility and its links with being able to make sense and meaning. There was a sense that many of the participants spent many years coping alone with these feelings of responsibility, building their life narrative around such constructions. It therefore seems imperative, that the complexities of such

emotions are acknowledged, as well as the long-term nature of such thoughts and emotions that people experience.

This study's findings have also added to the already available literature that highlights the importance of being able to make sense and meaning following the loss of a significant other to suicide. The findings have suggested that participants who could make sense of their loss were able to adapt and cope with the loss better than participants who struggled to make understanding, a sentiment previously noted by Neimeyer (2006).

5.3. Clinical implications

An important clinical implication that has arisen from this study, relates to the importance of people who have lost a partner to suicide to be able make sense and meaning following the loss. It therefore appears important that professionals working with people have lost a partner to suicide think about helping the bereaved make sense and meaning of their experiences. In the absence of an understanding, there may be a need to help people develop meaning, helping them steer away from understanding through laying blame on themselves. It may be important for professionals to be aware of the shame relating to suicide, and the reluctance of some people to share their stories or true thoughts and emotions; let alone access support at all. Such interventions should be respectful and professionals should be aware of the societal challenges that may exist for some people, especially for those who have only accessed support after a longer period of time.

Leading on from this, an important clinical implication also lies in the support that is available for people who have been bereaved by suicide, and perhaps specifically those who have lost a partner. The study participants' described the social challenges they experienced as a result of their loss; specifically relating to social stigma they felt. A number of participants described uncomfortable experiences of being involved in support groups for people bereaved by a number of different ways. In comparison there were often descriptions of the helpful

nature of 'suicide specific' support. It therefore appears important to think about helping people access support specific to their loss, thus allowing them an arena to speak openly about their experiences, which has been linked in the literature to being helpful in aiding the grief process (Grad, Clark, Dyregrov & Andriessen, 2004).It also appears important that GPs and other health professionals who may come into contact with people bereaved by suicide should be aware of organisations that exist, for example survivors of bereavement by suicide, the WAY foundations and any other local support groups, such as was accessed for recruitment purposes for this study. Many individuals who have lost a partner to suicide will be in contact with their GP within the few weeks following the death, presenting an arena for such support to be discussed and signposting to take place.

The study also highlighted the debilitating feelings of depression that many participants experienced, including long-term thoughts of suicide themselves. Linked to the research looking at mortality following bereavement (Stroebe, Schut & Strobe, 2007). It appears pertinent to highlight the importance of GPs and health professionals being aware of the risks that may exist for people bereaved of a partner by suicide, and the need for support. The study also highlighted the complexities of the bereavement process, as well as the changing nature of grief that people experienced. It would therefore seem appropriate to suggest the importance of longer term support being made available, moving away from the societal view that people tend to return to 'normal' functioning within the second year of a significant bereavement (Bonanno and Kaltman, 2001). In contrast to this view, the study findings highlighted that it was at this time that things often became more difficult, also coinciding with changing levels of support offered.

Finally, it seems important to think further about the therapeutic interventions that would be of most benefit to people who had lost a partner to suicide. It appears clear that the ideas highlighted in the findings section surrounding the desire, or need, to understand why and make meaning lends itself well to a narrative approach as opposed to a more cognitive behavioural approach. My rationale for this lies in the ideas noted by Currier & Neimeyer (2006) when they write about

how people can experience disruptions of their life narratives following sudden or unexpected loss. Due to this possible disruption of someone's life narrative, it appears that a therapeutic intervention that focuses on helping people integrate their loss into their life narrative is likely to aid recovery (Currier & Neimeyer, 2006). For example, narrative techniques often use techniques such as writing using personal journals, writing letters to a lost person and poetry. Equally, expressive arts therapies have also been shown to be effective (Neimeyer, 2006), by helping the individual reassert meaning by using symbolic means such as music, art and storytelling.

5.4. Strengths and Limitations of the study

A clear limitation of my study lies in the lack of homogeneity within my participant sample. IPA specifies that you require a fairly homogenous sample (Smith, Flowers & Larkin, 2009), ensuring that all participants have a shared experience. While all of the participants shared the core experience of losing a partner to suicide, there was variability in a number of other factors, for example the ages and time since the loss were significantly different across the majority of the participants. Equally, as noted in the methodology section one of the participants, Opal, had recently ended her relationship with her husband, which may have made her story distinct from the other participants who were actively involved in a romantic relationship. In addition, Opal talked about ending the relationship due to abuse within the marriage, which was also in contrast to the other participants, and may have had an impact on how she had experienced her husband's death. The sample was not homogenous due to difficulties being able to recruit and a lack of choice to be able to employ strict purposive sampling. It is likely that the lack of homogeneity will have an impact on the generalisability of the findings, as well as the ability to successfully replicate the study with another set of participants in the future.

Within the literature it has also been acknowledged that there is an over-representation of bereavement literature exploring the experiences of middle

aged or elderly white women (Ayres, et al., 2004). This can also be seen as a limitation of my study, as the findings are based on the experiences of a small group of people who were from a white British background, including five middle-aged women. Due to this sampling bias, it is likely that the experiences of this sample will not generalise to the wider population of people who have lost a partner to suicide. This may be particularly important given how different cultures may view the act of suicide. In addition, the sample in this study here was self-selected, which may again impact on how representative their experiences are to other people who have been bereaved in that way. Another possible limitation may be the differences between participants in terms of how long it had been since their bereavement, as there was a large difference between participants with regards to this. For example, Amber had lost her partner two and half years ago, whereas Opal had lost her partner fourteen years ago. This may have led to a difficulty in being able to make conclusions about the overall experiences of people, and it may have been more suitable to specify a longer time gap between the loss and involvement in the study, perhaps allowing for a longer period of the grief process to have occurred. Saying this, I feel the study gives a wide range of experiences, perhaps due to the very nature of the differing times since bereavement, some of which may have been lost the more retrospective the study became.

The insider perspective from which I approached this research can be seen as both a strength and a limitation. From my view it felt like my affiliation with the study was helpful, particularly in terms of the recruitment of participants, and during the interview process. Participants described how it had been easier to talk to someone whom they knew could start to understand because they had been through a similar experience themselves. I acknowledge that the findings may have been impacted on due to my immersed position as both 'researcher' and 'survivor' (Sword, 1999) and an outsider's perspective may have developed different findings. I feel that the overall findings stay very close to the lived experience of the participants, although I also acknowledge that as a researcher who is new to using IPA (Smith, Flowers & Larkin, 2009), I may not have been able to develop deep interpretations of the data. Furthermore, the limitations of a

cross-sectional design must also be considered, noting that if I had had more time, a longitudinal design would have allowed for a deeper understanding of the participants experiences over time. This may also have allowed the participants to develop a safer therapeutic relationship with me; ultimately giving the final data set more depth.

5.5. Future research

Following completion of the study I feel there are a number of possible avenues that could warrant further investigation. For example, as briefly mentioned above, a longitudinal exploration of the participants' experiences could allow for a more in depth understanding of their experience. A follow up study could take place, looking further into the ways in which people were able to make sense and meaning, as well making clearer links between this and the development of benefit making.

Ayres et al. (2004) made note of the importance of grief researchers thinking further about ethical issues relating to bereavement. Such a study could take place, thinking further with the study sample about their experiences of being involved in the research, highlighting whether the experience had either been helpful or detrimental to them.

Finally, further research could be completed on peoples' experiences of continuing bonds following the loss of a partner to suicide. For example, research could explore in more detail the difficulties some people encounter when trying to move forward with their lives. It appeared in this study as if the process of continuing a partner's presence could throw up potential challenges, as noted by a number of the participants. It would be interesting to complete a study focusing on this with a sample of people who were in new relationships following their loss.

5.6. Final reflections

Overall, the process of completing this research has been both challenging and rewarding. There have been private tears of sadness, anger and frustration, alongside more public displays of consideration and reflection of the past. I have come to refer to the process as a "slow release cathartic experience", whereby I have been able to keep a both traumatic and emotional experience at a safe distance, while also allowing myself to slowly but surely process what happened. On reflection I feel that I was in the right place to be able to do this research, and have therefore been able to benefit from completing it; while explicitly recognising that I would have been unable to go through this experience if I had started it a year earlier.

The most challenging part of the research was conducting the interviews and analysing the transcripts and I found myself worrying that I would not be able to do the participants stories justice. There were also a number of times where I could feel distant memories and emotions being triggered, especially when on a number of occasions I listened to participants say the exact thought or phrase that I had said in the past. This happened when Amber talked about watching Steven Fry's program "the life of manic depressive" with her husband a few weeks before he died, just as I had done, and when Pearl and Crystal both used the phrase "hindsight is a wonderful thing". It was on completion of the first interview when I realised that it was the first time I had met another person who had lost a partner to suicide, and it was clear to me that I found this experience as helpful as many of the participants had described in their interviews.

As I come to the end of this study I am feeling quite liberated, with a sense that the experience that had taken over my mind, stomped on my heart and diminished my ability to think with clarity and confidence, has now started to recover. I finally feel like I am ready to close this chapter and start a new book, while safely storing this one on the bookshelf of life. Not saying goodbye, but "as they say in Llandow, ciao for now" (Allen, 1997). I am also left with a feeling of uncertainty, perhaps relating to my reluctance to hand over a piece of work that not only means so much to me, but that also contains a lot of me. I can only hope that by sharing my experience, and including elements of my story in this

research, I have been able to add something to the experience of the reader; to the interpretations of the participants' stories and to the future understanding about what it is like to live through the experience of your partner taking their own life.

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1. Appendix A – Interview schedule

SECTION 1 - PARTICIPANT INFORMATION

To begin with I would just like to ask some general questions about you.

1. How old are you? (or dob)
2. How would you describe your ethnicity?

.....

3. Are you a member of a religious group? If yes, which affiliation?……..
4. Do you have any children (names, ages)?
5. Are you currently in a relationship?
6. Do you currently work? (profession)

As you know this research is about people bereaved by suicide, so I would like to know a little bit about your past relationship.

1. What was your partner's name? (What you knew them as)
2. Can you tell me a little about your relationship?
   (I.e. How long did the two of you know each other/were together? Were you living together, married, long distance relationship, engaged etc.)
3. When did he/she (name) die? (date/how many years)

SECTION 2 - PARTNER'S DEATH

I'd now like to move on to think a little more about your experience of your partner's death.

1. Firstly, could you tell me a bit about how your partner died?

***Possible prompts*:**

- Can you talk me through what happened that day?
- How did they die?
- Where were you at the time?
- How did you find out?

2. How did you react when you found out?

Possible prompts:

- What did you do?
- How did you feel?
- Can you remember what went through your mind?

3. Have you come to think or feel about it differently over time?

Possible prompts:

- Can you remember when you started to feel / think differently?
- In what ways have your thoughts / feelings changed?
- Can you tell me a bit more about how your feelings / thoughts changed over time?
- What do you think brought about changes in the way you felt / thought?

>>> Take through time, asking question about how things changed up until get to present day…

4. If you bring your partners death to mind now, what goes through your mind?

Possible prompts:

- How do you feel about what happened now?
- What thoughts do you have about what happened?

SECTION 3 - UNDERSTANDING

I'd now like to move on to think a bit more about how you understand your partner's death.

1. If you think back to when your partner died, can you remember how you understood what had happened at the time?

Possible prompts:

- What went through your mind at the time?
- Could you make sense of what happened at the time? In what ways?
- What things influenced your ability to make sense/understand what happened?

2. Has the way you understand/make sense of their death changed over time?

Possible prompts:

- Can you remember when you started to understand it differently?
- In what ways has your understanding changed?
- Are there any particular experiences that happened that influenced your understanding?
- What things influenced your ability to make sense/understand what happened over time?

>>> Take through time, asking question about how things changed up until get to present day…

3. Again, if you bring your partners death to mind now, how do you understand what happened now? How do you make sense of what happened now?

Possible prompts:

- Are you able to understand what happened?
- Do you have a way of explaining what happened?
- What things influenced your ability to make sense/understand what happened?

4. How did people around you understand what had happened?

Possible prompts:

- Did they understand it differently?
- How did this affect you?

5. Were there things that influenced your ability to make sense/understand what happened?

Possible prompts:

- Helpful / unhelpful things?
- Life experiences?
- Religion
- Can you tell me a bit more about how X has influenced understanding?

6. Have you done things to try and help you make sense or understand what happened? (speaking to people, looking through things, support groups, median, spiritual things etc).

SECTION 4 - EXPERIENCE

Now I'd like to talk a bit about your life following your partners death.

1. In what ways has your partner's death affected your life?

Possible prompts:

- Good ways?
- Bad ways?
- Practically?
- Emotionally?
- Physically?
- Socially?

3. Looking back is there anything you feel you have learnt/gained from your experience?

Possible prompts:

-

6. Are there ways that they are still a part of your life?

Possible prompts:

- Special events?
- Personal ritual/experiences?
- Anything else?

4. If you could give someone, who had recently lost their partner to suicide, some advice what might you say?

Possible prompts:

-

5. How has it felt to look back and think/talk about it here with me now?

Possible prompts:

<u>OVERALL QUESTION</u>

1. Finally, is there anything else you feel is important when thinking about how you have thought about/experienced/understood your partner's death over time, that we haven't been able to touch on?

Appendix B – Ethical approval form

SCHOOL OF PSYCHOLOGY ETHICS COMMITTEE APPROVAL

Student Investigator: Melanie Hodgkinson

Title of project: "Experiences of people whose partners have taken their own lives: Sense and meaning making"

Supervisor: Peter Nel

Registration Protocol Number: PSY/05710/MH

The approval for the above research project was granted on 19 July 2010 by the Psychology Ethics Committee under delegated authority from the Ethics Committee of the University of Hertfordshire.

Signed:  Date: 19 July 2010

Professor Lia Kvavilashvili
Chair
Psychology Ethics Committee

STATEMENT OF THE SUPERVISOR:

From my discussions with the above student, as far as I can ascertain, s/he has followed the ethics protocol approved for this project.

Signed (supervisor): .....

Date: ....

Appendix C – Participant information letter

Melanie Hodgkinson
Trainee Clinical Psychologist
The University of Hertfordshire
Department of Clinical Psychology
Hatfield
Hertfordshire
AL10 9AB

Email: melaniehodgkinson@hotmail.com
Telephone: 07795 577937
Website: http://www.melaniehodgkinson.co.uk

Invitation to participate,

My name is Melanie Hodgkinson and I am currently completing a research study looking at the experiences of people bereaved by suicide as part of my Doctorate in Clinical Psychology.

When the time came to decide what I wanted to research, I did not have to look far for inspiration. A number of years ago I lost my partner to suicide, and following this I have gained both a personal and professional interest in those who have had similar experiences. As a result I have developed research that I hope will help inform services about possible ways to provide support for people who are bereaved in this way.

When I began reading more about research in the area, I became aware that bereavement research has started to take a different turn over the past ten to fifteen years, with a greater focus now thinking about individualised meaning making processes that follow the loss of a loved one. My research looks to think

more about this process, and will involve me meeting people who have lost their partners to suicide, when I hope to speak with them about how they experienced their loss and how they have come to think about it over time. As this research project is looking to understand the story of the bereavement process I am looking to recruit participants who were bereaved *two or more* years ago in order to be able to think about changes over time and the meaning making processes that may have occurred.

How can you help?

If you feel you might be interested in taking part in this research please read the attached participant information sheet or visit my website at **http://www.melaniehodgkinson.co.uk**

If after reading this information you feel that you may wish to take part then please contact me by either using the attached *contact sheet*, by emailing me on **melaniehodgkinson@hotmail.com** or alternatively please feel free to call me on **07795 577937**. Following this I will get back to you to discuss the study further.

Thank you for taking your time to read this letter, and please do not hesitate to contact me with any questions or comments.

With best wishes,

Melanie Hodgkinson

Appendix D – Participant information sheet

PARTICIPANT INFORMATION SHEET

Title: "Experiences of people whose partners have taken their own lives: Sense and meaning making"

You are being invited to take part in a study. Before you decide whether you wish to take part 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 involved.

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 their partner to suicide. In particular the study aims to look at in what ways people who have lost a partner to suicide understand their experience and have made sense and meaning following the experience.

The researchers

The study is being carried out by Melanie Hodgkinson, Trainee Clinical Psychologist, as part of a Doctoral qualification in Clinical Psychology. The study is supervised by Dr Pieter Nel, Academic Tutor and Chartered Clinical Psychologist.

Why have I been contacted?

The researcher would like to interview people who have lost a partner (boyfriend, girlfriend, husband or wife) to suicide, exploring how they experienced their loss and how they have come to think about it over time. Participants will need to speak English and be over 20 years old. They should have been bereaved two or more years ago.

What is involved?

If you decide that you would like to take part you will be contacted by the researcher who will ask a few set questions, which will include some short questions about yourself and your bereavement. If you are suitable to take part in the study, you will be invited to participate in an in depth semi structured interview which will last up to about two hours. The interviewer will be guided by a number of topics and a few set questions. This will be carried out in a private location that is convenient for you (travel expenses will be provided). During this time we will discuss your experiences surrounding the death of your partner, and the time that followed. We will talk about your understanding of the experiences, and may think about how your thoughts and feelings have changed over time. We will also think about ways in which you might have made sense and reconstructed meaning following the death.

You will be asked to sign a consent form prior to the interview. All interviews will be recorded and later transcribed verbatim. The researcher will send you a copy of your interview transcript for you to look at and see if you think it is an accurate representation of what was discussed.

Who is taking part?

This study will include males and females aged 20 and above. A maximum of 8 people are required. All participants must have been in a relationship with their partner at the time of their death.

Do I have to take part?

No, you do not have to take part if you do not want to, and you can change your mind at any time during your participation in this study, without giving a reason. Participation is entirely voluntary and you can withdraw at any time.

What are the possible disadvantages and risks of participating?

Bereavement and suicide are sensitive subjects, and not everyone will feel able to talk about their loss. If, during the interview, you feel uncomfortable answering any question, you are free to suggest that we move on, take a break, or withdraw from the study altogether. Also, if the interviewer thinks that the interview is causing you extreme distress, they will bring the interview to a close. At the end, the interviewer will discuss the study with you and offer you some information about further support, if you feel you require it.

What are the possible advantages of participating?

The study will hopefully give us a better understanding of the experiences of people who have experienced the loss of a partner to suicide, with the hope of helping services offer better support to bereaved individuals in the future. Some people may feel some advantage in being able to tell the story of their experiences.

What if I have any questions or concerns?

If you have any further questions about the research, please feel free to contact me via email, telephone or post, details of which are below. You can also contact my supervisor, Dr Pieter Nel (Chartered Clinical Psychology and Academic Tutor), whose contact details are also at the end of this sheet.

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.

Confidentiality

In line with the British Psychological Association code of conduct, everything that you discuss is confidential. If, during the interview, the researchers has significant concerns about the welfare of the participant, for example being at risk of harming themselves or somebody else, confidentiality will be broken and the researcher will arrange to inform the study supervisor (Dr Pieter Nel) and potentially contact the participant's GP or another outside agency in order to gain further help and support. Any such breaches of confidentiality would be rare, and would be discussed with the participant at the time. This will be explained at the beginning of the interview.

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 Melanie Hodgkinson (address at the bottom of the page), in the supplied envelope.

Alternatively, please visit **http://www.melaniehodgkinson.co.uk** and submit a form electronically. Details of the study are also on this website, as well as information for further support.

If you are able to take part the researcher will contact you to discuss the study in more detail and arrange a date and time for the interview.

Thank you for your time.

RESEARCHER'S CONTACT DETAILS:

Melanie Hodgkinson:	The University of Hertfordshire, Department of Clinical Psychology, Hatfield, Hertfordshire, AL10 9AB.
Email:	melaniehodgkinson@hotmail.com
Telephone number:	07795 577937

SUPERVISOR'S CONTACT DETAILS:

Dr Pieter Nel:	The University of Hertfordshire, Department of Clinical Psychology, Hatfield, Hertfordshire, AL10 9AB.
Email:	p.w.nel@herts.ac.uk
Telephone number:	01707 285077

This study has been approved by the School of Psychology Ethics Committee.
Registration Protocol Number: < **PSY/06710/MH** >

Appendix E – Participant expression of interest sheet

University of Hertfordshire

CONTACT SHEET – EXPRESSION OF INTEREST

Title: "Experiences of people whose partners have taken their own lives: Sense and meaning making"

Investigator: Melanie Hodgkinson, Trainee Clinical Psychologist

You are being invited to take part in a study. Before you decide whether you would like to take part 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. Please take time to decide whether you would like be contacted or not.

If you feel you would like to take part please complete this form and return it to Melanie Hodgkinson in the envelope provided. Contact details are at the bottom of the attached information sheet.

Please initial box

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

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

Your name: _____

Address: _____

_____

Post Code: _____

Telephone number (including area code): _____ _____

Please send this page to **Melanie Hodgkinson (University of Hertfordshire)** in the envelope provided

Alternatively, please visit **http://www.melaniehodgkinson.co.uk** and submit a form electronically.

Appendix F – Participant consent form

University of Hertfordshire

PARTICIPANT CONSENT FORM

Title: "Experiences of people whose partners have taken their own lives: Sense and meaning making"

Investigator: Melanie Hodgkinson, Trainee Clinical Psychologist

Please take time to read the information sheet 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.

Please initial box

I confirm that I have read and understand the information sheet dated (11.05.2010) for the above study and I have had the opportunity to consider the information and if needed ask questions that were satisfactorily answered. ☐

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. ☐

I understand that my information will be filed in a locked cabinet and the information I provide will be anonymised for the use of the study. ☐

Confidentiality and the limits to it have been discussed. I understand that confidentiality will only be breached if I pose a serious and imminent risk of harm to myself or somebody else. ☐

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 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). ☐

…… ……...

……

Name of participant **Date** **Signature**

…… ……...

……

Name of researcher **Date** **Signature**

RESEARCHER'S CONTACT DETAILS:

Melanie Hodgkinson: The University of Hertfordshire, Department of Clinical Psychology, Hatfield, Hertfordshire, AL10 9AB.

Email: melaniehodgkinson@hotmail.com

Telephone number: 07795 577937

SUPERVISOR'S CONTACT DETAILS:

Dr Pieter Nel: The University of Hertfordshire, Department of Clinical Psychology, Hatfield, Hertfordshire, AL10 9AB.

Email: p.w.nel@herts.ac.uk

Telephone number: 01707 285077

Appendix G – Participant debriefing sheet

University of Hertfordshire

DEBRIEFING INFORMATION SHEET

Thank you very much for making this study possible.

The study aimed to explore the experiences of people whose partners took their own lives, thinking about their understanding of what happened and ways in which they made sense and reconstructed meaning. I was interested in:

- What your experience was and how you understood it.
- Ways in which you felt you made sense of what happened.
- Ways in which you felt you reconstructed meaning following the experience.

Bereavement research has started to take a different turn over the last ten to fifteen years, with a large amount focusing on different types of reactions to grief, especially focusing on individuals who have difficult grief reactions, which can be common following a suicide. Research talks about how, following a traumatic bereavement, an individual's meaning of life can be disrupted in a number of ways, for example, physically, existentially, spiritually and practically. It also discusses how in order for an individual to process the loss of a loved one, a highly individualised process of meaning reconstruction needs to take place to be able to accommodate life with the reality of the loss. It is hoped that this

exploratory research will help to gain a deeper insight and understanding into your experiences, with the hope that we will be able to help services have a greater understanding about how best to support people who have had a similar experience to you.

Appendix H – Participant sources of comfort and help sheet

University of Hertfordshire

SOURCES OF COMFORT AND HELP

Talking about your experiences may have left you feeling low or upset. This is quite normal, and often passes after a few days. However, if these feelings persist there are a number of local sources of support and comfort which may already be familiar to you.

1. The most immediate sources of comfort and help are likely to be your own family and friends.

2. Deaths by suicide are often unexpected and can be violent; people bereaved in this way are often traumatised and can experience a number of unpleasant and distressing emotions, for example an overwhelming sense of responsibility or guilt. Some health care professionals, such as counsellors or psychologists have a particular specialism in helping people who feel this way. Your GP may be able to refer you to more specialised local support services such as these.

The following national organisations offer support:-

3. **The Samaritans:**

   http://www.samaritans.org
   Helpline telephone Number: **08457 90 90 90**
   The Samaritans is a helpline which is open 24 hours a day for anyone in need. It is staffed by trained volunteers who will listen sympathetically. Alternatively you can send them an email them at jo@samaritans.org *and they will try their hardest to respond within 12 hours.*

4. **Survivors of Bereavement by Suicide (formally known as SOBS)**:

http://www.uk-sobs.org.uk

National helpline telephone number: **0844 561 68 55** (9am to 9pm every day)

Survivors of Bereavement by Suicide exists to meet the needs and break the isolation of those bereaved by the suicide of a close relative, partner or friend. They are a self-help organisation, and many of their volunteers have themselves been bereaved by suicide. They offer a confidential telephone helpline, support information and group meetings. You can contact them by email on sobs.support@hotmail.com

5. **Cruse Bereavement Care:**

http://www.crusebereavementcare.org.uk

Helpline telephone number: **0844 477 9400**

Cruse is a national charity offering free support to anyone who has been bereaved. Cruse volunteers, who are trained and live locally, can visit you in your home or talk to you over the telephone. If you call the national telephone number they will put you in touch with your local branch. You can contact them by email on helpline@cruse.org.uk

Children

6. **Winstons Wish:**

http://www.winstonswish.org.uk/

Helpline telephone number: **08452 03 04 05**

Winston's Wish is the leading childhood bereavement charity and the largest provider of services to bereaved children, young people and their families in the UK.

They offer practical support and guidance to families, professionals and anyone concerned about a grieving child. They believe that the right support at the right time can enable young people to live with their grief and rebuild positive futures.

They have a publication called ***"beyond the rough rock",*** *which is a practical guide to helping support children following the death of someone by suicide. It is a useful booklet aimed at giving parents and professionals the confidence to involve children in discussions about the nature of a death by suicide. It is hoped that children may then begin to understand some of the complexities that often surround suicide. The booklet includes child-friendly activities to do as a family as you begin to make sense of what has happened and start to look at ways in which your family can learn to cope. This is available to buy on their website shop for £6.95.*