A Study of Suicide Grief:

Meaning Making and the Griever's Relational World

Diana C. C. Sands

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CERTIFICATE OF AUTHORSHIP/ORIGINALITY

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Student

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Diana C. C. Sands

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ABSTRACT

This study aims to increase understanding of the critical themes and features of suicide grief through an analysis of data drawn from the lived experience of those bereaved by suicide. The theoretical context for this study is developments in new theories of grief. Specifically, the study focused on suicide grief in the context of meaning making and the influence of suicide on the griever's relational world. The study analysed data through the lenses of three relationship areas, the griever's relationship with self, the griever's ongoing relationship with the deceased, and the griever's relationships with significant others outside and within a grief group. Using an interpretive, hermeneutic methodology to analyse participant conversations, three central organising themes were identified. The proposed tripartite working model of suicide grief to emerge outlines a process of adaptation, from engaging with meaning making issues regarding the intentional nature of suicide, to reconstruction of the death story, to repositioning the suicide and pain of the deceased's life. The metaphors of "trying on the shoes", "walking in the shoes" and "taking off the shoes" are used to indicate the grief process in relation to each identified theme. The thesis argues that suicide grief themes provide a meaning making framework that assists integrative grief processes. Not all those bereaved by suicide will engage with these themes, and progression through themes is not a linear process. The study findings provide insight into meaning making and relational difficulties that increase vulnerability to complications in grief, suicidality and maladaptive relationship with the deceased. Study findings also reveal that shifts from maladaptive to adaptive relationship with the deceased are possible even when no rational meanings can be made. It is suggested that these issues are so prevalent in suicide grief as to be a normal part of active meaning making efforts to integrate grief. The working model may assist in identifying ongoing education, practice and research issues. Significantly, the predominance of relating with the deceased through reconstruction of the death story, and the relationship between this and increased suicidal ideation to emerge in this study requires further research to determine how and when these activities shift from effective meaning making strategies to become active suicidality.

CHAPTER ONE: INTRODUCTION

1.1 Introduction to study

This study is about grief and in particular about understanding grief following a death due to suicide. This study seeks to understand what happens to grief processes when the person who dies has intentionally ended that life. How does the action of the deceased killing themselves impact on the ability to make meaning and the griever's relational world? This qualitative, interpretive study was designed to surface and provide a depth of understanding about the critical themes and features of suicide grief through analysis of data drawn from the lived experience of those bereaved through a suicide death. Conversations and writings of participants in grief support groups were analysed to reveal essential themes and their function in understanding the course of bereavement after suicide. It is understood that the grief following a suicide death is comprised of all the typical grief reactions plus specific themes and features that are relevant to this type of death (Barrett, 1989; Brent Moritz, Bridge, Perper & Canobbio, 1996; Bolton, 1983; Jordan, 2001; Pfeffer, 1997; Range, 1998). This study has focused on and teased out those themes specific to suicide grief and related them to adaptation processes. The findings are structured in a working model as an invitation to other researchers and practitioners to engage with the model in their professional networks, in developing a shared postvention language and in identifying ongoing education research and practice issues.

Study themes were considered in the context of developments in new theories of grief. Understanding suicide grief from the perspective of evolving grief theory is critical to building grief theory and identifying practice and research issues. In particular, this study focused on meaning making (Neimeyer, 2000b; Neimeyer, 2000c; Neimeyer, 2000d; Neimeyer, 2000e; Neimeyer, Prigerson & Davies, 2002) and the influence of suicide on the griever's relational world (Hedtke & Winslade, 2004; Nadeau, 1998, Walsh & McGoldrick, 1991). The study considered the influence of suicide grief on three areas of relationship: the griever's sense of self, the griever's ongoing bond or relationship with the deceased (Klass, Silverman & Nickman, 1996), and the griever's relationships with significant others outside and within a grief group. Although meaning making processes are central to processing all forms of grief (Neimeyer, Prigerson et al.,

2002) this study surfaced specific accounts that were used by individuals within the naturalistic setting of a grief group to make sense and coherence of suicide grief. A starting point for this thesis is the proposition that meaning making processes are activated to help individuals to make sense and coherence of events that disrupt existing meaning structures (Janoff-Bullman, 1989; Neimeyer, Prigerson et al., 2002), and that self-narratives play a central role in this process (Neimeyer, 2001; Neimeyer, Prigerson et al., 2002; Neimeyer & Levitt, 2001). Ayers (2007), as the narrator in his film based on his experience of his mother's suicide, captured in a few poignant words the struggle provoked by suicide grief that this study seeks to address:

> If everyone has one story, that defines and shapes who they are, then this is mine... Most of all, this story is about my mother. I write it over and over, trying to understand her and all the things that she did. We [my sister and I] never talk about my mother. Neither of us knows what to say. The night my mother died I remember thinking I should cry now, but I didn't. In all these years I've never shed a tear for her. Instead I write about her, bringing her back to life over and over. Trying to understand her, or perhaps to punish her, or just to remember, to feel, to accept, to forgive – to love. (*The Home Song Stories*, scene 12)

These words stress the significance of the story in making meaning, and how the self-narratives that a person constructs come to define, shape and possibly confine that person. Ayers' (2007) story is about his hurt and confusion about his mother's death and his attempts to make meaning. And it is a story about relationships: his relationship with his mother, his relationship with himself and the silence of these issues in his relationships with others. His rumination on the self-volition of his mother's death is obvious in the subject matter of the film. Ayers notes that the way he engages and relates with his mother is through an endless process of writing about her in an attempt to make sense of what happened. It is a story that has influenced his relationships with others close to him because "we don't know what to say". It is a story that causes him to feel bad about himself: "I remember thinking I should cry now, but I didn't". He could not cry the night his mother killed herself, and he has not been able to "shed a tear" for her in all the years since. The small glimpse into the child and man who could not and cannot cry for his mother's death is quickly eclipsed by his need to bring his mother back to life "over and over", and his intense need to understand and make meaning of his mother's life in the context of her death. He ponders the meaning of his relationship

with his mother. Is he trying to “understand her”, “punish her”, or does he just want to “remember” her? Does his effort of bringing her to life over and over help him “to feel” something in the hurt and frozen places within himself? The last few words of the extract seek a way to live with the horror and betrayal of his mother’s death: “to accept, to forgive – to love”? Ayers asks how he can find a way towards acceptance, forgiveness and love that can heal his relationship with his mother and his relationship with himself and others. This study addresses these issues, through seeking to increase understanding of suicide grief to assist in identifying education, practice and research issues.

1.2 Suicide: An Australian issue

According to the International Association for Suicide Prevention (2007, p. 1) adult suicide deaths account each year “for more deaths than all wars and homicides combined”. Each year there are approximately one million deaths worldwide due to suicide (Brown, 2001) and an estimated six million significant others bereaved by suicide. For each suicide an estimated six significant others suffer intense grief (Hawton & Simkin, 2003). Suicide is a major public health problem in Australia. It is one of the leading causes of death for males under 30 years of age, with men four times more likely than women to complete suicide (Baume, 2002; Gilchrist, Howarth & Sullivan, 2007; Healey, 1997). Suicide rates fluctuate from year to year, with the rate in 2004 being 10.4 suicide deaths per 100,000 (Australian Bureau of Statistics, 2007). In 2004 (Australian Bureau of Statistics, 2007) 2,098 deaths by suicide were recorded, which translates to approximately 12,600 people bereaved and directly affected by suicide in that year. It should be noted that the Australian Bureau of Statistics records for suicide deaths are a conservative estimate of actual suicide deaths, as it is often difficult to determine self-volition, for example in deaths due to autocide, drug overdose and falls, unless there is incontestable contextual information such as a suicide note, or direct verbal report of intention. To place these figures in context, during the 12.75 years of Australian involvement in the war in Vietnam (1962-1975), 66,000 Australian troops served, and tragically 521 Australian soldiers died (War Memorial Information, 1997-2008). In Australia today, a country with an enviable standard of living, a “lucky” country, approximately 2,100 Australians suicide each year, some 50 times the average death toll per annum of the Vietnam war. Approximately 3,126 were bereaved due to

deaths in Vietnam, compared with approximately 160,650 significant others bereaved by suicide during the same period. The bereavement process extends over a period of time and therefore the number of grievers is a cumulative figure. The economic costs of grief related issues are considerable, with the Centre for the Advancement of Health's (2004) Report on bereavement and grief research estimating workplace costs due to grief and loss at $7 billion annually in the U.S.A.

Bender (1999) stressed that although suicide is a devastating individual event the responsibility of addressing prevention and postvention suicide issues is a community, society and government concern. Postvention is the term given to services and activities that provide assistance to those bereaved by suicide (Beautrais, 2004). Prevention is the term given to services and activities designed to prevent or reduce the incidence of suicide. Jordan and McMenamy (2004) considered interventions for those bereaved by suicide and suggested, "given the potential risk for negative outcomes for survivors, postvention could be a powerful form of primary and secondary prevention... that might avert future psychiatric and family dysfunction and even future suicides" (p. 337). In a study conducted by Runeson and Asberg (2003) the rate of suicide in families that were bereaved by suicide was twice as high as a comparison group of non-suicide bereaved families. Runeson and Asberg concluded that, "a family history of suicide predicted suicide independent of severe mental disorder" (p. 1525). Kim et al. (2005, p. 1017) concurred with these findings and stressed, "suicide has a familial component independent of psychopathology" in suicide bereaved families. In Australia the importance of suicide postvention services in reducing the social, emotional and financial costs of suicide grief has been recognised by the Federal government, and a review of bereavement services was instituted in 2006 under the Federal Government National Study of Suicide Bereavement. One outcome of the National Activities in Suicide Bereavement Project (2006) has been the provision of a small amount of funding to assist postvention services. Headey et al. (2006) favourably reviewed the 156 projects funded under Australia's National Suicide Prevention Strategy, noting however that the sustainability of projects was compromised due to short term funding. Unfortunately only 5 of the 156 projects specifically targeted those bereaved by suicide, less than 1 project per state (Headey et al., 2006). In 2007 the Commonwealth Department of Health and Ageing under the National Suicide Prevention Strategy in

partnership with Lifeline Australia (final report pending) undertook a review of suicide bereavement support group guidelines and practices with the aim of improving service provision. More than a decade ago, Campbell (1997) observed “a poverty of resources for survivors” (as cited in Jordan & McMenamy, 2004) and this has in general continued to be the situation in Australia; therefore the recent initiatives by the government represent a important step in recognising the significant role of postvention services for those bereaved by suicide, not only in addressing the needs of intense grief but as a potential preventive measure in averting complications in grief and further suicide deaths.

This is a unique Australian study, as there are limited opportunities for carrying out suicide grief research in Australia. I address this issue not only as a clinician but also from my years of experience serving as a committee member on the National Association for Loss and Grief (NALAG), as N.S.W. representative on the committee for Suicide Prevention Australia (SPA), assisting in the organisation of a number of Suicide Prevention Australia Conference Healing Ceremonies, and as a committee member and the convenor of the Healing Ceremony for the Inaugural National Postvention Living Hope Conference held in 2007. In the area of suicide bereavement services, also termed “suicide postvention”, with the exception of the State Department of Forensic Medicine Services, the majority of clinicians working with families and individuals bereaved by suicide are employed privately or in non-government-funded organisations that rarely have the financial and/or time resources available for research. These difficulties are compounded by the limited number of tertiary courses in thanatological studies in Australia. The few courses dealing with grief and loss are often available only as single modules within disciplines such as nursing, social work and medicine. Training organisations such as the Australian Centre for Grief and Bereavement (in Melbourne) and private colleges are rarely able to offer government subsidies to students or the resources available through universities to support postgraduate studies and research. Because of the limited tertiary level courses, academic resources such as academic staff, grief literature and journals available within universities are spread through several disciplines and not easily accessible for clinicians working with this population. Related to this are issues concerned with the lack of defined terms and literacy with regard to suicide bereavement. A shared and

defined literacy does not yet exist to facilitate research, discussion, education, and promotion of services for those bereaved by suicide, and this deficiency also hampers the development of networks of support, service provision and research in this area. It is hoped that this study will stimulate discussion and subsequent research, and generally assist in the development of a richer education and research community in Australia to support the development of bereavement services for those bereaved by suicide.

1.3 Relevance of the study

Despite the growing amount of literature focused on grief and loss, only a limited amount of grief literature focuses on suicide bereavement. Jordan and McMenamy (2004), following a review of interventions for those bereaved by suicide, stated the need for "better information about the 'natural' course of bereavement after suicide" (p. 345) and the need for more understanding of the complex "thematic content of the grief experience for many survivors" (p. 345). The Centre for the Advancement of Health (2004) Report on bereavement and grief research recognised that the type of death has an impact on the bereavement process, recommending research into "the ways in which the circumstances of the death shape the bereavement experiences" (p. 539). The Report on bereavement and grief research also recommended research into the function of components like meaning making in the adaptation and recovery process (p. 539). This study specifically focused on these issues of concern in relation to suicide grief, in order to increase understanding about the thematic content and function of meaning making in the adaptation process. Research into suicide bereavement has shown that although suicide bereavement follows a non-pathological course for many bereaved individuals, in other cases a suicide death can cause a degree of disintegration in the bereaved person's assumptive world that can have multiple consequences related to family breakdown, social processes, health issues, depression and poor work functioning (Jordan & McMenamy, 2004; Murphy, 1996). Further, research has shown that those bereaved by suicide are at risk for complications in bereavement, including clinically significant depression, anxiety, post-traumatic symptoms and reduced psychosocial functioning (Brent et al., 1996; Mitchell, Kim, Prigerson & Mortimer-Stephens, 2004; Pfeffer, 1997; Worden, 1996). Of concern are research findings that stress an increased risk of suicidal ideation and behaviour in those who have suffered the death of a significant other to suicide (Brent et al., 1996; Mitchell, Kim, Prigerson & Mortimer,

2005; Mitchell et al., 2004; Pfeffer, 1981, 1997; Worden, 1996). Those bereaved through the suicide death of a significant other have a five-fold increased risk of suicide compared to the general population (NSW Centre for Mental Health, 1999). This study, through analysing grief group texts, sought to deepen understanding of these issues of concern, in particular findings of increased risk of complications in grief and suicidal ideation.

The majority of grief research is quantitative, and although it is important, it has limited application for clinicians in designing effective interventions to support those bereaved by suicide. Research that informs counselling and group interventions, explaining how those bereaved through suicide process grief issues, is limited. Several researchers and clinicians have discussed the benefits of partnership and dialogue to improve research and practice outcomes in this area (Jordan, 2000; Myers & Fine, 2007; Nadeau, 2000; Neimeyer, 2000a; Neimeyer, 2003; Woolfe & Jordan, 2000). The Centre for the Advancement of Health (2004) Report on bereavement and grief research recommended undertaking research that "determines content and process of group interventions that are likely to be most effective in preventing health problems and promoting well being in individuals at risk of poor health outcomes" (p. 575). This study seeks to contribute to knowledge that can inform postvention education, practice and research issues. Education that increases awareness of suicide grief is important in providing postvention services for the bereaved that assist in negotiating a potentially complicated bereavement.

1.4 Theoretical context and explanation of the study aim

Three literature review chapters set out the theoretical context for this study. Chapter 2 outlines the theoretical context for the research questions. This study applied the following theoretical concepts to the experience of suicide grief: meaning making, the continuing relationship with the deceased, the influence of suicide grief on the relationship with self and significant others both outside and within the grief group, and the possibility of growth through grief. These concepts represent significant developments in grief literature, termed "new theories of grief" (Attig, 2004; Boerner & Heckhausen, 2003; Neimeyer, 2000c; Riches & Dawson, 2000). Chapter 3 reviews suicide bereavement from a historical perspective and suicide grief and bereavement

literature. The term bereavement refers to the objective situation of having lost someone significant through death (Stroebe, Hansson, Stroebe & Schut, 2001b). The experience of grief involves emotional, behavioural and cognitive processes, including cognitions on spiritual issues, as well as physiological reactions to loss, all of which optimally function to assist the griever to integrate the loss (Neimeyer, 2000b; Stroebe et al., 2001b). Grief reactions can be described thematically. For example, a theme of sadness may encompass emotions, behaviours, cognitions and physiological reactions. Although the grief reactions to a suicide death share many common features with typical grief reactions, research supports the contention that suicide grief generally differs in intensity, duration and thematic content. Chapter 4 reviews grief literature and research that is relevant to suicide grief in the context of concepts from new theories of grief, and the implications of this research for the questions raised in this study.

A review is provided in Chapter 2 of how this study has drawn on the concept of meaning making or meaning reconstruction following a major loss. In summary, meaning making is a complex, relational, ongoing process that is central to the grieving process. It is a fundamental concept in new theories of grief (Neimeyer, 2000b). Meaning making processes can be tracked in themes surfaced in self-narratives or stories people use to explain life events to themselves and others. The second key concept this study has drawn on from new theories of grief is the theory of continuing bonds (Klass et al., 1996). There has been a growing awareness of the significance of the continuing bond or relationship with the deceased. This perspective contrasts with traditional grief theories in which an important goal of grieving is letting go or relinquishing the bond with the deceased. This study considers the influence of the intentional nature of a suicide death on the ongoing relationship with the deceased. New theories of grief acknowledge the possibilities for growth through grief and also that grieving challenges the individual's sense of self and relational systems. This study considers the influence of suicide on the individual's sense of self, with data providing insight into the challenges a suicide death presents to the way bereaved individuals understand themselves. New theories of grief emphasise the importance of the griever's relational web, in recognition that grieving is a process that happens in relationship with others. Study findings provide insight into the languaging and communication difficulties encountered in relationships with significant others, both within and outside

the group. The experience of grief is complex, with an infinite number of possible outcomes, both negative and positive; however, new theories of grief propose that these consequences provoke change and growth. Findings from this study provide insight into meaning making that facilitates growth and change in individual beliefs and values as a consequence of the grieving process.

A number of researchers have shown that the ability to make meanings that make sense of a sudden or suicide death is associated with improved grief outcomes (Currier, Holland & Neimeyer, 2006; Murphy, Johnson & Lohan, 2003; Rynearson, 2001). These findings were extended in research by Neimeyer, Baldwin and Gillies (2006) who found that the inability to make meaning, combined with a strong post-loss attachment to the deceased, was associated with higher grief-related distress and the possibility of bereavement complications developing. Neimeyer et al. (2006) also emphasised that the unsuccessful struggle to make meaning in violent deaths such as suicide, when combined with high post-loss attachment to the deceased, predisposes to complications in bereavement. Mitchell et al. (2004) confirmed a significant interaction between complicated grief and suicidal ideation and possible suicide in those bereaved by suicide. In the context of the significance of these finding it is noted that the development and testing of assessment criteria for complicated grief, traumatic grief and prolonged grief disorder have been the subject of several studies that are relevant to suicide grief (Boelen & Prigerson, 2007; Boelen & van den Bout, 2007; Jacobs et al., 2000; Latham & Prigerson, 2004; Prigerson et al., 1996, 1997; Prigerson, Bridge et al., 1999; Prigerson, Shear et al., 1999). One of the most important findings of the present study is the insight gained into the association between increased suicidal ideation and maladaptive relationship with the deceased.

An important aspect of this study has been to understand the implications of the theory of Klass et al. (1996) regarding continuing bonds in the context of suicide bereavement. “Continuing bonds” is the term for the post-loss attachment with the deceased, which in this study is called the *relationship with the deceased*. It was not the purpose of this study to consider spiritual questions as to whether this is an imaginal, reconstructed relationship or otherwise. Klass (2006) noted that the relationship with the deceased fulfils multiple roles, both negative and positive, and analysis of data from this study

has revealed how the bereaved attach to the deceased in healthy and unhealthy ways, and also provided insights into the content and nature of malfunctioning relationships with the deceased. This study increases understanding through provision of a commentary on how relationship with the deceased is negotiated and continues to change over time. The study sheds light on the content and nature of meaning making themes distinctive to suicide grief, themes that tend to challenge narrative formation, and the interaction between these endeavours and the relationship with the deceased. It is anticipated that information of the kind this study yields will be useful in formulating preventive interventions that reduce the risk of complications in bereavement.

Suicide is a shattering event in the lives of those who loved the deceased. Janoff-Bulman (1989) noted the stressful impact of a suicide death on grievers' sense of self and their assumptive beliefs. Rynearson (2001) suggested that the bereaved have to learn to live with the irrationality and violence of a suicide death that has no meaning, and wrote of the subsequent changes to the relationship with self that this knowledge provokes. This study extends these understandings by providing examples of the dissonance encountered by the bereaved as they confront the limits of making meaning, when no meaning that is emotionally and cognitively sufficient can be made. Neimeyer, Botello et al. (2002) used a narrative model of construction of meaning to examine the possibility of growth through grief. Journal writings and poetry written by a father whose son suicided were analysed to illustrate the progression from anguish and confusion to a revisioning of sense of self-identity, and transformative growth through grief. In contrast to the perspective offered by Neimeyer, Botello et al., this study invokes greater depth of detail in participant conversations and writings to provide insight into the chaotic messiness of the struggle to make meaning following a suicide death. This study in particular surfaces accounts of suicidal behaviour and ideation and provides a commentary on the possible function of suicidal ideation in meaning making and construction of relationship with the deceased.

Nadeau (1998) reported the central role of family communications in meaning making following a death. Walter (1996) also stressed the importance of communications with significant others in facilitating the shared construction of a biography for the deceased that assists integration of the deceased in the ongoing lives of the bereaved. Several

researchers have reported compromised communications in the relational web of those bereaved by suicide, and the influence of stigma, guilt and blame on the ability of families to co-construct meanings about a suicide death (Linn-Gust, 2001; Nadeau, 1998; Range, 1998). This study provides examples of the complexities encountered in storying and talking about a suicide death, in terms of the self-volition and violence of the death and the feelings of betrayal, anger and guilt, and provides insight into adaptive and maladaptive ways participants negotiated these issues. This study considers the subjective experience of relationship with significant others outside and within the grief group. Linn-Gust (2001) provided insight into the experience of family communication and relationships following a sibling suicide, and group data from the present study supports Linn-Gust's observation of the compromising and constraining influence of a suicide death on family relationships and communications. In contrast, group interaction data also provides insight into the benefits of grief groups in facilitating conversations that can assist meaning making. Armour's (2003) research into performative actions following a homicide death demonstrated the role of performative actions in assisting meaning making within families and communities. This study provides unique insight into conversations and shared grief rituals within the social, communal space of a suicide grief group as a way of making meaning and of integrating the deceased into the ongoing life of the bereaved in positive ways.

It is the intentional nature of a suicide death and the responses provoked by this knowledge within grief groups that set the domain of inquiry for this study. This is the issue that defines the death event for the meaning makers in this study, the grief group participants. Although there are common grief features general to all major losses, researchers have noted thematic differences in grief due to suicide death compared to death due to natural causes (Bailey, Kral & Dunham, 1999; Brent et al., 1996; Jordan, 2001). Research reviewed in Chapter 3 concerns the cognitively and emotionally challenging nature of grief resulting from a suicide death, that can tend to problematise meaning making processes for this population (Neimeyer, Botello et al., 2002; Riches & Dawson, 2000; Thompson, 1998). Findings from the review of suicide literature indicate that the intentional nature of suicide provokes a range of problematic issues concerned with attempts to understand the actions of the deceased. These concerns prompt questions about the nature of the relationship with the deceased and raise issues

to do with rejection and abandonment, betrayal of trust, lowered self-esteem, and guilt, responsibility and blame. Problematic issues in suicide grief are further compounded by relational isolation and a sense of stigma, real or imagined, that tend to reduce grief communications and help-seeking behaviours (Jordan, 2001; Provini, Everett & Pfeffer, 2000).

This study used a hermeneutic methodology to interpret participant conversations and writings through the double lenses of meaning making and relationship. The aim and nature of the investigation into the process of grief suggested the use of interpretive methods. Jordan and McMenamy (2004) advised that because of the gaps that still exist in the literature, naturalistic research is better suited to address knowledge needs in developing successful interventions for those bereaved by suicide. Jordan and McMenamy also noted the need for qualitative approaches concerned with "broader constructs such as changes in the individual's assumptive world, quality of life, and social adaptation" (p. 346). Neimeyer and Hogan (2002, p. 90) stressed the need for research "to assess processes as well as outcomes". The data for the study comes from suicide grief group spoken and written texts. Themes are the overarching patterns generated by "meaning making" attempts in which grievers respond, explore, explain, set up and answer questions. Themes generated in this study provide a framework for understanding suicide grief and link to common patterns and questioning. Grief groups are one of the few spaces that explicitly encourage social, written and verbal interactions around suicide bereavement issues, and as such are a source of rich and diverse data that provides a unique insight into the experience of suicide grief. Grief group conversations provide the opportunity to map naturally occurring themes and to comment on possible ways these themes function to negotiate complex changes. The grief groups were not set up as an experiment. Participant conversations represent spontaneous conversations and therefore participant conversation themes bleed into each other, reflecting the natural structure of grief conversations. Suicide grief groups offer a legitimate communication space in which to process suicide grief issues, a space often not available to the bereaved within their other relational communication networks. The research context is germane to Jordan and McMenamy's (2004) observation that qualitative differences are more likely to be observed in qualitatively

based research methodology that allows research participants to talk about their experience in their own words.

Data from this study indicates that for many grievers the grief group was their only "open" communication space for conversations about their grief. The stigma typically associated with suicide significantly increases the already sensitive nature of the subject matter and tends to reduce communication within the bereaved individual's relational network, providing fewer everyday social interactions within which to make meaning of the death. Another reason for reduced communication opportunities following a suicide death is that suicide is a low base-rate phenomenon within the population, unlike deaths due to natural causes. Opportunities for processing grief through naturally occurring conversations are often not available. There are limited opportunities for researchers to access the kind of data used in this study, and the permission given by participants to use intimate, personal data was related to their trust in my experience working in suicide bereavement for many years.

1.5 Derivation and motivation for the study

The impetus for this study grew out of my interest and long term professional involvement working for 19 years in the area of postvention, that is, provision of grief interventions for those bereaved after a suicide death. Throughout my career I have been engaged with learning in both formal and informal educational organisations. The interplay between my work and study has fostered an approach to my work that is critically reflective and I am fortunate to have worked in organisations that have allowed me to apply new information creatively in the development of lecturing modules, group programs and community education and training. As a clinician working with suicide bereaved families and individuals it has been my experience that the devastation wrought to relational belief systems is a central feature of this kind of grief. My clinical observations support the idea that grief group conversations promote the construction of flexible self-narratives that are an important strategy for the bereaved in making meaning of their disrupted world and bringing order and coherence to their ongoing lives. As a clinician and researcher I am curious about how the words

heard, spoken, shared and elaborated within group conversations assist in constructing meanings that assist integration of grief.

Another important motivator derives from my learning experience in the Masters in Education at UTS. As part of the coursework I undertook an independent study project to develop a group program for children bereaved by suicide. An outcome of this project was that I made a short educational film, “The Red Chocolate Elephants” (2003), about children bereaved by suicide. To make the film I conducted a number of informal interviews with children bereaved through suicide who had attended a children’s group program. Undertaking this project provided opportunities in research and learning for me that led to a deeper understanding of suicide bereavement issues for children, that in turn informed the children’s program, the subsequent film, and a book for suicide bereaved children in process. I transcribed the interviews and listened repeatedly to what the children were saying and then categorised the data into themes, such as “things that are different now”, “things I’m confused about”. The children’s voices, edited words, advice to other children, artwork and information about suicide bereavement were included in the film, which has been successful as a teaching aid for professionals and for adults and children bereaved by suicide. The film provides information that increases understanding and awareness about suicide grief issues, and in bereavement settings encourages participants to talk about their grief experience. The success of the children’s film caused me to think about how much information is present in the grief conversations that take place in adult grief groups, and how a similar process could be used to surface themes used in meaning making processes following a suicide death to better understand the phenomenon of suicide grief.

However, long before I started working in suicide bereavement I had an interest in this area. I grew up in a family with a ghost, a ghost never spoken of, but very present, the ghost of my mother’s father, my grandfather. Before I was born, one cold day in New York my grandfather, burdened by life, opened his bible, marked with the Lord’s Prayer, and placed a noose over his head. I was deeply attuned and sensitive to the sadness and troubled void his leaving left in my mother’s life. My understanding may have been the result of living as a child in Asian cultures, because I always understood that ancestors needed to be cared for, remembered and spoken of with kindness. One

day, breaking the silence, I asked my 80 year old mother to tell me about “it”. Her response could provide the title for this thesis and is almost identical to a child’s words in “The Red Chocolate Elephants” (2003) film. After a long silence she said, “I think about him every day – I think about how could he do that to me.” Almost 70 years of silent rumination on her father’s death. On a deeply personal level this research and my work are my attempt to make meaning of my grandfather’s suicide and to propitiate, heal, and bring peace to his ghost, my mother and our family through contributing to postvention knowledge that assists suicide bereaved families and individuals to heal their grief and rebuild their lives.

CHAPTER 2: NEW THEORIES OF GRIEF

2.1 Introduction

This study draws on new theories of grief to gain a better understanding of suicide grief, and this chapter provides a review of a number of the new theoretical concepts from the grief literature relevant to this study. Many researchers in the area of loss and grief refer to new trends, models, directions or theories of grief (e.g. Attig, 2004; Boerner & Heckhausen, 2003; Neimeyer, 2000b; Neimeyer, 2004; Riches & Dawson, 2000). Neimeyer (2000c, p. 3) suggested that the "new wave of grief theory" reflects a shifting "zeitgeist" about how we understand and conceptualise the experience of loss. Other researchers have concurred that the field of bereavement has undergone a paradigm shift (Boerner & Heckhausen, 2003; Walter, 1996). Attig (2004), reviewing the "new paradigm" in grief theories, noted the failure of traditional grief theories to articulate fundamental aspects of the grief experience: "It is a shame that [traditional] theory and practice went as far astray as they did" (p. 335). Doka (2002a, p. 413) noted, "in recent years, our understanding of grief has been challenged" by new grief theories and models. Walter (1996) challenged simplistic representations of grief, suggesting that the purpose and processes of grief are far more complex than working through emotions in order to "let go" of the deceased. Referring to more recent grief literature, Walter noted "a sense of revolution in the making" that was identified with a shift to "post-modern individualizing of loss and a rejection of grand theory" (p. 10). Neimeyer (2004), commenting on findings from the Centre for the Advancement of Health's (2004) Report on bereavement and grief research, noted that the rapid growth in quantity and quality of research in this area has challenged the basis of traditional grief theories in ways that are both evolutionary and revolutionary.

Neimeyer and Keese (1998, p. 225) proposed that "grief is a complex process of adaptation to a changed reality, a process that is at the same time immensely personal, relative, and inevitably cultural". The term "adaptation" refers to "how an individual adjusts both internally and externally to a perceived loss" (Martin & Doka, 1998, p. 136). New theories of grief question traditional theories that propose a universal normative grief process with prescribed linear grief stages (Kubler-Ross, 1975) and discrete grief tasks to be completed within certain time frames leading to resolution and

recovery of the pre-loss state. In this context Maciejewski, Zhang, Block and Prigerson (2007) have found support for aspects of stage theories of grief based on those bereaved by deaths due to natural causes. Deaths due to unnatural causes such as suicide and homicide were excluded from the sample. However, the findings of Maciejewski et al. did not offer support for timing of grief stages. New theories of grief challenge traditional grief theories regarding the "experience, interpretation and trajectory of grieving" and suggest that the experience of grief is far more complex and unique (Murray, 2001, p. 223). Grief models have moved away from linear explanations of grief and, although it is understood that adaptation is a process with an outcome of integrated loss, the endpoint is less definitive in the sense that the ongoing experience of loss may continue to be revisited and reworked over a lifetime. It is suggested that recovery from grief is a socially, culturally normative concept (Kauffman, 2008). In a shift away from linear models of bereavement, Stroebe and Schut (1999) found evidence to support a "dual process" model of coping with bereavement. Stroebe and Schut (2001, p. 395) described grief in this model as characterised as a "dynamic and fluctuating" oscillation between loss-oriented processes and restoration-oriented processes. Stroebe and Schut (2000) suggested that the "oscillation between these two components provides a framework for a systematic probing of assumptive worlds, meaning systems, and life narratives" (p. 69). Malkinson, Rubin and Witztum (2006) discussed a "two-track" model of grief in which the bereaved is either attending to general functioning or developing an imaginal relationship with the deceased. The two-track model of bereavement has been found to be helpful for working with traumatic grief, and it introduced the concept of loss as a state that changes over a lifetime (Rubin, 1999; Rubin, Malkinson & Witztum 2003). Neimeyer (2000b, p. 99) proposed a new paradigm for grief theory, research and practice and suggested "meaning reconstruction as the central process of grieving". The concept of continuing bonds between the bereaved and the deceased challenged traditional theories that proposed the need for disengagement from the deceased (Klass et al., 1996; Klass, 1999). Doka (1989, 2002d) defined the term "disenfranchised grief" as a concept to explain the griever's experience when grief is not publicly acknowledged or socially sanctioned. Martin and Doka (1998, 2000) questioned the traditional emphasis on affective grieving and proposed evidence of differences in gender grieving styles and a grieving continuum, with more affective conventional "intuitive" grieving styles at one end and "instrumental"

cognitive grieving styles at the other. New theories and models of mourning and adaptation through grief offer non-prescriptive frameworks that allow for diversity in understanding the complex processes involved in grieving (Neimeyer, 1999, 2000b). A number of theoretical concepts central to new theories of grief and relevant to this study are outlined in this chapter.

2.2 Meaning making

The activity of meaning making assists in the reconstruction of meaning. Meaning making or meaning reconstruction is a complex, relational, ongoing process that is central to the grieving process and fundamental to the conceptualisation of grieving in new theories of grief (Davis, Wortman, Lehman & Silver, 2000; Martin & Doka, 2000; Klass, 2001; Nadeau, 1998, 2000, 2002; Neimeyer, 2000b, 2000d, 2000e, 2002; Rosenblatt, 2002; Silverman, 1996; Walter, 1996). The products and process of meaning making have become a focus in many recent studies of grief. The products of meaning making change and can be negative or positive, embodied, and not necessarily verbalised. Through the construction of meaning, new theories of grief conceptualise the grieving process as active, involving many possibilities, options and choices rather than passive, choiceless and time dependent. Whether the bereaved are talking through grief or processing internally, creating an enduring biography for integration of the deceased, building a memorial garden, or actively avoiding these activities, the bereaved are involved in meaning making about the loss.

Neimeyer (2001), discussing meaning making in loss and grief, warned against conceptualising meaning making following a loss as simply “a kind of ‘positive’ ‘reframing’ of a stressful life event... a cognitive coping strategy” (p. 172). Nadeau (1998) also embraced a larger understanding of meaning making, referring to the function of meaning making in grief in creating order and security. Nadeau argued, “Death and the threat of death drive the process of meaning-making by their power to upset our sense of order. People want to get back to the order and security of everyday life. Making sense of the experience of death reduces the terror by allowing a return to everyday reality” (p. 8). Gamino et al. (2002) also defined making sense or finding meaning “as findings some degree of coherence, orderliness, predictability, purpose or value in what happened” (p. 794). Taylor (1983) adopted a broad understanding of

meaning making, suggesting that it is an activity in which humans are constantly engaged, that can be defined as “an effort to understand the event: why it happened and what impact it had. The search for meaning attempts to answer the question: what is the significance of the event? Meaning is also reflected in answers to the question, "What does it mean for my life now that this has happened?" (as cited in Nadeau, p. 14). Levitt et al. (2004) suggested that meaning making is concerned with shifts in self-reflection, and therefore insight processes are meaning making processes. Meaning making is concerned with shifts in fixed frames of reference and this can be understood as a transformative learning experience (Mezirow, 2003).

Botella and Herrero (2000), writing from a constructivist perspective, explained that meaning making is something in which all human beings are engaged: “Human beings are proactively oriented towards a meaningful understanding of the world in which they live and their own place in it. Being human entails active efforts to interpret experience” (p. 408). Frankl (1964) described the search for meaning in life as a primary motivating force in the existence of each person. In this context Frankl used the concept of meaning as a positive experience, a meaning for existence or reason to live. The process of making meaning cannot be negative; however, the meanings constructed can be negative or detrimental to improved grief outcomes. Although the idea of meaning making is generally acknowledged as a common human activity, there are difficulties defining meaning. Lydall (2002) captured something of the illusiveness of defining meaning, suggesting, “It is precisely and exclusively the unique nature of the definition of meaning for the individual that provides a satisfactory response to a search for meaning” (p. 3). Therefore, what constitutes meaning is unique to each individual and to the context of that person’s personal, socio-cultural history and the loss event. Lydall’s definition of meaning focused on meaning making at an individual level; however, meaning making is also a relational and social process. The focus of research into meaning making at the individual level is concerned with categorising the content of individual meaning constructs about life events. At another level, as in this doctoral study, meaning making can be applied as a theory and as an interpretive method of data analysis to increase insight into the construction of relational meaning making. Neimeyer (2000b) noted that meaning making is concerned not only with the products

of meaning making but also with the construction of meaning, and it is grounded in both intimate individual contexts and cultural discourse.

Neimeyer (2000b) discussed the need for a broad definition of meaning making that allows for the complexity of meaning reconstruction processes, suggesting that meaning making is concerned not only with meanings constructed about the death but also about its meaning for the ongoing life of the bereaved. Neimeyer considered that meaning making is also concerned with how people integrate meanings into their life-story and the process of how meanings are reworked and change over time. Neimeyer (2000b, 2001) further noted that meaning making is preverbal and often embodied in actions as well as articulated in speech, writing, poetry and symbolic acts. McRae-McMahon (2003) noted that rituals associated with death are a time-honoured method of assisting meaning making and are also a means of sharing both personal and co-constructed meanings with those participating. Armour's (2003) study of meaning making grounded in performative action revealed that meaning making expressed through actions was a significant meaning making response for those traumatised by a violent death, that helped to "build resilience in response to trauma" (p. 538). Reisman (2001, p. 456) described a beautiful example of meaning making through performative action, the story of a widower who had a public garden made in memory of his wife, saying, "I had a desperate sense that somehow Connie would be forgotten... Now I know she won't".

Studies of the content of meaning making have identified two main categories of meaning constructs. The first is comprehensibility or sense making, which can be addressed by asking, "How much sense would you say you have made of the loss?" (Neimeyer et al., 2006, p. 724). The second has been termed benefit finding, which can be tapped by the question "Despite the loss, have you been able to find any benefit from your experience of the loss?" (Neimeyer et al., 2006, p. 724). Benefit finding is frequently referred to as finding a silver lining, but the implications of benefit finding are more profound than captured in the term *silver lining*. Benefit finding includes meaning constructs that are essentially concerned with existential issues. It implies the self-growth that some find through grieving, which alters their relationships with others, appreciation for life and world-view in positive ways (Davis, Nolen-Hoeksema & Larson 1998; Janoff-Bullman, 1989; Janoff-Bulman & Berg, 1998; Janoff-Bullman &

Frieze, 1983; Murphy, Johnson & Lohan, 2003; Murphy, Tillery & Grover, 1996; Thompson & Jangian, 1998). There have been a number of studies of meaning making in normal bereavement processes, that is, bereavements not due to violent or sudden deaths. Davis et al. (1998) used longitudinal data from 205 bereaved participants and found benefit finding and comprehensibility to be associated independently with adjustment. Being able to make sense of the loss event was associated with less distress in the first year following the death, whereas benefit finding was strongly associated with adjustment 13 to 18 months after the death. Gamino and Sewell (2004) studied essay writing from 85 bereaved people grieving a significant death. They found that positive meaning constructs were a predictor of positive bereavement adjustment. Richards, Acree and Folkman (1999) used both empirical and qualitative methods to consider the interaction between meaning reconstruction processes and spiritual beliefs, mood, coping and physical health symptoms following the death of a partner due to AIDS. Although their findings were not statistically significant, the study provided interesting insights into the function of a range of spiritual beliefs in meaning making processes.

In a content analysis of bereaved narratives, Gamino et al. (2002) identified nine unique meaning constructs. Although the authors agreed that at a subtle level meanings were either abstract or concrete, they explained that “people use multiple forms of meaning to grasp the reality and significance of a loved one’s death” (p. 808). Gamino and Sewell (2004, p. 397) found that grievers who “expressed one or more constructs connoting positive themes” fared better on overall grief adjustment indicators. The suggestion by Gamino et al. (2002) that grievers used multiple forms of meaning making constructs accords with my clinical observations of how grief group participants’ meaning constructs build on and inform subsequent meaning development in a complex, social, recursive process. Benefit finding, making sense, and other meaning making themes weave back and forth throughout bereaved narratives, making it difficult to pinpoint discrete constructs in naturally occurring conversations.

Nadeau (1998) examined the importance of co-constructed and shared family meaning constructs developed through a range of interactive strategies used by families to make sense of a death. Research identifying meaning constructs has generally relied on

questionnaire data in response to questions about sense making and benefit finding. In this context, in discussing her interview research data, Nadeau noted that some respondents "seemed unable to articulate an implicit meaning" (p. 15). Neimeyer (2000d) also drew attention to methodological difficulties of capturing meaning making in self-statements, suggesting that individual constructions of reality are often "tacit, inexpressible in any complete sense... to be amenable to formulation in... self-statements" (p. 554). Meaning making takes place through the logic, reasoning, ordering and sequencing used to explain life events in self-stories; and self-stories are also embodied in behaviours and actions and pre-verbal beliefs (Neimeyer, 2000b).

2.3 Meaning making and narrative

The influence of meaning making processes can be tracked in the self-stories or narratives people use to explain life events to themselves and others. O'Toole (2002) suggested that human beings are drawn to stories "as a natural way through which we can navigate and understand our world" (p. 324). Harvey, Carlson, Huff and Green (2000) concurred that psychology "will be more effective in learning about people's common-sense understanding of their loss experience to the extent that they value people's stories, storytelling, and the social interaction process that frames storytelling" (p. 242). Discussing the value of narrative strategies in grief therapy, Neimeyer (1999) noted how a loss event could cause a severe dislocation of the story people tell themselves about who they are and how the world is as they understand it. Hedtke and Winslade (2004) also noted the importance of a meaning making perspective on the quality of conversations between professionals and the bereaved. Such conversations are not only about assisting people to work through naturally occurring grief processes, but importantly are about "helping them shape the meanings that will govern their experience... [to] construct meanings which will sustain them through the transitions that death demands" (Hedtke & Winslade, 2004, p. 43). Romanoff (2000) noted that storytelling has only recently been recognised as having therapeutic value, and in a study of the value of narrative in effecting change found storytelling in both research and therapy settings to be of value. The concept of bereavement as engendering and requiring reflexive conversations with self and others was studied by Walter (1996, p. 20), who suggested that bereavement can be understood as "part of [a] never-ending and reflexive conversation with self and others... the need to make sense of self and others in

a continuing narrative – is the motor that drives bereavement behaviour". New theories of grief focus on the structure and formation of narrative as a process of relational negotiation in which response is met with responses from others in the relational web, which in turn may elicit or prevent development of other responses (Nadeau, 1998; Riches & Dawson, 2000).

Self-stories ordered through meaning making efforts are stories we tell ourselves. "Story is a particular kind of narrative. It may be described as a symbolic representation of a string of events... around a central theme or plot" (Goodfellow, 1998b, p. 176). Stories are the products of narratives efforts. Discussing the primacy of narrative construction, Goncalves, Korman and Angus (2002, p. 266) stated:

> The introduction of a narrative order is probably the most fundamental aspect of human knowing. People understand, store and relate separate experiences in their lives by representing them in a narrative form. The narrative ordering processes impose a specific pattern of temporal coherence in what otherwise would be a random and chaotic experience. This narrative ordering enables individuals to represent seemingly distinct experiences as meaningful wholes.

New theories of grief link meaning making and narrative theory in accord with the proposition that a central process in grief is meaning making through constructing self-narratives. It has also been suggested that the process of constructing self-narratives assists those bereaved to negotiate challenges to self-identity, interpersonal and wider socio-cultural relationships (Neimeyer, Botello, 2002). Effective narrative responses to grief can provide new possibilities and ways of knowing and understanding the death that assist adaptation. The development of narrative construction assists in developing coping skills following loss and grief (Neimeyer, Botello et al., 2002). In discussing grief therapy and research, Neimeyer (2000e) suggested that in both contexts "stories are the 'heart' of the matter" (p.263). Goncalves et al. (2002) argued, "Healthy living is dependent on the capacity to explore the complexities and possibilities available in every moment of one's experience" (in Neimeyer & Raskin, 2002, p. 280). Differentiated narrative processes that include multiple sensory, emotional, cognitive and meaning experiences are more likely to assist healthy adaptation. Narratives have to be flexible and structured in a way that creates the space for the discovery and integration of new knowledge into the narrative. Drewery, Winslade and Monk (2002)

drew attention to therapeutic issues in the use of “speech acts” that can either produce agency or not for the speaker. In this context Gergen and McNamee (2002) noted the use of “metaphors of dialogue and multiplicity as possible openings toward transformation” (p. 333) rather than limited labelling discourses that do not empower people. Referring to White and Epston’s (1990) significant work on the use of narrative as a therapeutic intervention, Sewell and Williams (2002, p. 206) suggested, “The utility of the narrative metaphor in psychology has only recently begun to attract active attention”.

2.4 Relationship with deceased - continuing bonds

Awareness has been growing of the significance of the ongoing bond, connection or relationship that the bereaved construct with the deceased (Klass et al., 1996; Klass & Walter, 2002; Neimeyer, 2000b, 1999; Silverman & Klass, 1996). In this study the continuing bond with the deceased is referred to as relationship with the deceased. This position is in contrast to traditional grief theories that adhere to the position that normal bereavement requires a letting go of the relationship with the deceased. According to traditional theories an important goal of grieving is letting go or relinquishing the bond with the deceased (as discussed by Hedtke & Winslade, 2004; Murray, 2001; Riches & Dawson, 2000). In traditional grief theory, a continuing bond between the bereaved and the deceased is “regarded [as] an indicator of pathology in grief” (Klass, 2006, p. 844). In contrast, new theories of grief allow that continuing bonds and imaginal interactions between the bereaved and the dead are part of a complex process in which the bereaved realign from the living person to a constructed imaginal presence of the deceased, that becomes an ongoing presence in the bereaved person’s life (Klass et al., 1996). It is important to clarify that the development of a continuing bond may or may not occur, and may be a positive or negative in terms of the bereavement process. Therefore, the absence or presence and nature of the continuing bond needs to be considered within the context of each individual griever (Klass, 2006). The idea of relinquishing attachment to the deceased originated in Freud’s (1917) classic study “Mourning and Melancholia”, in which he considered the differences between grief and depression. Freud (1917/1947) described grieving as resulting from the libido’s attachment to the lost object, and the requirement or aim of grieving was to free the bereaved person from attachments to the

lost object, the lost object being the deceased (Hedtke & Winslade, 2004; Klass et al., 1996; Murray, 2000; Riches & Dawson, 2000).

In a study of bereaved parent support groups, Klass (1999) documented that a different process to disengagement with the deceased child was taking place; the support group facilitated a process not of relinquishing the bond with the deceased child, but of creating and strengthening an internalised bond with the deceased child that was meaningful for the parent. Observing this process, Klass described grieving as an active construction of meaning, with the relationship to the deceased as central to the meaning making process, and noted that this process is essentially spiritual. Klass discussed three criteria that define a spiritual experience: "Encounter or merger with transcendent reality; finding a worldview, that is, a higher intelligence, purpose, or order that gives meaning; and belonging to a community in which transcendent reality and worldview are validated" (p. 21). Klass suggested that the support group is the community in which transcendent reality and world-view are validated, and it is this that facilitates the development of the continuing bond with the deceased child. Tacey (2000) discussed spirituality in a similar way, as a feeling of being connected, being part of the community and also part of something greater than the self. Klass suggested that within the support group, the dead child maintains a presence that is not allowed or nurtured outside the group. Parents attend group until such time as the bond with the deceased is secure and the bereaved have comfortably found a place for the deceased in their ongoing lives.

Silverman and Nickman (1996) discussed insights into how bereaved children construct an ongoing connection with a deceased parent in a number of ways. One such way is locating the deceased in a place; for example, a child bereaved by suicide located his father, "Well, up in the sky he is just laying down and thinking about me and the family and he is with God in the sky" (Sands, 2003). The ongoing connection may manifest as feeling the presence of the deceased, speaking or writing to the deceased, visiting the cemetery, remembering and sharing memories of the deceased, and linking objects (Sands, 2007; Silverman, 2000). Field (2006) discussed continuing bonds from an attachment theory perspective, suggesting that continuing bonds provide the bereaved with a "comforting presence when under duress" (p. 741), and a "secure base in a

problem solving capacity" (p. 741); the opinions, values and beliefs of the deceased are a resource that can assist in decision making and in sustaining the identity of the bereaved amidst the changes of bereavement. Field summarised the continuing bond as a resource that enhances the bereaved individual's functioning. Marwit and Klass (1996, p. 305) also noted that the deceased played "an active role in the ongoing lives of survivors", providing a valued role model to the bereaved in their lives. Walter (1996) also stressed the important role of the deceased "as a role model, giving guidance and as a valued part of the survivor's biography" (p. 11). Hedtke and Winslade (2004) noted that to the extent that people continue to have conversations with the dead, new meanings are generated; in this way, "people can live on after death in and through words and our relationships with the dead need not be considered closed with the nailing down of the lid of a coffin" (p. 42). Becker and Knudson (2003) reminded us that how we story our loss "is co-constructed and co-authored by the deceased. That is, the dead help us to write their stories – and ours as well. In a sense, every story has a ghost writer" (p. 714).

Klass and Walter (2001), commenting on concerns that continuing bonds with the deceased are an indication of pathology, analysed the meaning of the ongoing relationship with the deceased for those bereaved and asserted, "A significant enough portion of the population sense the presence of the dead that it cannot be labelled pathological or even hallucinatory" (p. 435). Klass and Walter refuted the assumption under a medical model of grief that conversations with the dead imply pathology. Rather, their research suggested that communications with the deceased fulfil a number of important functions in the ongoing lives of the bereaved. Hedtke and Winslade (2006) noted numerous stories from the bereaved that included hearing the deceased talking to them, feeling their presence, smelling their perfume, and other sensory experiences that for the bereaved confirmed the presence of the deceased. The bereaved are often concerned that these experiences may be considered psychotic or *crazy* rather than, as many grief counsellors would affirm, simply normal aspects of bereavement.

Datson and Marwit (2006) drew attention to the possibility that although many bereaved find the presence of the deceased comforting, this is not always the case. Addressing oversimplifications in research about the concept of continuing bonds, Klass (2006)

noted the importance of researching “both the positive and negative consequences” of continuing interactions with the deceased (p. 844). Klass also asserted that if research focuses only on “the presence or absence of a phenomenon, then we may miss the subtleties” of how connections are formed, integrated, and change over time (p. 844). Continuing bonds may or may not assist healthy grief adjustment, depending on the nature of the connection (Klass, 2006). The ongoing relationship or connection with the deceased may be positive or negative, in the same manner as continuing bonds in living relationships can be subject to a variety of pathological elements. A number of researchers have studied negative or maladaptive relationship with the deceased (Bonanno, Notarius, Gunzerath, Keltner & Horowitz, 1998; Datson & Marwit, 2006; Field, 2006; Field, Nichols, Holen & Horowitz, 1999; Field, Gal-Oz & Bonanno, 2003; Field & Sundin, 2001; Wortman & Silver, 2001). In the context of this study the nature of the relationship or bond is an important consideration when the relationship with the deceased has been conflictual; or as in suicide grief, when there is feeling of failure to keep the deceased alive or to prevent the death, as well as feelings of anger, guilt and abandonment.

Several researchers have considered the ways in which continuing bonds are maintained. From a sociological perspective, Walter (1996) developed an autobiographical model of grief that incorporated continuing bonds, meaning making and narrative theories. Walter considered that in bereavement a “durable biography [is developed] that enables the living to integrate the memory of the dead into their ongoing lives; the process by which this is achieved is principally conversation with others” (p. 7). Silverman (2000) linked the development of continuing bonds with the deceased to narrative strategies, stressing the importance of storytelling in grieving as a way of positively transforming loss and adversity. Silverman described the dynamic nature of the narrative process, as the bereaved “shift direction and write their stories anew many times. What follows then are not finished products but narratives in the making” (p. 76). The ongoing bonds with the deceased move in a circular way, backwards and forwards in time, as the bereaved reviewing memories actively transform the concrete living relationship with the deceased into a symbolic ongoing relationship (Neimeyer, 2000b). Rubin (1981, 1999) incorporated the working of the relationship with the deceased into a two-track model of bereavement, the tracks being

both interrelated and related to grief outcomes. Track 1 is concerned with general restoration of functioning following the death, and Track 2 is concerned with reworking of the relationship with the deceased. Traditionally the focus of grief therapy has been on Track 1; however, Malkinson et al. (2006) stressed the importance of attending to both tracks for optimum grief outcome.

Klass et al. (1996) also discussed the importance of linking objects in maintaining the connection with the deceased. Linking objects are objects that either belonged to or were given as gifts by the deceased, or simply things that bring to mind the deceased. The objects are symbolic and give a substantial presence to the relationship. Linking objects are tactile and visible, and have a considerable presence that can be greater than the nature of the object itself. In a linking object, the relational history can be present symbolically. Significant objects can hold many meanings, nuances of the person who held and touched them, memories embedded in a pair of sunglasses, a glove, a letter, a lingering personal scent on a piece of clothing. Linking objects are generally important to the bereaved, imbued as they can be with a deep sensory and memory significance. Moustakis (1990, p. 15) argued, “The deepest currents of meaning and knowledge take place within the individual through one’s sense perceptions”; and knowledge through our senses is our first and primary way of knowing the world. Linking objects can evoke sensory memory. A worn teddy bear brings to memory not only a loved child’s face in a particular moment in time but also a melange of sensory memories: the colour and texture of the child’s skin, the baby smell, the sound of the baby’s laughter and one’s emotional presence in that moment. Linking objects speak the language of the heart and memory, and can transport the bereaved to special memories of times shared with their loved one. The richness of their lived experience lives again in the re-experiencing of memories that nurture the continuing relationship with the deceased.

It is important to note contradictory findings regarding linking objects that suggest they can be helpful or unhelpful. Field (2006) considered that a linking object that “represents the totality of the deceased in an unmodified form” provides an illusion of continuing contact with the deceased in a way that disrupts the grief process because the object is understood to magically “embody the deceased in a personified form” (p. 745). Neimeyer et al. (2006) also described the complexity of the interaction between

continuing bonds and bereavement adaptation, citing findings that “comfort through contact with a loved one’s possessions, has been found to be associated with greater grief related distress” (p. 717). In contrast, less concrete, more abstract ways of connecting with the deceased, such as through memories, “may be accompanied by less anguish” (Neimeyer et al., 2006, p. 717). Boelen, Stroebe, Schut and Zijerveld (2006) investigated the function of linking objects in maintaining continuing bonds in relation to symptoms of grief and depression. They found that continuing bonds developed through the deceased’s possessions were a weak predictor of both grief and depression, whereas continuing bonds developed through recovering memories were a predictor of grief but not depression. These findings suggest the need for further research to disentangle the relationship between continuing bonds, linking objects, memories and grief outcomes.

Boerner and Heckhausen (2003) moved beyond considering how continuing bonds are maintained (through recovering memories and/or linking objects) to study the processes through which they are formed. They conceptualised the development of continuing ties with the deceased as a process of transformation that involves both disengagement from the living person and connection or reconnection with a mental representation as the ties with the deceased are transformed. Klass (2006) also stressed the need for research to increase understanding of “the social and communal nature of continuing bonds” (p. 843) and of both the positive and negative consequences of continuing interactions with the dead and how they relate to grief outcomes.

2.5 Relationship with self, recovery and growth through grief

New theories of grief acknowledge the possibilities for growth through the experience of grieving, as new meanings are constructed and integrated. The challenge of grieving to the individual’s sense of self, relational systems, and ideas about life can prompt re-evaluation and development of new concepts about the meaning of life and spiritual and other existential issues that broaden and deepen the bereaved individual’s appreciation of relationships and life generally. Neimeyer (1999) emphasised the importance in bereavement studies of developing greater insight and understanding of the possibilities for “life enhancing, spirituality and post-traumatic growth” (p. 67). Moskowitz et al. (2003) noted the need to understand more about protective factors and their implications

for both positive and negative psychological states following a significant bereavement. The emphasis in new theories of grief on growth through the experience of loss does not minimise negative outcomes following loss and grief, but identifies the need for awareness of the complexity of the infinite number of possible consequences, both negative and positive, following a loss. Kauffman (2008) examined the implications of the term “no recovery” in bereavement and, given it is a normative term, suggested the need for flexibility that includes diverse meanings and understanding of the term. Balk (2004) examined various meanings of the concept of recovery to ascertain an operational definition of the concept of recovery. Shapiro (2008) suggested a way of assessing “recovery” in bereavement in the context of the griever’s ability to negotiate life cycle development steps following the bereavement. It is generally accepted that there is no recovery in terms of grievers pre-loss state of being, as their assumptive world now includes an intimate knowledge of death; their experience of grief and loss and this knowledge changes the way grievers understand their assumptive world. The term “recovery” is understood to relate to the griever’s ability to function emotionally, cognitively, socially and behaviourally following the bereavement. Stroebe et al. (2001b, p. 9) noted that “the general view these days” is that bereaved people do not “get over” losses but rather people “adapt and adjust to the changed situation”. It is understood that each griever is unique and there is a degree of flexibility in the time required to adapt and adjust; however, “some aspects of grief may never end” (Stroebe, Hansson, Stroebe & Schut, 2001a, p. 751). For some grievers, given the circumstances of the loss and their own personal factors, only limited adaptation and adjustment are possible.

New theories of grief emphasise the uniquely personal process of grief for each individual, and recognise that this process involves changes at a fundamental level to the individual’s sense of identity and the possibility that these changes provoke growth through grief (Attig, 2004; Calhoun & Tedeschi, 1999; Neimeyer, 2001; 2002; Neimeyer, Botello et al., 2002). Conceptualisation of the individual sense of self in new grief theories encompasses understanding of the profound challenges and consequent possible changes to an individual’s assumptions about life, assumptions that have often been unquestioned prior to the death of a significant other. People’s assumptions about their world are challenged by intense grief, provoking a search for meaning and a re-

evaluation, in ways that can create value and meaning (Attig, 2004; Janoff-Bulman, 1998; Landsman, 2002). Janoff-Bulman stressed that the creation of value is a consequence of loss; it "occurs because of their losses, particularly the loss of deeply held illusions" (p. 35). Therefore, changes in self-identity following a stressful life event such as suicide can promote self-growth, and this growth can be a positive commitment to living life more fully (Janoff-Bulman, 1998; Neimeyer, Botello et al., 2002). Further, Janoff-Bulman's (1989, 1998) theory of shattered assumptions has provided a theoretical basis for understanding the significance of meaning making processes and the importance of narrative processes in reconstructing the griever's assumptive world. Given these considerations, narrative efforts in grieving can be understood as representing a "profound reorganization of one's construction of self and world" (Neimeyer, Botello et al., 2002, p. 36). Attig (2004) described this process as relearning the world, explaining that when a significant other dies, a person's life patterns are disrupted and the shape of that person's life is forever changed, requiring the griever to relearn the world. Neimeyer, Botello et al. (2002) cautioned that the narrative processes that story grief and loss can be either progressive or regressive, depending on social and personal factors.

An important element of new theories of grief is the recognition of the socially constructed nature of individual lives and that "people's personal worlds are constructed in relations with others" (Hedtke & Winslade, 2004, p. 41). Attig (1996) explained that self-identity is intrinsically part of interactional processes within the individual's relational matrix. Attig (2004) described the nature of the self as "a web of caring connections to elements in the world around us. This self, in turn, is enmeshed within a web of webs encompassing our families and communities" (p. 348). Grieving is a holistic process involving the whole person within their relational matrix in ways that have the potential to cause them to relearn the world and incorporate a fuller appreciation of life. Attig (2004) commented that grieving should not be segmented between or into physical, emotional, cognitive, behavioural, spiritual, family and community processes; rather, each of these elements is "seamlessly interwoven into the fabric of our lives as dimensions of the whole person we are" (p. 346). Stroebe et al. (2001b, p. 12) noted the complex nature of grief and the "myriad of reactions and diverse ways of coping" that cause difficulties in measuring or capturing the grieving

process in a “snapshot”. To capture complex grief processes Stroebe et al. (p. 12) suggested use of qualitative analysis to provide “rolling film” insights into the experience of grief, similar to the methods used in this study

Janoff-Bulman’s (1989) model of underlying assumptions upon which humans organise their lives offers insight into the challenge that death presents to people’s sense of self and the reverberations of the impact of trauma on their assumptions about their world. Grief can be a stressful life event that challenges taken-for-granted assumptions, provoking “intense anxiety, confusion, helplessness, and depression” (Janoff-Bulman, 1989, p. 113). Janoff-Bulman proposed that in varying degrees, people hold assumptions about the goodness and benevolence of people and the world generally. Secondly, people hold assumptions that the world is meaningful, just and controllable, and these assumptions function to minimise concerns of personal vulnerability. Thirdly, people hold assumptions about the worthiness of self based on the “extent to which people perceive themselves as good, moral, worthy, decent individuals” (p. 119). The assumption that people make is that goodness and decency are protective factors against bad things happening to them. Generally these assumptions are unquestioned, causing most people to minimise the chance of bad things happening to them. Kauffman (2002) noted the difference between the way traumatic and non-traumatic grief is understood in terms of the degree of shattering of the sense of self. In this context those bereaved by suicide have repeatedly reported their grief experience as a shattering of their sense of self (Barrett, 1989; Bolton, 1986; Jamison, 1999; Lukas & Seiden; 1990; Neimeyer, Botello et al., 2002).

Doka (2002b) explained that the death of a loved one can be significant in reconstructing spiritual beliefs in ways that may engender progression or regression in terms of growth through grief. For most, there are underlying spiritual assumptions that support assumptions about safety, control and justice. Various spiritual or existential explanations and beliefs offer individuals comfort and are congruent with ideas of a benevolent, non-random world. In a number of case studies, Doka illustrated and discussed challenges to spiritual assumptions and self-identity, and how individuals reconstruct their spirituality in the face of loss. Doka outlined a number of outcomes to challenged spiritual assumptions. Some grievers may experience an intense review of

their beliefs that reaffirms earlier beliefs. Other grievers may find their spiritual beliefs wanting in the face of their tragedy, but are unable to find any other spiritual beliefs to replace them. Some grievers may redefine their sense of spirituality and adopt different spiritual beliefs. Finally, there are grievers who, as a result of their search for meaning, modify or deepen their original spiritual beliefs. For example, an adult may have spiritual beliefs unexamined from childhood that are too simplistic to assist with making sense of a tragic loss; however, those beliefs can be reworked into a more mature adult version that assists in structuring meaning making.

2.6 Relationships with others

New theories of grief emphasise the importance to the grief process of the griever's relationship with others. This follows from the understanding of grief as a relational experience that involves the relational web of the griever and the wider socio-cultural community (Klass, 1999; Klass et al., 1996; Nadeau, 1998; Neimeyer, 1999, 2000a, 2002). Hedtke and Winslade (2004, p. 41) stressed, "It's all in the relationship": grieving is a relational process, and meanings are constructed in relationship with others. People grieve in family, friendship, and community groups. Nadeau (2000) concurred that people do not grieve in isolation: "They make sense of their experience by interacting with others" (p. 96). Grief interactions take the form of various verbal and nonverbal conversations with friends and family members, using strategies such as comparison and coincidancing in the co-construction of meanings about the death. Nadeau (1998, p. 110) used the term *characterization* to describe how family members characterised the deceased and defined *coincidancing* as "how family members make something of so-called coincidences associated with the death".

Walsh and McGoldrick (1995) discussed the relational elements of grief and loss from a systemic perspective, stressing the importance of the family life cycle model, temporal matrix of loss, structure, family beliefs and the way in which the meaning of the death and individual responses to it are shaped by these and other factors within the family. From that perspective Walsh and McGoldrick wrote: "We need to attend to the interplay of individuals in their family and social context" (p. 7). Nadeau (2000, p. 96) cautioned that the "meanings families attach to the loss of a loved one are critical to how their grieving will proceed". Nadeau (1998) stressed the vital importance of family

conversations in assisting the bereaved to construct individual and shared meanings that make sense of a death. Nadeau (1998) studied the patterns of meaning making and strategies used by bereaved families in making sense of a death through data from family interviews. As both a clinician and researcher, Nadeau identified the importance of research into the relational aspects of family meaning making:

> When grieving families are seen through the lens of family meaning making, much of what is important about family grief comes into view. Family patterns are vividly revealed. Multigenerational effects can be identified. The interweaving of family structure, family process and family meaning making can be seen. Ways in which certain meanings affect the course of family grief become apparent, and an array of family interventions suggest themselves. (Nadeau, 2002, p. 330)

Nadeau identified meanings constructed and patterns and strategies that families used to make sense of the death. Her 1998 study was significant in providing insights that support the relational and socially constructed nature of meaning making and the role of family conversations in grief processes involving narrative meaning making. Stroebe et al. (2001a) have stressed the need for future directions in bereavement research into the collaborative, relational nature of meaning making rather than a focus on grieving as an individual task.

A way of understanding the relational nature of grieving is through the nuances of social language. Social language is layered with meanings, providing insight into the internal and external languaging used by the bereaved in their grief experience. Hedtke and Winslade (2004) drew attention to the idea that individual responses need to be positioned and understood "in the context of some ongoing dialogue[s]" (p. 42). Bakhtin (1981), indicating the relational domain of language, wrote, "Language is not a medium that passes freely and easily into the private property of the speaker's intentions; it is populated – overpopulated – with the intentions of others" (cited in Hedtke & Winslade, 2004, p. 42). Language is saturated with meanings, and the language that people use to talk about their grief is also a response to social, cultural and other discourses inherent in the language of grief. Meaning making is part of this wider communal, socio-cultural, narrative process; and this includes meaning making that is embodied, visual, symbolic and nonverbal. Hedtke and Winslade recommended taking

an “outside in” rather than “inside out” psychological position, reflecting the view that individuals converse with others whose conversations function to assist and shape meanings and narrative productions, rather than meanings originating within the individual.

Hedtke and Winslade’s (2004) “outside in” approach is a good description of the co-constructed meaning making processes that take place in grief groups. Grief groups that meet over a period of time are communities that the bereaved sometimes refer to as their “family”, commenting that the group is a “safe place to cry and rage” and “somewhere I can say whatever I need to and not feel judged.” Groups develop their own norms and rules, and the data from this study provides insight into processes similar to those surfaced in Nadeau’s (1998) study, specifically highlighting the functions of audience for participant narratives. The insight of Drewery et al. (2000, p. 246) into the function of talking as “participating in communities of meaning” that negotiate common understandings can be applied to interpreting grief group conversations in the context of this study. As Yalom (1970, p. 3) suggested, “Therapeutic change is an enormously complex process”, and this is certainly the case in the context of bereavement groups. This study explores suicide grief in the context of meaning making conversations and the relational world of participants in suicide grief groups.

2.7 Implications for practice

Integration of research and new theories of grief into different therapeutic models can challenge practitioners and has implications for therapeutic practice issues (Jordan, 2000; Jordan & Neimeyer, 2003; Myers & Fine, 2007; Riches & Dawson, 2000; Woolfe & Jordan, 2004). Moules, Simonson, Prins, Angus and Bell (2004, p. 100)) suggested that the outcome of clinical work is about assisting clients to “make room for a relationship with grief that is livable, acceptable, creative” and that supports the changes and growth that accompany grieving. In this context, the constructivist theory of psychotherapy provides both a theoretical and practical basis for understanding the uniquely personal and socially constructed nature of grieving (Neimeyer, 1999). Constructivist psychotherapy developed from the work of Kelly (1955) in the psychology of personal constructs. Kelly suggested that people are similar to scientists searching for explanations that make sense of their life experience. Constructivist

psychotherapy privileges the cognitive processes that human beings use to make meaning and order their life experiences. Within this framework humans are seen as "meaning makers" as they story their sense of self through the narratives they construct about their life events and experiences (Neimeyer & Stewart, 1996). The meanings that people make of life events are crucial in how they manage to negotiate difficult events such as loss and grief. Consideration of the experience of grieving from this perspective suggests that individuals cognitively process changes resulting from grief and loss to make meanings, that may or may not be helpful in the process of making coherent and comprehensible their loss and grief experiences. However, new theories of grief also entail the understanding that meaning making takes place within the griever's web of relationships, and these relationships are situated within and influenced by dominant socio-cultural constructions about bereavement (Neimeyer, 1999, 2000c). Klass (2006) proposed a causality model to illustrate the web of bonds and connections. The model captured the plurality of individual, familial, community and cultural membership beliefs that make up the development of complex interactive bonds and meanings. Klass suggested that to conceptualise causality in the development of the bond with the deceased, "researcher/clinicians and the bereaved themselves might begin their description through the lens of any of these bonds and meanings" (p. 847). New theories of grief allow for the understanding that meaning is socially negotiated while also allowing for individual constructions of meaning; narrative theorists draw on both these perspectives in understanding how people attempt to create coherent stories of their experiences. The data from this study offers insight into the themes that emerge in grief group conversations in participants' efforts to make meaning and story their loss and grief.

In this chapter I have outlined and reviewed new theories of grief and in particular the role of meaning making and narrative in the grief process. The chapter has also reviewed literature concerned with the relational aspects of new theories of grief, specifically the relationship with the deceased developed through continuing bonds, the relationship with the self, relationship with others in the grief process, and implications of new theories of grief for practice. The following chapter is an introduction to suicide bereavement literature, and the subsequent chapter considers suicide bereavement in the context of research literature relating to new theories of grief.

CHAPTER 3: SUICIDE BEREAVEMENT: A SPECIAL CASE OF GRIEF

3.1 Introduction

This chapter commences with a summary of historical perspectives and attitudes to suicide and those bereaved by suicide, and distinctions between suicide grief, typical grief reactions, complicated grief, traumatic grief and suicidal ideation. The review of literature considers social processes, family systems issues, thematic content, meaning making, intentionality, violent dying and the influence of antecedent conditions.

3.2 Suicide: Historical perspectives

Historically, suicide is an event that has aroused strong religious, legal and social sanctions against it. As Jamison (1999, p. 14) noted, historical records of public responses to suicide attest to suicide death as a "dramatic, seemingly inexplicable, frightening, frequently violent, and potentially infectious form of death". The Church in 533A.D. declared suicide "the most deadly of all mortal sins" (Barrett, 1989, p. 14). In different countries and periods in history, suicide deaths have been denied funeral rites and often the property of the deceased has been legally confiscated. Suicide was "an irreparable deed" and those who died by suicide were either placed in isolated sections of the cemetery or burial was not allowed within the cemetery at all (Jamison, 1999). Jamison reported that "civil desecration of the corpse of those who died by suicide was common, as were attempts to prevent untoward influence upon the living by physically isolating and constraining the body and its potentially dangerous spirit" (p. 15). Bodies of those who had suicided were placed at night at crossroads in the belief that the large amount of traffic at crossroads would "keep the corpses down [and] make it more difficult for the spirit to find its way home" (p. 15). Often stones were loaded onto the graves and stakes placed through the heart and back as extra precaution against the restless spirit with which no peace could be made.

A notable exception to these attitudes towards suicide is hidden in the clever, convoluted prose of John Donne's book *Bianthanatos*, written in 1610, in which he argued that suicide is not the worst of sins and in some cases may be justified and not a sin at all. Discussing God's law, Donne argued there is no passage in the Bible that condemns suicide, with the exception of the commandment against killing. He argued, however, that if exceptions are made for killing during wars then possibly an exception

could be made for suicide. He suggested that Christ's voluntary martyrdom by crucifixion was a kind of suicide (Donne, 1610, in Minois, 2001). Interestingly, more than 200 years later the French sociologist Emile Durkheim (1858-1917) argued for a similar category of honourable suicide, termed "altruistic" suicide. Durkheim used statistical records to write *Le Suicide* in 1897. In that book, which was not translated into English until 1951, he argued for a different perspective on suicide counter to prevalent public attitudes (Durkheim, 1897, in Shneidman, 2001). Durkheim's study was unusual in that he considered suicide from a sociological rather than an individual perspective, and this was a new way of understanding suicide. Durkheim posited three different types of suicide: i) altruistic suicide, an honourable death required and sanctioned by society; ii) egoistic suicide, the result of low levels of social integration of an individual with an attachment group; iii) anomie suicide, the result of shattered and extreme social changes that leave the individual estranged from all usual ties to society (Durkheim, 1952).

Suicide was not formally decriminalised until the eighteenth and nineteenth centuries in most countries and remained a crime in England and Wales until 1961 and in Ireland until 1993 (Jamison, 1999). In Australia, the place where a suicide death occurs is a criminal investigation scene to determine the cause of death. Decriminalisation of the act of suicide is the result of improvements in understanding of mental illness. However, both covertly and overtly, shades of accumulated historical stigma regarding the act of suicide still linger. For example, in the Book of Common Prayer, instructions that precede the burial rites remind ministers that the Order for the Burial of the Dead "is not to be used for any that... have laid violent hands upon themselves" (Jamison, 1999, p. 18). According to Jamison (p. 19), "the research literature on suicide reflects the complexities, inconsistencies and shortcomings in our understanding. It also reflects centuries of attempts to explain the incomprehensible act of self-murder". Given the confusion and difficulties of lawmakers, philosophers, theologians, psychologists, psychiatrists, doctors, grief theorists and more in understanding suicide it is hardly surprising that those bereaved by suicide struggle with the incomprehensible and complicated nature of this type of death (Clark, 1995; Jamison, 1999; Jordan, 2001; Wertheimer, 1991).

3.3 Suicide grief

This study aims to increase understanding of the themes and features distinctive to suicide grief, with the understanding that grief following a death due to suicide is comprised of typical grief reactions plus specific features and themes relevant to this type of death. For those bereaved by suicide the ensuing grief is confusing and for clinicians it can be difficult to distinguish differences. For example, missing the deceased generally permeates typical grief reactions; however, in suicide grief missing is often complicated by the added dimension of the self-inflicted nature of suicide and related issues of betrayal, abandonment, confusion, anger, blame etc. This study seeks to tease out themes and features that, in addition to typical grief reactions, are distinctive to suicide grief specifically in the context of meaning making and the griever's relational world. Studies of suicide grief have proposed a range of themes and issues. This study, however, seeks to identify themes that arise in suicide grief groups and relate them to adaptation processes to develop a framework or model of suicide grief. A common way of understanding and conducting research into suicide bereavement derives from the medical model, using scales or grief inventories specifically developed to identify and measure the various dimensions of grief. Research has confirmed that suicide grief involves the full range of typical reactions common to grief. However, research has further identified an increase in intensity and duration of grief reactions in suicide grief, and a significant clustering of distinct themes related specifically to suicide death that can complicate the bereavement process (Barrett, 1989; Brent et al., 1996; Bolton, 1983; Jordan, 2001; Pfeffer, 1997; Range, 1998). Research into suicide bereavement has focused on a number of different areas of concern, with findings suggesting that those bereaved by suicide experience a particularly complicated bereavement that tends to manifest in increased psychological and psychosocial functioning difficulties (Kim et al., 2005; Provini et al., 2000). Suicide bereavement studies indicate overall increased levels of clinically significant depression, anxiety, post-traumatic symptoms and reduced psychosocial functioning in suicide bereaved adults and children (Brent et al., 1996; Pfeffer, 1997; Worden, 1996). Jordan and McMenamy (2004, p. 337) noted "considerable evidence that suicide survivors may have an elevated risk for developing complicated mourning responses, as well as other psychiatric and medical complications".

3.4 Suicide grief: Complications in grief and suicidal ideation

This study uses the term *complications* in grief to indicate when grief related issues and associated symptoms may lead to increased difficulties and intensity in the grief process. For example, real or perceived stigma in suicide bereavement can complicate the grief process because it may lead to withdrawal, isolation and loneliness due to reduced understanding and lack of social support. This in turn can reduce help seeking behaviours and increase self-blame, lower self-esteem and increase vulnerability to depression and to complications in grief. Those bereaved by suicide experiencing complications in grieving are at risk of developing complicated grief. The inventory of complicated grief is an instrument that has been developed to assess symptoms that comprise complicated grief (see diagnostic criteria for complicated grief, Latham & Prigerson, 2004). A number of study findings suggest that the term “complicated grief” comprises a uni-dimensional symptom cluster of separation distress and traumatic distress that is distinct from depression and anxiety symptoms (Boelen & van den Bout, 2007; Latham & Prigerson, 2004; Prigerson et al., 1996). And there is considerable contemporary debate, research and discussion concerned to identify distinctions between symptoms that comprise complicated grief and traumatic grief or whether these symptoms are more adequately described in the diagnostic category "prolonged grief disorder" (Boelen & Prigerson, 2007; Boelen & van den Bout, 2007; Jacobs et al., 2000; Johnson, Vanderwerker, Bornstein, Zhang & Prigerson, 2006; Latham & Prigerson, 2004; Prigerson, 2008; Prigerson et al., 1996; 1997; Prigerson, Bridge et al., 1999; Prigerson, Shear et al., 1999). Prigerson (2008, p. 23) has suggested that the term "prolonged grief disorder" is a more accurate description of severe, persistent maladaptive grief, as it captures the "persistently elevated set of specific symptoms of grief identified in bereaved individuals with significant difficulties adjusting to the loss" (see proposed diagnostic criteria for prolonged grief disorder, Prigerson 2008). Complications in grieving are an issue of significant concern in bereavement generally. However, suicide bereavement research particularly stresses heightened levels of complications in grief and an associated increased risk of suicidal ideation, behaviours and attempts.

Jordan (2001, p. 95) explained, “suicide is an unusual form of mourning experience, because losing a loved one to suicide may elevate the mourner’s own risk for suicidal

behaviour and completion". Lukas and Seiden (1987, p. 103) considered that "the saddest bargain" was when those bereaved by suicide reasoned that because the deceased killed himself or herself they will also die by suicide. Lukas and Seiden reported, "about one-third of the families we talked to had more than one suicide within succeeding generations". Many researchers have reported a heightened risk of developing complicated grief in suicide bereavement and the attendant risk of increased suicidal ideation and behaviour (Brent et al., 1996; Currier et al., 2006; Kim et al., 2004; Kim et al., 2005; Mitchell et al., 2005; NSW Centre for Mental Health, 1999; Pfeffer, 1981, 1997; Runeson & Asberg, 2003; Worden, 1996). Suicidal ideation or suicidality can be assessed using the Yale Evaluation of Suicidality Scale or Beck's Scale for suicidal ideation (Latham & Prigerson, 2004). Mitchell et al. (2005) tested for complicated grief and suicidal ideation in adult survivors of suicide and found that "survivors of suicide are vulnerable not only to complicated grief, but also to suicidal ideation and possibly suicide" (p. 505). This finding was supported by a study undertaken by Latham and Prigerson (2004) who tested complicated grief and risk for suicidality and found that "complicated grief substantially heightened the risk of suicidality" (p. 350). In an earlier study of suicide bereaved young adults Prigerson, Bridge et al. (1999) documented the association between heightened levels of complicated grief symptoms and an increased risk of suicidal ideation among young adult friends of suicide victims. In Australia these concerns are reflected in the NSW Centre for Mental Health (1999) report that those bereaved through a suicide death of a significant other had a fivefold increased risk of suicide compared to the general population. Kim et al. (2005) compared suicidality in families of adult male suicide completers and community comparison subjects. After controlling for psychopathology, they found that relatives of suicide completers were 10 times more likely than relatives of comparison subjects to attempt or complete suicide, suggesting a familial component independent of psychopathology. It is not possible to estimate how many of those assessed with high suicidal ideation will attempt or complete. However some insight is offered by Heckler (1994), who conducted a number of interviews with people who had attempted suicide and lived. He found that all study participants had experienced suicidal ideation prior to the attempt, often over lengthy periods.

Reviewing suicide bereavement literature, Jordan (2001, p. 95) reported that "interpersonal loss and disruption of attachments for any cause" were linked to increased risk for suicidality. Further, Jordan noted that substance addiction or a history of loss exacerbated the possibility of developing psychiatric disorders, particularly major depression and anxiety disorders, which increased vulnerability to suicidal ideation and behaviour. Jordan also noted that genetic and environmental factors within the family system played a role. The family system in which the initial suicide took place might be chaotic, with disrupted, disorganised communications and abusive patterns that increased the risk of suicide (Jordan, 2001). Jordan reported that research has tended to focus on pre-existing family interactional patterns, with findings of disturbed interaction styles, increased attachment disruptions, higher rates of family pathology and depression prior to a suicide. Jordan suggested that these findings offered some insight into the elevated levels of suicide risk in suicide-bereaved families. Jordan also cited research findings that the sequelae of a suicide death weaken the family system while providing an acceptable model of suicide as a way of dealing with difficult problems. Recommendations from the American Foundation for Suicide Prevention National Institute of Health Office of Rare Diseases Workshop (2003) suggest the need for further research into the greater risk for suicide in those bereaved by suicide and the need for greater understanding of the psychosocial influences that might reduce this risk. Generally, research into suicidal ideation has focused on complications in grief, pre-existing family pathology, dysfunctional family patterns and social modelling factors. However, Currier et al. (2006) documented a significant relationship between the inability to make sense of suicide death and complications in grief symptomatology including suicidal ideation. This important finding informs this PhD study and is discussed in more detail in Chapter 4.

3.5 Suicide grief: Traumatic grief

Research has suggested that symptoms of "traumatic grief" comprise a distinct syndrome that requires the development of consensus criteria for diagnosis (Jacobs et al., 2000; Prigerson, Bridge et al., 1999; Prigerson, Shear et al., 1999; Prigerson et al., 1997). The issue of traumatic grief is relevant to suicide grief due to the sudden and violent circumstances of the death, which may be associated with intrusive imagery and associated symptoms (see proposed criteria for traumatic grief, Jacobs et al., 2000).

Jordan (2001, p. 97) suggested that, “traumatic grief is one likely sequelae of a suicide”. Callahan (2000) suggested that many aspects considered distinctive to suicide could be better conceptualised as partly posttraumatic reactions. Pfeffer (1997) noted the relationship between trauma and significant intensification and persistence of grief symptoms. The inability to process traumatic events can lead to persistent, chronic grief symptoms and development of post-traumatic stress symptoms (Siegel 1999; Van der Kolk et al., 1996). According to Janoff-Bulman and Berg (1998), traumatic losses disrupt the individual’s assumptive world and sense of self, challenging the beliefs that most individuals hold about “a benevolent, meaningful world and worthy self [which] afford us tremendous comfort.” (p. 37). The shattering of these beliefs sets in motion a major coping and adaptive task for individuals, involving a cognitive, heuristic search for meaning to assimilate into their assumptive world their altered world view. In grief due to suicide the relationship between trauma and intensified levels of grief and post-traumatic symptoms may be influenced by the circumstances of finding the body and the context and the type of method used in a suicide death (e.g. firearm, hanging, carbon monoxide, jumping, train, electrocution, poison, drug overdose, autocide, fire, self-inflicted wounds) (Callahan, 2000).

3.6 Suicide grief: Social issues and impact on family system

Issues of stigma and social responses following a suicide death have been the subject of several studies. Not surprisingly, in view of the historical sanctions against suicide that are still prevalent in covert forms in community beliefs, those bereaved by suicide report receiving less social support and experiencing feelings of rejection within both family and community (Attig, 1996; Centre for the Advancement of Health, 2004; Cerel, Jordan & Duberstein, 2008; Range, 1998; Range & Calhoun, 1990). Range (1998, p. 213) noted that “stigma appears to be an initial global reaction when someone learns of a suicide” and negative responses extend beyond the victim to cover the home and family environment. Jordan (2001) noted “considerable evidence that the general stigma that continues to be associated with suicide in our society ‘spills over’ to the bereaved family members” (p. 93). A suicide-bereaved child expressed this felt sense of stigma, “I think they might like blame my dad, or think that he was just like a weird and loserish kind of person. But they don’t know the full story so they can’t judge him, they didn’t know him. I kind of protect him from people thinking bad things of him” (Sands,

2003). These issues can cause the bereaved to lie about the cause of death, adding another level of disadvantage to the already reduced social support (Range, 1998). Jordan (2001) pointed out that the sense of social stigma may be real or imagined, and that self-stigmatisation by the bereaved also contributes to this issue. However, the consequences of this generalised sense of stigma and shame are, as noted by Range (1998), evident in findings of problematic and reduced social support networks for suicide bereaved individuals and families.

Range (1998) also found that those bereaved by suicide believed they were blamed for not preventing the death, and these attributions of blame further weakened their social support. Those bereaved reported a lack of understanding of their grief experiences within their social networks, which tended to result in social withdrawal, isolation and loneliness. Stroebe, Stroebe and Abakoum (2005) found an association between extreme emotional loneliness, depression and suicidal ideation in bereaved widows. In this context Range (1998, p. 215) commented, “When people misunderstand the bereavement experience, their support attempts may be inappropriate or harmful” causing those bereaved to reduce social interactions. Riches and Dawson (2000) discussed the experience of those bereaved by suicide that others blame them “or the deceased themselves for not preventing their death” (p. 106). Doka (2002b) discussed disenfranchised grief and how when the circumstances of a death, for example a death due to suicide, are outside social norms or “grieving rules” this “may constrain the solicitation of the bereaved for support as well as limit the support from others” (p.14). Attig (1996) noted the misunderstanding that meets those bereaved by suicide, discussing a suicide bereaved client’s dismay and confusion that her friends were unable to talk about the suicide while others pretended it was an accident. Neimeyer and Jordan (2002) noted that disenfranchised grief could occur at the level of self with family, self with larger community, self with transcendent reality and at an individual level of self with self. Neimeyer and Jordan (2002) discussed the concept of 'empathic failure' that can occur when an individual experiences an overwhelming sense of guilt and consequently disconnects, or disowns their own grief responses. Nadeau (1998) noted the importance of family communication systems in functioning to integrate and make sense of the death of a family member. However, the socially unsanctioned nature of a suicide death combined with the issues discussed may well disrupt and compromise

family communications, hindering the type of strategies identified by Nadeau (1998) that families use to make sense of a death. Jordan (2001) also drew attention to the "sleeper effects" considered by Walsh and McGoldrick (1991), who reported disruptions in family communication patterns and developmental processes following a suicide death that worked to the detriment of developing resilience in managing future family crises. In a recent review of research on the impact of suicide on families Cerel et al. (2008) suggested that families impacted by violent death do not appear to take active steps to assist the family as a unit to manage grieving. Linn-Gust (2001) has provided insight into fears for the safety of other family members, secrets, self-blame and other issues that silence communications within suicide bereaved families.

Research findings support the contention that a suicide death causes disintegration in the bereaved person's assumptive world, with multiple consequences related to family breakdown, social processes, health issues, depression and poor work functioning (Janoff-Bulman, 1989, 1998; Murphy, 1996). A study undertaken by Murphy, Johnson, Wu, Fan and Lohan (2003) confirmed that negative grief effects resulting from violent deaths such as suicide were pervasive and persisted over lengthy periods. A positive association with counselling following a violent death and improved grief outcome was noted by Neimeyer et al. (2006). A study by Provini et al. (2000) "provided evidence that adults do experience especially complicated grief following the death by suicide of a significant other" (p. 17) and they advised that the bereaved required access to both formal counselling and informal support. In this context, however, Provini et al. noted that the effects of real or perceived stigma on those bereaved by suicide actually reduced their help-seeking behaviour.

3.7 Suicide grief: Thematic differences

Jordan (2001) undertook an extensive review of suicide grief literature and research to determine if and how suicide bereavement differs from bereavement following other types of death. Jordan identified three main areas of difference. Firstly, the "thematic content of the grief" in suicide bereavement was distinctly different from that in other forms of bereavement (p. 91). Secondly, the attendant social processes experienced by the bereaved were different from those experienced in other deaths. Thirdly, there was a marked impact of the death on family systems. Jordan's (2001) review of the literature

suggested three thematic categories. Firstly, Jordan (2001) noted the centrality of themes concerned with "questions of meaning making around the death" (p. 92). Those bereaved search for a motive or reasons that can help them make sense of the self-volition of the death. Jordan stressed, "Making sense of the suicide of their loved one is a major recovery task for survivors" (p. 99). Range (1998) acknowledged the prevalence of searching for meaning following all deaths, but noted that this was "particularly acute when the death is due to suicide" (p. 214). Secondly, Jordan identified the prevalence of themes demonstrating "higher levels of guilt, blame and responsibility for the death" (p. 92). These themes are also sometimes expressed as self-blame for the death. Thirdly, Jordan found intensified conflictual feelings of abandonment, rejection and anger towards the deceased. Issues of meaning in suicide are complicated by the self-volition of the death and the personal, relational and social circumstances implicated in the decision by the deceased to die. Difficulties processing and making meaning of the implied role of the bereaved in the suicide decision tend to provoke conflictual grief reactions that range from the griever blaming themselves or others for the death to anger at the deceased for doing this to him or herself.

Many researchers have adopted a thematic approach to understanding suicide bereavement, identifying themes of searching for meaning, intensified levels of guilt, blame, and responsibility, and conflictual issues of anger, abandonment, and rejection towards the deceased and others (Appleby, 1992, Bolton, 1986; Clark, 1995; Jordan, 2001; Linn-Gust, 2001; Lukas & Seiden, 1987; Smolin &Guinan, 1993; Wertheimer, 1991). In a recent study Begley and Quayle (2007) explored the experience of those bereaved by suicide. Begley and Quayle interviewed participants 3-5 years bereaved, using an interview discussion guide consisting of open-ended questions to elicit the following information: the story of the death, the personality and life of the deceased, how the death impacted on the life of the bereaved, what meaning the bereaved took from the death, and what perspectives they had about their life and society since the death. Four themes identified were: controlling the impact of the suicide; making sense of the suicide; social uneasiness; and a sense of purposefulness and changes in their lives. The themes identified by Begley and Quayle of controlling the impact and social uneasiness relate to loss of assumptive world and a sense of stigma, and are consistent with Jordan's (2001) literature review findings. The identification of a sense of

purposefulness is interesting, suggesting positive growth through grief, in accord with a study by Neimeyer, Botello et al. (2002).

3.8 Suicide grief: Intentionality

The essential difference between a suicide death and other types of death is that the death is the result of the intentional actions of the deceased, and it is this distinction that defines the content of grief themes, the familial disruption and the social process issues that eventuate. A suicide death is not the result of natural causes, accident or homicide; it is a self-inflicted, intentional and deliberate act by the deceased to end their life. The intentional nature of the act of suicide violates the bereaved individual's "fundamental norms of self preservation" (Jordan, 2001, p. 92). Biologically, human beings are programmed to do what is necessary to continue to live. Thus it is hard to make sense of the fact that a suicide is a homicide in which the victim is also the perpetrator. Suicide is referred to as a violent death, and Rynearson (2001, p. 21) defined violent death in the following way: "The act of dying is injurious. The act of dying is transgressive. The act of dying is wilful." Rynearson stressed that violent death transgresses family, community ethical and moral codes.

Those bereaved through suicide are left to find a way to make meaning of the knowledge that this death occurred due to the deliberate, injurious, transgressive actions of the deceased. The bereaved shared a relationship with the deceased, and an unspoken basic assumption of all relationships is that the people will endeavour to keep themselves alive. The anger and abandonment themes found in suicide bereavement are a response to feelings of profound hurt and betrayal of the fundamental relational pact of trust. This breach of trust tends to create disruption in trusting the self for the bereaved and can influence their relationships with others (Clark, 1995; Wertheimer, 1991). A suicide death therefore leaves those bereaved experiencing all the grief reactions provoked by a death due to normal causes, and further overwhelmed with a range of difficult individual and social grief themes related to the intentional nature of the death. The well known and often quoted observation made by Shneidman (1971) captures the bereaved person's experience of suicide grief. He suggested that it is as if the person who commits suicide leaves their social skeleton in the bereaved person's psychological closet. This accords with my clinical experience in which the meaning of

the intentional nature of the death remains present, lingering as an enigmatic, extremely problematic and unresolvable issue in the lives of the bereaved.

3.9 Suicide grief: A violent self-inflicted death

In efforts to make meaning of the complex issues surrounding a suicide and the implied role of the bereaved in the death event, the body of the deceased can dominate the thoughts and energy of those bereaved. At a fundamental level those bereaved through suicide return again and again to the facts of the physical body of the deceased, reviewing the deceased's life and their final actions. The manner and place of the death and events leading up to the death become central in attempts to make meaning: last words, contacts, phone calls, suicide notes and a multitude of possible clues that might assist the bereaved in understanding the incomprehensible nature of this death (Appleby, 1992; Barrett, 1989; Clark, 2002; Neimeyer, Botello et al., 2002; Wertheimer, 1991). Rynearson (2001) discussed the persistence of imagining and re-enacting the moments prior to death: "This imagining was an endless questioning that wouldn't stop" (p. 4). The deceased's body tends to become the centre of exhaustive and repeated attempts to make sense of the death and can dominate the bereaved person's thoughts about the deceased. Rynearson considered that his compulsion to repeatedly return to the death event was "fundamental to forming [his] story" (p. 4).

Field (2006), discussing the continuing bond to the deceased, referred to Japanese ancestor worship and the use of rituals that act as bracketing between the world of the living and dead: "Thus the bereaved maintain a clear boundary between the world of the living and dead and do not confuse the two" (p. 751). A visual metaphor that captures something of the pervasive experience of the continued presence of the deceased's death in the bereaved person's life through the physicality of the deceased's body can be found in a Henry Curtis photogravure "A burial platform – Apsaroke 1908" (Cardozo, 1993). This photogravure depicts the Apsaroke North American Indian method of dealing with their dead by placing them on a tree branch scaffold structure above ground. The photogravure image presents a powerful sense of the deceased's body being very present above ground in the world of the living, with the deterioration process happening particle by particle within the world of the living. A more common practice throughout the world is that the dead are transformed to ashes by fire and

scattered, or else decomposition takes place beneath the ground, that traditionally being the place for the dead. An interesting parallel that echoes the presence of the deceased in the world of the living was noted by Jamison (1999), who stated that in France historically the body of a suicide death was denied burial in the ground and was thrown onto the city garbage dump or sewer, while in other countries the spirit of a suicide was considered restless and needed to be pinned down by stakes through the body and covered with rocks to hold the spirit down, or the body was thrown into a river so that it could not find its way home. Within our historical conscience there would seem to be a deep concern about the difficulty for the living of dealing with the spirit of those who have died by suicide. It seems there were commonly held concerns among the living about the presumed bad influence, heaviness, contagion and restlessness that the spirit of the deceased could cause (Jamison, 1999). The image of a burial above ground is an interesting metaphor for the dilemma a suicide death leaves for the bereaved person. The deceased's body may be laid in the ground or scattered as dust, but the meaning of their death becomes focused for many on the actual body.

The dying pain endured by the deceased and the damage done to the body evoke similar feelings as those experienced in a homicide or death due to accident, but in the case of a suicide death the victim is also the perpetrator. Did the deceased die quickly or suffer? What was the deceased thinking, feeling? Did the deceased experience a change of mind but couldn't act upon it? The bereaved tend to be disturbed by persistent thoughts about the self-inflicted violence of the death and by imaginings about the despair and pain experienced by the deceased prior to death (Clark, 1995; Wertheimer, 1991). Many researchers have noted the marked influence of violent death on the grief process following a suicide death (Jordan, 2001; Neimeyer, Botello et al., 2002; Pfeffer, 1997; Range, 1998). Jamison (1999, p. 24) expressed the angst of those left to ponder the horror of this kind of death, stating, "Suicide is a particularly awful way to die ... there is no morphine equivalent to ease the acute pain, and death not uncommonly is violent and grisly". Callahan's (2000) large study of suicide bereaved group participants found that seeing the body at the death scene was the most significant predictor of high levels of distress on grief scores, although Clark (1995) considered that imagining the death also caused heightened distress.

Rynearson (2001) focused on the dominance of the violent dying as part of the total incoherence that is at the core of suicide and other violent deaths, suggesting that the bereaved return again and again to the death itself in an attempt to make meaning and understand the motives and state of mind of the deceased. The need to know about the death event means that the bereaved often place their grief on hold, waiting for the coroner's report or enquiry, only to find that there are few or no satisfactory answers to be found in the identified physical facts of the death. Analysis of grief group dialogues in this study suggested that for some of the bereaved the actual death event becomes central in the formation of a malfunctioning post-loss relationship with the deceased. (This finding is discussed in greater detail in the analysis chapters.) It is important to distinguish that this is different from an adaptive relationship with the deceased, developed through recovered memories and knowledge of the deceased's values, beliefs, habits, idiosyncrasies, etc.

Death due to suicide often involves damage to the body, and this can be associated with intensified grief reactions for the bereaved. In my clinical experience when death is due to suicide the following variables are important: the degree of trauma to the body; the method used; the state of decomposition of the body; the context and circumstances of finding the body. In my clinical experience the imagined state of the body often generates extreme distress for those who did not see the body. With a suicide death the body is sometimes not found, as death has taken place in an obscure location. The circumstances in which the body is found add to the trauma and grief that the bereaved experience (Rubin et al., 2003). It is not uncommon for the deceased to go missing, and the bereaved may be left waiting for days, weeks, sometimes months for the body to be found and for a final confirmation of death. Sometimes the body is never found. In these situations the prolonged stress of not knowing what has happened to a loved one increases anxiety and delays grief reactions. For example, at suicide locations like the Golden Gate Bridge in San Francisco (Shneidman, 2001) or The Gap in Sydney the body can be washed out to sea and not found. At other times decomposition is a disturbing issue, such as when the body is found after being in water, or in carbon monoxide deaths that are not found for days or weeks. In Sydney, with so much bushland nearby, the body is often undiscovered for a lengthy period. When the body is severely damaged or decomposed it is not possible for the bereaved to perform all the

micro-transition rites of seeing, touching or holding the body to assist in coming to terms with the reality of the death. All these factors are part of suicide bereavement, intensifying distress and increasing the likelihood of complications in grieving.

3.10 Suicide grief: Antecedent conditions

An added complication for the bereavement process following a death due to suicide is that the bereaved tend to reflect and worry about the imagined or known pain of the deceased's life that provoked the suicide (Attig, 1996; Rynearson 2001). The deceased is understood to have been experiencing such an overwhelming degree of pain that death was preferable to living. As the bereaved are significant others in the deceased's life they are left devastated, confused, guilty and worried about the meaning of this for the relationship they shared with the deceased. These issues also impact on the formation and nature of the ongoing relationship with the deceased. Those without prior knowledge or understanding about the degree of intensity of the deceased's pain and suicidality are left to deal with a sense of unreality about their understanding of who the deceased was, and questions about whether the relationship they shared was authentic. Rubin et al. (2003, p. 668) have suggested that in a death due to suicide one of the main sources of trauma occurs "when the previous representation or introject of the deceased is shattered by the self-volition of the death".

In suicide deaths when there is an explanation for the pain the deceased suffered, as with a physical or mental illness, those bereaved try to make sense of why the deceased had to endure the pain and disintegration of that illness. For a significant number of suicide deaths the antecedent conditions leading up to the death have been emotionally and physically exhausting for the deceased's family and broader relational web (Jordan, 2001; Range, 1998). The deceased may have been diagnosed with a mental illness or suffered relationship breakdown, work difficulties, financial or other issues (Jordan, 2001). These issues create an exhausted family and relational system, conflicted and confused prior to the actual death.

In the next chapter research is reviewed that applies theoretical concepts from new theories of grief to different aspects of suicide grief in the context of meaning making and the griever's relational world. Issues of complicated grief and suicidal ideation, the

formation and nature of the post-loss relationship with the deceased and changes in assumptive world and relationship with self and significant others are covered.

CHAPTER 4: NEW THEORIES OF GRIEF AND SUICIDE GRIEF

4.1 Introduction

Chapter 2 reviewed grief literature and research relevant to key theoretical concepts in new theories of grief. Chapter 3 reviewed grief literature and research concerned with significant issues in suicide bereavement and grief. This chapter reviews grief literature and research that applies theoretical concepts from new theories of grief to suicide grief, and the implications of this research in the context of the questions explored in this study.

4.2 Meaning making in suicide grief: Complications and suicidal ideation

A number of researchers have advocated studying grief processes and the function of meaning making in adaptation and recovery processes (Centre for the Advancement of Health, 2004; Jordan, 2001; Jordan & McMenamy, 2004; Nadeau, 2000; Neimeyer & Hogan, 2002; Rynearson, 2001). As discussed in Chapter 3, a suicide death can stretch the limits of the bereaved in making meanings that allow them to integrate the death event. Being able to make meanings that make sense of the death and find benefit in the death are linked with improved grief outcomes and positive self-growth (Currier et al., 2006; Murphy, Johnson & Lohan, 2003). In this study, meaning making is used as a theoretical framework for conceptualising the function of grief themes in structuring meaning making relationally and as a method for interpreting data. Range (1998) discussed how the search for meaning by those bereaved by suicide is; “emotionally draining... because they are struggling with existential questions for which there are not ultimate answers” (p. 215). Research confirming the significance of meaning making comes from Murphy, Johnson and Lohan (2003). Their study, based on questionnaire data from a large sample of bereaved parents who had experienced sudden or violent death of a child due to suicide, homicide or accident, showed that finding meaning for a death improved grief outcomes in comparison to finding no meaning. They also considered the function of different types of meaning constructs, namely comprehensibility or significance, in grief adjustment, in interaction with variables such as religious beliefs, psycho-education and support group attendance and found all of these factors to be significant in assisting finding meaning. A number of related studies have considered interactions between bereavement group problem solving versus

emotion-focused interventions, type of death and grief outcome (Geron, Ginzberg, & Solomon, 2003; Murphy, 1996; Murphy et al., 1996; Murphy, Johnson, Wu, 2003). Murphy, Johnson and Weber (2002) found that although both genders used problem and emotion-focused coping strategies the distribution was different according to gender. Currier et al. (2006) examined the issue of meaning making in violent deaths, highlighting issues of concern for complications in suicide bereavement. They considered the relationship between violent loss and complications in grieving and the ability, or not, to make sense of the death. Study findings offered support "for a model of bereavement whereby the complicated grief … that follows violent loss is conceptualised as stemming from one's inability to make sense of the experience" (p. 419).

Neimeyer et al. (2006) examined the interaction between the continuing relationship (bond) with the deceased and meaning making and complicated grief symptomatology. Meaning making was measured through ability to make sense and find benefit, and the existence of a continuing relationship was measured through attachment to the deceased post-loss. Other variables were also considered, namely violence of death, trauma, relationship factors and mental health of the bereaved. The researchers used a large sample of university students, and administered a number of different measurement instruments including the inventory of complicated grief (CG), a four-item meaning reconstruction assessment, and the continuing bonds scale (CBS), analysing data to determine statistically significant correlations. An important finding was that those "who [were] able to make sense of the loss in personally meaningful terms experienced fewer symptoms of complicated grief" (p. 735). However, a strong post-loss attachment to the deceased in conditions where there was low sense-making was associated with higher grief-related distress.

The findings of Neimeyer et al. (2006) support the contention that when there is an inability to make sense of the death and high attachment to the deceased the consequent grief distress increases, with the possibility of bereavement complications developing. Further, time did not ameliorate the separation distress, suggesting that the ability to find benefit, or a "silver lining" in the death and "especially to make sense of the loss in personal, practical, existential, or spiritual terms... predicted more positive grief

outcomes" (p. 733). Overall, the ability to make meaning of the death was associated with improved grief outcomes regardless of other variables, i.e. mental health of the bereaved, violence and trauma of death and relationship with the deceased prior to death. These findings suggest that it is the inability to make sense of the loss for those who are closely attached to the deceased that is a risk factor for complicated bereavement. In this context Neimeyer et al. noted that "the unsuccessful struggle to make sense of the death of a loved one" (p. 719) in violent deaths such as suicide, homicide and accident, together with high attachment, predisposes to complications in bereavement. The findings of Neimeyer et al. confirmed that those bereaved that have close continuing attachments with the deceased but are unable to make sense or find benefit in the death have the greatest risk for bereavement complications. Unfortunately many of those bereaved by suicide would fit this profile, given the difficulty in making sense of a suicide death and the risk of developing malfunctioning continuing bonds due to the intentional nature of the death, problematic relationship with the deceased, death trauma issues, reduced opportunities for meaning making conversations and other issues discussed by several researchers (Hedtke & Winslade, 2004; Neimeyer et al., 2006; Riches & Dawson, 2000; Rynearson, 2001).

In the context of the concerns of the present study, Neimeyer et al. (2006) have provided important support for the significant function of meaning making that results in making sense of the death in assisting grief processes and as a deterrent to developing complicated grief. Their study also provided increased understanding of "maladaptive" continuing bonds in cases of high post-loss attachment and low meaning making. Given the difficulties discussed in this literature review, the findings of Neimeyer et al. are relevant to those bereaved by suicide in providing an explanation for the increased level of complicated bereavement noted following a suicide death. However, the findings do not provide qualitative information about the content and complications of meaning making themes and the interaction between these endeavours and the continuing relationship with the deceased. The present study provides qualitative data that yields insights into how those bereaved can form intense, malfunctioning relationships with the deceased as they struggle with meaning making and an intense focus on the death story. This study of grief group conversations seeks to provide insight into the nature of

the post-loss relationship with the deceased and thematic issues that challenge and inform meaning making.

Latham and Prigerson (2004) found, after controlling for mood disorders and post-traumatic stress disorder, that complicated grief increased the risk of suicidality. A study by Mitchell et al. (2004) found heightened levels of complicated grief in those bereaved by suicide. Mitchell et al. (2005) confirmed a significant interaction between complicated grief and suicidal ideation in those bereaved by suicide. The U.S. Department of Health and Human Service reported an "increased risk for suicidal ideation and behaviour in families where there has been a completed suicide" (Department of Health and Human Services, cited in Mitchell et al., 2005, p. 499) and increased levels of complicated grieving and depression in those bereaved by suicide. Mitchell et al. (2005) analysed self-report data from 60 adults bereaved by suicide, using the Beck depression inventory (BDI) version 1. Suicidal ideation was assessed on Question 9 of the BDI, and the inventory of complicated grief (ICG) was used to determine symptoms known to predict long term functional impairment. The findings indicated "that survivors of suicide are vulnerable not only to complicated grief, but also to suicidal ideation and possibly to suicide" (p. 505). Mitchell et al. (2005) discussed the need for further research and cautioned health care professionals to be aware of and assess for heightened suicide risk factors in those bereaved by suicide.

Studies alerting health professionals to the need for thorough assessment for complicated grief and suicide risk factors are particularly relevant for those bereaved through suicide (Latham & Prigerson, 2004; Mitchell et al., 2005). As a clinician working with suicide bereaved families, I am aware that suicidal ideation themes are prevalent in those bereaved by suicide. In my clinical experience expressions of suicidal ideation following a suicide death are unfortunately often silenced and hidden by the bereaved, due to their confusion and fear about these thoughts. Conversations containing suicidal ideation can also cause anxiety in health professionals working with those bereaved through suicide, who may inadvertently collude in evading this issue. Neimeyer and Fortner (2001, p. 71) investigated the relationship between personal history factors and professional training in measuring the ability of professionals to respond effectively to suicidal verbalisations by clients and found "a personal history of

suicidality and a belief that suicide is a personal right" were negatively related to responding effectively. The intentional or non-intentional silence of professionals regarding increased suicidal ideation is of concern, as this kind of ideation is an important indicator of disruptions in relationship with self that require the safety of therapeutic containment. From a practitioner perspective, the findings of Mitchell et al. (2005) confirm the significance of this issue although they do not provide insight into the subjective experience of those bereaved by suicide that can inform clinical training and interventions. Jordan and McMenamy (2004) argued that initially naturalistic research is better suited to the knowledge needs in the area of suicide bereavement, as qualitative research can provide understanding of "changes in the individual's assumptive world, quality of life and social adaptation" (p. 347) that can assist clinician training and intervention.

That there is a relationship between those bereaved by suicide and increased levels of suicidal ideation, behaviour and suicide completions has been established by the studies discussed. Various explanations for these findings have been suggested. It is reasonable to ask whether being bereaved by suicide is the cause or the effect of increased levels of suicide risk. One explanation is that the distressing personal grief generated in suicide bereavement, coupled with distressing social factors such as stigma, shame, blame and fragmented communications, create the conditions for another suicide death. A similar explanation is that the conditions of suicide grief often result in complications in grief that predispose to increased risk of suicide. A further possible explanation is there something intrinsic to the actual intentional nature of the death itself that effects or models suicide as social learning for the bereaved, and suicide therefore becomes an option for those so bereaved. This explanation aligns with the idea that suicide is itself contagious, something like a virus. Often bereaved families will talk of their concerns that other family members might also kill themselves. The first suicide death in the family being inexplicable, it follows that, like a virus in the family, there is no vaccine or control mechanism to stop another suicide from happening.

In the first explanation, the "conditions" of bereavement explain or cause the suicidality; in the second explanation the effect of the suicide is understood to be contagious. A third explanation is that an elevated suicide risk of suicide is found in

those bereaved by suicide because of a pre-existing family genetic predisposition to mental illness that makes the bereaved vulnerable to suicide. This explanation suggests that all suicide deaths or at least a large percentage can be explained in terms of mental illness. The supposition that all suicides result from mental health issues is, however, not supported by the data of those who have suicided with no record of mental illness (Jamison, 1999). Latham and Prigerson (2004) found that complicated grief heightened suicidality even after controlling for major depressive disorder and posttraumatic stress disorder, suggesting that complicated grief can be strongly linked with suicidality in the absences of mental health issues. Other explanations implicate pre-existing dysfunctional family patterns and behaviours that either predispose or are unable to sustain the suicide death, causing family disintegration and thereby placing those bereaved in the first explanation category as at risk because of the conditions created by the death. It seems probable that all of these explanations are implicated to some degree and therefore present possibilities in terms of clinician education and intervention with the bereaved. The findings of Neimeyer et al. (2006) align with the first explanation regarding the conditions generated by suicide bereavement. In this case the inability or difficulty in making meaning of the death, coupled with a strong post-loss attachment, has been found to contribute to increased vulnerability to grief complications. This in turn, as detailed in the findings of Mitchell et al. (2005), increases the risk of suicidal ideation and completions. It is difficult to determine the degree to which suicide attempts are associated with suicidal ideation; that is, the percentage of those experiencing suicidal ideation that result in suicide attempts and completions. Heckler (1994) documented interviews with people who had attempted suicide and been revived. Findings showed that suicidal ideation was always present prior to a suicide attempt. Further, suicidal ideation had been present for a significant period prior to the attempt. It should be noted that these findings do not imply a causality relationship between suicidal ideation and suicide attempts. It is, however, generally agreed in assessment of suicide risk that pervasive suicidal ideation coupled with a severe life event such as a major loss through death places a person in an elevated suicide risk category (Appleby, 1992; Appleby & Condonis, 1990).

This study aligns with the first category of explanation, seeking to increase understanding of suicidal ideation through increased awareness of the experience of

suicide grief. As already noted, as a clinician I have found suicidal ideation to be a persistent and recurring theme in those bereaved by suicide. To place this significant concern in clinician/client context, it should be mentioned that “no-suicide contracts” are widely used by clinicians as an intervention for suicidal ideation. However, Lewis (2007) undertook a review of relevant literature and found no support for no-suicide contracts as an effective intervention for preventing suicide or protecting clinicians from litigation following a client suicide. This study seeks to provide insight into suicidal ideation themes in meaning making and relationship with the self, significant others and in adaptive and maladaptive relationship with the deceased, to increase clinician understanding and provide knowledge to inform interventions in this area.

4.3 Relationship with the deceased: Suicide grief

Given the complex relational issues for the bereaved with the deceased that can be a feature of suicide grief, what are the implications of the nature and intensity of the continuing bond or relationship for those bereaved by suicide? Neimeyer et al. (2006) highlighted concerns for those bereaved that have an intense attachment or bond to the deceased coupled with an inability to make sense of the death. Many researchers have noted the difficulty of making sense of a suicide death (Clark, 1995; Jordan, 2001; Linn-Gust, 2001; Myers & Fine, 2007; Wertheimer, 1991). Rynearson (2001) stressed his compulsion to return repeatedly to the death event in efforts to make sense and find a way to live with the intentionality of his wife’s death, noting how suicide themes disrupted attempts at meaning making narratives. Nadeau (1998) reported the central function of family communications in making sense of a significant death, and Hedtke and Winslade (2004) stressed the co-constructed nature of remembering the deceased. Other researchers have also noted that communication and relational systems are disrupted in suicide bereavement (Jordan, 2001; Riches & Dawson, 2000). This study considers the implications of these findings for those bereaved by suicide in terms of the griever’s relational world; particularly the nature of their relationship with the deceased and how the bereaved form, story, co-construct and maintain a relational bond with the deceased.

“Continuing bonds” is the term formulated by Klass et al. (1996) for the post-loss attachment of the bereaved to the deceased. This attachment is also described in this

study as the relationship between the bereaved and the deceased. In their edited book *Continuing bonds*, Klass et al. published a number of important research contributions to various aspects of the theory of continuing bonds. In particular, the theory of continuing bonds is set out in an ethnographic study by Klass (1999) of bereaved parents in a grief group. There Klass noted that the bereaved parents were not relinquishing attachment to their deceased child; rather, the reverse was the case, and the parents appeared to continue attending the group until a secure and enduring bond with their dead child was established, only then leaving the group. More recently, Klass (2006) discussed concerns, limitations and implications of research into continuing bonds, emphasising the need for research into the possibility of continuing interactions with the dead having both positive and negative consequences, and the need to focus on how the bereaved "integrate the bond or how the bond changes over time" (p. 844). Klass (2006) cautioned against adopting a causality thesis that simplistically equates continuing bonds with healthy grief outcomes. He noted that the health of an interpersonal bond is the same whether the bond is between the dead or the living; some relationships are healthy and some are not. It has been suggested that the relationship with the deceased is also subject to change over time. Schut et al. (2006) conducted three studies to clarify overlap between grief intensity and continuing bonds. Findings suggested that adaptive bonds and maladaptive bonds due to overlap in operationalisation of grief and continuing bonds could represent different aspects of grieving, namely adaptive grieving and maladaptive grieving.

Klass (2006) suggested that it is too simple a question to ask whether maintaining a bond with the deceased is linked to healthy grief. Rather it would seem that the continuing relationship fulfils multiple roles, both negative and positive. Klass stressed that the nature of the continuing bond with the deceased is influenced by a "complex interactive web of bonds and meanings" (p. 846) that require further research. Further, Klass called attention to the individual and communal nature of constructing continuing bonds, noting "Reconstructed social identity is what we have been calling a continuing bond... but with the focus on the social nature of bonds with the dead rather than on individual grief responses" (p. 850). He suggested that although a significant loss can disrupt an individual's ability to shape meaningful narratives, it seems likely that the family can sustain the loss and together co-construct narratives that integrate a

continuing relationship with the deceased. In this context Klass has noted the need for research that interprets the issue of continuing bonds within social and cultural contexts.

This study seeks to provide greater understanding, through consideration of the implications of a suicide death, as to the nature of the relationship or continuing bond with the deceased, addressing the research issues discussed by Klass (2006). Suicide grief group participants are, as observed by Klass (1999) in his ethnographic study of bereaved parents, actively engaged in attempting to construct a narrative that can assist with the integration of the suicide death and development of a continuing relationship with the deceased. Analysis of suicide grief group conversations can bring to the surface whether and how the bereaved attach to the deceased post-loss, in healthy and unhealthy ways, and can provide insights into the content and some of the ways the relationship with the deceased is negotiated and continues to change during the time of group attendance. Schut et al. (2006) suggested that longitudinal data might assist in disentangling grief from bonds and this study provides insight into how the relationship with the deceased can change from maladaptive to adaptive over a period of time. Data from group dialogues and writings provides insight into the co-constructed nature of narratives within grief groups that story the changing relationship with the deceased.

Given the social and family process difficulties regarding suicide grief outlined in this literature review, it is interesting to consider Walter's (1996) study that highlighted the central function of "social" grief conversations with others who knew the deceased in facilitating meaning making that can assist developing the bond with the deceased. Walter's (1996, 1999) autobiographical model of grief incorporated continuing bonds, meaning making and narrative as central theoretical elements. Walter (1996) suggested that the use of subjective autobiographical case study methodology is best suited to an autobiographical model of grief. His study of his own grief experiences suggested that the purpose of grief is "the construction of a durable biography that enables the living to integrate the memory of the dead into their ongoing lives" (p. 7), and the process through which the story is constructed occurs through talking with bereaved others who knew the deceased. In summary, Walter emphasised that grief conversations take place with those who knew the deceased, and the purpose of grief conversations is to construct a story that facilitates "moving on with, as well as without, the deceased" (p.

7). Walter noted that this process was one in which the deceased was lost but "then re-found" through the process of constructing the biography (p. 9). Littlewood (1996) explained that as time passes and the bereaved recollect more memories it is "like falling in love backwards" with the deceased (cited by Walter, 1996, p. 10). Moules et al. (2004, p. 99) described the process of developing a continuing relationship with the deceased as part of the grief process and "a graceful, periodic, deliberate walk backwards while keeping a sure foot in living forward". Walter recorded how in the course of arranging a memorial service he was involved in many hours of conversations with others significantly bereaved; through these conversations he "began to find a stable place for her [the deceased] in my life...What had healing power was being able to talk honestly... with others who knew her" (p. 13). This process was "intrinsically a social process in which we negotiated and re-negotiated who Corina was, how she had died and what she had meant to us" (Walter, 1996, p. 13).

Walter (1996) emphasised the centrality of family and friends in this negotiation process, outlining a number of difficulties for counselling and groups in meeting these grief needs. Walter noted that autobiographical processes in grief have become increasingly important with the development of the global community and concurrent demise of kinship groups, causing the issue of self-identity to be flexible and self-referential. Thus according to Walter an enduring and credible story is important for the bereaved individual's sense of self-identity. The construction of the "last chapter" about the deceased is important for the ongoing life of those bereaved in providing them with understanding about the meaning of this person in their life, and how this "person affected their own lives" (p. 14), and this assists in formation of the continuing relationship and the bereaved individual's sense of self-identity. Funeral rituals, the service, the funeral tea and letters of condolence are important in writing the last chapter.

Walter's (1996) self-reflective method of research provided insight into the importance of grief conversations with others who knew the deceased in constructing relationship with the deceased. This study considers the implications of Walter's (1996, 1999) autobiographical model of grief within suicide bereavement and the issues of concern it raises for those bereaved through suicide. The compromised communications in suicide

grief create difficulties in co-construction of the deceased's biography with family and friends. The range of issues discussed in Chapter 3 of the literature review: cognitive meaning making difficulties, real or perceived social stigma, fear of suicidal behaviour in other family members, antecedent conditions related to mental health, and adverse life factors tends to impact on the relational communication systems of those bereaved by suicide, reducing opportunities for shared co-construction of the deceased's biography.

Walter (1996) explained that if the death was sudden or difficult people want to talk about the death as well as the life of the deceased, but in the case of a suicide it is difficult to introduce traumatic, for some socially unacceptable, unspeakable death details into conversations with confused and distressed friends. Friends may also become alarmed or have concerns about whether it is healthy for those bereaved by suicide to talk about the manner of death. For example, drawing on my clinical experience in cases where a suicide death is due to hanging, the issues of discussion for those bereaved are difficult for concerned others to hear. Concerns of the bereaved relate to the pain of the death for the deceased, how long it took to die, and whether the deceased could have saved him/herself upon a change of mind. Other concerns relate to how quickly the bereaved could release or cut the noose, or that they were unable to do this; questions as to whether it would have made a difference if they had been able to respond faster; concerns that maybe the deceased was still alive and if they had been able to administer mouth-to-mouth would it have made a difference; issues to do with whether the neck was broken or death was due to strangulation, and so on. These issues weigh heavily on the bereaved, who are further disadvantaged by not having access to helpful existing community or social meanings that can assist in making sense of the death.

This study provides insight into the difficulties for those bereaved by suicide in meaningfully storying the life and death of the deceased. In an autobiographical model of grief should the manner of death be glossed over and silenced? It is difficult to know what place the bereaved should make for the violence of the death in their story of the deceased and how this should inform their own continued living. Should the manner of the deceased's death be ignored? If silence is not appropriate, what would be a healthy

way to acknowledge the manner of the death and the intention of the deceased to die? How should partners, parents, siblings and children explain to themselves and others why the person they loved left them in this way? What is the appropriate place for feelings of betrayal, abandonment, guilt, blame and anger in the deceased's biography? What is the place in the deceased's biography of the fact that the deceased did not want to continue to live, and what meaning should the living make of this for their own continued living? In a death due to suicide there are multiple complex storying difficulties for the bereaved.

Difficulties in talking about and storying the deceased's biography raise another concern addressed in this study, the challenge for those bereaved to understand the meaning of the death in terms of their relationship with the deceased in ways that are positive for their relationship with themselves. This study provides insight into how those bereaved negotiate these difficult issues through grief group conversations that struggle with difficult relational and storying elements. Grief group data provides insight into how grief group conversations multiply narrative possibilities for storying difficult elements. Data also provides understanding of how these meaning making efforts impact on adaptive and maladaptive relationship with the deceased and change relationship with self. Given Walter's (1996) emphasis on the importance of storying the death with those who knew the deceased, this study provides insight into how storying the deceased takes place in a group context with people who did not know the deceased. This study also values the experiences of several participants in providing rich insights into the grief experience within a group context. Walter (1969, 1999) also stressed the social importance of grief rituals in the grieving process. Hall (2001, p. 53) has discussed the many functions rituals fulfil in providing a container for grief that supports, empowers and connects the griever "into the social group". Given that comforting death rituals are often interrupted or compromised following a suicide death, the data from this study provides insight into the meaning making, relational aspects of ritual actions in grief groups.

4.4 Relationship with self: Suicide grief

What are possible implications of suicide grief for the bereaved individual's sense of self-identity? Elevated suicidal ideation and risk is an important issue of concern in

suicide bereavement, and earlier in this chapter I reviewed a number of research findings that demonstrated an increased risk in suicide bereavement for complications in grief and subsequent increased levels of suicidal ideation and completions. This section reviews research and literature considering the implications of suicide grief for the bereaved individual's sense of self-identity or relationship with self and the meanings constructed about the death. Jamison (1999) addressed the deeply personal meaning of a suicide death, asking, "How can killing oneself, in the context of other lives, ever be seen as anything but a highly personal... act?" (p. 292). For those bereaved, whose life threads and love were entwined with the deceased, suicide can rend the fabric of their assumptive world: "An act against the self, suicide is... a violent force in the lives of others" (Jamison, 1999, p. 18). Many researchers support the contention that the multiplicity of issues present in a suicide death can present a powerful dislocation of previous narrative constructions or meanings that people have made of their lives (Neimeyer, 2002; Neimeyer, Prigerson et al., 2002; Range, 1998; Riches & Dawson, 2000; Rynearson, 2001; Thompson, 1998). Janoff-Bulman's (1989) model of basic assumptions provides a useful framework for understanding the dimensions of the impact of a suicide death on the bereaved. A suicide death presents particular difficulties in terms of making sense of the death. Nadeau (1998) has noted meaning making difficulty for those bereaved by suicide, accident and homicide, because of the inability to find any sense to be made for these mistimed deaths.

Considering suicide bereavement through the lens of meaning making and Janoff-Bulman's (1989) assumptive world model provides a way of understanding the overwhelming impact on the individual's sense of self and narrative construction of meaning. Suicide challenges beliefs about a benevolent world in which there is justice and events are controllable. The self-volition of a suicide death and the multiple issues evoked challenge the fundamental assumptions upon which people base their lives. Bolton (1986), a family counsellor and suicide bereaved parent, reflected on her own grief following her son's death and stated that for her son it was over, but for herself, her husband and family, the whole grieving process of attempting to understand how it was possible that their son could kill himself was just beginning. The act of sudden violence inherent in self-murder can shatter assumptions of safety, control, benevolence

and personal worth, leaving those bereaved overwhelmed and fearful for their own wellbeing and the safety of other loved ones.

In this context DePrince and Fred (2002) discussed betrayal trauma as both implicit and explicit aspects within certain traumatic events. Betrayal of trust is one of many issues with which those bereaved by suicide wrestle (Clark, 1995; Wertheimer, 1991). In an educational film on suicide a child bereaved through the suicide of his father asks, "Why did he do that to me?" (Sands, 2003). The act of killing yourself is an implicit betrayal of relational trust that threatens assumptive world beliefs, and the bereaved respond to this challenge through themes of abandonment, guilt, blame, lowered self-esteem, lack of self worth and withdrawal from relationships. Betrayal trauma adds to the complexity of narrating the death story within the self-story, as the relationship or ongoing bond with the deceased is interrelated with the bereaved person's sense of self. As discussed, Walter's (1996) model offers insight into this interrelationship, describing bereavement as involving a reflexive biographical process of evaluation about who the deceased person was, how they lived their life, and importantly the meaning for your life of their life, and your relationship with them. Walter commented that this is important knowledge, as "we are who we are in part because of who he [i.e. the deceased] was" (p. 9). However, when those bereaved by suicide attempt a reflexive review of the meaning of this person in their lives, the inability to make sense of the death added to the betrayal trauma and multiple other issues discussed tend to hijack this fundamental grief process.

Rynearson (2001) covered a range of issues concerned with sense of self-identify and "restorative storying" following a violent death. Rynearson discussed these issues with regard to suicide, homicide and accident, reflecting on his own experience as a suicide bereaved husband and providing case studies to illustrate the application of clinical interventions for working with those violently bereaved. Rynearson examined how the incoherence between the killing action of the deceased and the caring actions of the bereaved destabilises the narration of the dying story, creating "a structural dead end that fundamentally complicates retelling" (p. 21). He explained, "The action of violent dying disintegrates the linear drama of caring" (p. 19) and affects the ability of individuals to make sense or meaning of the loss event. It is difficult even in the most

receptive of contexts to translate shocking, unprocessed events into the subtle linguistic structures required for complex, relational meaning making conversations, therefore the often unprocessed nature of the trauma reduces the possibility of meaning making conversations with significant others who could assist.

Rynearson's (2001) account provided insight into his profoundly personal redemptive narrative struggle with these issues following his wife's suicide death, and in particular the narrative dilemma facing those bereaved by suicide of how to join the "violent dying" within the story of their living. Rynearson articulated the changes to his sense of self that "restorative retelling" required:

> I cannot change the ending of her story. The best I can hope for is that I change myself as I retell it. The realization that I need to find a role for myself in her dying story has been the key to re-storying myself. That insight changes my perspective from helpless witness, to include who I was before – a husband and friend who did all that I could to help her. This is not the sort of change that magically erases or reverses what happened. The terror and incoherence of Julie's dying isn't dispelled. I will always feel that. But in re-establishing who I was in her life I am reconnected with my memory of our lives together, and that returns me to a time and space of meaning and value. It is this realignment of myself from "her dying" to "our living" that allows a restorative direction to my retelling. (p. 14)

Referring to the incomprehensibility of suicide, Rynearson (2001) suggested that it is the ability to live with the paradox or the irrationality of a violent death that has no meaning that allows for meaning to be gained through acceptance of the irrevocable changes within the sense of self that now has to include the violence of the death. There are no answers, and there is no recovery in the terms that many theories of grief suggest. Rather, Rynearson (2001) argued, it is in accepting the irrationality and the fact that there are no answers to be found in the death story that a way is provided of reconnecting with the living relationship that existed prior to the death.

In this study grief group data offers support for Rynearson's (2001) findings regarding the difficulties encountered storying a suicide death, and extend these understandings by providing examples of the dissonance between the bereaved person's love and care and

the deceased's lonely, violent ending that can challenge the limits of meaning making about the incomprehensibility of the death. Further, this study provides analysis of dialogues that focus on the intentionality of suicide death as well as the violence of that death, features that comprise the storying block that lies at the disjuncture in the relationship between the bereaved and the deceased. In this study, group data suggests that the meanings that the bereaved infer from the message inherent in the intentional action of suicide disrupt their sense of self and their relationship with the deceased. This study also provides insight into group participants' attempts to narrate and make meaning when no meaning can be made that is emotionally and cognitively sufficient to explain the death.

The idea that out of loss and grief people grow in ways that cannot be perceived at the time of struggling with the pain but later become apparent is at the core of Frankl's (1963) widely read personal story of his search for meaning. Linn-Gust (2001, p. 156) commented, "By following through on our grief process, our lives will be enriched as never before. We become more aware of others' needs and what we want out of life". Neimeyer, Botello et al. (2002) used a narrative model of the construction of meaning to demonstrate key aspects of this theoretical approach in suicide bereavement and to illustrate how growth through grief is a possible outcome. The qualitative data for their study came from a personal journal written by a father following the suicide death of his son. The study brought theory and deeply personal experience together, illustrating the value of meaning making and narrative theory for working with suicide and other traumatic losses. Journal excerpts captured significant elements of the bereaved father's "journey from emotional decimation to existential regeneration" (p. 31). Analysis provided insight and support for understanding the complex self-identity issues that the suicide of a loved one provokes. Excerpts illustrated that for the father his son's suicide completely disrupted his self-story as a successful career and family man, causing him to search for some sense of meaning for his son's tragic death, which he could live with. The struggle to make meaning of the death resulted in a complete revisioning of the father's sense of self-identity and life goals. Out of this process of intense suffering and narrative meaning reconstruction, the father found a renewed and transformed vision of life.

Briefly, the study outlined how the son developed depression and killed himself after repeated attempts by the family to source help. The son was treated at medical facilities and would recover somewhat, only to again slide into depression. Neimeyer, Botello et al. (2002) selected diary entries to demonstrate the movement through anguished grief to transformative growth. Analysis commences with an excerpt prior to the suicide when all was well in the father and son's world, and moves to the development of the son's illness, and the day of his death at 21 years of age when his car plunged over a cliff. The father writes that the suicide shattered all the family constructs, leaving a disintegrating family asking, "Why did this happen?" Further, the father tells us these were silent questions and a silent shattering, as he grieved internally without communicating his anguish to anyone. Insight into the father's grief is in the form of four one stanza poems with analysis commentary interpreting his progression through grief, loss of sense of self, social searching in an attempt to find meaning and finally the point at which the father has transformed himself and his relationship with his dead son.

The individual poetry excerpts and analysis provide powerful insights into the narrative struggle that suicide grief provokes, illustrating how this type of grief experience can be understood within a narrative model of construction of meaning. However, the anguish and pure chaotic messiness of loss of assumptive world and disrupted meaning is not the focus of the poetic movement towards growth and acceptance of these completed poems. The elegant poetic movement bridges over rather than focusing on the conflicted, anguished and incomprehensible aspects of meaning making following a suicide death. The present study addresses those gaps, and is concerned to provide increased insight into meaning making themes that function to assist construction of meaning and grief integration. The study interprets the experience of suicide grief not through one individual but in the form of raw unformed conversations and writings of participants as they engage and struggle to structure relational meaning making through key suicide grief themes over a period of time. For example, Neimeyer, Botello et al. (2002) mentioned but did not explore the fact that part of the father's grief "led him into risking his life in unnecessary ways, searching for something he could not know, or even explain" (p. 41). The father's subjective experience and explanations for risking his life in unnecessary ways are implied but not provided. In contrast, in this study, analysis of grief group data seeks to understand the content and function of suicidal

ideation in suicide bereavement. Dialogue excerpts in this study illustrate participants' attempts to articulate meanings about that which is fundamentally incomprehensible in suicide and to map the impact of this on the griever's relational world. This study extends understanding of the themes the bereaved negotiate to reach a place where growth through grief is a possibility.

4.5 Relationship with others: Suicide grief

What are the implications of suicide grief for relationships with others? Walter's (1996) research regarding the importance of talking with significant others about the deceased in order to assist development of an ongoing relationship with the deceased was discussed in Section 4.3. Clearly, meaning making conversations are a significant factor in storying the death of a family member, friend or work colleague. However, as discussed, issues of confusion, contagion, stigma, blame and responsibility all tend to reduce or compromise communication opportunities following a suicide death. As Jamison (1999) pointed out, suicide causes fear and confusion in others. It is a death that violates community standards and disrupts grief conversations. In an educational film a child bereaved by her father's suicide says, "I would rather him die of a heart attack because it's more understandable than killing yourself. Like him doing that makes me a bit embarrassed to other people. It wouldn't make it any easier if he did die of a heart attack but, you wouldn't have to think why and stuff" (Sands, 2003). In her autobiographical account following her sister's suicide Linn-Gust (2001) wrote that she "sensed people pointing at me" (p. 119) and noted how "fault lines in family relationships grow deeper with a suicide" (p. 120). Linn-Gust explained that the death of her sister left her family vulnerable to community censure, the suicide "exposed to society what we thought was wrong with our family. After all, society says something must be amiss with the family if one of its members decided not to live anymore" (p. 119). For the bereaved family the impact of a suicide death is brutal. The suicide of a family member can change irrevocably the way the family experiences itself.

One of the most common and detrimental effects of a suicide death is to reduce opportunities for family and relational conversations that could assist the bereaved in meaning construal. Nadeau (2000) suggested that when "a family construes the death of a family member as preventable, much of their energy is consumed with how the death

should have been prevented. Grieving the actual loss of the person may be delayed or postponed" (p. 96), preventing family sense-making grief conversations. Walsh and McGoldrick (1991) discussed issues associated with silences in family communications, noting the difficulties that can result when families refuse to mention the suicide. Linn-Gust (2001) outlined the numerous fears and secrets following a suicide death: parents are fearful for the safety of other family members; siblings are secretly concerned that "they, too, will die by suicide (because they share the same genetic background) or what will keep them from taking their own lives" (pp. 120-121). It is not difficult to understand how the constellation of these issues adds to a sense of isolation and fragmented communications within the bereaved person's relational web, and how these in turn can create the context for suicidal ideation and behaviour in the bereaved. Linn-Gust explained, the "family members pull away from each other completely. They're trying to save themselves from guilt and blame and they think the best way is to retreat from the others" (p. 121).

Considering the communication difficulties those bereaved by suicide potentially experience within their relationships, the role of grief groups in providing a legitimate space for grief conversations is important (Geron et al., 2003). Grief groups can facilitate social interactions and conversations that assist narrative processes about the death and grief issues that open up new and expanded meaning making possibilities. Human beings are social beings, and the stories we tell ourselves about life events are made richer, more diversified and flexible when open to co-construction with others. Stories require a listener or audience for the telling. Levitt (2002) discussed the co-constructed nature of narrative between therapist and client and implications for the role of the audience in narrative productions. She considered the productive use of pauses and silent moments in storying processes and provided insight into the important function of the audience, explaining, "Narrative psychotherapy can be considered a meta-theoretical orientation in which therapy is thought to entail the voicing and shaping of stories" (p. 333).

Relational meaning making takes place not only through verbal conversations but also through embodied and nonverbal conversations with others, and these can provide comfort or difficulty for those bereaved by suicide. Because of the nature of a death due

to suicide, many of the normal rites and rituals of death are often not enacted. In this context Amour (2003) brought together understandings from narrative theory to reveal the subtle and complex nature of meaning reconstruction processes through performative actions following a homicide death. Amour found that one of the most significant ways those bereaved due to homicide construed meanings was through "the intense pursuit of what matters... expressed in action" (p. 519). In this context meanings were construed through definitive actions taken by the bereaved within their family and community relationships, such as volunteer work or fundraising through social events for research. Armour noted that performative actions can be understood as providing a "re-framing narrative" that can continue to be co-constructed by significant others in ways that give value and meaning to the life of the deceased.

Amour (2003) discussed the benefits of meaning pursued through action in promoting the following: a sense of agency, feelings of completion, a sense of coherence, a reduction of internal dissonance and fragmentation, a sense of continuity, movement and direction. She suggested the need for research into the role of meaning making grounded in action in populations dealing with different kinds of trauma, for example suicide trauma. Amour also advocated the importance for traumatised populations of meaning pursued through action, because of the cognitive struggle to "reconcile images of violent dying with memories of tenderness or acts of destruction with global beliefs about a benevolent world" (p. 537). Individual and communal rituals can be understood as performative actions that foster relational meaning making. Nadeau (1998) discussed the significance of death related rituals, suggesting that they are meaning-laden. Hall (2001, p. 52) discussed the value of rituals in grief and noted these can be spiritual or secular, and incorporate a "symbolic action that helps us reaffirm our relationship to that which we have lost" and the meaning of that loss for our sense of self. Richards (2001) studied men bereaved through AIDS and found that they commonly used rituals that assisted positive grief outcomes. Throughout history ritual actions have assisted individual people and communities in creating meaning in times of devastation and darkness, illness, loss and death. In particular, the recent spontaneous community rituals developed in response to terrorist attacks in America and following the Bali bombings and terrorist attacks on public transport in London are of interest as examples of

meaning making through communally co-constructed meaning making performative actions.

All religions incorporate the use of sacred rituals. Stasiak (1999) noted the function of rituals in holding hope in times of despair, stating, “the symbolic ritual complex of word and action permits the community to own both the reality and future hope and to negotiate the dangerous passage between the two” (p. 227). Those bereaved by suicide often experience a loss of relational connection with their family, friends, relatives and community (Doka, 2002c). Kunkel and Dennis (2003) suggested the value of eulogy rhetoric in promoting learning that facilitates “the audience’s continued interaction and relationship with the deceased” (p. 16). Levine (1992) referred to healing actions in early societies and indigenous cultures, asserting, “all healing takes place through ceremonial means. Music, dance, song, story-telling, mask-making, the creation of visual imagery and the ritual re-enactment of myth are all components of a communal process in which suffering is given form to contain and release the suffering” (p. 10). In the process of co-constructing rituals, the bereaved can enact and embody through symbol and metaphor a multiplicity of meanings. The process of co-constructing and enacting performatively a ritual with others who are bereaved can create a satisfying sense of meaning and deepen the bond of shared grieving. Whereas meaning is often not easily discovered through the application of logic, the highly complex symbolic language of actions in rituals can express meanings too diffuse for words (Levine, 1992). McRae-McMahon (2003) suggested that making a ritual is a way of gathering up “our special life moments... giving due respect to deep pain or grief... or [a] symbolic act as a statement of hope that, against the odds, we will survive and ‘come home’ to peacefulness and the end of sharp sorrow” (p. 1). Consideration of ritual as performative action within the context of suicide bereavement suggests that performative action can assist in meaning making about problematic issues in suicide bereavement.

This study had access to two kinds of “relationship with other” data. The first type of data was the subjective experience of the bereaved describing their relationships with family, friends, colleagues and community. The second type of data was the relationship with others developed in the community of the grief group. Analysis of data revealed that data about relationships external to the group was limited, but grief group relational

data was available and provided insight into the richness of group exchanges. This study provides insight into the role of audience in storying meaning making and in supporting ritual enactments. Importantly, this study provides insight into group rituals as a way of storying conflictual relational elements with regard to the circumstances of the death and the deceased. I have not been able to source another study that provides insight into the functions of rituals in the social, communal space of a suicide grief group.

This study is concerned to provide a better understanding of suicide grief in the context of meaning making and the relational world of the griever. The study is premised on the belief that grief group participants are the "experiential experts" on the phenomenon of suicide grief, and the conversations and writings that take place within grief groups are naturally generated phenomena. It is anticipated that the intentional nature of suicide and attending grief sequelae will challenge narrative meaning making and impact on the bereaved participants' relationships with the self, the deceased and others (Klass, 2006; Nadeau, 2000; Neimeyer, Botello et al., 2002). Data analysis is used to interpret the ways group participants negotiate difficult relational and storying elements in meaning making efforts to construct these relationships. A number of researchers (Currier et al., 2006; Kim et al., 2005; Mitchell et al., 2005; Runeson & Asberg, 2003; Stroebe et al., 2005) have found that those bereaved by suicide are vulnerable to complications in bereavement, particularly increased suicidal ideation, behaviours and risk of completion. This issue is explored in this study through meaning making conversations containing suicidal ideation themes. A further aim of this study is to increase understanding of the influence of suicide grief on the bereaved person's experience of relationship with others, given research findings that indicate impaired communication and issues of stigma, shame, guilt, blame, anger, disconnection and other concerns. In particular relationships with others are considered through analysis of interactions between grief group participants and through group rituals.

CHAPTER 5: METHODOLOGY

5.1 Theoretical and methodological assumptions

The aim of this qualitative, interpretive study is to increase understanding of the critical themes and features of suicide grief. This study correlates with and extends current concepts from new theories of grief to understand the experience of suicide grief in the context of meaning making and the griever's relational world: relationship with the deceased, the self, and significant others outside and within grief groups. Data has been thematised to assist in revealing the essential features of the experience of suicide grief, as themes capture and illustrate the drive to structure meaning making generated by the phenomenon of suicide grief. The hermeneutic interpretive method of enquiry assists in distinguishing between incidental themes and those themes that are central to the phenomenon of suicide grief. The data for the study derives from the conversations and group journal writings of participants of suicide bereavement groups. Grief group conversations and writings are concerned with participant meaning making in their quest to understand and interpret their grief. It is assumed that the way people converse and write about their thoughts and feelings will contribute towards an account that will deepen understanding of the critical themes and features of suicide grief. An outcome from this study is the development of a working model for suicide grief. The model may assist in informing further research, education and practice interventions for clinicians who work with those bereaved by suicide to reduce complications in grieving and vulnerability to suicidal ideation and behaviours. The literature review and analysis chapters of this study provide a clear indication of the challenging and complex issues suicide bereavement presents to those bereaved and the clinicians who work with them.

Theoretical assumptions from new theories of grief that inform this study are that meaning making is central to the grief process (Neimeyer, 2000b) and that self-narratives are of primary importance in meaning making processes (Neimeyer, 2001; Neimeyer, Botello et al., 2002; Neimeyer & Levitt, 2001; Neimeyer, Prigerson et al., 2002). Further propositions that guide this study are the significance of the type of ongoing relationship developed with the deceased in the grieving process (Klass, 2006; Klass et al., 1996; Schut et al., 2006), the understanding that grieving is a relational process (Hedtke & Winslade, 2004; Nadeau, 1998; Walsh & McGoldrick, 1991) and the

premise that learning and self growth through grief are significant elements in the experience of grief (Attig, 1996; Doka, 2002b; Neimeyer, 2000b). The theoretical basis for the methodology used in this study is drawn from an interpretive hermeneutic approach. The raw data that forms the basis of this study is phenomenological, qualitative, non-structured pieces of lived experience that form the content of transcribed grief group conversations, discussions and writings. The interpretive hermeneutic theoretical position is premised on the assumption that meanings implicit in texts can be made explicit through interpretation and that this is a construction process between the researcher's activities and the text being studied.

Hermeneutics is the tradition, theory and practice of interpretation. Hermeneutics as a theoretical position has a long history, throughout which various schools of thought have flourished. Originally hermeneutics was developed by the ancient Greeks to study texts; in the seventeenth century it was the main theoretical approach for biblical studies (Crotty, 1998, p. 87). Despite differences between the various schools of thought, hermeneutics essentially provides the philosophical basis for the theoretical position of interpretivism. The aim of the methodology is to assist and confirm the aim of the research. Hermeneutic methodology is compatible with and informs the process and procedural methods of inquiry used in this study to identify key themes, applying a meaning making, relational analysis framework, to lead to greater understanding of suicide grief and the development of a working model.

5.2 Hermeneutic methodology

Hermeneutics is a philosophical position and also can be utilised as a method of analysis. The *hermeneutic circle* is a methodological process and method that in this study guides the interpretation of grief group texts. Crotty (1998, p. 92) suggested that one form of the hermeneutic circle is the premise that, "in order to understand something, one needs to begin with ideas, and to use terms, that presuppose a rudimentary understanding of what one is trying to understand." The researcher therefore brings an initial understanding to the issue being examined, and this "understanding turns out to be a development of what is already understood, with the more developed understanding returning to illuminate and enlarge one's starting point" (p. 92). This description can be applied to my research activities, as I have a priori

knowledge drawn from grief literature, research and more than 19 years of clinical experience counselling and facilitating grief groups. In particular, I have knowledge that stems from facilitating the grief groups from which the texts derive. This knowledge influences and informs my interpretation of the data while the data informs and influences my a priori knowledge, producing a synthesis or negotiated knowledge. If my a priori knowledge was a torch it would shed light upon my understandings of suicide grief; however, in my examination of various aspects of suicide grief texts I would discover new understandings, and through the hermeneutic circle process these new understandings would inform and deepen my initial concept of suicide grief, thereby changing my interpretation of suicide grief. The hermeneutic circle can be understood as a dialectical movement between "understanding the whole through grasping its parts, and comprehending the meaning of parts through divining the whole" (p. 92). The method and process of the audit trail in this study mirrors the recursive process of the hermeneutic circle, between the parts and the whole, that leads to deeper understanding and "render[s] explicit and thematic what is at first implicit and unthematised" (p. 97). The dialectical movement between the whole and parts and back to the whole was repeated many times in the interpretive process in this study, and is dealt with in detail in Section 5.8.18.

5.3 Relevance of methodology

How does the hermeneutic circle methodology apply to this research? As a clinician working in the area of suicide bereavement I have knowledge specific to suicide bereavement and grief. Therefore, prior to commencing analysis of the data I had initial generative questions about the experience of suicide bereavement, derived from my a priori knowledge. I drew on this knowledge to interpret grief group conversations in order to surface, interpret, select and thematically group data, then to further interpret, comment on and classify or thematise the data into a structure or framework to provide understanding of the critical themes and features of suicide grief. In the process of this inquiry, themes that surfaced from my research activities deepened my understandings and hence added to and provided new perspectives to my original framework of knowledge derived from my clinical experience and reading. Importantly, the textual interpretation and the movement between interpreting and commenting on specific pieces of data enriched and deepened my overall understanding of suicide grief themes.

These understandings deepened the knowledge I interpreted from the texts and ultimately assisted in the development and thematic structuring of the research findings. Moustakis (1990) described the many layers of this process, suggesting that "in scientific inquiry the heuristic process moves from whole to part and back to whole again, from the individual to the general and back again... from the feeling to the word and back to the feeling, from the experience to the concept and back to the experience" (p. 16). I note that Moustakis (1990) stressed the need to reflect on the feeling and the individual as well as the concept and the general. I was with participants when the study data was generated. I was a witness to the conversations and writings and as I later reflected on and interpreted data I was moved to recall the expressions, the body postures, the tears, the silences, the sighs – the broken-heartedness of the participants and this is an important part of the understanding that I brought to interpreting the data. The explication of the heuristic process of scientific enquiry by Moustakis is similar to the hermeneutic circle methodology and consistent with my experience of reflecting on knowledge, initial beliefs, feelings and ideas and reviewing and interpreting data, revising, reflecting, reviewing knowledge, and reviewing and revising data interpretation in efforts to provide an insightful account of the data being analysed.

5.4 Relevance of data

Why did I select suicide bereavement group data to increase understanding of suicide grief? Grief group dialogues present a unique opportunity to understand more about grief processes and the lived experience of participants because grief group participants are "the experiential experts" on the phenomenon of suicide bereavement and grief (Rudestam & Newtown, 2001, p. 92). The grief group is explicitly not set up as an experimental or research area; group participant conversations and writings are naturally occurring phenomena within the group context that arguably avoid the potential distortion of the experimental context and so provide a rare insight into the lived experience of suicide grief, captured in participant generated conversations and writings. It is noted, however, that grief group conversations are driven by assumptions that the grief group is a place to discuss and process grief issues, and in this way the grief group context could be considered artificial. Yet meaning making processes are not artificially driven in grief groups, but occur in response to the conversational sharing of suicide grief issues as they arise, with the experiences of other bereaved

participants providing alternative perspectives and resources in the process of meaning making.

Suicide grief groups offer a legitimate communication space to process suicide grief issues, a space that is often not available to the bereaved within their own relational communication networks (see Chapter 3 for discussion of communication issues). In the context of discussion of the data used in this study, Jordan (2001) suggested that qualitative differences are more likely to be observed in qualitatively based research that allows participants to talk about their experiences in their own words. Data from this research illustrates that for many grievers the grief group provided a “pure” or “open” communication space for grief conversations that might otherwise be constrained or shut down within their external relational matrix for a number of reasons, as discussed in Chapter 3. Further, recorded group sessions provided the opportunity to gather data from an interactive, less structured context than that of interviews. It is suggested that the structure of group discussions more closely mirrors conversational patterns in the real world, revealing the way suicide themes are used in structuring meaning making. The central aim of grief groups is to provide a comfortable, non-judgemental and accepting environment for participants to talk and write about their experience of grieving. Because of the context it is assumed that suicide grief issues are of central concern for participants. These issues are not introduced into participant conversations by research requirements.

Given the ethical and practical difficulties of gathering naturally occurring grief conversations, most researchers in this area have sourced data from either questionnaires or interviews. The following summary further clarifies the reasons I decided not to use questionnaire and/or interview methods to gather data for this study:

1. Interview questions tend to constrain participants’ responses to areas of enquiry predetermined by the interviewer, and this can prevent the expression of significant issues for the individual being interviewed.
2. Questionnaires and interviews formulated from my understanding of grief issues would create the possibility that meaning making derived in this way would be artificially driven or biased in response to my research questions.

3. Questionnaires or interviews that ask the bereaved about their grief produce constructed meanings at one point in time, whereas with data from group meetings there is the opportunity to capture meaning making as it is being formulated. The data is raw, not ordered and structured into tidy hindsight explanations, and in this way provides greater insight into the struggle to make meaning.

4. The data used for this study was gathered over a period of time. I did not seek to track the process of one individual over time. However, as the group program extended over time the data does provide insight into the process of suicide grief over time. Therefore generally, participant data derived from early group sessions illustrates engagement with the intentional nature of the death, whereas subsequent data illustrates ruminations on the death, and data towards the end of group illustrates shifts in repositioning the deceased, reflected in the way the deceased is remembered and discussed. This is not to suggest that grieving is a linear process.

5. The one-to-one context of interviews excludes multiple group exchanges among participants that provide insight into co-constructed meanings and the depth of grief expression found in grief group exchanges. It would be difficult in either questionnaires or interviews to elicit the effort, intensity and richness in responses that occur when people are talking with others also bereaved by suicide, with whom they have developed intimacy over a period of time. In this aspect I maintain that group conversations more closely approximate unconstrained grief conversations with intimate family and significant others.

6. Included in the data analysis are lengthy dialogue pieces that offer insight into sustained meaning making efforts by individual participants to story and integrate the suicide death.

7. In this study I accessed not only participant group dialogues but also participant writings undertaken within the group in response to grief issues raised within the group. Writings were done with the understanding that that if participants wished there would be opportunities to talk and share aspects of their journal writing with the group. The writing was different in this sense from questionnaire answers, which are always written with the presupposition of giving an explanatory answer to another. Participants chose whether or not to discuss what they had written in the group. Writings were therefore a place for raw grief material that was often not at the point of being worked within the group. In this sense the group writing was more like personal journal writing, with the

added dimension of knowing one could talk about what one had written. Journal writings provided insight into attempts at meaning making, and particularly insight into the impact of suicide grief issues on relationship with the self.

For these reasons it was decided that data from suicide bereavement groups would be most suitable for the aims of the study, with a hermeneutic method of analysis used to interpret group participants' spoken and written texts.

5.5 Conceptualisation of meaning as a method of analysis

This study comments on and illustrates meaning making through the themes emerging from the data, in order to understand the phenomenon of suicide grief. Botello and Herrero (2000) asserted that "human beings are proactively oriented towards a meaningful understanding of the world in which they live and their own place in it" (p. 408). Meaning making is an active ongoing process that takes place naturally in any situation where there is a need to organise, structure and explain experiences. In the context of grief, meaning making can be seen as a central, naturally occurring process undertaken by the griever to organise the grief and loss experience (Nadeau, 1998; Neimeyer, 1999, 2000b). This is the concept of meaning making used in this study: meaning making is seen as a process of structuring inchoate grief experiences, a process that may assist in the integration of the grief and loss. Identifying and clarifying the meanings of meaning making is difficult because meaning making is a process involving multiple interactive dimensions and meanings are constantly changing. This study does not categorise the typology of meanings or the products of meaning making, i.e. the meanings made. Study data is not analysed to identify the two most generally accepted meaning constructs in loss and grief, comprehensibility or sense making and benefit finding, often referred to as a "silver lining" (Murphy et al., 2003; Neimeyer et al., 2006). In this study, meaning making is used as an interpretive method to deepen understanding of suicide grief data. The study uses the concept of meaning making as a method of analysis to interpret and illustrate engagement with key suicide grief themes in provoking and structuring meaning making, as illustrated in the spoken and written texts. The grief process can be understood as a narrative or story that the griever constructs, and in the sense that the story is ongoing there is change and that change requires to be organised, structured, and given meaning. In analysing the data as the

researcher I am interpreting and describing ineluctable meaning making. As the researcher I am making meaning from meaning making spoken and written texts.

5.6 Negative meanings and no meaning

Suicide is complex, and for many remains incomprehensible and dissonant with existing belief structures, hence challenging the individual's ability to construct and make meaning (Jordan, 2001; Neimeyer, Botello et al., 2002; Pfeffer, 1997). From a therapeutic position, the desired movement in grief narratives is towards flexibility that allows integration of the loss. However, meaning making can be unhelpful or helpful in the grief process, depending on the meanings being made. Negative meanings do not function to assist grief integration. For example, a negative meaning could be that the griever believes she or he is to blame for the suicide death. Various therapeutic interventions can assist positive meaning making by intervening to support negotiation of difficult meaning making themes. In this context it is important to note that meaning making does not always involve making meanings that are acceptable or satisfactory for the bereaved. The death can remain inexplicable, leaving the griever overwhelmed in meaning making and unable to make meaning. However the meaning that no meaning can be made can be understood as having made meaning.

5.7 Conceptualisation of relationship as a method of analysis

In this study data was structured and analysed through the framework of the griever's relational world in order to better understand the influence, interplay and consequence of suicide grief themes from a relational perspective. Grieving impacts on the griever's sense of relationship with self and relationships with significant others. Research suggests the significance of grief processes that are undertaken by the bereaved in moving from relationship with a living person to construction of an imaginal ongoing bond or relationship with the deceased and the intensity and nature of the constructed relationship (Klass, 2006; Klass et al. 1996). Further, new theories of grief stress the significance of understanding grieving as a relational process in which meanings are constructed both individually and in relationship with others (Hedtke & Winslade, 2004; Nadeau, 2000; Walsh & McGoldrick, 1991). This study takes the concept of relationship from new theories of grief and applies it to understanding suicide grief. A desired outcome for this study was that the findings would be useful in developing a

working model to inform educational programs for professionals working with this population and to inform counselling and group programs for suicide bereaved adults. Understanding the influence of suicide grief themes relationally provides useful interactional information to assist this outcome. The data was categorised and interpreted through the lens of three areas of relationship. These three areas are relationship with the deceased, also referred to as continuing bonds (Klass et al., 1996), relationship with the self, also referred to as sense of self-identity (Neimeyer, 2000b), and relationship with family and others including relationship with others in the bereavement group (Nadeau, 1998; Riches & Dawes, 2000; Walsh & McGoldrick, 1991). Tyson-Rawson (1996), addressing the significance of the individual's relational context, explained, "The way in which human beings experience the world, and themselves, is shaped, moderated, and reciprocally influenced by the relational contexts within which they live" (p. 125). Muxen (1991) described family systems theory as "providing a view of the family as a set of intimately connected people who are mutually influential on each other in some way, and whose relationships evolve over time interactively with each other as well as relationships with past, present, and anticipated future contexts" (cited in Nadeau, 1998, p.11). The term *family* refers to biological family members and also in this context non-biological significant others for each individual. Family systems theory advocates the centrality of relationships in understanding the grief process, and hence the importance of understanding grievers within their relational world (Riches & Dawes 2000; Walsh & McGoldrick, 1991). Riches and Dawes discussed the relational changes following a family death, noting that each person in the family "loses a part of themselves and of the former family" (p. 38). These issues are discussed in greater depth in the literature review. My clinical experience and research support the metaphor of a "multi-modal jigsaw" (Sands, 2006a, p. 108) that is presented by negotiating relational meanings following a suicide death, and underline the importance of interventions that facilitate relational connection in processing suicide grief issues. Tyson-Rawson (1996) suggested, "The network of relationships is primary in the development of the individual's understanding of the meaning of the death experience and the nature of the self." (p. 125).

5.8 Method

5.8.1 Ethics approval

Application to the University of Technology Sydney Human Research Ethics Committee was made for permission to access and analyse adult suicide bereavement group transcripts, writings and drawings (approval UTR HREC 2004-015A, see also Appendix A Approval letter, Appendix B Consent Form, Appendix C Decline to Participate Form, Appendix E Consent Form to use analysis and words). Ethics approval was required to meet confidentiality requirements as the raw data for the study came from suicide bereavement group conversations, writings and drawings and therefore involved significant issues of privacy, and also to ensure ethical care for participants when they read relevant sections of the analysis chapters for alterations and deletions.

5.8.2 Ethical considerations – accessing group data

In my position as director and group program facilitator I have a Duty of Care contract with all clients of the service to do nothing that may cause harm. The Duty of Care contract is the core of my professional practice and, given the complex issues arising in intense grief, the issue of professional care is a matter for regular review in clinical supervision. It is important to clarify that at the time of providing participants with details of this study and requesting permission from grief group participants to access group data for this research, participant involvement with the bereavement service had concluded. The group program is a time-limited closed group program that involves 30–35 hours of attendance. The number of group hours varies according to the requirements and number of participants. As it is standard practice to record group sessions for clinical supervision review, sections of all grief groups are recorded for professional and ethical requirements. This occurs with the signed permission and understanding of participants (see Appendix D Bereaved by Suicide Consent to Record Form).

Following the receipt of participants' permission to use their group data during the course of this research, there was no further contact with them until the period prior to completion of the study, when they were invited to read their direct quotes and the descriptive account. Participants were reassured that if they did not agree with the direct quotes as being their words or did not agree that the descriptive account portrayed

accurately the intent of what they had said they were at liberty to amend or remove the piece without explanation (see Appendix E Consent Form to use analysis and words). At this time, in accord with ethical requirements, full consideration was given to participants' physical, mental and emotional safety. It was arranged that participants read data at the Bereaved by Suicide Service premises with a professional counsellor in attendance. During and following the invitation to read relevant thesis sections counselling was available on request. This arrangement was made with the understanding that because a period of time had elapsed since attending the grief group, reading grief responses from an earlier period in the bereavement process could be distressing for participants. It was to be expected that over time participants continued to reflect, evaluate, process and make new and different meanings from those that were captured in the research data. Therefore, at the time of reading relevant sections they might feel differently than they did at the time the data was generated, and it could be distressing to be reminded of the intensity of their grief at that time.

The issue of informed consent was important in this context and participants were prepared for the possibility of feelings of distress being aroused and were reminded of the option to withdraw. My experience working with this population ensured safety and containment for participants reading relevant analysis sections. The reader is referred to point 7 of Appendix E (Permission to use analysis data and direct quotes) that states, "I understand that I am under no obligation to continue to participate in this research and that I can decline to participate at my own discretion. I also understand that if I do not participate in this research then none of my words, artworks, rituals or digital images of psychodrama sculptures, will be used in this research in any way shape or form." In terms of their contributions, all the participants found the direct quotes and the descriptive account satisfactorily portrayed the intent of what they had said. No participant asked to remove direct words or amend the description offered, although some did correct spelling and punctuation mistakes. Further, several participants were touched and commented about the depth of understanding of their grief that was conveyed in the descriptive account of the intent of their words.

5.8.3 Confidentiality and data

At all times during the study participant information was treated with the utmost care and respect, and the protocol for human subjects regarding protection of their confidentiality was strictly adhered to. Further, in selecting data for inclusion, thoughtful and respectful consideration was given regarding exclusion of graphic, violent, intimate or other details that were deemed unnecessary in advancing an understanding of the research issues being investigated. Effort was made to present a compassionate professional interpretation of participant data that did not sensationalise the material. Participant confidentiality was a central concern in this research. The privacy and confidentiality of participants is a critical element of my professional relationship with participants. Keeping in mind the need to not alter the internal validity of data, I took great care to ensure that no aspect of participants' family life or family name be identifiable in the written material of this research. Given the relational method of analysis it was important that details disclosed about participant relationships also followed the same rigorous process to make them unidentifiable. At all times care was taken with transcript data to ensure confidentiality through the use of coding to de-identify names and details. Recordings, transcripts and notes were securely kept in a locked filing cabinet. Computer information followed the same stringent confidentiality requirements. Transcript recordings and written texts and related data will be destroyed in a safe and confidential way after five years.

5.8.4 Participant demographic information

This study did not consider individual differences in suicide grief; rather, the requirement in terms of data was to gather data that constituted a representative cross-section of suicide bereavement group participants. Study participants were representative of all grief group participants in general. The bereavement process following a suicide death is often experienced as so intense and overwhelming that individual differences are eliminated or diminished. It is also difficult to determine the range of participant coping skills prior to the death. In a study of predictors and correlates of bereavement in suicide support group participants, Callahan (2000) reported that "the age, and gender of the survivor, the age, relationship and method of suicide used, and the presence of anticipation [of the death] were all found to have no significant effect on the overall level of grief" (p. 119). The results of Callahan's study

suggested that, “the loss by suicide of a family member or close friend is an extremely powerful and traumatic experience regardless of the details. In other words the differences are less significant than the similarities” (p. 119). The aim of the methodology used in this study was to uncover the critical themes and features of suicide grief commonly experienced by those bereaved by suicide, regardless of relationship of loss, age, gender, or differences in individual grief stories and pre-existing coping skills.

Data for this research derived from group conversations and writings of bereaved adults who attended a time-limited grief group for those bereaved by suicide. The grief group data was accessed with participant permission on completion of the group. Only group data was used for which participant permission had been given. Attendance at the grief group was voluntary, subject only to an intake assessment. The data used for analysis came from recordings of group conversations and journal writing from four different groups. In each of the four groups from which the study data derived there were a number of members who did not elect to participate. The study contained data from 16 people who elected to participate, all of whom voluntarily attended a suicide bereavement group. Eight participants were aged between 25 to 45 years, and the remaining eight participants were aged between 45 and 65 years. All participants were bereaved through the suicide death of a significant person in their life. There were 13 female and three male participants. In my clinical experience the high proportion of female to male grievers is a common pattern for suicide bereavement group attendance. It is suggested that these figures reflect social and cultural beliefs about women being designated grieving roles and beliefs about grief groups being more specifically suited to predominantly female grieving styles. Eleven participants were between six months to one-year bereaved, four participants were between two and three years bereaved and one participant more than three years bereaved on completion of the grief group. Participants were residents of Sydney from throughout the metropolitan area and represented a number of different ethnic and national backgrounds including Indigenous Australian, Italian, Sri Lankan, Greek, South African and Australian. Given intake assessment procedures for entry into the grief group program and the fact that participants volunteered the use of their group data there were no requirements for exclusion of data.

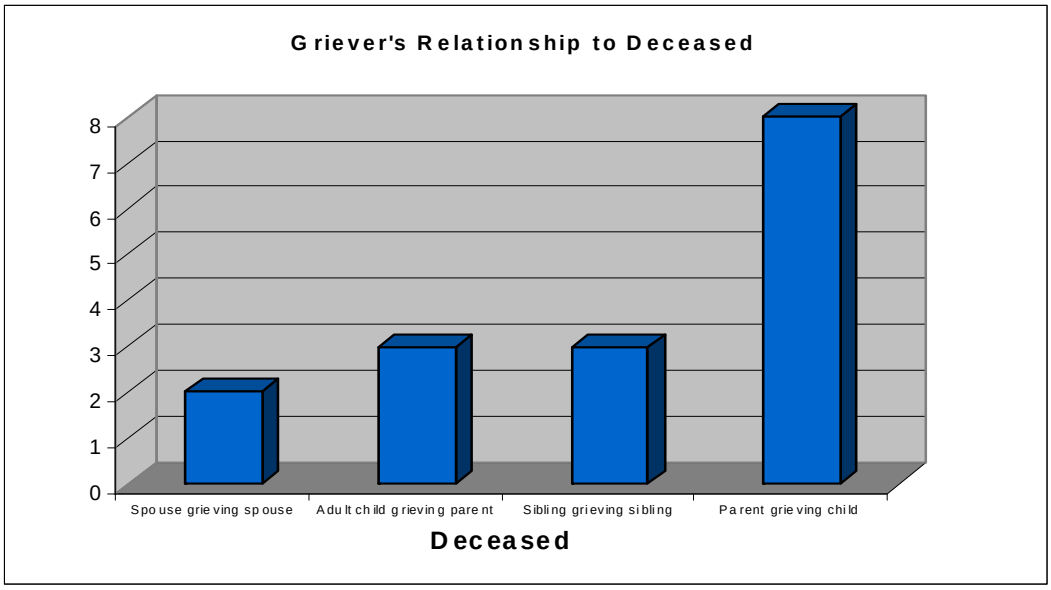

Figure 1: Griever's relationship to deceased

Figure 1 is a graphical representation of the number of group participants by relationship of loss to the deceased. The 16 participants represented a range of relationships with the deceased. Participants comprised one husband and one wife, three adult children grieving the death of a mother or father, three siblings grieving a brother or sister, and eight parents grieving the suicide of an adult male or female child. The distribution of relationships of loss, with a higher number of parents grieving an adult child in comparison with other relationships of loss, is in my clinical experience a common pattern for grief group attendees.

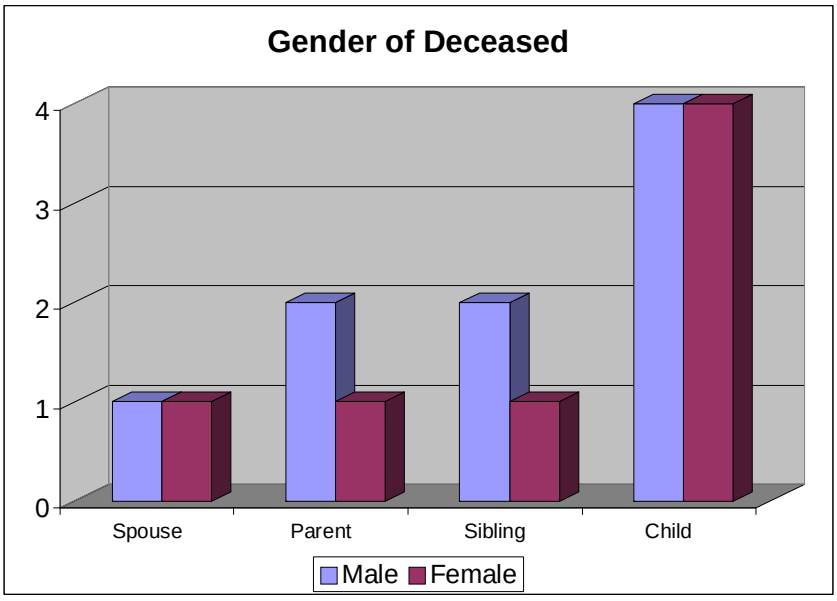

Figure 2: Gender of deceased

Figure 2 is a graphical representation of the gender of deceased by relationship. This small sample mirrors the higher proportion of male deaths due to suicide recorded in Australian suicide statistics. From my clinical experience, the gender distribution of the deceased represented in Figure 2 is consistent with common patterns in suicide bereavement groups.

5.8.5 Participant group exclusion criteria – intake assessment

Following initial contact with the bereavement service an intake assessment is carried out to determine how to best meet the needs of the individual, i.e. group programs, counselling, referral or other. Intake assessment considers mental health, prescribed medications, psychiatric care, addictions, suicidality and trauma. Other matters are discussed that could influence the grief process, including antecedent conditions to the suicide, complications in relationship with the deceased, length of time since bereavement, and support networks. Also discussed are concerns about accessibility of the service for the client, available child care for attendance, and factors preventing optimal participation, such as hearing impairment or unfamiliarity with language, and employment, study or family commitments that would affect ability to attend all sessions. If an individual is unable for any of these or other reasons to attend a group program at the time, alternative resources are suggested, discussed and accessed. Such individuals were therefore not among the population available for participation in the study.

5.8.6 Participant group inclusion criteria

Following intake procedures, those interested in the group program are invited to an information session that provides an outline of the aims of the group program, namely to provide a confidential, safe and supportive space for the processing of suicide grief. Educational information about the bereavement process and issues relevant to suicide bereavement are covered. Questions are addressed and informal discussion about grief issues is encouraged. Following intake assessment and the information session, a decision is made by the bereaved person whether to participate in the next available group program. It should be noted that the decision to attend is voluntary, although it involves a commitment to attend each of the scheduled group meetings. The Bereaved

by Suicide Service also provides group programs for adolescents, peer groups and children.

5.8.7 Criteria for participant research inclusion

There is a protocol in place in the Bereaved by Suicide Service for asking for volunteers for research, and I followed this protocol. On completion of the group program participants complete an evaluation form that asks whether they would like to be contacted for media or research purposes. The request for access to use individual participant group data for this study was made on completion of the last meeting of each of the four grief groups and on completion of an evaluation form. At that time, my role as group facilitator with participants had been completed. As the researcher I allowed 30 minutes to explain this research study to all participants and answer questions. A clear explanation was provided of the research design and aims, the complexity and difficulties and also the potential benefits of the research in terms of improved professional education, services and support for those bereaved by suicide. Individual participants who wanted to give permission to use group data were requested to sign a consent form (Appendix B) and those who did not wish to participate signed a non-consent form (Appendix C). The discussion and request for use of group data were made at the conclusion of the group program to ensure that participants did not experience any sense of obligation or feel that their group experience would be compromised by their decision about allowing use of their data. Participants were reassured that they could contact me to discuss the research further or withdraw at any time.

In consideration of the issue of informed consent it is pertinent to explain that one of the most important factors in facilitating suicide bereavement groups is the ability of the facilitator to create an atmosphere where group members can say and do whatever they need to about the death and their grief experience, to express rage, blame, despair, guilt etc. in a safe supportive environment, without concern about being given advice or judged. I am confident that my experience in creating this kind of group environment enabled participants to refuse participation in the study without any discomfort. As groups are held throughout the year there were numerous potential participants, but it

was important that only those who were comfortable with their group data being used in this study volunteered.

5.8.8 Researcher knowledge framework

The framework of knowledge that guided the development of the research investigation derived from my 19 years of clinical experience counselling, developing and facilitating a range of group programs for suicide bereaved families and individuals; including group programs for adults, adolescents and children. I have been in private clinical practice for 12 years providing counselling specifically in the area of intense and traumatic grief. I have made a film, The Red Chocolate Elephants (2003), about the experience of children bereaved by suicide, and have a book in process, also titled *The Red Chocolate Elephants*, for children coping with a suicide death, written for children aged five to ten years. My framework of knowledge further derives from 12 years' lecturing experience and developing various counselling modules and loss and grief courses for Diploma of Counselling students. My framework of knowledge is also the result of attending and presenting at conferences nationally and internationally, as well as extensive reading of grief literature and grief research relevant to the areas of my clinical practice and this study. Over the years I have been involved in the ongoing training of staff and volunteers. I am actively engaged through my work in formal and informal community education, providing structured talks, seminars, experiential and focus style presentations delivered to schools, parents, university students and staff, hospital and medical staff, research organisations, volunteer phone support workers, family workers and various other community groups and organisations.

5.8.9 Researcher/facilitator and co-facilitator group participation

In my role as group facilitator I was a participant in the groups from which the data for this study derived and therefore would have had an influence on the group development and process. My verbal data is not included in the data; however, I would inevitably have influenced participants at some level, as grief group processes involve interactions between participants and facilitator/s and therefore there will be an influence of the facilitator. The facilitator's role is to assist in surfacing and supporting already present grief processes. The same co-facilitator was present in each of the four groups. Working with a co-facilitator is necessary because of the size of groups, intensity of grieving, and

to ensure that best practice standards are maintained. However, both my influence and that of the co-facilitator in the group were in keeping with standard group practice requirements for facilitating grief. The group program is premised on the understanding that individuals have the natural capacity to heal their grief at their own pace and in their own unique way. The group program provides a caring and accepting psycho-educational mutual help therapeutic environment to assist this process.

In the groups I carried out my duties as a group facilitator, not as a researcher. The group program is a public community service and it would be unethical to undertake any kind of experimental manipulation without full consent of participants. Furthermore, this research study did not require any manipulation of the situation or the data. The required data was grief group dialogues and journal writings typical of suicide bereavement grief groups. Therefore the groups from which the data derives followed a standard format and participants experienced the same environment and service as any other group's participants.

5.8.10 Context of data – closed group program

The Bereaved by Suicide Service is a non-government organisation supported by the Salvation Army Eastern Territorial Division and funded specifically through the Salvation Army Chatswood branch. This service has an excellent name for the provision of professional care, counselling, education and group programs for those bereaved by suicide. The work of the Bereaved by Suicide Service is promoted by the Department of Forensic Medicine, psychologists, police, doctors, funeral services and health professionals throughout Sydney. I was part of the initial team that set up the Bereaved by Suicide Service in 1989, and have continued to work in the service since its inception. The grief group programs function to facilitate and support grieving following the death of a significant other due to suicide. Attendance in the group program is voluntary and people can withdraw at any time. Bereaved people attending the group program are self-selecting and initiate contact with the service by phone or email or are referred by health professionals.

The group program is time limited, which means that a group of 10–12 participants meets for a set number of sessions which total about 30–35 hours of group time.

Following an intake session participants are invited to attend an information session, after which they make a decision whether to join the group. At that time although attendance is voluntary, participants make a commitment in principle to attend each session. The program is structured as a closed group to provide continuity and sufficient time to assist the development of trust, relational connections and intimacy to support complex meaning making grief processes. The mutual help component of the group program is fundamental in normalising the suicide grief experience and in creating a deeply felt sense of being heard and understood and also in assisting participants to develop understanding and strategies to manage their grief.

5.8.11 Location of group programs

The group programs from which participant data was accessed were held either at the Salvation Army premises in Chatswood or at the White House Medical Centre in Mosman. Recording facilities are available at both venues and both venues are comfortable and equipped to provide for small groups of up to 16 people, with kitchen and toilet facilities, on-street parking, and on either train or bus routes. The seating arrangement is an informal circle, and Thai floor cushions are also available.

5.8.12 Participant time commitment

There was only one additional time commitment directly related to this research, which entailed attending the Bereaved by Suicide Service premises to read sections of data and analysis selected for inclusion in this study that were relevant to each participant. This was to allow changes to or deletions from the analysis section of material about which participants were concerned or distressed (see Appendix E Consent Form to use analysis and words). Otherwise, the time commitment for grief group program attendance was a pre-existing requirement, not related to the decision to give permission to use group data for this study.

5.8.13 Participant benefit

It has been my clinical experience that people who are suicide bereaved are concerned to improve professional education and intervention practices, understanding and public awareness of the issues they and their families are undergoing as a result of a suicide death. Consequently they volunteer for various forms of research and for the type of

media coverage that seeks to educate and make the public more aware of the issues involved. Armour's (2003) research considered meaning reconstruction developed through performative actions, described, as doing things that mattered and that made a difference. Allowing one's data to be used for research that seeks to improve understanding of suicide grief can be understood as a performative action. Bereaved participants believed that this was something they could do for the community to improve understanding about suicide grief. Participants in this study talked of how distressing it was to be suicide bereaved; however, it was a consolation to feel that they could add something that might one day alleviate another suicide bereaved family's pain through improved education, counselling and services.

5.8.14 Techniques of verbal data collection

Grief group participant conversations were recorded using an audio mixer, sound equipment and an Apple Power Book G4 computer Peak LE4 programme. The length of time for each grief group workshop varied according to participant numbers and requirements, totalling between 30 and 35 hrs of group time. For a number of reasons, only selected sections of each group meeting are recorded. For example, recording is not done when participants are paired, grouped in sub-groups or writing, or when the group process is such that the recordings are fragmented. Selected recording sections representative of commonly occurring themes and conversations were converted to typed and handwritten transcripts that formed the raw data for further analysis.

5.8.15 Techniques for written data collection

Writing was done within the group in individual spiral bound exercise books. At different times during group meetings, participants had the opportunity to write thoughts and feelings in their books. As with talking in the group, there was considerable variation among participants in terms of writing, with some participants doodling, drawing pictures, writing one word and marking it in various ways, others making notes or points, while others wrote pages and some wrote nothing, using the time for reflection. The response to writing is individual, but for those who find it helpful it is a good learning skill that can be translated to journal writing outside the group. Writing can assist participants in identifying and ordering their grief experience (Hall & Hawley, 2004; Neimeyer, 2001). The provision of opportunities for group

writing is part of the understanding that it is important to provide a range of ways for participants to explore their grief. The writing time was not long (approximately five minutes, sometimes a little longer depending on the needs of the group), and the writing related to suicide grief issues being discussed in the group. Some people are less comfortable than others with talking, and writing provides another way for people to identify and explore their grief process. It was up to each participant whether they shared what they had written or not, so in this way the writing allowed expression of raw grief that participants might not have been ready to share within the group.

5.8.16 Types of data

The data for this study was representative of typical, commonly occurring grief group conversations and writings of adults who had been bereaved by a suicide death. The data was drawn from this population because of their first-hand experience of grief resulting from the suicide death of a significant other. The grief group was a socially sanctioned space in which suicide bereaved people voluntarily came to talk about their grief. A great deal of thought goes into making the group experience for participants comfortable, safe and confidential. The central aim of the grief group program is to facilitate the expression of grief issues and offer educational information and support in a structured environment that fosters mutual help to assist and support the grief process.

This study was selective in use of data, as not all group data was used. There are several reasons why it is difficult to obtain data that lends itself to analysis. For example, emotional language is often fragmented, with single words or clusters of words interspersed with emotional expressions of sighing or crying, or silences (Levitt, 2002). Levitt examined the unsaid in psychotherapy narrative, studying in particular the function of pauses in emotional language as part of introspective structuring of the personal story or narrative. However, significant as nonverbal language might be, for the purposes of this study fragmented and nonverbal language was not used. Nonverbal communications are difficult to interpret and convey; and when group participants are talking in pairs or small groups, as when several conversations are taking place at the same time, it is not possible to record with the equipment used. The groups are structured in such a way that participants are often talking in pairs or small groups, or involved in writing or drawing. Further, a proportion of grief group conversation is not

specifically related to grief; it is social conversation, a way of warming up to more intimate levels of talking about grief experiences.

Grief group data can be broadly categorised as data that is a description of raw grief, data that interprets grief experiences for an audience in sustained dialogues, and data in which participants are actively reconstructing their grief experience. All the data that emanates from the group illustrates grief process, be it behaviours, words spoken or written, visual or nonverbal acts. Group writings are written for the writer and represent raw grief data. Sustained dialogues form a narrative structure with participants interpreting and structuring their experience in a narrative form that the audience of others can understand. I also included a number of examples of dialogue where participants were actively involved in sustained reconstruction of meaning in response to a grief group intervention. It was obvious early in the data analysis process that there were several different types of data generated within the grief group. However, data analysis focused mainly on six types of data, although certainly other kinds of dialogue exchange took place in groups. The six types of data were as follows:

1. Spoken words, usually a sentence or two generated during group rounds, that is, an orientation around the circle, with one person at a time speaking. Orientation rounds invite reflections and comments from group members. Orientation rounds are used at the beginning and end of sessions, but also during sessions following one or two people speaking at greater length, or after sub-grouping, pairing and at other times in the group process.
2. Sustained dialogue narratively structured by a single participant, illustrating meanings made for the group audience. Generally this type of dialogue was the result of one participant taking the floor for a period of time, and often this talk initiated other participant responses.
3. Group exchanges where members discussed together a particular aspect of the grief experience, illustrating the influence of the group relationships on meaning making.
4. Spoken words by a single participant focused on a particular aspect of her or his grief story during a grief group intervention, providing insight into active meaning making.

5. Journal writing undertaken within the group. Some of this material represented complex reflections. Other written data was often raw, unprocessed grief expressions, such as single words with exclamation points, or disconnected words and sentences.
6. Group dialogues regarding group relational data. These were included to illustrate the way group members used relationship within the group to assist meaning making.

5.8.17 Data interpretation

The aim of data analysis for this study was to interpret all the various forms of data to increase understanding of the distinctive features of suicide grief through surfacing themes and relational issues that gave structure and content to meaning making processes. Analysis of the lived grief experience of group participants was done in order to understand suicide grief, and this means that the analysis was not purely concerned with the words per se; for example, analysis did not dwell on the difference between the use of certain words such as *hurt* and *pain,* but assumed both to be an expression of grief. The analysis was not concerned to uncover the grammatical or linguistic structure of the texts. Further, the analysis did not focus on describing basic grief group processes, as it was assumed that the reader had the knowledge and understanding of both grief and group processes necessary to understand the commentary on the analysis excerpts.

5.8.18 Data analysis – audit trail

The following is a step-by-step account of the analysis procedures used in this study. The aim of this study was to understand more about the distinctive themes and features of suicide grief in the context of meaning making and the griever's relational world. Grief group data was analysed and a working model for understanding suicide grief proposed to inform education, practice and research issues in suicide bereavement. The rationale for accessing grief group data was because this data more closely approximated authentic, conversational meaning making patterns not artificially driven by experimental or research conditions but driven in response to conversational sharing of suicide grief issues with other bereaved people. In keeping with the hermeneutic circle methodology there was an interaction between the knowledge framework I brought to the study and the data, with each informing the other.

1. Initial generation of themes

Guided by the research question and my knowledge I approached recordings heuristically, considering the qualitative data in detail to orient myself as a researcher to the data and superimpose a conceptual map on the data. It is important to understand that the data was unstructured conversations and writing; it was not structured by asking questions about a particular grief issue. Therefore themes were not discrete but were woven together, with participants joining with different themes and movements back and forth. Van Manen (1990, p. 87-88) described the concept of theme in the following way: “theme is the form of capturing the phenomenon one tries to understand... theme is the sense we are able to make of something... theme is the process of insightful invention, discovery, disclosure.” The unstructured nature of the data made the process of identifying themes challenging. Recordings were repeatedly listened to and notes taken. I tried to identify the common themes and the core of what group participants were talking about. I listened for the process behind the content, seeking the meaning of pieces of dialogue. For example, the statement “All the time I think about and just wish I had driven him to his appointment with the doctor that day” could be understood in the context of the subsequent suicide that day as illustrating a sense of guilt, regret, self-blame, etc. Later in the process of analysis, guilt, blame and regret came to be understood as part of the theme of reconstructing the death story. The co-facilitator, a registered psychologist in training who has worked in the bereaved by suicide group programs for six years, also listened to recordings and independently of the researcher noted themes in participant conversations. The co-facilitator involvement in this research was limited to this initial stage. The themes surfaced by the researcher and group co-facilitator were cross-referenced and discussed. Certain themes were more predominant in the data, in that they appeared more frequently and engaged other participants in energetic discussion about similar and related concerns. At this point, a number of sections of recording were also selected by the researcher for the typical nature of the dialogue, and transcribed to make the analysis process more manageable. Transcribing was a time-consuming and difficult job given the emotional, fragmented nature of the conversations, interruptions, incomplete sentences, crying, pauses, mumbling, and the general difficulty of using old and unsophisticated equipment to record in a room with up to 14 people shifting, crying, sighing and coughing.

From this initial stage a number of themes were generated that included a range of issues and grief reactions that participants explored through group conversations. The following list, though not exhaustive, includes more often noted themes: relationship fragmentation, distorted thinking, why questions, silences, secrets, unspeakable issues, protecting others, death stories, anxiety, panic, nightmares, flashbacks to death scene, isolating behaviour, punishing self behaviour, life on hold, clue searching, cognitive confusion, physical and spiritual exhaustion, closing down, withdrawal, guilt, responsibility, concerns about negative interactions with the deceased prior to death, regrets, anger, rage, blaming others or self, sense of failure, mental illness issues, anger with mental health system and health professionals involved in care of the deceased, depression, emptiness, loss of hope, despair, rejection, abandonment, stigma, shame, low self-esteem, erosion of trust, shattered world, loss of safety, security, intense sadness and missing, suicidal thoughts, suicide as a solution. Also weaving throughout participant data were resource and resilience themes, including love for other family members particularly with reference to children, with participants saying things like “I couldn’t do that to them”, meaning that they believed they could not commit suicide because of their love for their children and significant others.

2. Differentiating themes

This initial stage generated problems: (a) the large number of themes generated and (b) the fact that the themes naturally included themes related to typical grief reactions. As the study aim was focused on suicide grief it was necessary to differentiate themes along the lines of those distinctly related to the experience of suicide grief as opposed to those grief themes that typically occur following deaths due to natural causes. For example, missing the deceased is a common theme that permeates grief conversations and is not specific to suicide grief. Differentiating and removing themes concerned with missing the deceased was difficult, as the theme of missing is entangled in suicide grief with many other themes. However, focusing on themes that were distinctive to suicide grief (see Chapter 3) was important in helping to make explicit the nuances and difficulties experienced with thematic aspects of suicide grief, aspects that tend to be combined with typical grief reactions and are therefore not easily identified or understood.

3. Grouping themes/categories

Having separated out themes related to suicide grief, I considered them looking for similarities and differences. This involved re-reading sections of data or listening to recordings in which themes were generated and grouping similar themes together, then rechecking the data to see if the grouping was substantiated. A number of elements had to cohere together to make a key theme. I asked the questions, “What is similar and what is different about these themes?” I noted where they were placed in conversations. “Where were these issues talked or written about, and when in the life of the group?” “How were the issues talked about and played out in the relationships of the bereaved?” Continually I checked the context in which themes arose. I altered the descriptive names for themes, to indicate the process the theme was working to achieve. At this stage initial themes identified were grouped under nine theme categories aligned with the experience of suicide grief:

> Staying alive; re-orienting in a shattered world; revisiting resources; reconstructing the death event; constructing ownership of the death story; dealing with the undone; culpability and motive; repositioning epilogue for ongoing relationship; meaning making rituals and performative actions.

For example, I set up a theme category “culpability and motive”, under which I grouped clusters of related themes concerned with “why” issues: responsibility, blame, guilt, and cognitive confusion, sense of failure and lowered self-esteem of the bereaved. These sub-themes could be grouped around the description of the activity of culpability and motive, or clue searching as the bereaved searched to establish who was responsible for the death and the meaning of their loved one’s actions for them. The central significance of the concept of relationship came to the foreground in “staying alive” themes, in which the bereaved experienced themselves as isolated from others and essentially disconnected from self and others, in the sense of not knowing or recognising the person they now believed themselves to be.

Through the process of continually reviewing data and grouping sub-themes together into core categories, the high incidence of suicidal ideation dialogues was noted. I also observed how often these dialogues were linked to negative self-blaming dialogues and

to dialogues about the death event and dialogues that explored the life of the deceased. These dialogues often involved themes of mental illness and adverse life events. In the "staying alive" category all the sub-themes or clusters of themes focused on isolation and disconnection, lack of hope, suicidal ideation, isolation, rejection, and abandonment issues experienced by the bereaved. However, I noticed I had also gathered a group of themes that were about reasons for staying alive. These latter themes were about resources and strategies, and sharing and growing through pain, and later this data was collapsed together (Clark, 2001a). The theme of suicidal ideation permeated sub-themes clustered in reconstructing the death event category. I noticed that the continuing bond or relationship with the deceased seemed exclusively focused on the sadness and pain of the deceased's living and horror of the death. Thinking about these issues led naturally to attempts to develop a commentary on the function of the nine themes.

4. Development of commentary on function, process and meaning making

It became clear that surfacing and grouping themes addressed only one part of the research question. Understanding how meaning making themes functioned required the development of a commentary on possible functions. This was difficult, as in the dialogues I was interpreting I could hear only what was spoken, but what is spoken aloud is often in response to internal questions that the bereaved are asking themselves. For example, when the bereaved discussed the deceased's difficult life circumstances, problematic personality, impulsivity or mental illness, they were looking for a motive that could provide an emotionally adequate explanation for the suicide. New theories of grief suggest that the purpose of reviewing the life of the deceased and the circumstances leading up to the death is that it assists the bereaved with meaning making about the death. Reviewing the data and trying to imagine what internal questions were provoking the dialogues and what meaning making task the dialogue was addressing was a way of gaining insight into the possible functions of commonly occurring core themes in structuring meaning making.

5. Conceptualisation of core themes

It was difficult to maintain distinctions between the nine themes. It is reasonable to expect some overlap between themes that do not present discretely, due to the nature of meaning making dialogues that move between various themes in the effort to make

meaning. The process of constant comparison between the data and the themes and between theme and theme led to further reduction of the nine themes. The development of a provisional commentary on collated themes focused on the functions they appeared to be addressing. For example, themes concerned with reconstructing the death story, constructing ownership of the death story, dealing with the undone, culpability and motive could be understood as different aspects of just one core theme, reconstructing the death story. Reconstructing the death story is not just about the death scene; it also involves reconstructing the story of the deceased's life and the bereaved person's relationship with the deceased, leading up to the moment of death. Further, it was clear that repositioning rituals were an aspect of repositioning strategies that tended to assist development of a positive ongoing connection or relationship with the deceased. It then occurred to me that I had been too close to the data to note a fundamental aspect of suicide grief, which was to do with the engagement with the issue of suicide that a suicide death entails. Engaging with intentionality or the self-volition of the death follows the initial shock and denial. It is possible that some of those bereaved by suicide never consider the significance of the manner of death as an important part of their grief, in which case it is imagined their grief would tend not to encompass themes distinctive to suicide grief. It is the intentional nature of a suicide death and the message that the bereaved perceive inherent in the act of suicide that sets it apart from other deaths. Engagement with the intentional nature of the death provokes the "why" questions, and engagement with the why questions challenges the way the bereaved experience their assumptive world, prompting attempts to reconstruct the death story. This experience is frequently described by the bereaved as a shattering of their known world. They talk of the experience as an earthquake or explosion in their lives, that leaves them forever in an unfamiliar and changed landscape. This insight accounted for eight of the previously developed categories, leaving only "revisiting resources", which had continued to stay on the list even though revisiting resources is a phenomenon in all grief. The analysis process had at this point surfaced the three core themes of intentionality, reconstruction and repositioning.

6. Relational matrix, meaning making, core themes and commentary

To develop a deeper understanding of the significance of key suicide grief themes in meaning making it was important to consider the data through a relational perspective.

During data analysis the issue of how a suicide death plays out in the griever's relational world was significant in interpreting the data. Considering the core themes through a relational lens provided insight into the way in which issues precipitated by a suicide death can permeate and influence relational connections in the griever's life. Data was reviewed and examples identified that described or illustrated how the core themes of intentionality, reconstruction and repositioning assisted in structuring meaning making in three areas of relationship, the relationships of the bereaved with themselves, with the deceased, and with significant others outside and within the bereavement group.

7. Types of data

The data analysed was commonly occurring conversations and writings that take place in grief groups. Grief groups generate several different types of data; however, analysis focused mainly on the six types of data discussed in Section 5.8.16.

5.8.19 Study limitation – the sample

A limitation of this study is that the sample size is small, and only data from those who self-selected to attend a grief group and self-selected to participate in the research is included. This study does not include data from bereaved group members who chose not to participate in the study. For ethical reasons no explanation was required for group members who declined to participate and an assurance was given that none of their data would be used (see Appendix C Decline to Participate Form). However those who chose voluntarily to explain to the group facilitator/researcher their decision to decline most frequently cited privacy issues. It is intimidating to think about things that have been said in the confidential and intimate atmosphere of sharing in a grief group being placed in the public domain. Those who decided to participate in the study provided a remarkable and generous gift to research in the hope it would be of assistance to others similarly bereaved. It is understood that there will be differences between people bereaved by suicide who elect to participate in a grief group and those who do not seek out and attend a group. Questions as to whether members of grief groups are more resilient, since they seek out support or experience more complicated reactions that cause them to seek additional support, are not addressed in this study. This study does not consider the implications of these issues and it is stressed that the findings of this study are put forward as indicative of the experience of grief group participants and not

the experience all those bereaved by suicide. Further, this study does not focus on the influence of individual differences on data. For example, the study does not consider the influence on the grief process of individual differences in antecedent conditions to the death. It is acknowledged that individual differences and those bereaved by suicide who do not attend grief groups may present with different thematic concerns and follow a different grief trajectory than that identified in this study. Similarly, there are many possible trajectories by which people may have come to suicide. Further, although this study was not intended to be gender or racially/ethnically limited, reliance on voluntary participation meant that there was a female gender bias in the research participants and a limited racial/ethnic representation. The greater percentage of female study participants is, however, representative of grief group attendance in general. Participants were all residents of Sydney and came from a number of different ethnic backgrounds, but as the Sydney metropolitan area is multicultural the group did not represent all the ethnic groups within it. Further, people with handicaps such as hearing or visual impairment were not represented in the study. Although these limitations are important it should be noted that many difficulties plague grief research efforts in finding effective research samples, due to the intense experience of suicide grief. This concern and the emotional, ethical and practical issues encountered in design and methodology for a study such as this need to be considered with regard to these limitations.

5.8.20 Study limitation – resources

The resources used for recording, transcribing and analysing the data were not sophisticated, and were limited by the amount of time and effort the researcher could allow, given that the study was undertaken part-time while also meeting work commitments. Co-facilitator involvement in data themes was voluntary and limited. The researcher carried out every aspect of the research study, from facilitation of the groups to recordings, and the time-consuming work of transcribing and analysing many hours of text and audio voice recordings, generating themes, categories and function descriptions. That the study was undertaken by only one researcher, myself is a limitation as other researchers would have provided other perspectives on the data that would have enriched the interpretation, this is however a common limitation of a PhD study.

5.8.21 Study limitation – data validity

This study was qualitative and interpretive, and therefore it could be argued such data is more difficult to verify than numeric quantitative research data. However, consistency of the data within the research framework can assist in validating the study data. According to Rosenblatt and Fischer (1998, p. 57), validity can be established in qualitative research “by internal patterning and coherence of a complex set of interviews without rigorous quantification.” Denzin (1997, p. 244) suggested that narrative is “interpretative structure that attempts to link audience, text, structure, empirical inquiry and lived experience”, and validity is substantiated through the internal consistency of each of these aspects as they fit together. The three analysis presentation chapters provide ample opportunity for the reader to verify the internal consistency and patterning of the excerpts and analysis. Further, individual participant language idiosyncrasies have been maintained with only minimal alteration for ease of reading, and this is another form of internal consistency validity.

The analysis chapters include a large number of authentic verbal excerpts. This is consistent with an important aim of this study, to provide a research space for suicide bereaved participants’ voices to be heard. There is a tendency in research and grief literature to write about bereavement and grief rather than to listen, reflect and comment on what the bereaved actually have to say about their experience. In this study, research participants had the opportunity to read analysis sections relevant to them and to change, comment on, or remove analysis that they felt was not true to the original intention of their words. This provided another validity check upon researcher bias or manipulation of data. As noted under ethical considerations in Section 5.8.2, on reading and review all research participants considered that their direct words and the descriptive account satisfactorily portrayed the intent of what they had said. The reader is referred to point 7 of Appendix E (Permission to use analysis data and direct quotes) that states, "I understand that I am under no obligation to continue to participate in this research and that I can decline to participate at my own discretion. I also understand that if I do not participate in this research then none of my words, artworks, rituals or digital images of psychodrama sculptures, will be used in this research in any way shape or form." Participants were also reassured verbally that if they did not agree with the direct quotes as being their words or did not agree that the descriptive account portrayed

accurately the intent of what they had said they were at liberty to amend or remove the piece without explanation. In terms of their contributions, all the participants found the direct quotes to be accurate and the descriptive account of their words to accurately describe the intention of their words. No participant asked to remove direct words or amend the description offered, although some did correct spelling and punctuation mistakes. Further, several participants were touched and commented about the depth of understanding of their grief that was conveyed in the analysis of their data. Consultation with participants regarding analysis of their words is a matter of respect, but it also provides another level of support to the validity of this research.

5.8.22 Study limitation – researcher reflective validity

It could be argued that my role as group facilitator may have compromised my neutrality and influenced the data. In response to this concern I refer to section 5.8.9 in which I discussed my professional and ethical requirements and noted that my influence as a facilitator was in keeping with standard group practice requirements for facilitating grief. Further it could be argued that the methodology employed in this study required that I immerse myself in the data, and that this together with my prior perceptions about suicide grief could compromise my neutrality and impartiality in analysing the data. McIntyre (1998, p.169) argued that “interpretations have to be generated, [by researchers] bringing into play their own stock of constructs in the analysis, in order to make the accounts of others yield up their meanings.” Patton (2002, p. 570) suggested that the researcher’s prior knowledge and beliefs become part of the hermeneutic circle of interpretation and this requires researchers to be committed to reflecting upon “how their perspective interacts with the perspectives they encounter”. The literature review chapters clarify the theoretical perspectives that have influenced this research and I have also detailed my work experiences. In regard to my personal reflexivity I have been fortunate while writing this thesis to be able to talk at length with colleagues about my processes in gathering and analysing the study data. I have diligently recorded reflective issues in university semester progress reports and have reviewed issues in discussions with my academic supervisor, clinical supervisor, co-facilitator and colleagues (as per Gergen & Gergen, 1991). I have kept notes of my reflections and, in keeping with my professional integrity, experience and requirement as a therapist, have endeavoured to maintain neutrality in relation to the data while also being empathic and compassionate

in my understanding. In my reflexive practice as researcher I trust that participant voices have not been lost in translation and that my interpretive efforts will touch the reader and invite an emotional recognition that facilitates cognitive understandings of the grief experience this study explores. In regard to this issue it should also be noted that steps were taken to encourage objective feedback from research participants regarding validity of analysis, as outlined in Section 5.8.2. Patton (2002, p. 569) also noted that interpretative and constructivist perspectives "remind us that data from and about humans inevitably represents some degree of perspective rather than absolute truth". It is indeed not the intention of this researcher to suggest that the study findings are an absolute truth about suicide grief. Rather, the working model is an invitation to other researchers and represents an effort to encourage conversations structured through research about the phenomenon of suicide grief.

In this chapter I have set out the theoretical and methodological assumptions underlying this study and the conceptualisation of meaning making and relationship as a method of analysis. I also examined the relevance and types of data used and the methods and context in which data was collected. Data collection, transcription and analysis were detailed. The effort given to ethics approval and ethical considerations in terms of participant care, time commitments, benefits and confidentiality of data was described. Research participant demographic information and relationship of loss were provided, and participant inclusion and exclusion criteria were covered. A detailed step-by-step explanation of data analysis was provided, describing how themes were surfaced, differentiated, and clustered. I also discussed the process of developing a commentary on the functions of meaning making themes and the use of meaning making and relationship as a method of analysis. Limitations of this study were also considered. The following chapter is the first of three analysis chapters, and introduces the theme of engaging with the meaning of the intentional nature of a suicide death.

CHAPTER 6: UNDERSTANDING RELATIONSHIP: TRYING ON THE SHOES

Oh! Let me be...
Anywhere but here
Anytime but now...
And anyone but me
(Salter, 2002, p. 11)

6.1 Trying on the shoes: The meaning of intentionality

The intentional nature of a suicide death sends a message to those who care about the deceased, but it is a message that it is difficult to decode and understand. It is difficult to imagine how the message can be other than personal, given the relationship between the deceased and the bereaved. The message of intentionality is hard to decipher; the bereaved are likely to feel that they were at fault or somehow deficient in their relationship with the deceased. Every time the bereaved say something that indicates they blame or feel themselves in some way responsible for the death they are responding as if the death contains a personal message for them. The deceased cannot explain why they killed themselves and the bereaved are left to try on the shoes of the deceased in order to fill in the missing pieces and make an account of the state of mind, concerns, thoughts and feelings and events that would cause the deceased to make such a tragic decision. The issue of intentionality is commonly explored through various forms of "why" questions: Why did they do this? Why did this happen? Why didn't I know? Why couldn't I stop it? Why didn't someone stop it? Why did this happen to them? Why did this happen to me? And so on. In an educational film a child bereaved through suicide expresses this need to make sense of his father's suicide, saying, "I was sad and I wanted to say... I just wanted to talk to him and say why, why did you do this, but I couldn't" (Sands, 2003). These questions can be understood as part of an ongoing dialogue that is both internal and external. Bakhtin (1981, cited in Hedtke &Winslade, 2004, p. 42) comments, "it is always necessary to locate an individual response in the context of some ongoing dialogue(s)". "Why" questions are a response to other meaning making dialogues. If the bereaved have engaged with the message of intentionality they will be questing, reflecting, reviewing, in the attempt to make meanings that answer the personal message implicit in an intentional death.

Making meanings that can account for the intentional nature of the death is complex. Initial explanations or meanings constructed are often pragmatic, such as that the deceased suffered from an adverse life event or mental illness. It has been suggested that explanations of this type can assist in answering "why" questions (Bycroft, 2007). However, in my clinical experience, pragmatic explanations are rarely emotionally sufficient. A participant writes:

> *I think of mum's pain of living more than her living because I don't understand. I sometimes think that mum could've died in a car crash and this makes me think of the positive things about mum.* (3:4J) [1]

Thinking about the pain in her mother's life that must have been real to cause her to kill herself is confusing, because the participant doesn't know about or understand what that pain was. What does it mean for her relationship with her mother that she didn't know about this pain, a pain so severe it caused her mother to kill herself? So this daughter tries to trick herself by thinking her mother could have died by accident, in order to think of good memories: a car accident does not require her to engage with the intentionality of her mother's death and the pain in her life. However, cognitive efforts like this can be difficult to sustain. When initial attempts at meaning making are not emotionally sufficient the bereaved tend to exhaustively review their relationship with the deceased, the deceased's life and the death event. In that process, as Walter (1996) notes, they also review who they are, and the meaning for their life of the deceased's life and their relationships with significant others in their life. Commonly the search for an emotionally sufficient understanding of the death is not a "task" completed in a distinct period of time but a process that for some will continue to be reworked over their lifetime.

6.2 Trying on the shoes: Relationship themes

Grieving is a relational process. The consequences of the struggle to make comprehensible the act of suicide in ways that can be integrated into the bereaved person's self-narrative can be mapped through relational meaning making themes.

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[1] Data has been numbered as follows:
i) First number is group number
ii) Second number is session number
iii) Letter 'J' indicates written data. No letter indicates group conversation

Given the understanding that any reflections on the deceased constitute a continuing relationship with the deceased, Hedtke and Winslade (2004) point out that meanings are "primary products of relational exchanges" (p. 42). These exchanges can be verbal, behavioural or take the form of internal dialogues in which the bereaved, using other dialogue information, formulate meanings that are later taken into verbal relational exchanges. The reflexive biographical process of understanding the significance of the life of the deceased, the meaning of one's shared relationship and the ongoing relationship with the deceased is central to the grief process (Hedtke & Winslade, 2004; Walters, 1996). It is understood that meaning making processes are multiple, non-linear, recursive and evolving, and relational meaning making themes are not discrete in presentation but interwoven with other themes. However, for clarity of presentation in this study, relational elements are teased apart and discussed as distinct categories.

The impact of suicide on the relationship the bereaved shares with the deceased can be traced in dialogues reviewing the relationship in terms of the suicide: if he loved me and believed I loved him then why did he kill himself? The bereaved questions the nature of the relationship with the deceased and experiences everything from anger to abandonment. The impact of the suicide on the self-relationship of the bereaved surfaces in themes, of self-blame, guilt, betrayal of trust, isolation, abandonment issues, lowered self-esteem, and so on. As the sense of self is defined, confirmed and signified with and through relationships with others, the impact of the suicide surfaces in relational themes of withdrawal, silence, misunderstanding, anger and hurt; in themes of anger and disillusion at mental health institutions, organisations, individuals and generally at an unfair world. Conversations speaking directly about the issue of intentionality are often emotionally charged and therefore fragmentary, but the impact of the self-volition of the death surfaces in the range of relational themes that saturate group discussions. Analysis of the meaning making data has categorised it into the following three areas of relationship that are discussed in relation to intentionality: relationship with the deceased, relationship with self, and relationship with significant others outside and within a grief group.

6.3 Trying on the shoes: Relationship with the deceased

The following excerpts are typical examples that illustrate the relational themes provoked by receiving and reflecting on the death message of intentionality and the subsequent struggle to integrate dissonant pieces of knowledge about the relationship with the deceased. This section includes excerpts concerned with the issues and reflections upon the relationship with the deceased that are provoked by the intentionality of the death. The quotes illustrate how the intentionality of suicide challenges the griever's understanding of the foundations of their relationship with the deceased and the implicit contract that exists between people to do all that is necessary to continue to stay alive. The suicide tends to subsume the deceased, relationally challenging the ability of the bereaved to construct the deceased person's life in a way that focuses on the most valued qualities to strengthen and nurture the post-loss relationship with the deceased.

6.3.1 It's in every pore of my skin

> *It's there every day I think it colours – it's in every pore of my skin... I guess 'cause it was so traumatic... I can't get that vision out of my head.* (2:2)

The pain of the act of killing oneself dominates and reduces the range of remembering about the deceased, blanketing the person they were within the suicide. The horror and trauma of the suicide saturates "every pore of my skin" and is "there every day"; this has become the way of connecting with the deceased. The meaning making about the relationship with the deceased is that it is a traumatic vision impregnated into one's pores. This is how the deceased is remembered in the bereaved person's life. Imagine how it would be if your memories of your loved one were reduced to the horror of their death, if every time your thoughts strayed to the deceased this is what it meant.

6.3.2 Soul mate

> *There was absolutely no prelude to anything, he was the most wonderful father, husband, my soul mate, he was larger than life and loved life and that's what to me even to this day I have to try and comprehend something that happened so — out of the blue.* (3:1)

This woman starts by expressing how incomprehensible her husband's actions were in the light of what she knew: there was nothing that could have warned her of what was to happen. The description of the relationship she shared with him as a "soul mate" captures the deeply felt love and implicit understanding between these two people. These words set the context of the relationship prior to the death and emphasise the extreme difficulty she is experiencing trying to understand the implicit meaning of the death message. Relational issues dealt with are not only the loss of the living person but also the loss of the idea of the relationship with the deceased that was known and comprehensible. Through the action of taking his life the deceased has revealed a part of himself that is unknown, strange and frightening. Even when known because of prior attempts or threats, the killing part is a shadow part of the relationship shared with the deceased. We are told the deceased was a "wonderful father, husband" and yet this description is pervaded by the knowledge that he killed himself. The need to make meaning of the death asks: What part of him did I not know, that this could happen? How was this frightening aspect of my soul mate not known to me? She explains that his death was out of character with everything she understood about her husband, a man "who loved life". There was no warning that he was thinking these thoughts, the death was "out of the blue", yet she must try to comprehend how this "something" happened. It is important to note that at the same time as trying to comprehend why her husband killed himself the woman is drawing on resources from her former life to help her: her relationship with him and his with his children and life generally. This is a normal response in grief, but the knowledge that he killed himself makes this a challenging piece of double-think.

> *Mostly I just feel such extreme sadness – that he felt such a sense of failure that he had to do what he did and that he would have thought in his irrational way of thinking that we would be better without* [crying]. (3:1)

The woman trying on his shoes imagines the extreme pain of failure she reasons he must have felt as a meaning for "what he did". The pain must have been so terrible because he believed that the family that loved him would be better off without him. The woman identifies with his feeling of overwhelming sadness as she makes the meaning that his "thinking" and his decision were the product of "irrational" thinking. Notice

that she must place herself inside his irrational way of thinking in order to make meanings about the intention of the death. The unarticulated question that prompts these reflections is: How could this have happened if he was her soul mate? Soul mates know and share everything intuitively about each other. Towards the end of the next quote this woman berates herself for her failure to know about her husband's suicidality, mirroring his sense of failure and her own sense of wanting to give up on life.

> *Like [other group members] I have trauma every morning, I open my eyes and blink and then that vision of how I found him is so raw it just wipes me out completely... it's so hard I just feel so numb and so empty and how to go forward... I know I have to make a new map and I have to reinvent myself... Sometimes I really don't want to... He has taken a big chunk of life with him and I can't get him back I know* [tears throughout]. (3:1)

The woman builds on the group meaning making in explaining how she re-experiences every morning the trauma of finding her husband (Nadeau, 1998). Finding his body is the image she wakes with every day, the first thing she sees when she opens her eyes, and this is the way she is remembering and connecting with him. This image "wipes her out". Quite literally these words describe how the person she was before this happened is wiped away each morning and she is left "numb and so empty". Her relationship with the person that she was is taken away and she is left empty of identity, without a way "to go forward". It is a common pattern to move from reflecting on challenges of the death to the relationship with the deceased to meanings about the implications of this for relationship with self. She tells us she has to make a map. But the whole idea of a map is that it is a diagram that provides information about how to get to somewhere. If you don't know where you are going how can you make a map to get there? This woman is telling us she is in unchartered territory, tracking back and forth through her shattered relational world, trying on her husband's shoes, experiencing her intense grief and also carrying the imagined pain of her husband, trying to comprehend and make meaning of what has happened to her life. She tells us she can't even rely on the person she was. She is depersonalised, a cipher that must "reinvent herself" to create a different person. Grewal and Porter (2006) considered the role of the absence of hope in suicide deaths and the inability to formulate a pathway or goal-directed future activity as

indicative of a lack of hope and vulnerability to suicide. The issue of suicidality is analysed in more depth with reference to this excerpt later in this chapter in the section on relationship with self.

6.3.3 When she was dying

> *I obsess about what she went through when she was dying. What it felt like, how much or if she was in any pain or whether she fell unconscious quickly, and I think about whether she did fall unconscious and didn't mean to actually kill herself.* (3:1)

This mother struggles with the intentionality of her daughter's death. The mother places herself in her daughter's shoes, imagining her pain and hoping that she didn't suffer but fell unconscious. At the same time the mother tortures herself with the thought that perhaps her daughter didn't mean to carry through with her actions and maybe died accidentally because she fell unconscious. There is no comfort in either thought. If her daughter didn't intend to kill herself it would mean that she had wanted to live. An accidental death would mean that the mother would not have to re-think the meaning or implication of her daughter's suicide for her relationship with her daughter. As mother and daughter these two people shared a close relationship of trust, love and trust, and the violence and intention of a suicide death challenges all these taken-for-granted relational assumptions.

> *The Coroner's Report is still in progress, which is frustrating, but they've told me there was minimal alcohol in her system. She had a fight with her boyfriend the night before... I think that probably led to what has happened. Although since then I have come across things that she had written where she has talked about wanting to do it... It took everybody by surprise she... was really happy.* (3:1)

The mother searches for an explanation that can make sense of what has happened, reasoning that there was "minimal alcohol" in her daughter's system but she had had a fight with her boyfriend. But since then the mother has found things her daughter had written "where she talked about wanting to do it." The infinite sadness of this sentence

and the too late knowledge of this fatally dangerous pain-filled part of her daughter, not known to her forces the mother to a full stop. It is a precipice because this new knowledge betrays the love and care the she believed defined her relationship with her daughter.

6.3.4 Nothing to celebrate her life to explain her death

This last excerpt in this section includes aspects of relationship with self, relationship with the deceased and relationship with others. The dominant theme, however, is that the shared grief rituals and talking that could assist this bereaved person in her grief and in constructing a relationship with the deceased were compromised, because the death was due to suicide (see Walter, 1996).

> *I'm still coping with a lot of disbelief – there has been so many lies and so much deceit and – I'm kind of – it's so strange for me when we are saying different cultures have all different kind of activities to honour and process the death and with my sister there has just been nothing. There has just been nothing. Her death has meant nothing. There has been nothing to celebrate her life, to explain her death, and I feel as if somebody... I feel like somebody kind of has just taken her out of my head or like she's gone and where did she go? What happened? How come she's gone?* (3**:**3)

The speaker tells us of her distress about the lies surrounding her sister's death and her concern over the absence of shared funeral and grief rituals. The lies and deceit mentioned seem to relate to the family's sense of shame or embarrassment about the suicide and to concerns about community sanctions that might be placed on the family if it was known the death was by suicide. The lack of rituals to celebrate her life or to explain her death means that her sister has disappeared "out of my head". Her sister is gone and nobody seems prepared to offer any kind of explanation for what happened. Without shared family meaning making it is as if the deceased has just disappeared, and this creates difficulties for how she remembers her sister. All her efforts are focused on trying to understand what has happened and why nobody will talk about it.

> *It does my head in and I feel really sad – it's just like nobody cares it's – just really strange, strange – I know there's a lot of emotional... they don't answer the phone... they're embarrassed and they're ashamed... terrible [when] I speak to her she just can't speak. She just goes hysterical.*

The lack of shared rituals makes it seem that "nobody cares". It feels strange and the bereaved person laments, "It does my head in". In other words, there is no way to process this death and the shame prevents any attempts to talk about it, leaving the bereaved person alone and silenced in her grief and floundering in her relationship with the deceased.

6.4 Trying on the shoes: Mental health of the deceased

How is it for those whose loved ones have been diagnosed with a mental illness prior to the suicide? There is generally a lot of additional pain caused by events leading up to a suicide death and managing a loved one with a mental illness. Mental illness is not easy to understand. The symptoms are not like symptoms due to a physical illness that are obvious. For example, with chronic depression there are periods of time when the person is functioning normally. The illness can't be seen and the symptoms seem to come and go, often evading detection by trained medical staff and leaving family members uncertain. It is often confusing knowing how to care for those with mental illness. In my clinical experience families report that it is difficult to obtain information that can assist them in understanding and caring for their loved one. Clinical confidentiality issues often mean that family members are not informed of diagnosis or management of mental illness.

In long-term mental illness, the pain of watching a loved one's mental, emotional, relational and physical health deteriorating is torture for those who love them. The illness invades the shared relationship prior to the suicide, as parts of the loved one are eroded and lost to the illness. Following the suicide, there is not only the intentionality of the suicide to deal with but also often a sense of failing in the impossible, exhausting task of care giving. This is often compounded with a belief by the bereaved that if they had been able to access the right kind of medical care or help the suicide would not have happened or could have been delayed. There is enormous grief about the pain and

suffering of the mental illness endured by the deceased. Further, there can be many bad experiences resulting from the illness, such as in cases where there is violence, fear and the need for an A.V.O. (Apprehended Violence Order) to be taken out, or where involuntary admission to psychiatric care has occurred. All these factors complicate the grief and there is nearly always some "imagined" breach in care with which the bereaved berate themselves. The tragedy of the pain of the deceased's deterioration and their final action in killing themselves leaves the bereaved holding a heavy weight. All these factors impact on remembering and the relationship with the deceased.

6.4.1 I can't find a connection

> *My daughter... had a lot of history of mental illness – I have some anger towards the system... I cannot begin to believe what she suffered and I would not wish her to go on suffering that, – it's an awful feeling I obviously wouldn't wish my daughter dead but I have insight into what she suffered... And I always knew... it was not if it was when – but I've thought about a lot of these things... because you are living with it in a way... even though it's an awful shock when it happens.* (3:1)

This mother starts her reflection by explaining her story and some of her meaning making about why she didn't want her daughter to go on suffering. Her daughter's suffering was so awful that even now she "cannot begin to believe what she suffered" and it is because of this that although she "wouldn't wish her daughter dead" we sense some implied mercy or grace in her daughter no longer having to suffer in this way. As listeners we also imagine the pain of this mother "living with it". The mother tries to describe the shock of the death and how it is not alleviated in any way by the knowledge that because of her daughter's mental health and prior attempts she knew she would attempt suicide again "it was not if it was when".

> *The biggest thing I feel now is that I have no sense of relationship with her. I'm not a religious person, I have no belief in the afterlife – I would dearly like to feel that her presence was around me. I don't feel that and I... I sometimes feel like she's never been. Which is pretty harsh thing to say as a mother. I*

> *sometimes look at the photo and wonder whether she was a person because I don't feel that aura or that presence at all.* (3:1)

The pain of the loss of her daughter in life due to the illness has also severed any "sense of relationship with her" in death. It may seem curious to some that this mother states that she is not religious and has no belief in the afterlife, but this in no way means that she doesn't believe and long to feel her daughter's presence around her. The mother shares her anguish at being unable to feel her daughter and her experience of her daughter being lost to her, "like she's never been". The mother looks at the photo of her child and wonders where her presence has gone, trying to understand the meaning of her inability to feel that presence.

> *I feel great sadness, I just feel empty. I feel like I'm two people, there is the person who gets up and does my job and is nice to people and then there is I guess the inner self that isn't there. There is nothing. I don't want to commit to anybody unless it's purely superficial. I feel robbed of the future. I just feel emotionally dead inside and I feel that there is an impenetrable block that I don't have any sort of ongoing relationship with my daughter... I look at a photo and say I bore you 24 years ago but where are you? And I don't mean physically. I know where she's gone physically but I mean with everything else there is nothing there. I can't find a connection – I cannot find a connection with... I loved her, she was my daughter. I loved her dearly.* (3:1)

From reflecting on her relational disconnection with her daughter the mother moves on to reflecting on her relationship with herself, and expresses her immense sadness and emptiness that leaves her feeling like she is "two people", the one who does her job and interacts with people and then her "inner self" that, like her daughter, is missing. This mother does not want a relationship with anyone – she has been "robbed of the future" and inside is only emptiness. In a way, although it provides no comfort, this mother lives in the emptiness as a way of being with her daughter. Inside her there is an "impenetrable block": the lack of relationship with her daughter is mirrored in the lack of relationship with herself. Inside her is the emptiness of her daughter missing. "Where are you?" she asks, repeating that she "can't find a connection". For all her love there is

no ongoing relationship with her daughter, and it would seem for this mother that means there will be no other relationships, only one of pain, sadness and disconnection with herself.

> *Well I have never said that outside to anyone because the immediate reaction of people is: what sort of mother are you that you don't have feelings... I have just been hardened over so many years of trying to deal with it.* (3:1)

This has been a significant piece of meaning making to share with the group. The mother acknowledges that she has never said these things to anyone else, believing that people would judge her harshly and not understand. This mother has carried for years the pain of dealing with the illness. Her sadness over the lack of connection with her daughter in death and carrying this alone and in silence has "hardened" and deeply hurt her connection with herself, the deceased and others.

6.5 Trying on shoes: Relationship with self

The relationship with self is challenged by the implications of the intentional nature of a suicide death. This is apparent in the types of questions and berating self-talk the bereaved use to describe their guilt, self-blame and sense of failure. Most importantly, the disrupted relationship with self is evidenced in relational withdrawal and disconnection from others, and a lack of hope about their ability to navigate living. The consequences of the breakdown of sense of self are also expressed in suicidal ideation, behaviour and fears expressed by the deceased. The important issue of suicidality, although touched on in this chapter, is discussed in greater depth in the next chapter. The following extract illustrates the interaction between the relationship with the deceased and the relationship with the bereaved person's sense of self.

6.5.1 Mantle of guilt

> *I have this – thought, I don't know where it comes from – the mantle of guilt settles comfortably on my shoulders... from the day she died that popped into my brain and it's with me all the time.* (2:1)

This bereaved mother takes on the readily available narrative of guilt and blame for her daughter's death, telling us that every moment of the day she is shrouded in a mantle of guilt. From the day of her daughter's death the mantle has settled on her shoulders. Imagine the impact on your sense of self if you believe you are shrouded in the "imagined" guilt of your daughter's death? Your sense of self in the world would be like a religious penitent wearing a shroud made out of guilt, regrets, self-blame and despair. And imagine how the shroud of guilt would sit between you and impact on all your other relationships, like a ghost. The use of the word "comfortably" is interesting. It suggests the mother is prepared to carry this shroud because it is the only way she knows of keeping a connection with her child.

6.5.2 It wipes me out

> *Like [other group members] I have trauma every morning, I open my eyes and blink and then that vision of how I found him is so raw it just wipes me out completely... it's so hard I just feel so numb and so empty and how to go forward... I know I have to make a new map and I have to reinvent myself... Sometimes I really don't want to... He has taken a big chunk of life with him and I can't get him back I know* [crying]. *The pain is so raw I don't know how to do it some days. The other day I was hooted by a truck because I was meandering – I know I have to get a grip and deal with it but I don't know what to do – I think maybe I should go and live in Woop woop where it's all just another life because everywhere I look it's another, it's so raw – I've got to get past a lot of stuff before I don't know – it was like he had made up his mind – and I ask all these questions, why didn't I know? Why didn't I see anything?* (3:1)

This quote illustrates relationship with deceased and with self, but in this section it is analysed to illustrate the relationship with self, as it was analysed to illustrate relationship with the deceased earlier in this chapter. The overwhelming effort of thinking about how to create a new way of being in relationship with herself, of having to "reinvent" herself and the enormous effort to repair her assumptive world, to "make a new map" for her life, brings her to quietly confide the seductive appeal of her own death in the unfinished sentence, "Sometimes I really don't want to". She tries to explain what it is like trying to go forward without a map when "he has taken a big

chunk of [her] life". The woman cries "I can't get him back", but also it is understood she cannot get back the person that she was, her world as she understood it. Her life, the way she and her husband were together, their shared relationship, their family life, have all been subsumed within the message of his imagined pain and intentional death, and are lost to her.

The bereaved are compelled to try on the uncomfortable shoes of the deceased without a map and with no obvious route leading to integration of their grief. If you were on an unwanted journey, a journey no one would want to be on, with no map, no obvious route and no idea of any place that you could reach that could make you feel different about this death, you would feel exhausted and without hope. Importantly, thematic analysis of group dialogues suggests that attempts to make meaning of the deceased's behaviour and what they were thinking and feeling impact on the relationship the bereaved have with themselves, sometimes to the point of questioning the value of their own continued living. This questioning can be sensed in this woman's quiet explanation of how she almost had a car accident because "I was meandering". The suicidal thought is not explicitly stated but the context of this dialogue clearly implies suicidal ideation, which the woman self-censors by telling us she knows she has to "get a grip and deal with it". But how to get a grip? How to reinvent her identity? How to create a new assumptive world? She fantasises about an imaginary place, "Woop woop", not on any known map, an imaginary place where another life might be possible because this life she is living is full of raw pain and unanswered questions.

The woman seems to be suggesting that before she can get to another life she must "get past a lot of stuff". It seems the questions are what she has to get past. She asks "all these questions" of herself: it is as if she is investigating her role and possible culpability in his death. She demands of herself, "Why didn't I know?" and "Why didn't I see anything?" However, any semblance of a fair trial is absent. There is no defence to argue the woman's case and no witnesses are allowed into the trial room she has constructed for herself. Importantly, at any minute in the day she can be back on trial, being asked to explain the inexplicability of her husband's death. It is interesting to note not only the absence of others in her defence but also the extreme aloneness of her description of the place she is living in. It is as if she is in another place altogether,

disconnected completely from former self and world as she knew it. Her reflections issue from a place of inward and backward looking isolation. The dialogue travels around an interminable well-worn cognitive track, reflecting on the relational issues provoked by the suicide, to return to the initial reflections on the intentional nature of the death expressed through "why" questions.

6.5.3 Ground Zero

> *I don't really care what happens in the future that much, – I feel that I'm just really waiting to get old so that I can kind of join her, without particularly wanting to die, but I just want to get to that stage. I can't do the things I used to do... I know now that nothing, no one will ever hurt me. I just feel like that the pain would be so insignificant compared to this that it's just like Ground Zero the day that she took her life and nothing is ever... yeah.* (3:1)

This mother's relationship to her future life hopes is "waiting to get old so that I can kind of join her". In other words, she is waiting to die. Her life has irrevocably changed; there is no other map for the future and the enormity of her daughter's death is such that she likens the death to Ground Zero day. Ground Zero is an event of such enormity that everything is destroyed. For many in the world September 11th marked the loss of a known safe, controllable, benevolent and fair world. This mother is telling us her assumptive world was completely devastated on the day of her daughter's suicide.

> *The tremendous feelings of guilt. I continually look back; I blame myself for moving... I blame myself for that, thinking if she hadn't mixed with certain people maybe this may never have happened. If I didn't take her out of her security of where we lived in the first place. The guilt of not getting there is horrific. The guilt of not being able to resuscitate her when I found her because I went into shock.* (3:1)

This mother gives us an insight into her relationship with herself, "the tremendous feelings of guilt" she carries and how she continually revisits events in their shared life and blames herself for moving because of the new friends her daughter made. Not being able to make sufficient meaning leaves her blaming herself and hunting for possible

clues as to how she might have contributed to her daughter's actions. The mother feels she made bad choices for her daughter. Loaded on this is more guilt about believing that if she could have got to her daughter more quickly maybe things would not have ended in death. Further, this mother finds herself guilty for being unable to resuscitate her daughter because of the shock she was experiencing. There is a real sense of the uncontrollability of life in that she was unable to get to the death scene sooner and was further betrayed by the shock response of her body that slowed down her reactions. The mother felt powerless to control the outcome of her daughter's actions, and the sense of that powerlessness and guilt washes through her own continued existence and shakes her ongoing relationship with herself.

> *All of that, yeah, guilt is the huge issue – That's what it was... for me that was the day my life stopped and nothing will ever come close to that, you know.* (3:1)

The daughter's actions killed not only herself but also her mother's life, as she understood it. There is no map out of Ground Zero: "for me that was the day my life stopped". Her life as she understood it ended in a instant and, like others bereaved through suicide, this mother is trying on her daughter's shoes in order to understand how she got to this place of annihilation.

6.5.4 I live in hell every day – I failed him

> *I still feel extreme guilt because I feel like I failed him that I didn't, that I wasn't able to get him through it. I just live in hell every day, just every day it's just the same as... what you are all saying, everyone feels differently, it's a different story but the same hell every day. You wake up and it's the first thing that's there... it's just hell on earth.* (3:1)

This mother starts her reflection with her relationship with the deceased that is characterised by feeling "extreme guilt", and then moves to how this impacts on her relationship with herself. The mother believes despite all her efforts that she "failed him"; somehow she should have been able to "get him through it". Following directly from her feeling of failure is her self-imposed punishment or sentence: "I just live in hell every day". Is the sentence of hell to be forever, a lifetime, or is there some

reprieve? What is this hell made up of? Her frantic efforts to source help, the failure of these efforts, the horror of her son killing himself, this is a hell that she wakes up to every day. The good memories are clearly difficult to remember in hell, but this is where she lives and this is how she connects with her son. When she remembers her son this is mostly where she ends up.

6.5.5 Me not recognising the degree of pain

> *I feel no one was to blame for [his] suicide. It was a combination of many issues – depression, romances, lack of self-esteem and me not recognising the degree of pain he was in.* (3:4J)

Another mother starts by exonerating everybody from blame for the suicide, but in an interesting piece of meaning making it becomes clear that nobody is to blame but "me". She reasons it was she who didn't recognise "the degree of pain" and therefore she is to blame. Despite the "many issues" and the statement that no one is to blame, this person holds herself responsible. The implication is that if she had understood the degree of pain she would have had the power to stop the suicide. The need to hold guilt and blame can be understood as an unhelpful way of restoring a degree of control, given the bereaved had no control over the suicide. However, this negative relational meaning making exacts a high price in terms of the ongoing life of the bereaved.

6.5.6 I could have helped her

> *I just neglected her and I know I could have helped her... my attention was totally taken up caring for [another family member] and trying to stay on top of my own pain and exhaustion.* (3:4J)

In this journal extract the bereaved person expresses a similar unhelpful way of explaining the suicide, a way that leaves her relationship with herself overburdened through carrying all the responsibility for the suicide. Although exhausted from looking after another sick family member she still feels responsible, reasoning that she was not enough. Her attention was taken up elsewhere; therefore what happened was because of her inattention to the pain of the deceased. This reasoning means that her relationship with herself is permeated with the belief that she is responsible for the suicide.

6.5.7 Constantly on the alert

> *I feel quite angry with the mental health system and the legal system that prevented me from getting [him] to medical help... That was one of the most difficult things... because no matter what we did... And that's made me highly alert about the mental health of my other... sons and I tend to be constantly on the alert...* (sigh). (3:1)

How do you keep yourself or children safe in a world that is unrecognisable, and how do your experience your sense of self in an unsafe world? The suicide that has happened means that anyone could suicide and for this bereaved father that means that he needs to be "constantly on the alert". Suicide has been introduced into the bereaved person's world as a possible solution to pain and it is exhausting watching out for suicide to strike again. Medical help cannot be relied upon to stop it happening again. Further, the meaning this father has made is that he cannot rely on himself to stop it happening, because "no matter what we did", it didn't stop the suicide happening. This challenges beliefs about being able to keep yourself and other loved ones safe from suicide. The sigh captures how exhausting it is to be on the alert all the time in what feels like a no-win situation. The bereaved person mourns for his son, expressing anger at an unfair world and for the loss of his world where you could keep people you love safe from bad things happening.

6.5.8 Broken into pieces

> *My world is broken up into pieces now... it's all divided up.* (3:1)

This person expresses a similar theme of the loss of the sense of safety and knowing in a world now "broken up into pieces". The intentionality of the suicide has destroyed this bereaved person's sense of order and safety in the world, creating a sense of disconnection; "it's all divided up" possibly refers to the assumptive world before the suicide and afterwards.

6.5.9 Unsure, insecure, timid

> *I am unsure, insecure, timid – where once I was secure in the knowledge of who I was and where I was going.* (3:1J)

This excerpt captures the loss of the relationship with self that existed prior to the suicide, as the person describes the loss of the secure knowledge of "who I was and where I was going" now replaced by a relationship to self that is "unsure, insecure and timid".

6.6 Trying on the shoes: Relationship within grief group

Given the intensity of disconnection themes expressed by group participants it is important to reassure the reader that the group community provides an environment that assists the development of visible and connected dialogues. Participant conversations examine different ways of being visible with grief while staying connected. Importantly, grief groups provide a place where meanings can be shaped without the concerns or sanctions for and from significant others that can hold the bereaved silent in their relationships. The first piece in this section illustrates the difficulties in family communication following a suicide and illustrates how grief group dialogues can change grief for the bereaved and possibly within the family. Community, social, family stigma and shame regarding mental illness and a lack of understanding about the grief process effectively silenced family grief communications following a suicide death in this family. Being a group participant assisted this person to understand her grief and introduce this new understanding into her family. As this excerpt illustrates, the group provides a place where meanings can be constructed and reconstructed.

6.6.1 Permission to be more me

> *I have been so sad... so tragically and so violently... coming here has given me permission to be more me. I'm down... I feel like I have been hit by a truck... but being able to be so sad in such a really loving, supporting environment... has kind of given me permission to be myself, to tell the people close to me about how I really feel. I have been so busy trying not to present anything that might set alarm bells... oh my God it's the family illness... it was only a matter of time.* (3:4)

Being in the group allowed this participant to be sad and to unpack some of her grief for her sister's suicide that left her feeling as though she has been "hit by a truck". The participant's sadness is saturated with the violence and tragedy of the death, yet she felt forced to hide her grief because of her concern that other family members might misunderstand her grief for the "family illness". This has meant she has not allowed herself to talk with the family members about what she is experiencing. The confusion between illness and grief in this family has silenced their shared grief. But now after talking in the group she has been able "to tell the people close" to her how she is really feeling.

> *I kind of feel while I feel flat I'm not frightened any more that just because I feel like that I'm going to end up at the bottom of a cliff or I'm not going to end up tied to a bed. So while I'm flat I'm kind of OK with that for now... the sadness and not having her and the tragedy that horrible way...[she] left this world... I didn't realise how sad I was because I was too busy trying not to be depressed, trying... trying not to... so I don't feel that any more.* (3:4)

Importantly, this woman is no longer fearful that because she is sad and grieving it means she will kill herself or end up "tied to a bed". Feeling "flat" is OK, and the normalising that the group has provided is heard in the visible relief from "trying" not to be thought depressed. This participant can differentiate between grief and depression and does not have to be hyper-vigilant against her grief any longer: her tears and sadness can flow.

6.6.2 She had been leaving in little pieces

> *When you have lived with this... for many years and you have this history of this person who has had chronic mental illness... you just keep burying it all and you just keep burying it and burying it and burying... my systems just exhausted... They start to slip away – they start to slip away... little by little she was leaving before she left us – she had been leaving in little pieces. But you have to have hope.* (3**:**3)

This excerpt tracks two mothers talking about the pain of watching their child's mental and physical health deteriorating as a result of mental illness. The mother explains that when you live with mental illness for years "you just keep burying it all". Repetition of the word "burying" emphasises the amount of endurance. You bury it because the person is alive and you are caring for them and you hope, and while you have hope you can never allow yourself to look at the despair of what is happening, what might happen and where this may end. Her system is exhausted with the weight of what is buried inside her, the immense sadness and pain she has endured. The mother describes how the illness took her child away even before her death: "little by little" her daughter left her before she killed herself.

> (Responding participant) *By the time he committed suicide it felt like there was nothing left mental, there was nothing there, just nothing there. We couldn't reach him, there was nothing... He was such a vibrant person and it's all gone... I just felt like we'd lost him.* (3.3)

Another mother joins the first mother's meaning making with her own meanings, responding that before her son committed suicide "there was nothing left mental" repeating the words "nothing there" to emphasise the complete despair of searching for him and finding nothing. There is often a sense of failing in the impossible, exhausting task of care giving, as expressed in the words "we couldn't reach him", and this is placed next to the thought of the son as "such a vibrant person". It is as if this mother believes there had been some other way to reach him, and if only she could have found it she could have held onto him and kept him safe. Now the vibrant person that was her son is lost within the horror of his illness and death. For these mothers not only is there the horror of the suicide to deal with but the despair and sense of powerlessness in the face of their children's illness.

> (Responding participant) *They lose parts of themselves, bits just start falling out. Falling to pieces... They don't know who they are in the end. They lose the sense of self-identity in pieces, and you might get glimpses occasionally which only makes it worse – because they like to think that it's fixed and they wake up in the morning and then you know it's all come back again.*

The first mother affirms and mourns the loss of their children to mental illness. Gathering strength from the conversation she remembers how awful it was when her daughter believed she was "fixed", because then there would be a small "glimpse" in that moment of the person she was prior to the illness, which would on waking be taken away by the devastating knowledge that "it's all come back again".

> (Responding participant) *Can't remember the good times, I can only remember the bad – it wasn't like that but that's how it feels. Every day I try to remember the good times 'cause there were a lot of bad things there. A lot of things happened... I try to ignore the bad things. I know they happened.*

The second mother responds to that description of a glimpse of the person the daughter was, saying that she just "can't remember the good times". Even as she rationalises with herself that there were good times that she tries to remember it is the bad memories that are her constant companion, and it is through these that she has a relationship with her son. This is an important piece of meaning making for both mothers, allowing them the opportunity finally to articulate the accumulated pain and the distinctive antecedent grief issues when a mental illness is implicated in suicide.

6.7 Trying on the shoes: Relationship with others

In the grief group those bereaved by suicide talk of the difficulties of sharing their grief with family and friends. The communication difficulties that occur in response to suicide grief often lead to fragmented communications that mute and hide grief, leaving individuals feeling that their pain is invisible and their grief is unspeakable. Relational disconnection themes about difficulties experienced talking about the suicide with others in the family are common (Jordan, 2001; Nadeau, 1998; Riches & Dawson, 2000). Further compounding communication difficulties and complicating relationship with others are beliefs in either real or imagined judgements others make about the bereaved, about the suicide (Doka, 2002c; Range, 1998) Relational dialogue themes concerned with the isolation experienced due to embarrassment, shame and stigma are commonly expressed (Clarke, 1995; Linn-Gust, 2004). The following excerpts highlight the isolating effect of a suicide death on the bereaved and their experience of

ruminations on the death event and disconnection between the self and others. These excerpts are the subjective experience of the bereaved in their relationships with family and others.

6.7.1 No-go zone at home

> *It's [the suicide] a no-go zone at home... they pretend it doesn't have an impact on them... I think like me they don't know how to go there... I would love to break that gap but I'm afraid to do that – I'm so afraid... feel like I would die to open it up – I carry it on my own. The wall that's there is just – can't step through it.* (2:2)

This participant reflects on the meaning of the difficulty of talking about the suicide to family members, as the subject is "a no-go zone". In fact the suicide is so much off the topic list for discussion that "they pretend" they are not concerned about it. Intuitively this person knows "they don't know how to go there". There is a family with a tragic suicide death and nobody can "break the gap". It is so frightening that this person feels "I would die to open it up". The impact of this silencing of the suicide in the family is that this person must "carry it on my own". The "wall" that is there, a wall that can't be stepped through, separates and isolates each family member in their grieving.

6.7.2 The most alone person in a relationship

> *I can be having a normal conversation and inside the feeling is almost like screaming – because of what happened [the suicide]... I would be one of the most alone person in a relationship I've ever known.* (2:2)

This participant describes her sense of being totally isolated, captured in the juxtaposition of the image of the silent "screaming" on the inside even while having a "normal conversation" with another. This experience leaves the bereaved person feeling "one of the most alone" people in relationship ever known. Notice the dialogue movement back and forth between self and others, and how the disconnection from self reinforces the disconnection from others. The bereaved person, the self, says, "I can be having a normal conversation", but inside she is "screaming" because of the suicide ("what happened"). This disjuncture in self leads to "I would be one of the most alone

person in a relationship", which describes her sense of disconnection, being but not being in relationship with other.

6.8 Summary

Analysis of participant data in this chapter has illustrated that one of the most confronting aspects of a suicide death is engaging with the knowledge that the deceased did not want to continue to live, and with violent intention acted in a way that caused their death. The devastating implications of this message present a challenge, provoking the bereaved to attempt to make a satisfactory explanation as to why it has happened. The inexplicability of the self-volition of a suicide death is so contrary to the fundamental biological life force and the omnipresent struggle to stay alive that it is virtually impossible for a non-suicidal person to really comprehend the act of self-murder. The intense focus on the issue of "why" or intentionality is widely accepted within suicide grief literature (Clark, 1995; Jordan, 2001; Neimeyer, Botello et al., 2002; Wertheimer, 1991). If we understand the loss resulting from a death due to natural causes as the engine that drives the journey of grief, for those bereaved through suicide the issue of intentionality leaves them relationally confused, bereft of many of the commonly accepted socio-cultural explanations and language for their grief, often with few grief rituals that could assist the grief process and compromised communications with family and others (Jordan, 2001; Wertheimer, 1991). Instead, dialogues indicate that those bereaved by suicide are often isolated, experiencing the uncomfortable socio-cultural sanctions of blame and shame and suffering intense grief, searching for a way to make meaning of the intentionality of the death.

The suicide death of a loved one is something for which nothing in life can prepare a person. The shock of the sudden death struggles with the incomprehensible knowledge that the deceased did this to him or herself. Analysis of data suggests that this knowledge sends a complex message that potentially threatens to undermine the bereaved person's relational and assumptive world (Janoff-Bulman, 1998). Group data analysed in this chapter illustrates ways in which the intentional nature of the death threatens how the bereaved know and understand themselves, their relationship with the deceased, and the potential impact on the relationships of the bereaved with significant

others. Edwin Shneidman described the relational impact of the intentional nature of a suicide death on those bereaved:

> I believe that the person who commits suicide puts his psychological skeleton in the survivor's emotional closet; he sentences the survivor to deal with many negative feelings and more, to become obsessed with thoughts regarding the survivor's own actual or possible role in having precipitated the suicidal act or having failed to stop it. It can be a heavy load. (Schneidman, 2001, p. 154).

Shneidman (2001) writes of the bereavement as being a "sentence", and clearly there is an implied notion of punishment to be meted out to the bereaved because they did not know about, or were unable to prevent, or in some way are implicated in the killing decision. It is a lot to have on your conscience and heart, the death of a partner, child, sibling, parent or friend. The dialogues analysed illustrate that the bereaved believed in the relationship they shared with their loved one. If you believe in your relationship it is difficult to understand why that person would want to leave in such a final way without saying good-bye, regardless of the pain they were experiencing.

Group data analysed suggests that in circumstances where a loved one was diagnosed with a mental illness the bereaved understood that the distress, disintegration and confusion due to the illness were implicated in the intentionality of the death. Yet the bereaved continued to hope for recovery or at least that the illness could be managed. Being diagnosed with a mental illness does not mean that a person will suicide; many people are able to manage severe mental illness with medication. In the same way, many people manage to negotiate relationship breakdowns and emotional problems. The group data provides insight into this question: why if they loved me couldn't the deceased continue to live despite mental, physical or emotional difficulties? Even when prior attempts have taken place, people find the possibility of suicide hard to imagine and continue to hold hope for the loved one. After a suicide the resulting grief can take the form of blame for not sourcing the "right" kind of medical help, or can contain a range of conflictual feelings. Trying to make meaning of these issues is complex, drawing the bereaved initially into stepping into the shoes of the deceased in order to understand the message that an intentional death sends. This chapter has considered how the initial engagement with the intentional nature of a death due to suicide provokes the bereaved to try on the shoes of the deceased. The next chapter illustrates

the development of meaning making efforts as the bereaved walk in the shoes of the bereaved when they reconstruct the death story.

CHAPTER 7: RECONSTRUCTING RELATIONSHIP: WALKING IN THE SHOES

To know the pain you suffered – breaks my heart
The pain of losing you is indescribable
The emptiness without you is unbearable
You have changed our lives forever
We can now feel your pain
We can now feel your emptiness
We can now feel your loneliness.
(Group participant, 2008)

7.1 Walking in the shoes: Reconstructing the death story

The activity of reconstructing the death story assists the bereaved in their efforts to find a way of making meaning of the life and death of the deceased that facilitates integration of the loss (Rynearson, 2001; Walter, 1999). An important aspect of integration is that the bereaved can construct meanings about the suicide death that allow positive remembering of the deceased (Hedtke & Winslade, 2004; Klass, 1999, 2006; Rynearson, 2001; Walter, 1999). In terms of grief outcomes for those bereaved by suicide it is hoped that the ongoing connection is not through remembering the pain of the deceased's life or the horror of their death. Central to meaning making endeavours is the need to reconstruct the death event within the context of the deceased's life and relationship with the bereaved (Rynearson, 2001; Walter, 1999). The following data illustrates that the bereaved spend a lot of time thinking about the pain of the life and death of the deceased and either physically or in imagination return again and again to the death event and scene. The space left in the griever's life by the actions of the deceased is filled with painful and difficult relational issues. It is important to stress the benefits of the relational context and containment provided by a grief group or clinician rather than the bereaved obsessively reconstructing the death story, frightened, silenced and alone. An obvious place for the bereaved to begin their investigation into what happened is trying to piece together the death event information with their own experiences upon receiving the news and/or finding the deceased's body. Conversations that reconstruct the death event create the space for a movement from passive and

invisible in the death event to active and visible. As the bereaved incorporate their perspective and experience of the death through active storying they begin the process of reclaiming the deceased as the person they loved (Rynearson, 2001). Constructing and talking about the death story can also be understood as efforts by the bereaved to debrief following a traumatic event. Active storying assists in taking control, ordering time and event sequences and filling in missing pieces of information that come to light following the death. Active storying provides opportunities to carry out things that are experienced as undone or unfinished with the deceased, creating the space for forgiveness and healing. Importantly, reconstruction of the death event can create a sense of agency for the bereaved that counteracts intense feelings of powerlessness in response to a suicide death. This is a shift from the position of shattered observer of the trauma to a position that centrally includes the shared relationship of love between the bereaved and the deceased. In discussing the cognitive, emotional and physiological shift of "restorative" storying following his wife's suicide, Rynearson (2001, p. 14) explains that he needed "to find a role... in her dying [that] shifts me from helpless witness to include who I was before, husband and friend".

Analysis of group data suggests that there can be a point in the process of reconstructing the death story when the bereaved are so immersed in walking in the shoes of the deceased and imagining their mindset that they lose their sense of individuation from the deceased and experience a similar sense of hopelessness and suicidal ideation. It is also possible for the bereaved to stay interminably trapped in ruminating within the mindset of the deceased, connecting with the deceased through the pain of their dying. The death event is a major meaning making issue, but it is also difficult for the bereaved to make meanings about the pain the deceased endured in their living that resulted in the decision to die. How to make meaning of the depth of pain the deceased experienced in their living? And how should the deceased's pain be dealt with now that they are dead and presumably no longer in pain? Should the pain be forgotten and laid to rest? The following data illustrates how the grievers' sadness about the pain the deceased suffered in their living tends to permeate memories of the deceased.

7.2 Walking in the shoes: Suicidality, differentiation, negotiating the blind spot

The need to know about and comprehend the mindset of the deceased offers hope for the bereaved of maybe understanding the self-inflicted violence of the death. If we follow this line of thinking there is significant difficulty for the bereaved in this course of action, because clearly the deceased's death is a statement about not being able to resolve the pain of living; a statement that leaves a message for the bereaved that maybe they will not be able to resolve their pain. The suicide provides a clear behavioural and cognitive pathway to the idea of killing yourself as a way of dealing with unresolvable pain. Not surprisingly, anyone trying to walk in the shoes of a suicide victim can be drawn into experiencing a challenge to their assumptive world, similar to the challenge that the suicide victim experienced. Further, if you are identifying with the mindset of the suicide victim you will have similar suicidal ideation resulting from a sense of emptiness, self-blame, guilt, loss of control and pleasure in living. As these things start to overwhelm you they can create a massive challenge to your relationship with self, and with others, provoking not only suicidal ideation but also actual attempts.

Analysis of group data illustrates that the bereaved can slip into thinking like a suicidal person, thinking about ending it all and asking, "Shall I stay alive?" They can find themselves unable to find a reason to live, with the oblivion of death tempting them. This is the bereaved at their most vulnerable, with their world in its most damaged state. Analysis of group data is supported by research findings of increased complications in grief and increased suicidal ideation and completions in those bereaved by suicide (Currier et al., 2006; Kim et al., 2005; Mitchell et al., 2005; Runeson & Asberg, 2003). Either the bereaved are able to make meanings that assist differentiation between themselves and the deceased and are able to place the pain of the deceased to rest or they can continue live in the shadow of suicidality. To be supported in standing in the shoes of the deceased at the moment of death and realise that you are different and want to live can initiate a shift in the relationship with self and with the deceased, coupled with the gradual acceptance that it might not ever be possible to make sufficient meaning about the suicide. Some things are beyond meaning, tempting as it is to seek meaning where there may be none to be made. For many the act of suicide by the loved one remains incomprehensible, a blind spot. The realisation that there is not, nor can there ever be an acceptable explanation or meaning to be made is the best that can be

done, and the suicide becomes a blind spot to be navigated with care. The blind spot represents an end point of the investigation into the message of intentionality. The blind spot is not about making meanings that are profoundly comprehensive so much as getting to a place of meaning about the death that is good enough to allow the bereaved to reinvest energy into their living. Acceptance of the blind spot creates space for the beginnings of integration, or what group members often describe as feeling more at peace about the loved one.

7.3 Walking in the shoes: Reconstruction and relational themes

As the bereaved walk in the shoes of the deceased they become immersed in the world of the deceased, trying to understand what they were thinking and feeling. Meanwhile their relationship with themselves is saturated with thoughts of the deceased. The relationship with the deceased tends to dominate the relationship of the bereaved with themselves. Often, due to the inward nature of this process family and others fade to the periphery of the griever's attention. The content of the relationship with the deceased is flooded with issues concerned with the suicide death and the life of the bereaved. Memories of the deceased become subsumed within the suicide; relationships with others become peripheral as the bereaved immerse themselves in the "nightmare" world of the deceased. Significantly, sometimes the grief group is the only place in which the bereaved person's internal world is taken into relationship with others. As described earlier, analysis of group data led to categorisation of meaning making into three areas of relationship: relationship with the deceased; relationship with self; relationship with others outside and within grief group. These areas are now discussed in relation to reconstruction of the death story.

7.4 Walking in the shoes: Relationship with the deceased

The relationship with deceased while the bereaved are involved in reconstruction is one of connection with the deceased through violent images of the suicide and the imagined and known pain of deceased's life. The following excerpt is taken from a group participant's journal entry. Several relational reconstruction themes are evident; however, the focus of analysis is on the relationship with the deceased. This first piece is typical of the way the bereaved reconstruct the death story, typical of the intensity of the ruminations around each part of what took place and around their own actions –

what they did or didn't do on that day. As this mother pieces together the death story it is clear that her relational connection with her deceased daughter is focused in the death event, on the pain of the dying and the pain that caused her daughter do this. This piece also shows how the relationship with the daughter's death affects the relationship of the mother with herself.

7.4.1 I think about it every day

> *I think about it every day... I'm confused about how I reacted the way I did, how I didn't try to save her. Time is skewed. I thought the ambulance was there in 3 or 4 minutes but my mobile phone bill shows I was on the 000 call for 8 minutes. I'm confused how long it took her to pass away, how long before I got there had she been gone. Why did everything go against me that day?* (3:5J)

This mother starts by stating that every day she ruminates about her daughter's suicide. She expresses confusion about her reactions on finding the body, "the way I didn't try to save her". Immediately the mother has included herself as an active agent in the death story as someone who, if her reactions had been different, may have saved her daughter. Often those bereaved have concerns about their behaviour on finding the body: shock, collapse, vomiting and multiple other reactions depending on the context can prevent the bereaved from doing what upon reflection they wish they had done at the time of discovering the body or receiving the news of the death. For example, the bereaved are often concerned about the length of time it took for them to get help and release the body to apply resuscitation. They regret that they didn't get a chance to hold, stroke, kiss, say words to their loved one or insist on this or that with ambulance or police officers or well-meaning others. The bereaved return time and again to these undone things, worrying and castigating themselves about them as they reconstruct the death story.

This mother is confused about her reactions in not applying mouth to mouth, but the profound level of shock she was experiencing is obvious in her confusion about time: "time is skewed". As she tries to reconstruct the death story, reconstructing time is important in trying to sequence and order events. She ponders the phone record discrepancy with her own felt sense of how long it took for the ambulance to arrive. The

mother moves from this confusion to the heart of the dying story and her anguish and confusion about how long it took for her daughter to die. For this mother the important piece of information is how long had her daughter been dead before she got there. The mother blames herself for not getting there sooner. In frustration she blames a malevolent world, asking why everything went against her on that day to prevent her arriving in time to save her daughter.

> *To visualise her when I saw her. Pure fear, shock, panic. To think about her being alone for that 1 1/2 hours: what she was doing and thinking on her last moments on earth? Why would she leave everything and everyone? Her heart stopping, that is horrific, thinking about the actual moment her heart stopped beating.* (3:5J)

At this point the mother walks in her daughter's shoes right up to the moment of death, trying to imagine what was she thinking in those last moments. This mother was not able to hold her child as she died, to stroke her hair and whisper words of love and care. There was no preparation for the shock and horror of what she found when she walked through the door, nobody to hear her screams and cries, nobody to hold and help her. There is the torture of the question "Why would she leave... everyone?" and the unspoken question "Why would she leave me?", the idea that when you leave people you leave intentionally. The mother is right there in her mind and body beside her daughter, reconstructing and living the moment of her daughter's heartbeat stopping. The death place is where a major part of the relational connection between the bereaved mother and deceased daughter is taking place. The mother is drawn back into the death story again and again, struggling with insoluble questions.

> *Why didn't I stay with her? Why didn't I try to resuscitate her? Why didn't I hug her and be with her and kiss her instead of waiting till 2 days before the funeral? Why didn't I go in the ambulance with her? Why didn't I go to the hospital morgue and spend time with her there? Why was I such a pathetic wimp? Why didn't I go straight to her place when he rang me to say he was worried about her? Why did I go to my 10 am appointment first? Of all days to have a 10 am appointment! It never happens... why this day? I feel like I was set up!* (3:5J)

From her daughter not staying with her the mother moves to wondering why she didn't stay with her daughter at the death scene (she left to run into the street screaming for help). She launches into a series of "why" questions as she interrogates herself as if she is in the witness box. This is the impact of the suicide on the relationship of the mother with herself, a relationship of anger and blame, and on her relationship with her daughter, which is one of failure in her fundamental role as a mother. The way she castigates herself is unreasonable; given the degree of shock the mother would not have been able cognitively to determine whether there were any choices to be made in the crucial moments following finding her daughter. Her body's autonomic system would have determined that she was under threat herself and would have been releasing massive amounts of adrenaline through her system. Her heart would have been pounding, her blood would withdraw to protect her vital organs, leaving her cold, shaking, dry retching, screaming. It was amazing that the mother could get her fingers and brain to work to call the emergency number. Reality checking would clarify that rather than being "a pathetic wimp" her responses were extraordinary given the shock and horror of her daughter's death. The mother pulls herself out of her reconstruction of what happened from her perspective after finding her daughter to confront her dominant question based on her belief that she could have controlled and stopped the death happening had she arrived sooner.

> *The sight of her – so still, not moving... gone. How long was she like that? Could I have saved her if I tried? How long did she suffer for before she died? What if she changed her mind halfway through but it was impossible to save herself? I need to know exactly what time she passed away... I need to know how hanging works and how long it would have taken her to go. I'm scared if I know too much about how to hang I will end up doing it myself.* (3:5J)

This journal entry is like a soliloquy of despair for her daughter, as the mother returns to the moment of death "so still, not moving". "How long was she like that" before the mother got there and what was her daughter's suffering before she died? The mother tortures herself with the question of whether this was an intentional death: maybe her daughter started out to kill herself and then halfway through changed her mind but

could not save herself. Imagine the weight of carrying the burden of this thought every moment of every day. Such a burden is a life sentence to a living death. Desperately, the mother needs to know "exactly" about hanging, how it works and "how long it would have taken her to go". This thought is followed by the admission that if she learns too much about hanging she fears "I will end up doing it myself". In this sentence we have insight into how this mother has walked in her daughter's shoes right up to the moment of death, trying to reconstruct her daughter's suffering and her suicidal ideation, having found herself as a mother guilty of failure to get there sooner. Given the way she sees the world, her relationship with her daughter and her relationship with herself, she is scared she might take the option of hanging herself. The underlying understanding in her words is that she is scared because a part of her is drawn to the idea of releasing herself from the hell she is living in and the burden that she has given herself to carry throughout life. However, significantly there is also differentiation between herself and her daughter: the mother wants to keep herself safe by not knowing too much about hanging, unlike her daughter who had investigated this as a way of killing herself.

7.4.2 I often go there in my mind

The next piece illustrates the persistence of similar themes over time. The first mother was six months bereaved and this mother is two years bereaved but still relating to the deceased through the trauma of the suicide. This piece also illustrates the constant shadow, not only of her son's suicide but the dark companionship of her own suicidal fears and the lack of hope within her world. This mother's words give some insight into the living death that can happen for those bereaved through suicide.

> *Two years on my world is worse as I think about what if?, why?... But it is not a place where I would do anything but at the same time I pray every night I have a heart attack. I don't know why I'm on this earth.* (3:5J)

This mother starts by giving us an extraordinary insight into the world she is now living in two years after the death. That world is worse now than when the death first happened. This mother is still consumed in thinking about reconstruction questions "What if?" and intentionality questions "Why?" This mother hints at suicidal thoughts, telling us "it is not a place where I would do anything" to hurt and/or kill herself, and

then she adds “but” she prays for death every night because there is no reason that she can understand as to why she is still living.

> *I do think about the actual suicide, how and how long did it take, it’s too painful... The fact it was suicide is always there and does stop me moving on... the pain is still as bad... it’s just a real struggle... I think about the day [he] was found a lot, any time of day. The events on that day are quite a blur... I can’t understand how [he] could do what he did. I often go there in my mind but still can’t come to terms with it.* (3:5J)

It would seem that most of the time when she thinks about her son she connects relationally with him through thinking about his death, “the actual suicide” and struggles still with questions about how long it took. Then this mother turns away from the death, overwhelmed: “it’s too painful”. She tells us that what stops her from moving on in her living is “the fact that it was suicide”, which is with her all the time. The pain is just as bad now; it has not become less intense with time, and she describes a struggle, referring possibly to her connection through suicide to her son or her relationship with herself in this pain-saturated world. Next the mother is in the death story reconstructing that day, a place filled with despair which she thinks about “any time of day, many times a day”, but she can’t reconstruct the day clearly because events on that day are a “blur”. It seems the difficult part to understand is “how could he do what he did”. This mother tells us she thinks about that all the time but just can’t “come to terms with it”: she can’t integrate or make sense of how he could do it. This is her point of differentiation. No matter how much she thinks about what her son did, she cannot understand how he could choose death. The unspoken thought is that she chooses to live even with the impact of crippling grief.

> *He simply could not cope with life and ran out of hope. But in my mind it could have been solved with one phone call and he’d be here today. That day will always remain a nightmare. It seems so surreal... I wish I could have seen [him]. We weren’t allowed to – I wish I had a lock of his hair, I will always just wish... I just wish I had some insight as to how much pain [he] was in. I spoke with him on the phone and... he chose to take his life – just can’t come to terms with it.*

> *[He] is still a big part of my thoughts and I can't see how it will be any different for the rest of my life. I guess you just go on with a part of your heart missing and the suicide issue is just huge.* (3:5J)

This mother then gives us the meanings she has made from walking in her son's shoes, that he simply couldn't cope with living, that he ran out of hope. This mother lives with the belief that a single phone call could have solved her son's problems and he would still be here. The place she meets and is with her son is the nightmare day he died. In this "surreal" place she sits and cries over the things that she couldn't change and the things that remained undone: recognising the pain he was in, seeing his body, having a lock of his hair. Ultimately she is burdened and berates herself for not understanding "how much pain he was in". Even though they had spoken on the phone she had not known or understood that he was at that time choosing death over life. She can find no sufficient or acceptable meaning to be made and no way to come to terms with what has happened, so her son's death story will continue to be the significant way that she connects with him. It is a relationship that leaves her with part of her heart missing, destroyed by the suicide. People need all their hearts, physically and emotionally, to live here on earth, yet this mother lies in bed every night praying to die from a heart attack because she has told us literally that she has no heart for living her life.

7.4.3 I just feel so much

Another mother's experience is similar but different.

> *I just can't go to the spot [where my son died]. I just feel so much. We had been looking after him for about 18 months but no matter what we did we just couldn't get him to the help that was going to be significant and we were too fearful to push... didn't want to push him.* (3:1)

This mother is unable to go to the place where her son killed himself. So many possible meanings are captured in the words, "I just feel so much": so much pain that my sense of safety will be overwhelmed? so much loss that it's unbearable? The place of the death is in her thoughts, however, as an issue of whether or not to go there. In this way the spot is a real place in her mind to which she goes to all the time, even though she

avoids the physical spot. The stress of feeling that there is help out there but you can't access or get your loved one that help, for whatever reason, is a common experience for those looking after a loved one with mental illness. Always accompanying this belief is a sense of despair and hopelessness about yourself as a person that you couldn't somehow fix this. When this mother reflects on her son it is these difficult days she reflects on. The failure to find the right help is revisited again and again as she circles the spot she can't go to.

> *Sometimes even when you know what they are going to do it's just as hard* (crying). *You know what's going to happen and you can't do anything... The day it happened... I think of it a lot... the guilt of feeling helpless and unable to control it, continuously failing. He would not allow us to help... frustrated, exhausted... I knew he was suicidal but never dreamed he would do it*. (3:2)

The previous excerpt is from the same woman. This excerpt gives further insight into her meaning making about the death story, the day it happened. She tells, "I think of it a lot". The issues returned to again are her helplessness and guilt because of her perceived inability to prevent the suicide happening, her sense of failure, her shock about the way he killed himself and her despair and frustration that her son would not accept her help. When she remembers her son, the relationship or remembering is contaminated with these distressing thoughts and deep feelings of failure and loss of control disrupt her sense of self as a mother and person.

7.4.4 I had to know

> *All I could think about was what was he thinking at that very moment when he put the rope around his neck, when the last thing he saw was the family portrait in front of him. Did he think of us? Did he struggle? Did he do it then try to pull out? So many questions... I know if I can't breath(e) I struggle and try anything to get air*. (4:7J)

This excerpt is taken from group journal writing, which the participant had decided to share and talk about with the group. The re-enactment is terrifying, but it is important to recognise that this young woman did not seek death herself. She sought understanding

to help her meaning making about what was taking place for her father. This daughter stands in her father's shoes, trying to make meaning of how he could "put the rope round his neck" while looking at the family portrait. She asks herself what he was thinking. She reasons that she would struggle to get air if she couldn't breathe, so would her father not also struggle to breathe?

> *When my dad did it I was thinking if he wanted to stop or pull out could he? Well... I had to see if he could get out if he wanted to. Well I know with the fall only a very short one – I know my dad's neck could not have snapped so I know he would have struggled. No furniture or anything was moved out of the way. Dad hung himself on the start of a spiral staircase with a large post on one side of a rail and a lounge chair beside it.* (4:7J)

The central question for the daughter is whether her father could have saved himself if he had wanted to. At the moment of death did he have the choice of stopping and staying alive? Like a forensic investigator the daughter examines the place of death, the position of the furniture, the proximity of the post to the hanging spot and the length of the drop that she reasons was a "very short one". Step by step she moves herself into re-enacting his death.

> *I re-enacted my dad's hanging... some things I had to know. I put the chair in the exact place dad kicked it from. Everything was the same. Well I put the rope on and I now know if dad wanted to get out of it he could have, the chair was close enough. I could reach both rails either side of me – I could put my feet up on and lift myself up. My dad was bigger and a lot stronger to me but I now know that dad could of as well pulled himself back up by grabbing one of the steps. My dad did not want to stop or pull out – I get much more peace knowing he didn't want to get out and could – so this has helped me.* (4:7J)

Examining the death place is not enough, however, to settle the daughter's thoughts. She tells us "some things I had to know". She re-enacts her father's death. She places the chair in the exact place and puts the rope over her head, finding that she could "reach both rails" and it was possible to put her feet up and "lift myself up". This

knowledge clarifies her father's intentions: "I now know that if dad wanted to get out of it he could have". The positioning of the furniture and rails means that right until her father lost consciousness he could have stopped his death. The full realisation that "my dad did not want to stop or pull out" is the stark conclusion. As she notes in the previous excerpt, the daughter would struggle if she could not get air, she would try to live, and this is the point of differentiation for her: she chooses life but her father chose death. Hard as this conclusion is to live with, she tells us "I get much more peace knowing" he didn't want to live. With this knowledge it seems she has been able to accept that father chose death and that he did it with intention and control.

7.5 Walking in the shoes: Relationship with self

The excerpts analysed in last section illustrate how the relationship with self tends to be submerged as the bereaved put all their efforts into reconstructing the death story and placing themselves inside the mindset of the deceased. This next piece gives insight into the relationship with self being submerged within the mindset of the deceased. It also illustrates the way the ongoing connection with the deceased exists through the pain of their living and dying. The participant is talking about how he creates the world of the deceased in which he finds himself, as a way of being with his dead brother.

7.5.1 Why did his life have to work out that way?

> *Staring into the middle distance and go into a state of suspension – that's often what might be happening inside. I suppose 'cause that's how I feel initially like time stands still, I feel – I feel like that so maybe there is a bit of that going on inside all the time, a quiet space where I am where there is no time where I reflect back and forwards. My brother is there... the whole – the whole um – the energy is about him and well the sadness that he went and um – trying to feel like I'm connecting... But that feeling is a way of being with my brother... it's sad and frustrating obviously about circumstances and why did his life have to work out that way and... all that kind of stuff*. (3:3).

This is a place without time, full of the whole energy of his brother's sadness. The man tells us that this is a way he can be with his brother, but it is full of frustration about "why did his life have to work out that way". There is the question about intentionality

"and all that kind of stuff". The participant gives a graphic description of how "time stands still" in the world that he shares with his brother. His brother is there, he tells us, and the whole energy of this place is one of "sadness". This is how he relates to his deceased brother now, through the sadness and frustrating knowledge of how difficult and painful his brother's life was.

> *It would have been nice to see him continue and not have had that problem but that's not what happened... so it's frustrating... and maybe its all fixed now elsewhere but back here on earth I don't know that, so I'm just left with the feelings and work along through that... So... it's like moving between two circles... there's a lot of sadness and lot of guilt that I didn't, you know, go and grab him and didn't know what was going on as much and reach out more but um... I really would have liked to do... I just like to have really given him a big hug but I didn't, I didn't get a chance. I always felt that he was in that mind of his own in that world dealing with the fact that he was losing his identity and so it made me feel less welcome to hug him when he was here because... he didn't feel... huggable... and I wasn't big enough to get over that... but um, I know all that now. [Male group member hugs speaker]* (3:3)

He talks about his regrets about not being "big enough to get over that" and hug his brother. "Maybe it is all fixed now elsewhere" is a reference to heaven, but here on earth this man is just "left with the feelings", which he then tells us are a lot of sadness and guilt about regret that he didn't understand, didn't "know what was going on" and didn't "reach out more", because what he would have liked was to have "given him a big hug" but now that chance is gone. It is an indication of the relational connection in the group that a male group member intuitively hugs him in this moment. He is now moving around in his brother's world and trying to make meaning about what was going on and is filled with regret for not hugging his brother. His relationship with himself is washed through with his efforts to make meaning about his brother and he has learned things from walking in his brother's shoes: "I know all that now".

7.5.2 The violence of her jumping haunts me

> *The violence of her jumping haunts me and I feel I want to shake her. I want to ask her – I want to know what she was feeling and I feel that I could have comforted her, got her some help.* (3:5J).

This piece gives some insight into the isolation of the bereaved and the surreal nightmare world of cliffs and falling bodies that some bereaved tend to inhabit. The woman describes how she is haunted by the violent image of the suicide jump and her need "to know what she was feeling" is the focus of connection. And her belief, equally haunting, is that she could have comforted and got help that could have prevented this death. An earlier reflection by this woman illustrates how the suicide influences her relationship with self.

> *I feel alone even though I'm surrounded by people, I feel that this loss is just one too many losses and now I'm lost. I'm unsure about what I want to do with the rest of life. I don't really want to do anything. It is such an effort to focus on a future. I feel so fragile, like I am walking on that cliff and to fall off would be the natural progression.* (3:1J)

Other people are not part of her world. She is alone and the people that surround her are nameless, faceless and not part of her reality in any way other than as a registered fact that they are there. The suicide loss has left her feeling "lost" and feeling that she really doesn't want to do anything with the rest of her life. It takes too much effort to even think about her future. She tells us she feels so fragile, maybe too fragile to make it to the future. In fact she feels that, like her loved one, she is walking on "that cliff", and in fact "the natural progression" would be for her also to fall off the cliff.

> *The effort is to pull back and find the energy... I have withdrawn because I don't have the energy... to participate. When I think of her I think of the violence, the image of her being airborne, the image of her smashed up body... I can't bear to be near the edge of a cliff. Most of the time that I think about her, the violent way she died and the lies and secrecy get in the way of remembering the fun times. When I think of how she died I feel physically sick... I want to throw up*

> *and when I am at the beach and see the cliffs I want to run either to the edge or as far away as possible... Sometimes I dry retch with horror.* (3:5J)

She needs energy to pull back from the edge of the cliff but she doesn't have the energy "to participate" in living. Walking in her loved one's shoes, all she can think of is the violence of her dying, her final moments "being airborne", the image of her dead, "her smashed up body". However, at the moment of death in the story she pulls away from the cliff, telling us "I can't bear to be near the edge of a cliff". This is an important moment in which she differentiates herself from the deceased and steps away from the cliff to save herself, or at least experiences fear and the need to keep herself safe from the urge to throw herself over by staying away from cliffs. This differentiation appears fragile, as she wants to "run either to the edge or as far away as possible". The physicality of her grief is expressed through her dry retching at the horror of the death.

7.5.3 I do start going down that track

> *The burden of having to hold it all together… and do everything normal. My excitement for the night... is when it's bedtime 'cause I take my sleeping tablets, and I have a hot shower where I sob in the shower and I know I'm going to bed and I'm going to sleep and I'm going to be safe and that's my highlight because I can then just be me with my feelings... You want to know where I am at 5 in the morning when I open my eyes and my heart's jumping out of my chest because I blink and the day has started and I think, "Yeah, this nightmare is real"*. (3:2)

This woman provides an insight into the burden of her grief and the nightmare she battles at the start of every day. She welcomes the promise of being "safe" in her sleep for a few hours, safe from having to think about the death and the crushing weight of having to "do everything normal". In fact her experience is that it is a nightmare to which she opens her eyes every morning, with her heart "jumping out of [her] chest". Her relationship with herself is focused on her battle to "hold it all together" and do the normal things, while wrestling with wanting to "end it".

> *I mean the despair and the absolute horror, that I do start going down that track of thinking there's just no point, I don't want to be here if he is not here and*

> *whilst I am here... in the early months I know I spiralled completely out of control... I really just didn't want to any more, I just wanted to end it*. (3:1).

The despair and absolute horror draw her and again she starts to go down that track, the path that reconstructs the suicide death. Walking in the shoes and "going down that track of thinking there's just no point, I don't want to be here". Notice the point of differentiation between "I don't want to be here", "if he is not here", but "I am here". Although she does not want to be here, and in the early months "spiralled completely out of control", she is telling us now in present time about it and has chosen differently to him in choosing to stay alive.

7.6 Walking in the shoes: Relationship with others outside and within grief group, the blind spot

Given the insight provided by the pieces analysed in 7.5 it is not difficult to understand that relationships with others suffer. As discussed in the literature review, communications with others are often fragmented in suicide bereavement, with those who are grieving having difficulty sharing their grief with others and feeling uncomfortable and not understood when they do try to talk about their experience. Relationships with others frequently disintegrate further. Family and friends may be marginalised while the bereaved, as in a bubble of grief, walk alone in the deceased's shoes, immersed in the mindset of the deceased and mired in endless reconstruction of the deceased's pain-filled life and death. It seems difficult for the bereaved to focus on anything other than the world of the deceased and on their own efforts to make meaning and negotiate the blind spot that is at the centre of the choice to live or die. There is only the following excerpt in this section referring to relationship with others outside the group. It does, however, capture sentiments that are quite common during reconstruction of the death story. This section also includes a discussion between group participants making meaning about the blind spot.

7.6.1 I don't see the point of so much of it

> *I see my own children and they are all really independent and they kind of don't really need me. They're financially and emotionally OK – Just kind of this*

> *feeling lacking focus or desire to focus... multi-task, I can't even single task – I don't see the point of so much of it.* [tears] (3:2)

This comment illustrates the disconnection between the griever and others in the relational web, and the inward, self-absorbed nature of grievers in their internal pain. "I don't see the point of so much of it" ambiguously refers to life, family, goals, work. These words are hauntingly similar to those of someone thinking about suicide as a way out of their pain.

7.6.2 There doesn't seem to be any sense

> *Why do people who survive or endure horrific abuse and poverty not do this, yet others that are privileged and loved do? There doesn't seem to be any sense to any of it, none that I can understand as a mortal.* (3:2)

This is the question about suicide that defies sense-making efforts. Many people endure horrific life events, illness and terrible circumstances but do not kill themselves. This griever contrasts this with the expressed love, care and privilege that are the case of the deceased in this group of participants, and asks why they would choose suicide. There is no "sense to any of it" that she can understand.

7.6.3 I can't always rationalise

> *I can't always rationalise. I can't put it in black and white and rationalise it because some things you just can't rationalise... I can't rationalise everything... I keep going around in this vicious circle if you try to, you can't look at it and reason it and use logic to work it out.* (3:2)

This statement captures the sense of negotiating the blind spot that engagement with intentionality issues forces the bereaved to navigate. The participant explains that she cannot rationalise the death. It does not fit the parameters of "black and white"; quite literally it does not make sense, and when she tries to rationalise it she is drawn into a "vicious circle". Suicide is not something that you can look at and "reason it and use logic to work it out". The blind spot theme continues to be negotiated in the following meaning making conversation between group members.

7.6.4 You have to work forward with it without denying it

> *Going over and over and over, what's the good? Forget it. I try and snap myself out of it... I just did that all the time, all the time. What if, what if... but I did it again in the garage today... I do it every time I'm on my own for a split second.* (3:3)

The effort of "going over" the death story is stressed in the repetition of the words. The participant asks, "What's the good? Forget it". Making meaning of the death is an effortful and thankless task. This participant tells us that she tries to stop herself going over "what if" but the thoughts wait to hijack her at any moment, they were waiting in the garage that very day. Next she admits that these thoughts are not safely dealt with in the past but follow her around, present in every moment, in every second, waiting. "I do it every time I'm on my own for a split second".

> [Participant responds] *We have to try and accommodate the past into our future somehow.* (3:3)

A responding participant articulates the problem which suicide death presents to the bereaved. Somehow they must work in present time to make meanings that story the death in a way they can live with it in their future life.

> [Participant responds] *You have to integrate it, you can't deny it... you have to work forward with it without denying it. If you deny it you are getting a time bomb, but you can't live in the past at the same time, so you've got to integrate it.* (3:3)

Another participant affirms this comment, agreeing that it is necessary to integrate the suicide, you "can't deny it" by pretending you haven't received the message of intentionality. This participant suggests you have "to work forward with it without denying it", because if you deny it then "you are getting a time bomb", something that could explode and hurt you in the future. The participant outlines the problem: "You can't live in the past", so you must keep struggling to make meaning in order to "integrate it" and live in the present and for your future.

> [Participant responds] *[I] jump into the time frame again, the room was everything the same as 6 months ago... Can't I just jump back to that point in time and just not let go of her basically. But um today thinking I'm 6 months through it, if I live another 40 years I've got to live through this another 80 times what I've just lived through. It feels like too long.* (3:3)

This participant responds, wishing she could jump back into the death scene room and "just not let her go". Then she reasons that it is 6 months after the death and she will therefore have to live through this 80 times more if she lives another 40 years. She sighs, indicating the struggle to follow the suggestion of the participant prior to her that "you can't live in the past" you have "to work it forward without denying it".

7.6.5 Some sort of sentence and afterwards we'll be free to leave

> *I don't know... how do we know this isn't the afterlife or you know maybe there is not hell but some sort of place that we don't think it is? I don't know, it's just there is so many things... maybe there is some sort of sentence and afterwards we'll be free to leave.* (3:4)

This excerpt shows the sense of the bereaved being imprisoned by the suicide death and the struggle of having to work to make meaning of what has happened. The implications of the question, "How do we know this isn't the afterlife?" seem to be that this is hell and that somehow if we can work out what has to be done then "afterwards we'll be free to leave", free to lay to rest the pain of the deceased's life and tragic death. This comment seems to express this participant's desire to set not only herself but also her fellow grievers free to live without being continually saturated by the pain, unanswered questions, guilt and despair regarding the deceased. It is interesting to note how she includes all the group participants in her vision, an indication of the sense of bonding in the group and that participants now are working together to find a way to live.

7.7 Walking in the shoes: Relationship within grief group – active storying

Data in this section illustrates the importance of the relational connection in grief groups in assisting participants negotiate a way through the blind spot. The reconstruction of a

healing death story in relationship with group participants creates the possibility of being able to "work forward with it without denying it". The body of trust drawing related to the following excerpts is discussed in 9.6.1 in terms of practice implications. Given the complexity of issues associated with a suicide death the bereaved can become stuck or unable for many reasons to reconstruct the death story. Reflexive narrative processes can assist the bereaved in identifying themselves as the active agent in their reconstruction of the death story. The death story narrative is their reconstruction *now* of the death, and of necessity it incorporates the griever's perspective and actions into the death story. The story is told from the perspective of first person "I" as in "I experienced this event in this way" and this assists a movement from passive observer to active participant. The act of narrating the death story from the perspective of the bereaved importantly includes the bereaved person's imaginings of what was taking place for the deceased in the dying story. The following excerpt in five sections provides insight into meaning making processes unfolding as the death story is reconstructed by the bereaved. I have given fictitious names to the husband, wife and their child. This death story narrative focuses not so much on the manner of death but on the betrayal of the relationship and what that now means for the bereaved husband's sense of self.

7.7.1 What I couldn't believe was that I just I'd spoken to her

> *I was sitting down... and she [police officer], she said, "I am really sorry but your wife died this morning", in words to that affect and I asked her what had happened and she said that she hung herself... and I guess at that point I just kind or sort of broke down um and... [tears]. And she like I kept pushing... then I asked her straight away because you know, was the baby okay? And she said that she was with my family. [pause] And what I, what I couldn't believe was that, was that I just I'd spoken to her. [pause] I threw up... it was the most overwhelming emotion I have ever felt, I just wanted to get the feeling out of my body.* (1:5)

Shock and disbelief are natural responses to any death, in particular a sudden death, and for Mark as he talks his body memory forcefully emerges as he recalls throwing up. Mark struggles with his disbelief and the knowledge that he had spoken with his wife on

the phone only hours earlier. Mark knew that Belinda struggled with depression but he believed that they had a pact of trust that she would let him help her to keep herself alive. That Belinda had planned to kill herself when she spoke to him on the phone and didn't let him help her is incomprehensible for him in terms of his understanding of their relationship. He is barely able to articulate his fears for his child. The initial dissonance is the beginning of engaging with the intentionality of his wife's actions in killing herself.

7.7.2 I didn't want to see her like that

> *And I, I didn't want to walk into the room, like after I…when I knew that she was lying there behind there, I didn't want to walk, I did and I didn't…I didn't want to see her like that… [long pause] And I, and so I went in there and I was just with her and she, she, she looked peaceful when she was lying there. But, but a part of me felt it wasn't her because you know she had... pause. When she was having a good day she was incredible you know and but it was just, I saw her lying there and I just saw this body that was lifeless and I thought, you know, that is not my wife. [crying – long pause] At the time, well I felt like it [indicating heart] had just broken into a thousand pieces... I guess the um, just for days and days the pain just seemed to intensify everywhere, just everywhere, I had such a headache…because I had cried so much that I just actually physically hurt.* (1:5)

Mark's words really capture the sense of his body being pushed forward into seeing Belinda dead, "I didn't want to walk into the room… I knew that she was lying there – behind there, I didn't want to walk, I did and I didn't". Mark tells us how desperately he wanted to hold off the moment of facing the reality of Belinda's dead and damaged body. Contrast with other deaths the horror of Mark's experience; the sudden shock, the cold, impersonal stainless steel of the mortuary and his wife lying dead by her own hand. A death due to illness often allows for dying bedside vigils that provide the comfort of shared love and support. Those bereaved by suicide do not have the opportunity for micro-transition preparation processes supported by nursing or hospice staff, dimmed lights, holding the dying person, whispering words of love, prayer, encouragement, stroking the hair and face of the loved one and preparing for the final

transition. The heaviness of the effort of taking the steps into the mortuary room is conveyed in the terseness of Mark's words, "And I, and so I went in there, and I was just with her". Mark struggles with Belinda's peaceful appearance given the violence of her death and the impossibility of comprehending her dead, in the repeated, "but, but" followed by a long sigh because this "lifeless" body "is not my wife". Mark has described the most awful and devastating moment of his life as he struggles to contain and make sense of the loving wife he spoke to on the phone only hours before, now dead. Mark tells us of the pain in his heart "broken into a thousand pieces" and how this pain intensified and washed over the ensuing days. The symbolic metaphor of Mark's shattered heart provides a bridge from his bodily grief experience to abstract, existential meanings and he returns to the heart metaphor towards the end of the excerpt.

7.7.3 Maybe we could have gone down another road

> *I was angry, not with her, I was angry because we'd seen people in the health system you know, not that long before... we went to the hospital and... they end up sending her home and saying it is just something you're going to have to deal with on a, on a…And so I am thinking, you know you go to the hospital and your wife is brought in there because she has been suicidal and, and they just send her home, you know? [Tears – pause] I mean, I tried, you know um, we tried so many things and, and I just. I mean I try to tell myself all the time that, you know, maybe as much as I could do if somebody decides to do something then you can't make that choice for them to stop them, you know, and I try to say that to myself to make myself, maybe to feel better or something, but. But the fact is, is that you know there was always the possibility that if we would have got help the right way then you know, maybe it wouldn't have just delayed what may or may not have happened, but maybe we could have gone down another road that would have actually solved some problems that might not have led to this.* (1:5)

Mark has tried on and is walking in the shoes of the deceased in his efforts to understand the steps that led to this end. This entails painful meaning making efforts about what he understands as the failure of the hospital and himself in preventing Belinda's suicide. Mark's relationship with himself is focused on issues about his responsibility, that he trusted that because of the intimacy of their love Belinda would

talk to him so he could help her stay alive. Together they had developed strategies in conjunction with health professionals but ultimately Belinda's safety depended on Belinda letting Mark know she needed help. Mark struggles with the meaning of Belinda's betrayal for the love they shared and his frustration with the failure of attempts made to source help for Belinda. Mark laments, "I tried, you know, we tried so many things". Together they had tried so hard to find the right kind of help that would make a difference, help that might have meant they "could have gone down another road... that might not have led to this end". The poignancy of the loss of their shared future life is expressed in the "other road" metaphor contrasted with the finality of Belinda's death.

7.7.4 Nothing I do will bring her back

> *But then, then we had the funeral... the next the most difficult thing was because we… open casket for her where our family could go and be with her and you know she looked really beautiful and peaceful but I sat with her for the whole time and it just wasn't her…[Crying – lengthy pause]... In my stomach... [pause] a sort of gnawing…a weight like it's just a combination of like, of just like... I can't even explain it, maybe a combination of emptiness with something eating around the outside… sort of what is left. I feel like what is left inside... it doesn't matter what I do, it is not going to bring her back. Nothing I do will bring her back…[Lengthy pause]... But maybe if I can do something that will maybe… like for other people, maybe if they're in a position where they feel like you know there is nowhere to turn they… Maybe there is something that they can do maybe, you know, that is a possibility... sometimes, you know sometimes a little bit of knowledge in the right direction can maybe help people a long way*. (1:5)

In this excerpt Mark allows himself to move into the emptiness and finality of his wife's death. Mark sits with his wife and feels his anguish and loss. This has parallels with his initial experience of sitting with his wife's body at the morgue. These pivotal moments of Mark sitting within the containment of the group experiencing the enormity of his wife's death facilitate the possibility for the moment of forgiveness of himself that follows the graphic metaphor of Mark's grieving. He tells us his stomach is "a combination of emptiness with something eating around the outside" and he is what is

left inside the jagged, empty hole. Into this hole has gone his trust in himself and the shared love and trust with his wife. It is a jagged hole that is getting bigger, being eaten away in the centre, and the core of his pain is the knowledge that all the ways he tried to keep Belinda alive failed and he cannot bring her back. However, after a long pause Mark places this next to the possibility that "maybe" he can use his knowledge to help someone else. This is a shift in direction towards living, and in making this shift he is able to acknowledge himself as someone to be trusted to help others. Mark continues to build on this meaning making in the next excerpt.

7.7.5 I guess you have to have pain for something to grow

> *Within me... I guess my heart... I guess the one thing that is helping obviously a lot is Angela [the baby], um, and a friend of mine said... you know we were talking about Belinda being gone. And he said, "... a lot of her sort of lives with your daughter", and I know I will see a lot of her as she grows up. I just think, I just have to... live with what I am feeling. Just have to experience the emotions as they are because I can't do anything else. [pause] You can't escape the feelings when you have them so you just have to live with the emotion I guess, and just grow with the emotion. I guess you have to have pain for something to grow. I feel a lot every day. I feel a lot of different things and…Oh... she has, she has, she is, I have overwhelming love for her. I mean and I know especially from what she wrote in her card to Angela, you know that she, you know, she would be her guardian angel. And she, you know the way she sort of trusted Angela to my care and I know her spirit or whatever it is, the way we see it, you know? I have had some kind of experiences... the last few weeks that make me think that, you know her energy is I guess as real as it was, was when it was within the body, you know. It's not different, it's just gone to a place.* (1:5)

Mark constructs meanings from his heart pain that support his growth: "you have to have pain for something to grow." This meaning opens the way to also talk about the love in his heart for his wife and this opens to repositioning Belinda's presence as a guardian angel for their daughter. Mark continues to make meanings about his relationship with his wife through recognising how much she trusted him in leaving their daughter in his care. Mark repositions Belinda in relation to himself, noting how

real her energy feels for him, “as real as it was, when it was within the body”. This is a moment of grace as Mark builds his ongoing relationship with Belinda through their love for each other and their baby daughter as opposed to her struggle with mental illness and the horror of her suicide. Mark’s coping has been strengthened through his reflections and narrative reconstruction of the death story, with the group fulfilling a vital role as audience (Levitt, 2002). The reconstruction makes substantial steps in repositioning Belinda and the suicide in his life to assist the development of a positive relationship. Repositioning is explored further in the next analysis chapter.

7.8 Summary

Analysis of group data in this chapter has illustrated the significance of reconstructing the death story in assisting the bereaved in meaning making efforts. Data analysis provides insight into the intense focus of the bereaved in this endeavour on the pain of the deceased’s life and manner of death. This study likens this process to the bereaved literally walking in the shoes of the deceased. Walter (1999) stresses the need of those bereaved to understand how and why their loved one died and notes that while this is a common concern in all deaths it becomes a major concern in deaths due to suicide. Discussing a man whose son died by suicide Walter asks, “Without some sense being made of the death, how can this man make sense of his son’s life? All human beings seem to need theodicies, explanations for suffering, without which death throws our world into meaninglessness and anomie” (p. 84). The educational videotape, Hard medicine: A journey in adult grief (Wilson & O'Sullivan, 1997) also stresses the intense need to understand the mindset of the deceased in suicide deaths. In the film a bereaved father speaks of how he physically and cognitively retraced his son’s steps leading up to the moment of his death by carbon monoxide in the family garage, in an attempt to understand his son’s state of mind. In the same way, grief group data illustrates how those bereaved ruminate on the physical, cognitive and emotional steps that led the deceased to their death and the death scene or event. Analysis in this chapter has provided insight into how the bereaved ruminate on the painful events in the life of the deceased, reflect on how they might have suffered emotionally and physically, and question how they could actually bring themselves to kill themselves. The bereaved also ruminate on their perceived role in the death. They return again and again to these issues

in their attempt to understand what the deceased was thinking and going through that could make suicide a viable solution.

A death due to suicide is sudden and there is no goodbye. The majority of suicides happen in isolation without eyewitness accounts. There is generally nobody to fill in the unknown pieces about the death. The Coroner's Report, based on findings by the Forensic Medicine Department and police investigation, provides factual information about how the death occurred and determinations on the cause of death as accident, homicide or suicide. However, the Coroner's Report cannot provide the kind of emotional and cognitive information about the deceased that the bereaved crave. In my clinical experience even letters are rarely satisfying in providing the kind of information and depth of understanding the bereaved require to construct an emotionally sufficient explanation. I have not been able to source research on the significance of the contents and the importance of receiving or not receiving a letter on those bereaved by suicide. It is to be imagined that it would be comforting to have a letter with words of love from the deceased; however, such letters are often brief and written from the position of a decision already made, not as a way of explaining the decision. Given the self-volition, violence and dissonance of the death it is almost impossible for significant others not to be left struggling to comprehend what has happened and troubled with unanswered questions, doubts, concerns, feelings of guilt and responsibility about their perceived role in the death.

Analysis of data in this chapter suggests that, despite intense ruminations and the many meanings that the bereaved construct, the self-volition of a suicide death can defy attempts at logical meaning making. The data suggests that there comes a point for the bereaved when they differentiate from the pain of the deceased in the realisation that they wish to live. Group data analysed in this chapter suggests that for some this point is reached only when the bereaved stand at the point where they face their own death and make a decision to live. In group data analysed it would seem that for most the desire to die by your own hand remains essentially inexplicable, and recognition and acceptance of this knowledge allows the bereaved to negotiate the blind spot that is the self-volition at the centre of the suicidal choice. It is important to stress that accepting and constructing meanings about the blind spot is a recursive, non-linear process that is not

achieved in any one moment. In analysis of data this movement in grieving is observable through the shift in focus of attention and languaging about the deceased. This chapter has examined conversations that capture differentiation from the deceased and negotiation of the blind spot. The following chapter examines conversations that illustrate the association between these meaning making activities and repositioning meaning making about the pain of the life and death of the deceased, that assists positive remembering.

CHAPTER 8: REPOSITIONING RELATIONSHIP: TAKING OFF THE SHOES

I can't find the words to explain that something
Somehow... takes you to the next point
And it's so hard to explain... because at that time
You think it doesn't matter what words I hear
It's just like magic... something comes along... and pushes you along
But I think it's all of us being here together that has helped.
(Group participant, 2005)

8.1 Taking off the shoes: Repositioning

Repositioning themes tend to surface once the bereaved have differentiated from the deceased and negotiated the inexplicability of the blind spot at the centre of death by suicide. The bereaved are ready to take off the shoes of the deceased and are no longer intensely focused on intentionality and reconstruction of the death story. Repositioning meaning making reclaims the deceased from the suicide that has subsumed them, storying the death event and pain in the deceased's life in a way that contains difficult issues and facilitates positive memories of the deceased within the family. The effect of repositioning tends to be that the bereaved begin to access and reconstruct beneficial meanings and memories about the deceased. Repositioning is a descriptive term for changes in cognitive, emotional, behavioural and physiological grief processes. Illustrated in the group data are the bereaved saying "I'm feeling and thinking differently about the death and the deceased", and these changes are also observed in their functioning and behaviours. Excerpts from transcripts present one time slice and may erroneously give the idea that repositioning happens all at once. Repositioning happens within the overall process of shifting from relationship with a living other to relationship with an internalised living reconstruction of other. In suicide grief the initial and prolonged focus on relating with the deceased through the pain of their life and violent death begins to change to a relationship with an internalised living reconstruction of the other that is a nurturing presence in the life of the bereaved. Individual and shared memories with others provide the material for constructing the ongoing relationship or connection with the deceased. This shift in the relationship with the deceased is captured in comments that illustrate the changed relationship with the

deceased, such as “the way he died, his death that he did it to himself that feels kind of like, well that just happened then and now we are over here and he is helping the family” (3:9). A mother says, “ I have actually put her [deceased] back in the family again” (3:9). A sister explains, “My brother is more alongside of me now” (3:9). In suicide bereavement the last chapter for the deceased, proclaiming who they were and the meaning of their life and how they will continue to be remembered and be part of the family, is left to those who love them to construct (Walter, 1999). It is noted that some bereaved will “let go” the deceased while others continue to work on the relationship, and there is a continuum of possible degrees of intimate ongoing connection between these two points. In a similar way to other relationships the ongoing relationship with the deceased changes as the bereaved changes and grows. As discussed in this thesis, for those bereaved through suicide there are often difficulties in constructing a positive ongoing relationship, as the relationship with the deceased is linked to and complicated by meanings made about the pain of the deceased’s life and death. In my clinical experience a number of those bereaved by suicide seem unable to reposition the deceased, and the focus of their mourning can continue indefinitely to be either avoidance or ruminations on the death story.

Fundamental to repositioning is the change in relationship with the deceased from being a living person to an internalised composite of personal and shared memories and reflections. In particular, spiritual and philosophical reflections are important in constructing the internalised deceased. As the data illustrates, the development of an ongoing relationship with the deceased can occur regardless of whether the bereaved believes in an afterlife or is religious. For example, excerpts where the bereaved report experiencing hugs and kisses with the deceased or visual sightings illustrate that the bereaved person has constructed satisfactory meanings to account for how this can happen and where the deceased now exists. Meanings to questions concerned with whether the ongoing relationship is a personal imaginal construction or whether the deceased is present in absence in another form are uniquely constructed. In their search to make meaning, the bereaved in their conversations tend to focus on various forms of communication from the deceased. This makes sense if the bereaved are engaged in internalised conversations with the deceased; then it is reasonable to look for some kind of response. The response is often experienced as a sense of knowing or calmness

experienced by the bereaved. However, there is always the hope of a tangible external response. Conversations, in which the bereaved attribute to the deceased various communications, imagined or otherwise, cover a vast spectrum of possibilities. Some of the more frequently discussed avenues for messages attributed to the deceased are dreams, symbols, songs, written material and significant events.

8.2 Taking off the shoes: Relationship themes

Repositioning strategies assist the bereaved in identifying and making sense of their changed relational world. People live as members of groups and grieve in relationship with other members. Grief is a relational process that takes place within a matrix of families, relatives, friends, colleagues, acquaintances and communities. A suicide death precipitates sudden, irreversible changes throughout the relational web. It is like a chess game: when one piece is moved every other piece on the board now exists in a different relationship to that piece and each other. The bereaved are faced with the task of making sense of the death in relation to themselves, negotiating a changed relationship with the deceased and changes in relationships with significant others. When a death happens, all those significantly impacted by the death event will exhibit degrees of grief behaviour to others in their relational web. Even the absence of grief behaviour is a form of communication. It is within their relational matrix that people make meaning or sense of a death and given these considerations, it is important to understand relational themes in repositioning. Analysis of the data has categorised meaning making data into three areas of relationship that are discussed in relation to repositioning: relationship with the deceased, relationship with the self, and relationship with others outside and within the grief group.

8.3 Taking off the shoes: Relationship with the deceased

Repositioning is the shift in the relationship between the bereaved and the deceased, from intense ruminations on reconstructing the pain of the life and death of the deceased to constructing connections with the deceased through positive shared memories. Central to repositioning is the importance of finding a place for the pain of the deceased's living and dying, and it is this step that is significant in assisting the relational shift with the deceased. Themes concerned with constructing and repositioning the deceased, not only within the family but also in a spiritual dimension,

are explored. The following excerpt illustrates how repositioning the deceased in the period of time prior to the onset of depression creates the possibility of constructing a positive ongoing relationship based on nurturing memories: “I feel confident that the person mum was when I was growing up and to a few months before grandma passed away is who she really is and who I will remember now and forever” (3:10J). The five dialogue excerpts in this section explore in greater depth relational meaning making themes in repositioning. The last two excerpts also explore the presence of the deceased visually and physically through kisses.

8.3.1 It’s almost like I am trying to draw her essence back into my life

> *As I said before here, because she had such a long history of mental illness, her life was just slipping away year after year after year. So I have made a really conscious effort to have things around me that were hers and that she – or I gave her, or she gave me, or things of significance – the cake, the cat, the bookcase of fairies*. (3:9)

To understand the dramatic shift in relationship with the deceased evident in this excerpt I refer the reader to Chapter 6, Section 6.4.1 (“I can’t find a connection”) where this mother, talking about her relationship with her daughter, tells us that after years of mental illness, “I have no sense of relationship with her. I’m not a religious person, I have no belief in the afterlife – I would dearly like to feel that her presence was around me... I sometimes feel like she’s never been... there is an impenetrable block that I don’t have any sort of ongoing relationship with my daughter” (3:1). In this piece a couple of months later the mother, having differentiated and negotiated the blind spot, says that she has made a “really conscious effort” (3:9) to connect with her daughter through symbolic objects such as her daughter’s favourite cake, love of fairies and cats.

> *I have a real sense of her. I can smell lavender and I immediately remember her. I can look at sunflowers and I remember her. And I can touch velvet and I can remember her. So I have to really still consciously draw on this. It is almost like I am trying to draw her back, not physically, but because she, you know, she started to journey a long time ago, that I just kind of draw her essence back into my life... And it’s getting there.* (3:9)

The result of this mother's struggle to find and connect with her daughter is that the "impenetrable block" has shifted and she now has a sense of her daughter's presence. The mother smells lavender, sees sunflowers, touches velvet and immediately remembers her daughter. These beautiful positive memories and experiences in current time have forged a link and a way of connecting and drawing her daughter's "essence" back into the mother's living in a positive, enlivening way. And she reports, "it's getting there".

> *Yeah, and you don't stop your relationships with the people that you care about when they are alive so you are not going to suddenly come to a point where you stop developing a relationship with someone that's died. To me it's ongoing and some bits are good and lots aren't good and you just hang onto the good bits but you try and like move on with it... you [don't] suddenly cut your friends off and say, "Well look... I am not going to explore it any more", so why would you do that with someone you care about that's physically no longer here? You still, you know, try and develop a relationship.* (3:9)

This mother describes in her own words the concept of repositioning and ongoing relationship: "you don't stop your relationships with the people you care about when they are alive". So, she asks, why would you stop developing a relationship with someone because they have died? For this mother the difficulties of coping with mental illness compounded with suicide had completely taken over her memories of her daughter, so much so that her living experience of her daughter had been obliterated, as if she had "never been" (3:1). However, she has not given up and intends to continue to work on improving her now established positive ongoing relationship with her daughter.

8.3.2 The painful memories are washed through with many more pleasant memories

> *I have moved to a broader position in my grief rather than focusing on last days... my point of shift was in learning to visualise grief as a bubble and gradually see it change from an overwhelming thing too big to deal with... the grief has continued with boundaries... learned to step outside of it and see it*

> *grow smaller, giving perspective and allowing it to disperse like birds being released into my wider being, rather than clumped into a focus point. Instead the painful feelings are washed through with many more pleasant memories. Then it settles into a broader feeling.* (3:9J)

To understand this piece in context I refer to Chapter 7, Section 7.5.1 ("Why did his life have to work out that way?") where this man talks of the world of sadness that is his brother's life and death, and how he is trying to connect with his brother in this place, "My brother is there... the whole – the whole um – the energy is about him and well the sadness that he went and – trying to feel like I'm connecting." (3:2). Now the man tells us that his grief has shifted and that he no longer is focusing on the "last days". He is no longer seeking his brother in the sad place. Instead, the "painful feelings" about his brother are now "washed through with many more pleasant memories" of their shared relationship.

> *Also taking some comfort in the spiritual aspect of knowing that he is somewhere with others who have passed on... there is no point in focusing on the worst point in his life. Realising how hard it would have been for him to live with his mind the way it was becoming and trying to understand why.* (3:9J)

He tells us he is taking comfort from the "spiritual aspect" of repositioning his brother and "knowing that he is somewhere with others who have passed on". There is no point, he tells us, in relating to his brother through the pain of his life leading up to his suicide. Next he articulates his meaning around the blind spot that his brother could not have continued to live with his illness. He now feels there is no point in trying to understand why it happened. This participant shared this and the following excerpt with group participants.

> *I have learned to focus on the rest of his life... and see the whole picture, not just the bad part – 'cause there is other parts and maybe the bubble has dispersed and washed into all the good stuff too – and it has all become a broader picture. Good and bad but washed in together.* (3:9)

He explains to the group the meanings he has constructed that have helped him to reposition his brother's death. This has allowed the "whole picture" of his brother to emerge in a "broader vision", that washes the good and bad parts into an integrated whole.

8.3.3 It's the best of him

> *I'm trying to focus on the good things, the good memories about him, and he is always in my thoughts, and what I have been focusing on is his career 'cause that was the best of him before he became ill. So I have got his publications in my library – right next to my publications. So his publications are there, it's the essence of him, it's the best of him... his work is out there in the wider community for all to read. So that is the best of him and that is what I am focusing on. And the other point which is really aimed at my wife, when she is ready I would like to have a photo of him on display.*
> [Wife responds] *I can't do it yet.*
> [Husband responds] *You will, I know. Weeks ago you would have went "no, no, no" and now you are calm about saying, "I can't do it yet", but it's not a "never, never".* (3:9)

This father describes how he has repositioned his son next to him, his publications are right there, next to "my publications". There is such a heartfelt sense of protection and care about the way his son is to be remembered for "the best of him": his work is out there for the benefit of the community. Notice also how this group member has picked up on another group member's use of the word "essence" to describe his sense of the part he wishes to construct the ongoing relationship with the deceased from. There is also included a brief exchange between husband and wife, as the father says he would like to have a photo of his son on display when she is ready. When she responds, "I can't do it yet", the husband notices the "yet" and the shift in the way his wife can say this calmly, as opposed to how she was weeks ago. Given the powerful repositioning the father is engaged in it seems the mother is listening and receptive and "it's not a 'never, never'".

8.3.4 Butterfly kiss

> *I do believe that I continue my relationship with her, I mean even tonight gathering things, like I went to KFC cause that's her favourite food and just waiting at the drive-thru at KFC I thought, you know, "I am still in the drive-thru getting you KFC". [Laughing] And she is saying, "Thanks mum". And I thought, you know, that is really good, that I associate things like that so strongly with her that I am always going to have those good feelings when I do those certain things.* (3:9)

Refer to Chapter 7, Section 7.5.1 (I think about it every day) for the context of this mother's relationship with her daughter prior to repositioning, in which she tells us that she thinks about her daughter's dying moments and the death story in graphic detail "every day" (3:5J). However, in this piece she affirms that her continuing relationship with her daughter is through good memories; she can hear her daughter's response "Thanks mum", and like a small miracle there is laughter. She tells us it is really good to connect with her daughter through "those good feelings".

> *I mean there are certain things I can't do like go to the movies and listen to her music, but these sort of things are really good and allow me to connect very strongly with her and it was funny cause I was on the internet at work today... [and] I felt like a butterfly kiss on my cheek. And that to me is like a sign from her. So I thought that was quite good.* (3:9)

There are still many things this mother finds too painful to do, but the things she can do are good and allow her to "connect" in a nurturing way with her daughter. This mother tells us that just today she "felt like a butterfly kiss on my cheek", a sign of love from her daughter. The symbolism of the butterfly associated with departed souls and a kiss of forgiveness is really beautiful and significant, as in Chapter 7 Section 7.5.1 this mother berated and blamed herself for being unable to prevent her daughter's death.

8.3.5 He visually visited me

> *When my father-in-law passed away a few weeks ago my brother [the deceased] came in and visually visited me on that day... I knew that he [the father-in-law]*

> *was going to pass away and I feel so guided by him [deceased] – and I didn't feel that before. So I guess things are even better than they were before in that respect... if he [deceased] can help something as complex as someone dying in a way and support me through that – that's a bigger thing than he could do when he was so sick.* (3:9)

This excerpt illustrates the repositioned deceased who is now able to guide the bereaved person facing yet another death. The deceased could not have done something as complex as to support her with someone dying when he was alive and "so sick", yet now she has a strong continuing relationship with him, not through his illness and death but through his ability to nurture and support her as a strong positive presence in her life.

> *It is exactly what people say happens when you evolve and move on and you leave behind all of these physical or mental illness problems or things, issues that you had, and you are wiser and you evolve, and it is exactly what appears to be happening. And the way he died, his death that he did it to himself – that feels kind of like, well that just happened then and now we are over here and he is helping the family.* (3:9)

This person goes on to explain the meanings that she has made of this phenomenon that her brother has now evolved and moved on and he is no longer ill; the deceased appears to have "evolved" and is "wiser" now. The suicide is placed in a time context, that happened "then" but "now we are over here", and the repositioned deceased "is helping the family" as a wise loving presence in her life, there for all the family.

8.4 Taking off the shoes: Relationship with self

Just as in life when the relationship with the deceased improves, the relationship the bereaved have with themselves also tends to improve. The bereaved most often report a sense of peace or calm and a decrease in feelings of guilt and blame. Having reached a cognitively complex level in constructed meanings about the death, the bereaved are often able to forgive themselves and forgive the deceased for leaving them in that way. They are able to accept that they were not responsible for the death of their loved one.

For many, the intense grief they experience increases their understanding of human frailties and they develop a greater appreciation of their relationships and life generally.

8.4.1 A better appreciation of life

> *I will live out my days with a better appreciation of life and people and relationships... then when I eventually pass there will be plenty of forever to spend time with him. The rawness has diminished... my emotions have shifted and I [feel] less anger underneath and other layers of subtle grief [are] being uncovered.* (3:9J)

To understand this excerpt in context I refer to Chapter 7, Section 7.6.1 ("Why did his life have to work out that way?") where this man, immersed in the sadness of his brother's painful life and death, was filled with regrets, blaming himself that because of his brother's illness, "I wasn't big enough to get over that" (3:2) and hug him. In this excerpt he now tells us about his changed relationship with himself and that he has grown through his grief in appreciating "life and people and relationships". He knows that when his time comes to die, and only when that time comes "eventually", he can look forward to being with his brother because "there will be plenty of forever to spend time with him". The reference to a future time after death, suggesting a sense of ordered time, is in contrast to the place this man was walking in prior to repositioning, which was a place "where there is no time". He notes that his feelings have also shifted with his changed positive ongoing relationship with his brother: there is less anger, and "other layers of subtle grief" that had been submerged under the weight of his brother's death are now able to be processed.

8.4.2 I never thought I could forgive myself

> *To survive this loss has required every strength, and every ounce of knowledge and experience gained throughout my life. I did not know I could have been so resourceful during a crisis. I never thought I could forgive myself, or my family for what happened to my brother, the hand that he was dealt in life... it has found a place within me.* (3:1J)

These words have a redemptive quality, acknowledging the extraordinary resourcefulness and strength needed to reach a place where it is possible to forgive, “I never thought I could forgive myself, or my family”. Importantly, her knowledge and strength have enabled her to integrate the pain of her loved one’s life and death. The metaphor of “place” suggests that the pain is in a contained place, not seeping over everything. The pain is no longer active, it just is.

8.4.3 It’s like a great weight has been lifted

> *I no longer feel that my daughter’s death was my fault. It’s like a great weight has been lifted. I believe she is somewhere good... I have the strength to go on with life, my choice to make. Grief is no longer a roller coaster but more ebb and flow. I am finding a place in my life for her suicide... [This] symbolises the walls that I have started to pull down*. (3:6J)

For this mother also, a “great weight” has been lifted from her. Reflecting back to this mother talking about her relationship with her daughter as blocked, it seems that the weight of the grief that has been lifted has helped her to make a connection with her daughter. The mother explains the meanings she has made, that her daughter is somewhere good, and there is such a relief in these few short words. As a parent, a mother, the knowledge that her daughter is safe in a good place was denied to her before because she had no connection with her daughter. Her grief is now ebbing and flowing, not dammed up because of the intensity of the pain, and she has constructed meanings around the suicide that allow her to let it be. The walls that she has started to take down are the walls made from her grief she had built around herself.

8.4.4 Less hard on myself

> *Calmer, more at peace, and less hard on myself. My daughter has another place no less significant but different in the family. I am looking towards a future and making tribute to our loved one’s life, not death.* (3:3J)

This mother confirms that her daughter is very much part of the family. Although her relationship is repositioned in death it is a place that is “no less significant but different in the family”. The mother is “less hard on herself”, calmer and more at peace and able

to look towards a future. She tells us that in the future that she envisages for herself and her family she wants to make a tribute to her daughter's life, not her death. The deceased exerts a beneficial influence over the whole family who will live their lives well as a tribute to their love for the deceased.

8.4.5 I am open to new relationships

> *I feel open with friends, family and at work about me, and my experience... I can be positive and live a happy life and continue to build strength with less layers that I'm carrying around. I am open to new relationships.* (3:10J)

For this daughter the change in relationship with self has been to be more open with her friends and other family members about her grief experience. The sense of stigma that kept her silent and unable to speak out has changed, and with that change she is finds her self "positive" and able to live "a happy life" in which she will continue to build her resilience to safeguard against the depression that overcame her mother. There are fewer "layers to carry around" and this means that she is no longer isolating herself and is "open" in relationship with herself and others.

8.4.6 I am coping better with life

> *My brother is much more alongside me now, instead of away. I believe he is with my gran and I am more at ease accepting what has happened. I am coping better with life, can cook family dinner and am prioritising my health and the wellbeing of loved ones before anything else. I want to be able to help other people survive losing loved ones... My brother has a permanent place in my family. The photos on the wall, the keepsakes and our stories are preserved. The happy, inspiring and lovable aspects of him are what I will remember.* (3:1J)

This sister feels the presence of her brother with her "now". He is no longer "away"; she has found him again and believes that he is with their gran, and this meaning making allows her to feel more comfortable and at ease with her grief. The woman then describes how she is functioning better in life, being able to look after her family, and that she is also looking after her own health and the wellbeing of those she loves. This is important information, as self-care is a fundamental marker of good relationship with

self. She tells us that her brother has a “permanent place” in the family. There are many photos and objects to help her connect with him and, importantly, “our stories” are being “preserved” – remembered. All the good, positive beautiful memories she has of her brother are what she will remember, and out of those she will continue to construct her ongoing relationship with him.

8.4.7 Safer – I’m not scared anymore

> *Safer, I don’t feel like all the thoughts I’ve had are indicative of my sanity. I’m not scared anymore that I have a mental illness. I’ve been able to verbalise the thoughts, images and fears that I couldn’t share with anyone else outside this group. I have been able to bring my sister back from the black hole I felt she had disappeared into. I have been able to share my sadness with my family and given them space to share their sadness and loss.* (3:5J)

This woman talks of how being able to grieve within the group, to put on the shoes and walk in the “black hole” into which her sister had “disappeared” and find her sister, to bring her “back”, have helped her to feel safer. This woman has differentiated from her sister. The bereaved is no longer in a black hole, and she has repositioned her sister. The woman has negotiated the blind spot at the core of suicide and can state strongly that she no longer doubts her own sanity. She is now able to identify her thoughts, images, fears and sadness as grief, not as indications of suicidality and mental illness, and as result she feels “safer” in her world and in her relationship with herself.

8.5 Taking off the shoes: Relationship with others

The shift in relationship with the deceased once repositioning is in process is often communicated to significant others in the relational matrix. The bereaved, after struggling with their grief to reach the point of repositioning, return from their lonely journey to their family and relational matrix and tell them the meanings they have constructed that allow them to reclaim and remember the deceased within the family. Repositioning the deceased in the family can be done in many ways. The first excerpt illustrates how this mother symbolically lets her other children know that the suicide of her daughter has been placed to one side and her deceased daughter has been returned to the family.

8.5.1 I have actually put her back in the family... part of them again

> *It made me feel really good, and then the things that I put up – it isn't the full shrine any more... it's just some little bits and pieces, and I have actually sort of put her back into the family again. Rather than making her stand out and the others around, she is part of them again, and now I feel a lot more at peace with that. A lot more comfortable and I have got to admit I am working better at work as well, my concentration.* (3:9)

This mother describes how she has taken down a kind of shrine she had made for her daughter and the daughter has now rejoined the family, has been repositioned. Notice the language the mother uses describing her daughter as "part of them again". The expression has an almost organic sense: she is not just with them but part of this family, and the mother tells us "I feel a lot more at peace with that". It is as if the mother has struggled with her grief, walking in her daughter's shoes, trying to understand the dark places of her mind and the horror of her dying, and now she can rest and has the blessing of feeling at peace with "that", her grief. This mother tells us she is feeling a "lot more comfortable" and is functioning better at work and can concentrate on her work, at peace with her daughter who she has now firmly established in her life in a positive ongoing relationship (Klass, 1999).

> *I think they [children in family] will – [my son] has picked it up, and I think, I know I am more at peace with what is happening. And I think the [children] will see it because, you know, I just talk about it, it's natural but not as manic I think. When I talked about her before it was like, still that emotional, but now I can actually say it and I don't tear up now which is really good, but that's only been about two weeks. I can still tear up at the drop of a hat. But I am actually starting to control it a little bit more.* (3:9)

The mother tells us that the children and her son have "picked up" that their sister is part of the family again. The other children in this family will feel the sense of peace around their sister and notice that their mother is talking about it in ways that are no longer "manic" and intensely emotional, now that she can talk about her daughter without

crying. There is more sense of being in control of her emotions, and this contributes to her sense of being comfortable and at peace.

> *I believe in the after-life and I believe she is with me all the time and she hugs me and does all that so – I have got a very strong sense of the after-life, an after-life of where she is, so I don't have a problem with that. I think what I was finding it hardest to come to terms with is how do I survive after she is gone. And I am starting to learn that – yeah I can survive, now, but... I would have been really high on that suicide list. I was not stable... I have reached a point and I really believe this work is what has helped me get through.* (3:9)

The mother gives more insight into the meanings she has made about her ongoing relationship with her daughter, talking about her sense of her daughter being with her all the time and giving her "hugs". She has no problem about where her daughter is in terms of the afterlife; however, what had worried her was how to survive her daughter's death. Now that she is learning that she can survive, this mother gives us an insight into the immense pain and the places her grieving has taken her, telling us that she was "high on that suicide list" and "not stable", but now her suicidal ideation has subsided due to repositioning and the power of her relationships within the group that have helped "me get through".

8.5.2 That's not the place that I want her in our lives

> *She isolated herself so much and almost recluse[d] herself in the last 9 months but... she is part of the blood in my veins I feel. She's not in any family photos because she was never there. And what I want to do is I want to make her more. I want to make her more a part of my, of my consciousness and whereas I have photos of everybody else and never have a lot of her... She might have wanted to recluse herself but that's not where I want to leave her.* (3:9)

This dialogue beautifully illustrates the power of constructing the last chapter and how wonderful nurturing relational changes are possible even after death. This sister is not happy about the way her sister's illness made her a recluse and isolated her from the family; she explains that her sister is in her body: "she is part of the blood in my veins".

Although her sister is not to be found in many family photos, she has determined to change this state of affairs and make her sister "more... part of my... consciousness". She has decided that her sister will not remain a recluse within the family in her death.

> *So I want to have something that kind of represents or has a significance of her in my home and in my life and even the conversation with the family... that we talk about her as well. She might have given up on herself and removed herself but that's not the place that I feel she – that I want her in our lives. I want her in there as much as my other [family members]... So that's what will change, that's how I will hold her and that will be like almost kind of more like the spotlight on her, and it will be quite different rather than putting her in a place. I will put her in a place, put her in a place [laughing]. Give her a significance, which she never had. Or she didn't think she had or she chose not to have, I don't know what it was. So that's how it will be, that's how I will hold her.* (3:9)

A way to have her sister repositioned in the family is to have something that "represents her" or "has a significance of her" in her house and to encourage conversations that include her sister in the family. Her sister, in the adversity of her life, may have "given up on herself and removed herself" but that is not going to be allowed to continue. This woman is going to reposition her sister in a place where she is in the "spotlight", and give the sister significance in her own life and within the family.

8.5.3 Getting past the way he died

> *The family is going to have a bit of a get-together with just a handful of his close friends... and that is moving, all of us moving on, as happy people in our lives, and trying to hold him in a fond and a great place and – I don't want to say "get over" but to get past the way that he died. Celebrate the good things and talk about the good times and talk about maybe those of us that have a connection with him now*. (3:9)

The last dialogue excerpt in this section illustrates a beautiful family piece of repositioning as a gathering is planned together with the family and the deceased's close friends, who are "moving on as happy people in our lives" and also continuing to build

relationship with the deceased. It is not that they are getting over his death so much as they have found a place for the pain endured by the deceased and the horror of his death. This celebration will be about recognising the repositioned deceased, acknowledging that his family and friends are getting "past the way that he died", and connecting with him through talking about the good times and their ongoing relationship in the here and now.

8.6 Taking off the shoes: Relationship with group

Repositioning is a symbolic act, and one of the ways in which bereaved group members mark and secure in the world their relationship with the deceased is through the use of rituals and performative actions. Rituals provide a way of giving the presence of the deceased a place in the world of the living. Rituals mark and honour the significance of the changed reality caused by the death in the world, and provide a framework to integrate and order the traumatic loss. In grief there are rituals that mark the death day, rituals that mark birthdays, memorials and gatherings and countless other meaningful moments in the shared relationship between those bereaved and the deceased. Rituals can also be understood as a type of performative action in the world in which meanings are construed through actions in the world (Armour, 2003). One of the ways those bereaved by suicide mark in the world their ongoing relationship with the deceased is to honour the memory of the deceased through performative actions in the world, such as helping to provide resources for street kids in the hope that this will reduce possible suicides. Grief group participants often express the need to carry out definitive actions in the world as a way of honouring and being in connection with the deceased. A group participant tells the other participants,

> *I really want the group to stay together... want us to come together and pass it on to – this group has such a wealth of diversity and people that we could help, maybe another group.* (3:9)

The group participant is referring to the movie "Paying it Forward", which is about passing on to somebody else something good that has happened to you. In this instance this group participant did carry out this performative action, forming a committee and association to raise funds for suicide bereavement services. Performative actions like

rituals assist in creating a sense of order and control, and integrate the enormity of the bereaved person's changed assumptive world within the external world.

The grief group is a small, safe community, a microcosm of the world, a place where the bereaved can acknowledge, honour and mark their repositioned relationship with their loved one in a communal setting. A group participant explained, "I believe this group has been the single most helpful and most important factor in my recovery from the trauma of this event and has given me ongoing strength to attempt to rebuild my own existence". The following ritual illustrates the significance of the grief group in rebuilding existence for the bereaved. The excerpt captures an intimate and unique story of the relationship shared between the bereaved and the deceased. The "story of us" seeks to make sense of who the bereaved and the deceased were together, what they created in relationship, how the bereaved has grown because of this shared relationship and the special qualities of the deceased that the bereaved carries forward now into continued living. The "story of us" ritual invites the whole unique special person to stay in the bereaved person's life and can assist with finding a place for the pain of the deceased living and dying. This ritual is presented through sharing significant connecting/linking objects. The following excerpt illustrates the way a mother uses this ritual to assist repositioning of her son. She begins by saying she wants to remember her son from before the illness and introduces a piece of driftwood, telling the story of this object.

8.6.1 The story of us: You can see he was a beautiful little boy

When he was quite young... he went on a school camp and when I went to pick him up at the bus he was standing so proudly with this huge piece of driftwood... that he had found on the first day of camp and insisted on carrying through all the bush walks and lugging – because he knew – it would appeal to me. To see him standing with his big brown eyes handing me this piece of driftwood and feeling so proud that he managed to carry it for a week with his... [Crying] I've always kept that and thought it was a very special thing... [showing photos] You can see he was a beautiful little boy... I had no indication that he was going to develop an illness that we would have no way of helping him with – could – ah – . (1:7)

The driftwood recalls a special memory, a moment of tenderness, and the mother cherishes her son's childish efforts of carrying and keeping safe all week the piece of wood found on the first day of camp because he wanted to please her. This is such a beautiful mother–child moment. The mother lingers on the photo of her "beautiful little boy" lovingly.

> *What I found in his things that I felt has given me a lot of comfort... was a diary he kept while he was travelling and I started to read it... and it comforts me to think that he wasn't always tortured, that as a young adult he sill had aspirations and hopes for the future and... Anyway he says... "I know somehow we will as a family always be close. I know that's true for most families – but there is a difference, it can't really be explained but it's there, a remarkable closeness. I know it will never change." It's comforting for me to think he looked at us all in that way.* (1:7)

The travel diary is a really important finding for this mother's meaning making. It is almost like finding a letter to her from her son prior to when the mental illness took her son away. This writing that she has only recently found throws a new light on her son's innermost thoughts about his love and the closeness he felt with his family. He knew his family were there for him. His last words are almost prophetic, a blessing, written as it was just prior to his spiral into illness "remarkable closeness. I know it will never change".

> *My son was a lover of classical Greek and ancient history... a piece by Socrates from the apology of Plato. "But already it is time to depart, for me to die for you to go on living, which of us makes the better course is not known to anyone except God." And I have come now to respect his decision to take his life. I am not angry with him. I feel great compassion and sadness and I want to honour his life in a way that is appropriate for somebody who was so brave with the mental illness that he suffered. I'm – I choose to remember him when he was well and when we shared so much of our lives together.*

In linking her son's final decision to kill himself to Socrates' decision his mother joins his suicide to a philosophical position: to live or die, "which of us takes the better course is not known to anyone except God". This meaning making allows the mother to step back from her son's suicide and accept it with "great compassion and sadness" in the context of his suffering a mental illness. The mother ends her ritual by affirming within the group that she will carry the ongoing relationship with her son forward into her life. She will honour her son's life and choose "to remember him when he was well and when we shared so much of our lives together".

8.7 The process of repositioning within the grief group

Group sessions for those bereaved by suicide provide frequent examples of repositioned relational meaning making within the group context. However, it is not easy to capture through verbal or written transcripts the experience of this taking place within the group. Transcript excerpts analysed in prior sections have been selected to illustrate repositioning that has taken place. Those excerpts capture repositioning that has already taken place and that can therefore be articulated. Grief groups are places in which repositioning occurs within and through the support of group relationships. Despite these difficulties the following excerpt is an example of repositioning as it actually takes place through the support of relationships in the grief group. The mother in this excerpt is the mother in 8.6.1 ("The story of us: You can see he was a beautiful little boy"). The repositioning processes in this piece occurred at an earlier time in the grief group life, paving the way for the ritual described in 8.6.1. In this excerpt the mother begins the process of laying down the burden of pain she has carried for years about her son's illness and suicide, whereas in 8.6.1 she marks and honours the repositioned relationship with her son in the community of the group. This excerpt illustrates the importance of finding a suitable place that honours and respects the pain of the deceased person's life and death so that repositioning of the deceased can take place. In this transcript the mother's attention is focused on her physical awareness, causing her verbal utterances to be fragmented and often broken by emotionally pregnant pauses and crying. For clarity I provide brief notes on the nonverbal language and visual sense of placement and movement not captured in the transcript words. Also, to help understand the difficult and complex nature of this mother's grief, I provide brief details about the impact of her son's mental illness and suicide on the family.

8.7.1 I don't want it to be the overriding thing

Onset of mental illness for the deceased was at age 18 years, and his functioning continued to deteriorate over the next 15 years. There were numerous hospitalisations. A long series of health professionals provided short-lived hope, as new medications and treatment plans failed to bring improvement. At times his behaviour became violent, abusive and threatening and the police were involved. The family lived in fear with Apprehended Violence Orders, silent phone numbers and emergency plans. One day her son decided to end it. The mother mourns for the lost years, the illness that overtook her brilliant, creative son, the pain, fear and confusion suffered by her family, and she mourns for what her son might have been, that never had a chance. This mother also mourns for her son alone, planning and implementing his death. Having listened to the mother talking a number of group members create a visual family snapshot by taking on the roles of different family members and positioning themselves in certain ways that capture the impact of the grief within the family following the suicide death. It is like a mime without words. For example, group members may be turned away, looking back or isolated from other family members, or looking downwards or away. The mother is asked if there is something she would like to change about the family picture.

> *Not to be stepping back…to be coming forward* (1:2)

The mother does not want herself to be stepping backwards into the sadness and pain of her son's illness, despite the fact that her relational connection with him over the last 15 years has been through managing his illness. The dilemma for her is that if she steps forward, away from the illness, it feels as though she is abandoning her son and letting go of her only connection with him, forged through years of the pain of his illness. But how is it possible now that her son has killed himself, to continue to live in the hell of the past years? How can she continue to keep her relationship with her son in that place? Noticing that her son is missing from the family, the facilitator asks the mother whether she wants her son to be with the family.

> *Yes, my son needs to be there – because he will always be... Put the heart on the floor.* [A heart cushion is positioned in the centre of the family and a black cloth

shrouds over it and other family members to represent the pain of his illness and death.]

The mother acknowledges that her son must be "there", positioned within the family, and adds that he "will always be". The mother reflects upon the way her son is currently present within the family. Her decision to represent her son with the heart cushion is significant. However, repositioning the pain of his illness and the violence and fear that have been his presence in the family over the last 15 years, as represented by the black cloth, is still the way the family connects with the deceased. How does the mother see the family coping with this sadness?

Just to stand together… in closer…[long pause]… Just to be there together and support each other, which is what we are doing... Mmmm.…[She indicates the black material, which is placed over the heart and close family members]. *Yes, it does. [pause] So comfort and healing by being together and finding –… [long sigh]… I try to remember him as he was… it is not, not always so easy to get back to the person we like to remember… But that's – that's how I would like it to be… That we feel sad and pained by his illness… but we remember him, as he was when he was younger.*

The mother makes a powerful meaning making statement about how she wants her son repositioned in the family. Notice the shift from speaking in first person "I try to remember him as he was" to use of "we", indicating that she is making a decision for the family. The mother is telling the family how she wants him remembered, "as he was when he was younger". The mother acknowledges that it is "not always easy to get back to the person we like to remember", but she adds wistfully "that's how I would like it to be".

[The mother moves over and gathers the black material and holds it] *Just keep it beside me* [holds black cloth clutched against her stomach]…*Just – Well I can't deny it… but… I don't want it to be the overriding thing… I want it to recede… the sadness.* [looks around the room]

This is a pivotal point in repositioning meaning making. If her son is to be remembered prior to his illness, what is to happen to the central position his illness and suicide has held in the family for so many years?

> [A group member asks] *A safe place to put it so you don't have to have it? Do you want a cushion?*
>
> *A cushion.* [Indicating a large cushion that is placed to the side of the family.] *It's an acknowledgement of his illness and I need to […pause…crying]*. [With anguish the mother slowly relinquishes the black cloth onto the cushion.] *[A moment of crying interspersed with several long sighs.]* [The biological daughter who is also a group member moves over and mother and daughter hug each other as other "family members" move around them to create a circle of support.]

The blackness of the illness will be honoured as something indescribable the son and the whole family has endured, but it now has a place to the side of the family, not in the centre shrouding them and the deceased. The son has been repositioned in a nurturing role within the family, symbolised by the heart, finally free of his cruel illness. The family can cry and comfort each other in a new way, knowing that the chapter of looking after the deceased and fighting for help for him and all the disappointment and pain that this involved has been honoured and closed. This is a profound moment and there is an awareness of this within the quality of empathy within the group, who intuit the significance of the mother's relational repositioning story.

8.8 Summary

Analysis of group data in this chapter has provided insight into the repositioning conversations that tend to follow after intense rumination on the pain of the deceased's life and death, and differentiation and negotiation of the blind spot. Acceptance at some level that no meaning can be made appears to be associated with investing energy into repositioning dialogues that remember nurturing living memories of the shared relationship with the deceased. In repositioning dialogues the bereaved reclaim and reposition the deceased, and appear to connect with the deceased through their life and

shared relationship rather than through the trauma of the death and painful antecedent conditions. This study likens the shift in repositioning to taking off the shoes of the deceased and finding a place for them. Remembering positive living memories strengthens the relationship with the deceased as a nurturing resource in the life of the bereaved. The development of a positive ongoing relationship with the deceased is important in assisting the bereaved to be emotionally present in current and future relationships with significant others. Analysis of group data suggests that for those bereaved through suicide, repositioning conversations are concerned with constructing a version of the loved one within the family and storying the suicide death in a way that minimises damage and ongoing adverse effects within the family relational matrix. Constructed repositioning meanings function to explain the deceased person's suffering and decision to suicide while also attempting to keep the family safe by ensuring that suicide is not seen as a solution to suffering. Repositioning tends to validate the suffering of the deceased but not their decision to kill themselves. Analysis of group data suggests that repositioning importantly assists in the re-establishment of a sense of order and safety in the world while also repairing broken trust and increasing personal efficacy. One of the most profound effects of a suicide death is the betrayal of trust by the person who died. Trust is a relational concept, and the impact of broken trust extends to others in the family who now are perceived as vulnerable. Repositioning helps to repair broken trust.

Repositioning also reframes difficult aspects of the deceased person's behaviour and difficult situations that occurred in the deceased person's life in ways that allow these to be integrated. Repositioning conversations provide a structure and themes for how the deceased is to be storied within the family and hence remembered. The reconstruction of the valued qualities of the deceased can become a nurturing gift for family and friends. Hence family and others begin to re-emerge in the group dialogues as part of repositioning processes. Within families it is often the designated main griever, such as the mother, wife or partner who repositions the deceased within the family. This version of how the loved one will continue to be part of the family becomes the dominant version, and may or may not be open to additions or amendments. Analysis suggests that the internalised relationship with the deceased continues to be reworked and to change, possibly throughout the lifetime of the bereaved. A flexible and realistic

repositioning that integrates and constructs explanations for the positive and the negative parts of the deceased's life will be resilient, open to change and accepted by others in the family. Family members will "piggy back" (Nadeau, 1998) off each other, utilising the repositioning to make additions and changes. Repositioning assists grieving through creating and strengthening a nurturing ongoing relationship with the deceased that strengthens the relationship with self and significant others.

To summarise, the process that surfaced through group data in the analysis chapters is as follows. The message within a suicide death tends to stimulate engagement and examination of the issue of intentionality. The bereaved try on the shoes of the deceased. In their attempt to make meaning, the bereaved begin to walk in the shoes of the deceased and attempt to reconstruct and make meaning of what happened in the deceased's life and at the death scene. These meaning making activities are relational and impact on the relationship with the deceased, the self and others. The intense focus and rumination on these concerns sometimes mean that the bereaved find themselves standing in the place of choosing death or life, where they imagine the deceased stood. Standing in this place, reflecting on the deceased's decision, allows the bereaved to differentiate themselves from the deceased. In that moment the bereaved choose to live and negotiate the blind spot, which is the deceased's decision to die. Negotiation of the blind spot allows the possibility of integration of the traumatic death. Generally in time, as ruminations on the death story lessen, space is created for positive remembering, repositioning and restoration of a nurturing relationship with the deceased within the bereaved person's life. The bereaved remove the shoes of the deceased and find a place for them within their life. In this process, as shown in the group data analysed, the trust, connection and collaboration developed within the grief group are significant. The following words written by a group member touch eloquently on the relational, meaning making processes explored in the analysis chapters and summarised above:

> *Together we have come along a difficult road in the journey of our grief. In this journey we have learned we are not alone. The suicide of our loved one has changed us – our world has exploded and we have had to learn to navigate on ground we no longer trust to be steady and have had to accept questions that cannot be answered. We all miss our loved ones but our survival and our*

> *triumph can be a testament to the memory of the person we have loved and inexplicably lost. Our memories are endless, and it is these memories that will help us through the years to come. If we listen carefully I think this is what our loved one will be saying to us.* (3:10)

In the concluding chapter I discuss study findings and review the relevance of findings within the context of grief literature. The working model for suicide grief developed in this study is outlined and practice implications discussed. Study limitations and future directions for research are addressed.

CHAPTER 9: DISCUSSION

9.1 Introduction

This chapter presents a summary of the findings of the analysis of suicide bereavement group data and outlines the proposed tripartite working model for understanding suicide grief and an additional non-linear model. The study findings are discussed with reference to relevant research and grief literature and the implications for practice and education are reviewed. Study limitations and recommendations for further research are addressed.

9.2 Summary of findings

The study aim was to increase understanding of the critical themes and features of suicide grief through analysis of data drawn from the lived experience of those bereaved by suicide. The study focused on distinguishing grief themes and features that were specifically relevant to this type of death. The theoretical context for this study was developments in new theories of grief. Specifically, this study focused on suicide grief in the context of meaning making (Neimeyer, 2000b) and the influence of suicide on the griever's relational world (Hedtke & Winslade, 2004; Nadeau, 1998; Walsh & McGoldrick, 1991). The study considered the data through the lenses of three areas of relationship, the griever's sense of self, the griever's ongoing bond or relationship with the deceased (Klass et al., 1996), and the griever's relationships with significant others outside and within a grief group. The study used a hermeneutic methodology to analyse participant conversations, generating three central organising themes through which to further interpret data. Study participants were a general cross-section of grief group attendees and the data excerpts were representative of commonly occurring grief group conversations and writings. The study data analysis was presented in three chapters, with each chapter analysing data relevant to the themes identified in this study. The metaphors of trying on the shoes, walking in the shoes and taking off the shoes were used to indicate the grief process in relation to each identified theme.

The findings in Chapter 6 were concerned with "trying on the shoes" and the initial theme of understanding the meaning of the intentionality of the death in the context of the relationship with the deceased, the self and others. It is suggested that if the

bereaved person does not engage in reflections on the self-volition of the death, the resulting grief will not be shaped by the suicide grief themes surfaced in this study. This chapter examined how the bereaved behave as if the intentional nature of the death holds a message for them and the bereaved attempt to make meaning of the message. This takes the form of a range of "why" questions that dominate the thinking of the bereaved as they attempt to make meaningful explanations. The intense focus on the issue of "why" is so common in suicide bereavement that it can be understood as the engine that drives the grief process. Metaphorically, the bereaved try on the shoes of the deceased in an effort to understand and make meaning of their relationship with the deceased and what has happened. Decoding the meaning of the death message is also concerned with investigating the role of the bereaved and others in either causing or not preventing the death, and relates to issues of guilt, responsibility and blame. In terms of the relationship with the deceased, data highlighted how the intentional nature of the death challenges understandings of the shared relationship with the deceased. Unlike any other death, the self-inflicted nature of the death questions taken-for-granted ideas about knowing who the deceased really was, and the relationship shared with the bereaved. The bereaved often say that the suicide is inexplicable in terms of who they thought the loved one was – that it is as if someone else murdered their loved one. The act of suicide renders the loved one a stranger. Data suggested that the bereaved struggle with the knowledge that there was a dark, frightening and unknown part of the deceased that could self-inflict violence. The study data indicated a uniform difficulty in reliably accessing pleasant memories of the deceased. Conversely, data confirmed that both the pain of the deceased's life and the imagined final moments of their dying haunt the bereaved. Data from this study suggests it is these issues, together with the incomprehensibility of making meaning and storying the self-volition of the death, that block comforting memories and create the conditions for complications in grief, heightened suicidal ideation and formation of a maladaptive relationship with the deceased.

Analysis illustrated how the bereaved can feel as though the deceased never existed, so complete is the devastation wrought by the manner of the death. Data illustrated the way in which the bereaved are tormented with questions concerned with whether they ever really knew the deceased. If the deceased loved them, how could they do this to them,

leaving them in so much pain and carrying such a heavy load of seemingly unresolvable guilt? How much pain would you have to be in to take your life? Was the deceased's living something like the nightmare in which the bereaved is now submerged? It is important to be able to review a loved one's life in order to create a biography that positions the bereaved person positively, to provide a good foundation for the ongoing relationship with the deceased. Analysis provided insight into how for those bereaved by suicide this fundamental grief process is continually hijacked by incomprehensible, frightening thoughts of the suicide that are difficult to integrate. The bereaved are racked by angst as they puzzle over the incomprehensibility of killing oneself, and try to understand what their loved one was experiencing by entering into and imagining as much as they can the world or mindset of the deceased. Those bereaved by suicide are therefore experiencing all the typical grief sequelae and are additionally identifying with the mindset of the suicide victim. This can also be understood as an attempt to restore and make safe and controllable the assumptive world of the bereaved by making a comprehensible account of the events that resulted in their loved one's suicide.

Analysis of excerpts concerned with relationship with self provided insight into the blaming self-talk and guilt to which the bereaved subject themselves, and understanding of the genesis of shattered beliefs, lowered self-esteem and other related issues that influence the relationship with self. Participants reported feeling numb, empty and unable to find a way forward in their life that they perceived as devastated, a "Ground Zero". The issue of mental illness was discussed, providing insight into how the antecedent conditions of a mental illness load on suicide grief in the aftermath of the death, particularly in terms of guilt and anger at self and mental health care. Data that focused on relationship with others illustrated that while the bereaved struggle with the message of the self-volition of the death, communication difficulties dominate relationships with others. For example, a participant described discussion of the suicide death at home as a "no-go zone", indicating the taboo nature of this issue. It was suggested that a range of issues, particularly feelings of guilt, blame and anger, reduce communications between family and significant others. Further, intense fears about the safety of significant others act to diminish discussion of the intentional nature of the death, as a way of protecting others; that is, if it is not spoken aloud, it won't happen. In the context of relationship within the group, data revealed that participants experienced

relief in being able to talk and feel understood by others similarly grieving. Particularly, participants understood each other's need to continually go over why their loved ones killed themselves, and related concerns in their attempts to make meaning of the self-volition of the death in terms of their shared relationship with the deceased. Data illustrated that the bereaved often experience a loss of control, loss of belief in a just world, feelings of relational disconnection, emptiness, sleeplessness, lethargy, loss of hope, etc. For some, these thoughts and feelings can overwhelm and provoke suicidal ideation and behaviours. In the data this was expressed as lacking the will to continue to live, and contemplating dying either by intention or by accident as a solution to the pain of their grief.

The theme of reconstructing relationship, the death story, can be understood as walking in the shoes of the deceased, and data analysis related to this theme was presented in Chapter 7. Data illustrated the way in which reconstructing the death story was central to the bereaved in their efforts to find a way of making meaning of the life and death of the deceased. Given the understanding that the deceased did not wish to continue to live, those bereaved believe the deceased was suffering unendurable pain. Some of those bereaved knew about the pain of the deceased, but commonly could not imagine it leading to this outcome. Some were unaware of the pain, or the degree of pain. Regardless, the majority are burdened in their grief by the pain, imagined or otherwise, of their loved one's life and the violence and horror of their dying moments. Schneidman (1996, p. 13) termed the psychological pain that can provoke suicide "psychache" and suggested this resulted from "hurt, anguish or ache that takes hold in the mind". Data in Chapter 7 illustrated the way in which meaning making ruminations on the life and death of the deceased can take over the thoughts and behaviour of the bereaved to such an extent that they are "walking in the shoes of the deceased", and an intense maladaptive relationship is formed that is almost entirely focused on the pain in the deceased's life and their death. Data excerpts provided insight into how, in attempts to make meaning of the death, some of the bereaved emotionally and physically walk in the deceased's shoes up to the moment of death through re-enactments and repeated visits to the site of the death. Data suggested that the bereaved who physically avoid the death site tend to visit it in their thoughts again and again. The bereaved person, trying on and walking in the deceased's shoes, is subjected to similar cognitive, behavioural

and feeling experiences as those experienced by the suicide, and suffers increased vulnerability to suicide. Study findings suggest that ruminations on the death event, coupled with difficulties in making meaning and the weight of walking within the pain-saturated life of the deceased, increase the intensity of suicidal ideation and behaviours, placing the bereaved at risk for suicide. Study findings highlighted the driving need of the bereaved to reconstruct the death and events leading up to it. This can be understood as very similar to a homicide investigation. The analogy of an investigation can be extended to the understanding that those bereaved through suicide often believe they are guilty or have some culpable role in the death. As they loved the deceased it is difficult to determine where their guilt lies, so they search for clues as to what they or others could have done that would have prevented the death. For mothers this exhaustive review can extend back in time to in utero concerns. It is suggested that the search for the bereaved person's culpability in the suicide death is part of meaning making efforts and gives a degree of control over the uncontrollable nature of this death. Analysis provided examples of conversations that reviewed the deceased person's life and imagined and re-enacted their death, searching for understanding that made comprehensible the self-volition of the death. If sufficient meaning can be made then maybe other loved ones can be kept safe from suicide. The ability to assign a motive, blame and responsibility acceptable to themselves, their family and friends is very important in terms of the grief outcome.

Study findings illustrated how reconstructing the death story involves an ongoing intense review through self-reflection and conversations that reconstruct the bereaved person's responses at the time of receiving the news and/or being present at the scene of the death. This includes a range of behavioural, cognitive, affective responses and spiritual or philosophical considerations. Analysis suggests that ruminations on the pain of the deceased's life and reconstructing the death story can provide scaffolding for the bereaved to move past connecting with the deceased through the death to connecting with the deceased through reconstructing beneficial and valued aspects of the deceased's life. The study data illustrated how reconstructing the death story conversations in a supportive context functions to assist dealing with fearful and overwhelming information and assists meaning making in reviewing and ordering events that are often confusing. Conversations function to allow new material that was

not available at the time of the death to be added and missing pieces of information to be placed in context to provide new perspectives on the death event. Analysis provided insight into how conversations that reconstruct the death event assist a movement from passive and invisible to active and visible, as the bereaved incorporate new material and their own perspective of their relationship with the deceased into death story. It is suggested that this shift assists in creating a sense of agency that counteracts feelings of powerlessness and lack of control in response to the suicide. However, it must be stressed that reconstructing the death story does not necessarily lead to active storying and eventual repositioning. For some of those bereaved the death story remains inflexible, leaving the bereaved trapped in endless repetitions of an unhealthy death story. Meaning making attempts are overwhelmed and this situation tends to be accompanied by an increasingly elevated risk of suicidality that does not abate. This response can be understood as complications in grief, and Section 9.6 suggests the need for further research into this area of concern.

Data suggested that engagement with reconstructing the death story fulfils the function of assisting the bereaved to reach a point of differentiation from the deceased that involves recognition of their choice to live. It is interesting to observe how those bereaved by suicide are naturally drawn to exposing themselves to the trauma of the death story through reflections or re-enactments, given findings by a study undertaken by Bryant et al. (2008) that confirmed exposure therapy to the traumatic event was effective in preventing the development of chronic posttraumatic stress disorder. In this context cognitive restructuring or reconstructing of the event is also important (Bryant et al., 2008). In the process of reconstructing the death story bereaved persons have to make a choice. Whereas the deceased chose to die, the bereaved recognise that they choose to continue to live, and this differentiation assists them in moving out of the mindset of the deceased and negotiating the blind spot at the core of suicide, that is the inexplicability of choosing to die. Data from this study indicates that commonly the bereaved reach a point where they can move through the blind spot, with the realisation that no rational and/or emotionally satisfying meaning can be made about their loved one’s choice to die. The analysis captures blind spot conversations that hit the meaning-making wall, the possibility that there may never be a satisfactory explanation, no matter how intense the search or how many books, articles and experts are consulted.

There is a growing realisation that neither the inquest information nor the coroner's report will in the final analysis answer the need to understand this death at a deep emotional level. Many of those bereaved learn to live with concerns for the safety of other loved ones and themselves. The bereaved are left with the option of understanding the act of suicide as rational or not rational, depending on their own context and understanding of the loved one. Can suicide be an impulsive, irrational act for some and a rational, thoughtful act for others given the circumstances of their life? Is suicide an impulsive act that cannot be controlled or is it the intentional carrying out of a thoughtful process?

Study data provided insight into the consuming importance of these questions to the bereaved. Ultimately it is suggested that these questions cohere together to form a blind spot that is inexplicable. The blind spot is comprised of the following types of reflections: Is it possible that a person who commits suicide can be rational and in sound mind, or is suicide always an irrational act of an unsound mind? If suicide is the act of an unsound mind then is the cause of death a diagnosed or undiagnosed mental illness? How can you reconcile this possibility with either no knowledge of the presence of a mental illness or, in cases where there was a diagnosis, the evidence of a rational conversation with the loved one sometimes within an hour of the death? How can you reconcile the argument for irrationality with the careful thought and planning that is an obvious feature of many suicide deaths? How can you deal with the possibility that although there was intention in the act suggesting thoughtful process, possibly the implementation of self-murder is the product of flawed, illogical and irrational thinking? If the act of suicide is not irrational, how can you deal with the knowledge that the loved one was in so much pain to rationally plan the suicide? There is pain, and then there is extreme pain, and for majority of people it is difficult to comprehend pain as being so intense as to precipitate taking your life, particularly when you love that person. The argument of intense pain raises confusing questions about the nature of your relationship with the loved one, the thought that you didn't fully comprehend the intensity of the pain and the possibility of suicide. Or when suicide is a known risk that the bereaved was unable to prevent it.

Discussions around the blind spot indicated confusion and the need to repeatedly return to these questions. Findings indicated the beneficial effect of relationship within the group in sanctioning, supporting and encouraging co-constructed meanings about these questions. Conversely, data suggested that conversations with others outside the group remained fragmented, with reduced grief communications. A significant finding of this study is that ruminations on the death event and reflections on the blind spot issue generally supported differentiation of the bereaved from the deceased. It could also be argued that differentiation encourages and supports discussion of blind spot issues, as these two aspects often weave together in the same meaning making fragments. Differentiation encourages the decision to live as distinct from the rational or irrational decision to die made by the deceased. Effective differentiation supports the bereaved to step out of the mindset of the deceased and find a way to grieve, soothe and deal with the pain of the act of suicide in an integrative way that allows repositioning of the deceased.

Chapter 8 provided insight into the bereaved “taking off the shoes” of the deceased and the theme of repositioning relationship. Repositioning is the process of a maladaptive relationship with the deceased changing to an adaptive relationship as the death event and the pain of the deceased’s life are able to be separated from more nurturing memories of the deceased. Data suggested that paradoxically when the bereaved become able to differentiate from the deceased, nurturing memories become accessible and the relationship with the deceased shifts to connection through rememberings that are positive. Data provided examples of the bereaved finding a place for the pain of the deceased’s life and death that lessened the heavy impact on their own daily functioning. The relationship of the bereaved with themselves was reported to be “lighter”. Participants are able to forgive themselves and are generally more at peace with themselves and the deceased. The bereaved are ready to take off the shoes of the deceased. This movement prompts conversations with others in the group that give consideration to how the deceased would want to be storied and remembered within the family. Conversations are concerned to reposition a reconstructed version of the loved one within the family in ways that contain the toxicity of the suicide death. As the deceased leaves without explanation or good-bye, storying the last chapter of who they

were, the meaning of their life, and how they will continue to be remembered is left to those who loved them.

Grief is a relational process that takes place within the relational web of families, relatives, friends, colleagues, acquaintances and communities. The death of a significant other precipitates irreversible changes throughout that relational web. These changes are concerned with the changed relationship with the deceased from a living person to a composite of personal and shared information, memories and reflections that capture the essence of who the deceased was. Within families it is often the task of the main designated griever to work to reposition the deceased within the family. The main griever's version of how the loved one will continue to be part of the family is often the dominant version and may or may not be open to additions or amendments, depending on the flexibility of communication within the family. It is imagined that the re-storied version of the deceased has a positive influence on family communications through providing a "safe way" to talk about the deceased. Data suggested that participants were assisted in repositioning efforts through other participants' responses and through the quality of listening and the role of audience provided by other participants. Effective last chapters in terms of grief outcomes contain the repositioned version of the deceased that minimises the horror of the suicide and shifts the focus away from the suicide to the valued and special qualities in the deceased's life.

Data illustrated how the last chapter can be offered to significant others who, it is imagined, add to the story to construct a family and/or community memory of the deceased and add parts of this story to their own private account of the deceased. Analysis of data surfaced and tracked group interactions that assisted repositioning through enacting actions and words unsaid at the time of the death. Analysis revealed that repositioning dialogues validated the deceased person's suffering but not the decision that they made to suicide, often also reframing difficult aspects of the deceased's personality, behaviour and the antecedent conditions. Findings suggest that repositioning functions to create a living memory of the deceased that is a valued, integral part of the bereaved person's life. Meanings are constructed that function to explain the deceased person's suffering while attempting to ensure that suicide is not seen as a solution to suffering. The construction of the last chapter can be shared with

significant others affected by the suicide death. Reconstruction of the valued parts of the deceased becomes a nurturing gift for family and friends. However, it must be noted that repositioning does not always happen. For many of those bereaved, the relationship with the deceased continues through the focus on their dying, with the bereaved unable to make meaning of incomprehensible material. The findings discussed are set out in the proposed tripartite model of suicide grief in Figure 3 below.

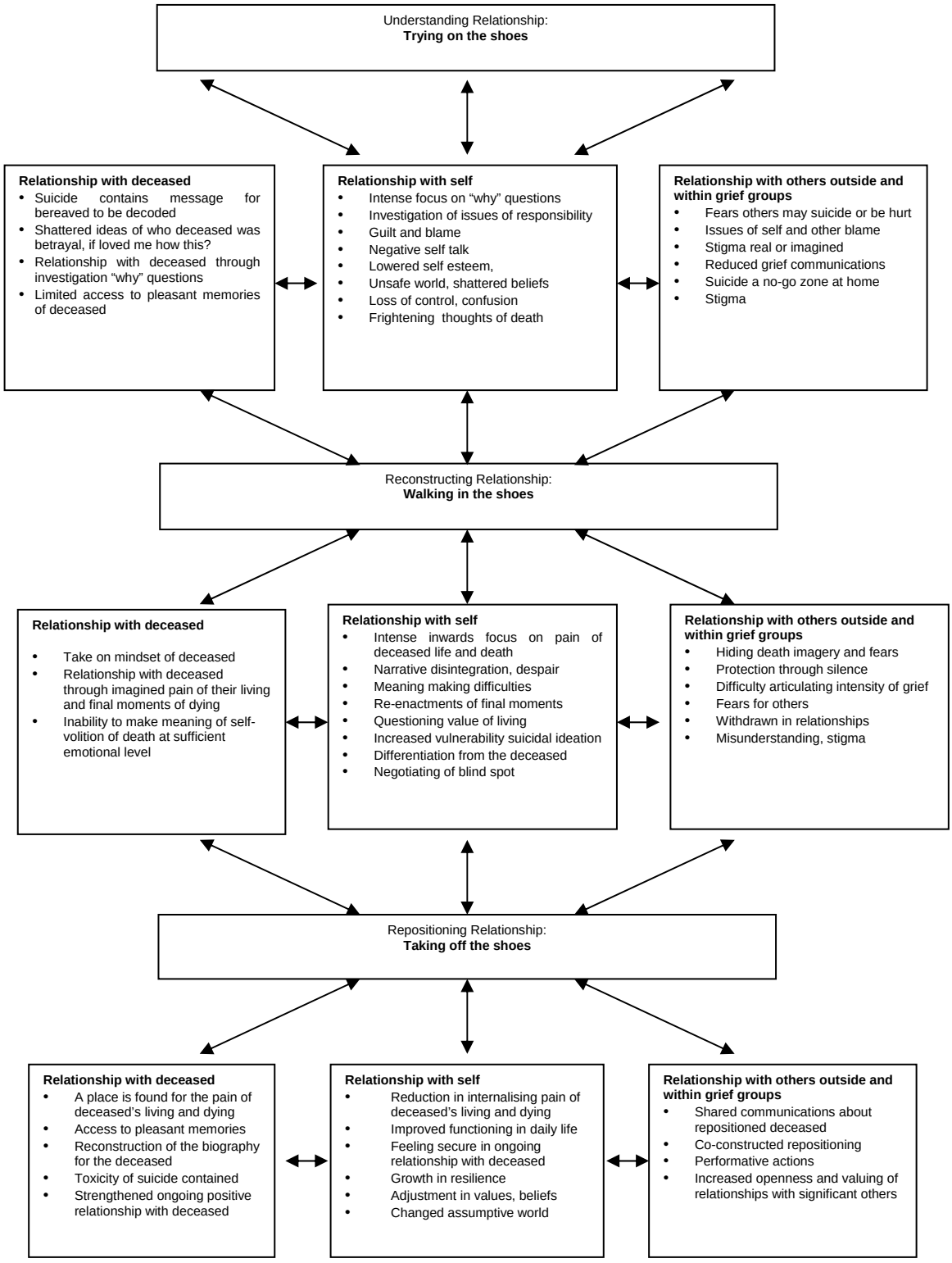

Figure 3: The tripartite model of suicide grief

9.3 Summary: The tripartite model of suicide grief

The working model as set out in Figure 3 proposes a tripartite process of adaptation, from engaging with meaning making issues concerned with intentionality to reconstructing the death story, to differentiating and negotiating the blind spot, to repositioning the suicide and pain of the deceased's life to allow the development of a positive ongoing relationship with the deceased. However, this is an ideal process of adaptation and it is stressed that not all those bereaved by suicide follow this process, or arrive at a place of repositioning. Further, it is emphasised that it is not a linear or straightforward process. In grief literature there is an increased appreciation of the non-linear nature of grief processes within an overall temporal framework of adaptation to loss. The bereaved continually shift backwards and forwards between themes, in efforts to amend and reconstruct the meanings they have made. This is also the case with this study data that reflects naturally occurring, non-linear grief patterns with the bereaved moving backwards and forwards between themes at different times as they revisit and develop meanings. Suicide grief themes, although presented in a sequential structure in this study, are not in practice worked through in a linear fashion. The non-linear nature of the process is represented in Figure 3 with arrows directed both ways, suggesting the movement back and forth as the bereaved revisit and rework these issues.

The grief groups provided a temporal structure of a beginning, middle and end that suggests a linear movement and shift in grief towards integration. However, depending on the unique context of each griever the degree of integration varies considerably. For example, even when participants were engaging with the theme of repositioning they could in the same conversation shift to engagement with intentionality themes. Themes are intertwined and there is considerable blurring and overlap. Although in this study themes are presented one at a time, most analysis excerpts incorporated several themes. Themes are related to each other, and meaning making is commonly structured through various themes in any given piece of conversation. This can be understood as a reflection not only of the organic nature of meaning making and the grieving process but also of the fact that groups are comprised of people who have different grief contexts, time frames and experiences that are reflected in their dialogue.

In this study differences in adaptation were noted in the intensity of engagement with themes. This is difficult to convey in dialogue fragments as the difference is often more noticeable in voice and body related behaviours that suggest a lessening in emotional intensity. If the themes are envisaged as a force field, then over time the force of energy drawing the bereaved to engage with themes weakens. This does not, however, imply that the bereaved are finished with the themes, but the themes tend to become dormant in their lives. Nevertheless, life events can trigger and reactivate these themes in the life of the bereaved. It is important to note that each time the bereaved return to a theme and rework it their meanings are changed and no longer the same, even though the change may be so slight that at times it may seem imperceptible to the observer. Changes can be positive or negative, and repetition of an unhealthy narrative can work to increase the narrative rigidity. It is also important to note that change can be construed positively or negatively depending on the context. There is no way to repeat complex cognitive processes in exactly the same way. Therefore as the bereaved revisit themes from a therapeutic perspective the emotional and cognitive intensity and length of time spent elaborating meaning making within certain themes lessen. The suggested theme sequence does, however, capture an adaptive shift. In summary, participant data revealed a wide diversity in themes developed in negotiating meaning making in response to grief issues. Nevertheless, despite the fact that dialogue themes were multiple, non-linear, and blurred as they interacted with each other, distinct common suicide grief themes emerged. Figure 4 below provides an additional perspective to the model outlined in figure 3.

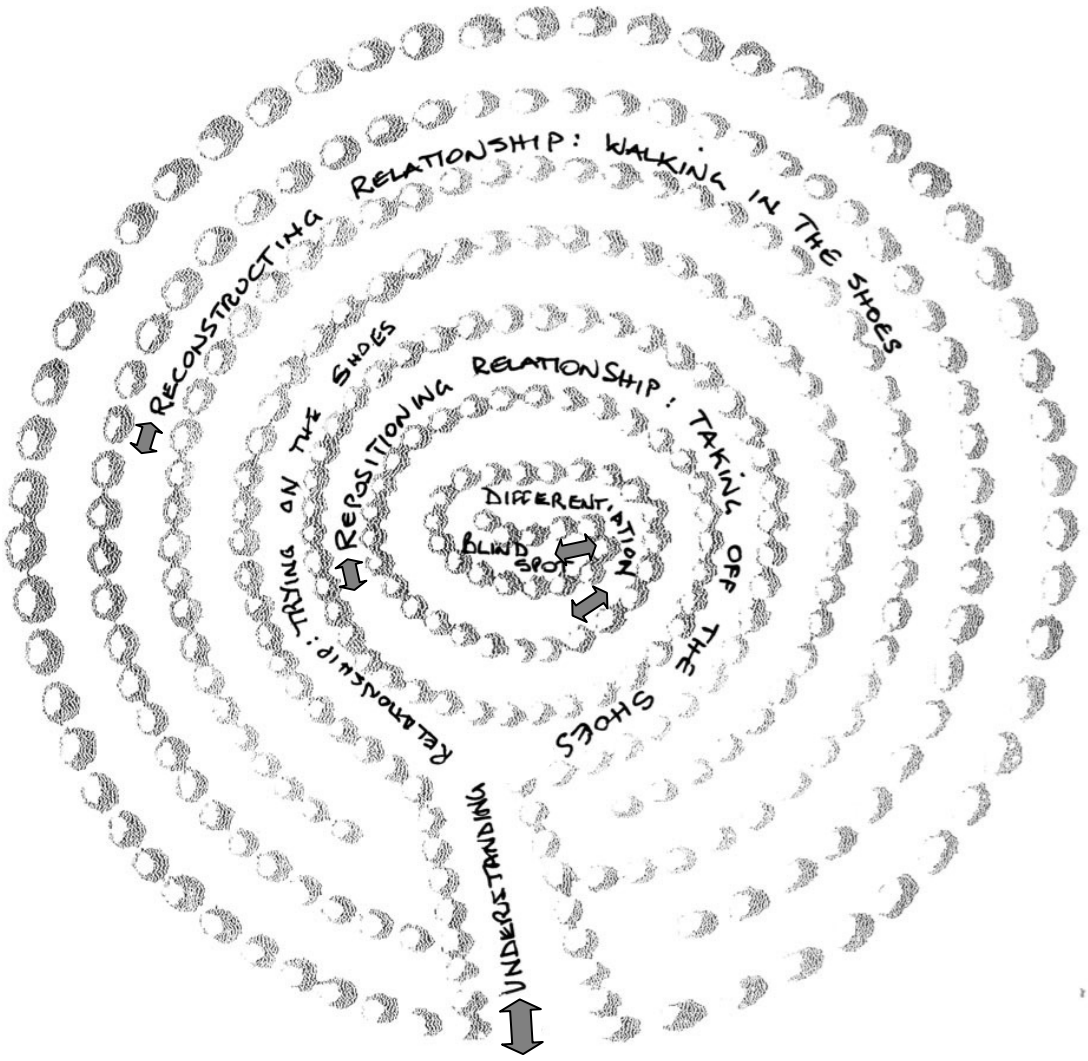

Figure 4: Labyrinth model of suicide grief

9.4 Summary: Labyrinth model of suicide grief

Figure 4, a labyrinth model of suicide grief, provides an additional perspective to the model outlined in Figure 3. Figure 4 takes account of the non-linear nature of engagement with core themes in suicide grief, suggesting a recursive, circular grief process captured in the metaphor and visual form of a labyrinth. Labyrinths have been used throughout history for walking meditations, reflection and spiritual activities (Westbury, 2001). The person walking the labyrinth enters a circular path and continues to follow a series of circular paths that twist and turn to arrive at the centre. Once in the centre of the labyrinth the person stops and reflects, and then commences the journey

that returns to the beginning, following a circular path that moves outwards from the centre of the circle back to the beginning of the labyrinth.

The metaphor of the labyrinth provides a way of understanding suicide grief themes surfaced in this study and the process of meaning making. Initially, receiving the message of intentionality and the inherent challenge to assumptive beliefs provokes a quest to understand why this has happened. The bereaved, attempting to decode the message of intentionality, try on the deceased's shoes. The journey to the centre can be likened to walking in the shoes of the deceased as the bereaved reconstruct the life and death of the deceased, increasingly taking on the mindset of the deceased and thereby becoming vulnerable to suicidal ideation. The relationship with the deceased tends to be maladaptive and intensely focused on the pain of living and dying endured by the deceased, and fraught with meaning making difficulties. The degree of intensity and engagement with particular themes moves the griever spiralling inwards to the central vortex of loss, fear and the violent dying of the deceased. Although each journey undertaken by the bereaved is uniquely different, and there are many possible grief trajectories, it is suggested that in general the bereaved will engage with the themes surfaced in this study. Some of the bereaved will find the journey too difficult and be unable to negotiate suicide grief themes, placing them at risk of grief complications, prolonged grief disorder and suicidality. In varying degrees of intensity the bereaved arrive at the centre and reflect on the death of their loved one through imagined or physical re-enactments. This tends to provoke reflections concerning their own existence and reason for continued living. Analysis suggests that for many this means they reflect on their own choice to live or die, and in the process of choosing to live differentiate from the deceased who made a different choice, to die. Grief group data suggests that after a time of interacting with the death story material the griever accepts the incomprehensibility and lack of meaning, designated in this study as the blind spot in the act of self-destruction. The bereaved are then left to negotiate the blind spot, as even though they have walked the walk of the deceased right up to putting the rope over the head or standing on the cliff they have moved away and back into living. Thus ultimately it is inexplicable why their loved one chose differently.

When resources and group support are available something profoundly mysterious and life affirming can happen as the bereaved move away from the dark and desolate place of thinking about the final moments of their loved one's death. They notice at first hints and suggestions of new beginnings of life; for some this opens the possibility of repositioning the relationship with the deceased and developing a new way of relating with their loved one as a positive, ongoing presence in their life. However, even in affirming the new relationship with the loved one there is huge sadness and missing, and at times a return to the initial questions about why it had to happen. The difference is in the intensity of the despair, feelings of guilt, abandonment and confusion. The emphasis has shifted to sadness and missing, and even though there is often no rational explanation a sufficient degree of meaning has been made to allow the beginning of acceptance. Relationships with the self and others generally improve, with the bereaved reporting feeling more at peace and able to function better in their lives.

Table 1: Summary of relevant grief literature

Table 1 below presents the suicide grief literature for which the current findings are relevant. The grief literature has been sectioned into categories in terms of the three grief themes to emerge from this study: understanding relationship – trying on the shoes; reconstructing relationship – walking in the shoes; and repositioning relationship – taking off the shoes. Grief literature has been further categorised in terms of the three areas of relationship that frame this study, relationship with the deceased, relationship with self, and relationship with others outside and within the grief group. The relevance of study findings to the research presented in this table is discussed in Section 9.3.

	Relationship with deceased	Relationship with self	Relationship others outside and within grief group
Understanding relationship: **Trying on the shoes**	**1.** *Rynearson (2001) Disruption of violent dying on continuing relationship with deceased –"disintegrates the linear drama of caring" (p. 19) *Klass et al. (1996) Significance of the ongoing bond or attachment to the deceased in grief outcome *Rubin, Malkinson & Witztum (2003) Idea of who deceased is shattered by self-volition of death	**2.** *Neimeyer, Botello et al. (2002) Suicide disrupts previous narrative constructions about the bereaved's life *Range (1998) Attributions of blame on the self – lowered self-esteem *Janoff-Bulman (1989) Traumatic and violent death and disintegration of assumptive world – loss of control *Rynearson (2001) Violent dying and incoherence for the bereaved in meaning making	**3.** *Linn-Gust (2001) Others outside family appear to judge the family. Family members pull away from each other as they deal with issues of guilt and blame, reduced communication *Nadeau (1998) Impact of suicide death in reducing family communications about the loss *Attig (1996) Misunderstanding by others of this type of bereavement – reduced communication
Reconstructing relationship: **Walking in the shoes**	**4.** *Rynearson (2001) Persistence of re-enactments of death *Klass (2006), Klass et al. (1996) Continuing bonds with the deceased fulfil multiple roles negative and positive *Datson and Marwit (1997) Unhealthy relationship with the deceased – presence of deceased not comforting	**5.** *Neimeyer et al. (2006) Low sense making plus high post-loss attachment predisposes to complications in bereavement *Mitchell et al. (2005); Mitchell et al. (2004) Survivors of suicide vulnerable to complicated grief, suicidal ideation and suicide. *Jordan (2001) Increased risk of suicidal ideation in those bereaved by suicide	**6.** *Linn-Gust (2001) Fears and confusion following a suicide death and in particular fears about other suicides within family contribute to silenced communications
Repositioning relationship: **Taking off the shoes**	**7.** *Klass (2006) Need for research into how continuing bond with deceased adaptive and maladaptive formed *Walter (1996) Central function of grief conversations with others who knew the deceased in constructing biography to integrate deceased into ongoing life *Hedtke & Winslade (2004) Possibility of new meanings generated through conversations with the deceased	**8.** *Attig (1996) Process of grievers relearning their world and therefore growth through grief *Doka (2002b) Progression or regression in terms of growth through grief resulting from challenge of grief to spiritual beliefs *Linn-Gust (2001) Effective grieving can enrich continued living for those bereaved *Neimeyer, Botello et al. (2002) Growth through grief possible outcome in suicide grief – complexity of self-identify issues provoked by suicide death	**9.** *Klass (2006) Significance of family in co-constructing narratives that integrate continuing relationship with deceased *Armour (2003 Complex meaning making through performative actions following violent death. *Levitt (2002) Stories require a listener or audience for the telling – assists narrative flexibility and enrichment – co-constructed nature of narratives with others *Nadeau (1998) Significance of death rituals in meaning making

Table 1: Summary of relevant grief literature

9.5 Discussion research findings and contribution to grief literature and research

Study findings are discussed with reference to the summary of relevant grief literature presented in Table 1. The major contribution of this study has been to provide a greater depth of understanding of the experience of suicide grief through identification of the distinctive features and themes of suicide grief in the context of meaning making and the griever's relational world. Importantly, this study offers a propositional explanation for the established statistically significant increased risk of grief complications, suicidal ideation and suicide in those bereaved by suicide. In this context the study provides important insights into the assault on relationship with self that suicide grief can provoke. This study therefore contributes to postvention and prevention knowledge that seeks to reduce the risk of suicide in those bereaved by suicide. This study also raises interesting questions about the development and nature of the ongoing relationship with the deceased following a suicide death. Study findings suggest that in suicide grief the commonly formed maladaptive relationship with the deceased proposed by the study model is a normal feature of meaning making efforts and changes to an adaptive relationship as narrative construction achieves satisfactory integration. Further, this study structures the distinctive features and themes of suicide grief that emerged from the data into a tripartite working model of suicide grief. It is hoped that the knowledge generated by this study will assist in identifying ongoing research, education and practice issues.

In discussing study findings I am aware that these issues are cause for concern, particularly as the findings suggest that the grief following a suicide death tends to place the griever in an extremely vulnerable state. It is reasonable to question whether the study data was derived from a representative sample of suicide grief group participants. In my professional experience there was nothing exceptional about the study participants to differentiate them from any other group participants. Furthermore, the data excerpts represent in my clinical experience commonly occurring grief group conversations. I have facilitated more than 750 suicide-grief group sessions and therefore have a sound understanding of what constitutes typical grief group participants and commonly occurring grief group conversations. Entry to grief group was by interview assessment and there were no standardised pre and post inventories or

assessment scales administered. It is not therefore possible to say whether study participants would have fitted the criteria for complicated grief, or prolonged grief disorder (Boelen & Prigerson, 2007; Boelen & van den Bout, 2007; Jacobs et al., 2000; Latham & Prigerson, 2004; Prigerson, 2008; Prigerson et al., 1996, 1997; Prigerson, Bridge et al., 1999; Prigerson, Shear et al., 1999). However assessment and diagnosis may have provided diagnostic confirmation of the high levels of suicidal ideation prevalent in the intense maladaptive, post-loss attachment grief group conversations. I raise these issues because consideration of study data and findings and the criteria that have been proposed for complicated grief i.e. six months of intrusive and disabling symptomatology (Latham & Prigerson, 2004) and/or prolonged grief disorder (Prigerson, 2008) would suggest that some of the study participants would be likely to meet the criteria for these disorders. Given these considerations, how does one explain the obsessive engagement with reconstructing the death story, intense attachment or relationship with deceased through death imagery, re-enactments and suicidal ideation, with the ability of the majority of participants to also engage with repositioning themes? These findings suggest that during the suicide grief process those bereaved tend to fit the criteria for these disorders and heightened suicidal ideation. Are complications in grief and suicidal ideation a commonly occurring part of typical suicide grief processes? Similar questions are raised with regard to the maladaptive relationship with the deceased formed through the pain of the deceased's living and dying, which data illustrated being transformed through repositioning into a positive adaptive relationship. Is it possible that in suicide grief maladaptive relationships with the deceased are, as suggested by the model proposed by this study, a common feature of meaning making efforts and the relationship with the deceased changes as narrative constructions of the death story achieve satisfactory integration? Further research is required to understand more about these questions.

As the findings were summarised in the previous section, this section presents a tabulated summary of the main research and theory to which this study contributes. With reference to Table 1, cell 1 details research by Rynearson (2001), Klass et al. (1996) and Rubin et al. (2003) concerning the impact of the self-volition of the death on the bereaved person's relationship with the deceased. This study confirmed these findings and provided important insight through data analysed regarding the contentions

in those studies about the disruption the intentional nature of a suicide death causes to successful meaning making and the development of relationship with the deceased. Research in cell 2 relates to the impact of an intentional death on the relationship of bereaved persons with themselves (Janoff-Bulman, 1989; Neimeyer, Botello et al., 2002; Range, 1998; Rynearson, 2001). The data from this study provided intimate, detailed insight into the devastated world of those bereaved, who likened the experience of loss to Ground Zero. Study data provided insight into how the bereaved behave as if the suicide contains a message for them to be decoded. The data further illustrated the degree of negative self-talk, blame, guilt, confusion and inability to make meaning experienced by many following this kind of death. Cell 3 considers research relevant to the impact of the intentional nature of the death on relationships with others outside and within the grief group (Attig, 1996; Linn-Gust, 2001; Nadeau, 1998). This study provided increased understanding of how conversations about the deceased become a no-go zone at home. It also provided insight into participants' fears of suiciding, their blaming, negative self-talk, confusion, misunderstanding and concerns about real or perceived stigma. This study illustrated how these and other factors cause family members and significant others to withdraw from each other, reducing grief communications.

Research in cell 4 is concerned with the development of maladaptive continuing bonds or relationships with the deceased (Datson & Marwit, 1997; Klass, 2006; Klass et al., 1996; Rynearson, 2001). This study provided important insights into the way the bereaved form the ongoing relationship with the deceased through the violence of their death and the pain the deceased experienced in their life. The pathological elements in the relationship with the deceased are noted in data that illustrates the intensity and persistence of ruminations on the pain of the deceased's life and the death event, and how this is experienced as if the bereaved is trapped in the mindset of the deceased and walking in their shoes. Research in cell 5 is concerned with findings by many researchers regarding heightened vulnerability to complications in grief. Neimeyer et al. (2006) found that low sense-making combined with high post-loss attachment predisposed the bereaved to grief complications. Mitchell et al. (2005) noted that survivors of suicide were vulnerable not only to complications in grief but also to increased suicidal ideation and suicide. An important contribution to grief literature

provided by this study is insight into the suicide grief process as analysed from suicide bereaved participants moving into the mindset of the deceased and undertaking re-enactments of the death scene in their attempts to make meaning of the death. This study provided insight into the complexity of meaning making following a suicide death and the nature and intensity of the post-loss attachment following a suicide death, developing an explanation of why there is an increased risk of grief complications and suicidal ideation and suicides. This study also provided important insight into the process of differentiation from the deceased that can occur when the bereaved find themselves making a decision to live. It illuminated how the process of differentiation helps to negotiate the blind spot that is the inability to rationalise the killing of the self. Cell 6 is concerned with research that stresses the silencing of family grief communications following a suicide death (Linn-Gust, 2001). The limited data available in this study regarding grief conversations with others supports research that suggests the existence of a general blackout on talking about the more difficult aspects of a suicide death with significant others. This finding was in contrast with the relative freedom of expression that marked grief conversations within the group.

Cell 7 is concerned with research into the nature of the continuing relationship with the deceased (Klass, 2006). Walter (1996) suggested that the ongoing relationship is formed through grief conversations with significant others who knew the deceased, to create a biography about the deceased for the development of a positive ongoing relationship with the deceased. Grief group conversations provided interesting insight into the co-constructed meanings that can be made with intimate strangers who did not know the deceased, and how these assist in the process of repositioning the relationship with the deceased away from focusing on the suicide death to support development of a positive relationship. Data from this study illustrated the importance of repositioning strategies in finding a place to lay down the pain of the deceased's life and death. Cell 8 considers research on the changes to the self and relationship with self that relearning the world or growing through grief can provoke (Attig, 1996; Doka, 2002b: Linn-Gust, 2001; Neimeyer, Botello et al., 2002). This study provided understanding of the spiritual, relational and cognitive belief structure changes that the bereaved negotiate following a suicide death to create a new map or relearn their world. Cell 9 considers research regarding the changed relationship with others provoked by grief (Armour, 2003;

Hedtke & Winslade, 2004; Klass, 2006; Levitt, 2002; Nadeau, 1998). This study provided insight into the function of grief group conversations in supporting ongoing conversations with the deceased that allow for new possibilities and meanings to be generated. This study also provided insight into the valuable role of group participants as audience and co-constructors in repositioning relationships with the deceased, and the significance of performative actions and rituals in this process.

9.6 Practice implications: Stepping backwards in order to step forward

The bridging the gap between research and practice in bereavement report from the Center for the Advancement of Health (2005) stressed the need for dialogue and a closer working alignment between research and practice. With the outcome of research providing practical information that delivers “effective psychosocial services for the dying and bereaved” and support for clinicians in the “trenches” (Wolfe & Jordan, 2000, p. 582). Myers and Fine (2007, p119) discussed the different perspectives, education and skill sets between researchers and clinicians, stressing the need for both heart and mind to advance the “science of suicidology and give hope and meaning to those bereaved by suicide”. Jordan and Neimeyer (2003) reviewed bereavement interventions and suggested the need for developing dialogue and partnership between researchers and clinicians to improve the effectiveness of practice interventions in bereavement. Jordan (2000, p. 459) noted, "both clinical practice and good research are (or at least ought to be) grounded in dynamically evolving theory". This study has sought to determine how the application of evolving grief theory to suicide grief can reveal new insights to assist in understanding suicide grief. Sometimes in order to go forward it is necessary to take a step backwards to be sure we have really heard and understood what is happening in the grief experience of the bereaved. What is the impact on meaning making and the griever’s relational world of a suicide death? What can we understand about this by listening to their grief conversations? What do grievers talk/write about? How do they talk/write about it? And what functions do the different kinds of conversation themes serve? This study provided insight into the kind of conversations that take place when there is containment and supportive relationships that assist grief processes. This study also provided insight into the significance of journal writing within grief groups (Hall & Hawley, 2004; Neimeyer, 2000b). This study steps backwards to interpret data to understand what suicide grievers are saying,

in order to step forward with insight and understanding that can assist in identifying research, education and practice issues. The study has identified critical themes in suicide grief to alert clinicians to areas of concern when working with those bereaved by suicide, and has highlighted the types of meaning making conversations that benefit from intervention and facilitation. Moules, Simonson, Fleiszer, Prins and Glasgow (2007, p. 117) suggested that clinicians need maps "drawn out of experience and with awareness of their limitations". The working model proposed has emerged from the shared experience of those bereaved and the author as clinician and researcher mapping the central themes, intentionality, reconstruction and repositioning, to assist understanding and facilitation of suicide grief in practice. The tripartite model of suicide grief is proposed as a framework or guide for clinicians to engage with in their practice and professional networks (Neimeyer, 2000a; Woolfe & Jordan, 2000) with awareness of its limitations and the need for further research. The following points outline practice implications of the study findings.

9.6.1 Practice implications: Meaning making

Analysis illustrated how core suicide grief themes provide a meaning-making framework for the bereaved that facilitates working towards explanations that can assist integrative grief processes. In reflecting on the death, grievers attempt to understand their relationship with the deceased and this functions to cognitively and emotionally engage them with the theme of intentionality. This engagement tends to precipitate grievers into the theme of reconstruction of the death story, which engages them in constructing meanings about the death event and the difficulties and pain of the deceased's life. The meanings developed help to fill in missing pieces of the death story and allow for the possibility of differentiation, negotiation of the blind spot and repositioning that allow the deceased's story to be told in ways that assist development of a healthy continuing relationship. In this process despairing narratives shift to encompass new ways of storying the death. Given this summary of the process of suicide grief, a central concern for practitioners is whether the griever is either avoiding or obsessively fixated on reconstruction of the death story in ways that are overwhelming and do not move towards differentiation and negotiation of the blind spot. Those bereaved often avoid intentionality issues and reconstruction of the death story for fear of the pain and discomfort of engaging with these issues. Therapeutically,

the concern is that the process of integration of grief can be interrupted when meaning making presents too great a challenge for the bereaved, increasing the possibility of grief complications and increased suicidality in the grief process. Avoidance issues are not covered in this study, as data came from participants who sought out a place designated as a suicide grief group; therefore participants were already engaged with intentionality issues. Practitioners require interventions that facilitate discussion of intentionality issues and the meanings their clients construct about them. Themes of intentionality, reconstruction and repositioning are central in providing a framework through which meaning making thoughts and feelings can be articulated. For example, the theme of intentionality functions to draw together inchoate, preverbal feelings and thoughts about the death and to organise these disparate grief experiences into a common element engaged with the intentionality of the death. Practitioners need to be alert to the negative self-talk that engagement with “why” intentionality issues provokes, and facilitate meanings that reframe, resource and provide alternate possibilities while understanding that self-blame is a common response in suicide grief. Interventions similar to the body of trust outlined below (see Figure 5) are required to assist meaning making in small steps that imperceptibly assist the bereaved in making different meanings about the death story that are less rigid and allow for a greater number of possible interpretations of the events.

Figure 5: Body of trust intervention

Figure 5 is an example of a body of trust drawing. This drawing was produced during the intervention covered in Sections 7.7 to 7.7.5. Group participants traced around the actual body of the participant, then fulfilled important audience functions while other participants interactively placed written or drawn information onto the paper that reflected the participant's experience. This intervention facilitates reflection or self-dialogue, particularly with reference to the felt sense within the participant's body, and in this way the activity operates to assist the bereaved to generate ways of reconstructing their narrative with greater flexibility for integrative processes. Self-

dialogues with the body also create opportunities for other modes of understanding that cannot be put into words. This intervention assists in bringing together fragmented and incomprehensible pieces of information and containing traumatic, violent images. Further, it provides opportunities for carrying out actions or words that were not done prior to or at the time of the death. The intervention assists in shifting the deceased from the position of passive imaginal observer of the death. The body of trust story to emerge is constructed from the first person perspective of the bereaved, and this facilitates differentiation from the deceased. Sewell and Williams (2003) addressed therapeutic storying difficulties, suggesting in cases where narrative process and products are fragmented the use of narrative as a metaphor for reconstructing shattered lives. In this context, Totton (2003) stressed the effectiveness of facilitating self-dialogue with the body to enhance integrative processing of incomprehensible or traumatic events, as an important first step in facilitating narrative reconstruction about the death. Research has demonstrated the importance of understanding the interaction between physiological and psychological responses to traumatic events and the effectiveness of interventions that include body talk (Ogden et al., 2006; Siegal, 1999; Van der Kolk, 1996). Bryant et al. (2008) found that trauma-focused therapy was effective in reducing development of post-traumatic stress disorder symptoms. Rothschild (2000) also stressed the need after traumatic events "to unite implicit and explicit memories into a comprehensive narrative of the events... making sense of body sensations and behaviours within that context" (p.151).

9.6.2 Practice implications: Griever's relational world – complications in grief and suicidality

Analysis has illustrated many potential areas for complications in suicide grief and has suggested the benefits of a narrative, meaning making, relational perspective to inform practice interventions. Specifically, analysis illustrated how the bereaved can form intense, maladaptive relationships with the deceased that focus on the pain of the deceased's life and the death story. Analysis illustrated how the bereaved re-enact the deceased's final moments through imagining the period prior to and up to the death; for example, walking the path the deceased took and then standing on the cliff from which they jumped, or re-arranging furniture and placing a rope around their own neck, in order to work through the final actions of their loved one. Re-enactments and other

expressed suicidal themes illustrate the assumptive world of the bereaved at its most damaged and the bereaved relationship with self as extremely vulnerable. Although analysis demonstrates that suicidal themes are so common as to be a normal part of the suicide grief process, the concern for practitioners is that when the assumptive world is not repaired actual attempts take place, or the bereaved wallow precariously on the edge of suicide, living a deathlike existence, carrying around the internalised pain of the deceased. This study data was gathered from grief groups that fostered open communications and provided emotional containment. However, this type of containment is not generally available. Latham and Prigerson (2004) noted that the bereaved often tend to minimise or hide distressing self-destructive thoughts and feelings. Facilitation is required that assists languaging around these frightening behaviours and thoughts, and reframes to provide safety, containment and support. Clinicians require interventions that assist in reconstructing the assumptive world of the bereaved and support differentiation from the deceased, to draw the bereaved back towards living.

The details leading up to and including the suicide and the sequence of events in how the bereaved came to find the deceased, or were informed of the death, often assume the form of a rigid, unhealthy story. One of the benefits of telling the story with an audience, whether in a group or with a clinician, is the opportunity for the bereaved to reflect at sufficient depth to make comprehensible the story for the audience. Stories provide an opportunity for reflection and for questions to be asked that can elicit new insight and understandings that allow for change. For those bereaved by suicide, narrative construction of the death story is like the process of alchemy. Paradoxically, the narrative has to hold and transform dissonant elements, to integrate the suicide death into the most precious and valuable of resources in the bereaved person’s life. It can become a story that assists adaptation to the loss, repositioning of the deceased, and development of a healthy relationship with the deceased that nurtures the sense of self-identity and can be shared and co-constructed with significant others. In the context of practice implications, the findings by Lewis (2007) have already been noted in this thesis with regard to the lack of support for no-harm contracts as a deterrent to suicide (sometimes referred to as a no-suicide contract). Lewis also noted that no-harm contracts did not protect clinicians from malpractice litigation following a client suicide.

The bereaved need a strong sense of safety and containment in the process of constructing the death story, and it is suggested that they benefit from preparation for this process in terms of resourcing as described in the following section.

9.6.3 Practice implications: Resourcing for enriched narrative construction

Analysis provided insight into the overwhelming nature of suicide grief. It is a natural response for the bereaved to look for a lifeline in the midst of the chaos and pain washing over them and their families. Ultimately one of the best and safest things to hold onto is your self. However, with so much of how you understand your world challenged by the nature of the death, it is difficult to take stock, to decide what is worth staying for, what is left of your hopes and dreams, your reasons for living. It is important to encourage those bereaved to reflect, review and draw on their resources such as family, friends, spiritual, religious and philosophical beliefs, nurturing memories of the deceased and their shared relationship, their working lives and interests such as sport, fishing, painting, singing, music, gardening. Given the intensity of the grief experience, dialogues that rediscover and review resources in the life of the bereaved are important in lubricating meaning making for enriched narrative construction. Resourcing reminds the bereaved of who they were before the death happened and who the loved one was in their life, and also reminds the bereaved about other difficult life experiences that they have survived by drawing upon their resources. Conversations about identifying and rediscovering resources assist in strengthening resilience to support the grieving process.

Resourcing reminds the bereaved of their own resourcefulness and that there are other significant relationships and good things in their life. Resourcing reminds the bereaved of the value of the place they hold in the lives of significant others. Neimeyer and Stewart (1996) developed an intervention called a biographical grid that used resources to assist narrative emplotment. A case study method was used to demonstrate the effectiveness of narrative emplotment in assisting narrative constructions. This approach is similar to Rynearson's (2001) restorative retelling and is founded on the knowledge that narratives are often constructed from material based on the individual's pre-existing sense of self prior to the disruptive event. Other examples of this approach are found in the work of White and Epston (1990) who utilised a narrative therapeutic

model to facilitate biographical searches for exceptional instances that could assist in re-authoring life stories in ways that increase client agency. Arciero and Guidano (2000) presented a case study that demonstrated the effective use of a similar method in situations when client narrative material challenges intelligibility and meaning making attempts.

9.6.4 Practice implications: Griever's relational world – repairing trust

The most fundamental aspect of resourcing is through relational connections, and this study's findings underline that each of the suicide grief themes presents challenges relationally for the griever. Analysis supports the contention that engagement with the theme of intentionality challenges core assumptions about the relationship with the deceased and perturbs the griever's sense of self-identity and relationship with self. Challenges to the griever's sense of self influence relationships with others and with the griever's socially constructed world, and this is a reciprocal interactive process given issues of stigma, blame and shame. In a similar way study data illustrated that reconstruction of the death story takes grievers into a maladaptive pain-saturated relationship with the deceased, themselves and others. The influence of the repositioning theme is evidenced in changes in relationships with the deceased, themselves, others, and the griever's construction of world. A profound effect of a suicide death is the betrayal of trust in the person who died and by extension trust in self. Trust is a relational concept and therefore the sense of broken trust also extends to others who now are perceived as vulnerable. Relational fragmentation is seen in isolating behaviours and reduced grief conversations with significant others. With this knowledge, practitioners working with the bereaved require interventions that foster the process of rebuilding relational trust. The pact of trust within relationships assumes that people will use their utmost endeavours to stay alive. The breach in trust leaves the bereaved feeling frightened and unsafe. Practice interventions are required that facilitate repair of broken trust and movement towards relational connection to re-establish a sense of personal efficacy, control, order and a degree of safety in the world. In this context, family systems theory (Walsh & McGoldrick, 1995) has much to offer. Sections 8.7 to 8.7.1 provided data analysis and an outline of a group intervention that facilitated relational connection to prepare the way for repositioning. The working model proposes that repositioning integrates the loss and strengthens the transition from

relationship with the living deceased, lost in the pain of their life and suicide death, to development of a positive ongoing relationship with the deceased, the self and others.

9.6.5 Practice implications: Groups – shared meaning making and rituals

Data analysis provided insight into the opportunities group conversations provide for revisiting and reworking themes to assist participants in building on or co-constructing meanings with other participants. Closed, time-limited groups provide participants with numerous ongoing opportunities to talk through and rework meaning making in a facilitative environment, with the same participants meeting regularly. Pesek (2002) found that time-limited closed support groups enhanced trust and built relationship between group members. Geron, Ginzburg and Solomon (2003, p. 423) studied the contribution to bereavement support groups of specific group features, suggesting that group interventions should both be supportive and provide "emotional containment and direction". Meaning making tends to improve with words. Without opportunities to construct coherent accounts and narrate them to others, traumatic events tend to take up residence inside people in undigested lumps. Groups can assist in building and strengthening relational connections, reducing isolation, repairing trust, verbalising grief experiences, supporting, encouraging, honouring and sharing the loss with others grieving a similar death. Performative action (Armour, 2003) interventions in the form of various rituals facilitate repositioning efforts and support development of a positive ongoing relationship with the deceased. Sections 8.6 to 8.6.1 outlined a ritual intervention called "the story of us". The data analysis in Section 8.6.1 provided insight into how significant this intervention can be in facilitating repositioning, building ongoing relationship with the deceased and in integrative grief functions.

9.6.6 Practice implications: Education that assists transformative learning

The study has illustrated how a suicide death can provoke a fundamental disruption to the griever's worldview and a questioning of the assumptions upon which it is constructed. An important way those bereaved search for meaning is through conversations that attempt to reconstruct the death and pain that the deceased endured in their life and their relationship with the deceased. Engagement with meaning making processes can result in personal growth for those bereaved by suicide through what can be understood as a transformative learning experience (Sands & Tennant, 2008,

manuscript under review). Mezirow (2003, pp. 58-59) described transformative learning as “learning that transforms problematic frames of reference – sets of fixed assumptions – to make them more inclusive, discriminating, open, reflective and emotionally able to change”. In this study this movement was illustrated in the shame, blame and guilt-fixed assumptions inherent in suicide grief narratives that shifted to allow repositioning of the pain of the death and life of the deceased and the development of a relationship with the deceased that offered hope. The study data provided insight into how participants were not stuck within a singular, repetitive and despairing narrative: new ways of storying the death were opened up, which were more emotionally sustaining. Grief groups can assist this process by providing a context to develop interdependent relationships within the group through sharing grief experiences. This sharing assists emotional and cognitive engagement with grief issues and fosters unconscious learning. The participants in this study were not invited to consciously articulate and critically assess or deconstruct their assumptions concerning the impact of the death due to suicide on their grief and their relationship with the deceased. Instead, assumptions surfaced in grief narratives and shifted through informal conversations and grief group processes. These considerations have implications for the structuring and nature of educational information for those bereaved by suicide. Information should be introduced in ways that promote narrative flexibility through insightful experiences to assist meaning making endeavours, however tentative and fragile, drawing on intuitive and non-rational ways of being (Cranton, 2006). These issues have implications for educating clinicians who are required to operate on the borders between therapy and education.

9.7 Limitations of thesis

A limitation of this study is that the data comes from a small sample of participants bereaved by suicide who attended time-limited grief groups. Firstly, the participants self-selected to attend a grief group and secondly, the data of only those who self-selected to participate in this research study has been used. This sample is not therefore representative of people bereaved by suicide who do not attend grief groups and it is not representative of all participants who attended the grief groups from which the data derived. It is reasonable to suggest that many people bereaved by suicide may manage their grieving without experiencing the themes and features surfaced in this study. A study would need to be done to determine differences between those who do and those

who do not attend grief groups, and further assessment to determine differences in grief themes between these two groups, in order to begin to understand significant differences and the applicability of these study findings generally to those bereaved by suicide. There are further limitations in relation to the participants in this study due to its gender bias with a greater percentage of females. Furthermore the participants, although ethnically diverse, did not represent all ethnic groups in the geographical area of the study. Study participants all lived in the Sydney metropolitan area and it is to be expected that suicide grief may differ in rural areas of Australia. Further, it is to be expected that there will be differences in suicide grief in other cultures and countries.

In regard to use of participant data, duty of care requirements meant that data that could have provided further support for study findings could not be included, as inclusion would have caused too much potential distress for participants who were requested to read and approve use of data. Further, confidentiality issues that required de-identification of participant data meant that data that would have provided more detailed support for study findings could not be sufficiently de-identified to be used. It was also challenging for the researcher to write up the analysis in ways that would not increase distress for participants reading it. To maintain neutrality, for example, terms like “commit suicide” were not used because of negative connotations. Importantly, I sought to avoid sensationalism of the subject matter, and particularly graphic, violent and disturbing material was not used even when it would have provided greater insight into the themes discussed.

A further limitation is that my dual roles as group facilitator and researcher may have compromised my neutrality in terms of data analysis and service provision. I discussed this issue in Chapter 5, in which I provide details of my professional and ethical requirements in terms of client care. I noted that my influence as group facilitator was completely in keeping with standard group practice requirements for facilitating grief. It would have been unethical in a community program or any other grief program to manipulate the standard practice for an undisclosed research agenda. Also it should be noted that the data required for this research was the grief group conversations and writings generated within suicide bereavement groups. Therefore the groups from which

this data derived followed a standard format and participants experienced the same environment and service as any other group's participants.

Limitations are suggested regarding the methodology used in this study that required me to immerse myself in the data, given that my prior knowledge and understandings about suicide grief could compromise my neutrality in analysis of data. It is inevitable that my prior knowledge and preconceptions about this area of suicide grief will have influenced the data, but as the researcher I endeavoured to reduce this influence through maintaining personal reflexivity through discussion with colleagues, through writing, and in university progress reports. It should be noted that as a therapist it is a professional practice requirement that in working with clients I maintain neutrality through clinical supervision and reflective practices while also maintaining empathy. This is something I have been doing for many years in my professional life. It is not my intention to suggest that these study findings reveal an "absolute truth" about suicide grief but rather to propose a working model as an invitation to other researchers and practitioners to engage with the model in their professional networks, in developing a shared postvention language, and in identifying ongoing education and practice issues.

A final limitation of this study is the challenge of mapping meaning making conversations within a complex area such as suicide grief. Human beings are actively engaged in meaning making all the time, in all types of situations. However, despite the common occurrence of meaning making it is not a sequential or linear activity with one dialogue building on another, but a subtle, organic process, multi-modal, similar to a Mobius strip. The multiple cognitive, emotional, behavioural and other aspects of meaning making are often autonomic and never fully available for articulation. People can sometimes explain the meanings that they have made, namely the product of their meaning making, but they find identification of the process and pathways of meaning making difficult to articulate. To capture the whole, organic meaning making process in spoken or written utterances in a sequential way is not possible. To address these difficulties and clarify meaning making activities in this study I was required to interpretively link meaning making conversations to questions that were not verbalised by the grievers, with the knowledge that meaning making is constantly shifting and changing. Therefore at any point the data in this study captures only a time slice of

participant meaning making, which will shift and change in the next moment. As Marcel (1949) suggested, “Meaning questions cannot be ‘solved’ and thus done away with... meaning questions can never be closed down, they will always remain the subject matter of the conversational relations of lived life” (cited in Van Manen, 1990, p. 23). Despite the challenges of mapping meaning making conversations in suicide grief, I believe this study contributes significant knowledge of the distinctive themes, features and experience of suicide grief to assist in identifying education, practice and research issues.

9.8 Recommendations for further research

Section 9.5 (paragraph 2) provides a discussion of the questions raised by study findings that require further research. In brief, the findings from this study suggest that in grief groups many of those bereaved by suicide would seem to fit the criteria for complications in grief, suicidality and maladaptive relationship with the deceased. Study findings suggest that these issues are so prevalent as to be considered normal in suicide grief and appear to be part of active meaning making efforts to integrate the death. It is suggested that findings regarding the predominance and significance of reconstructing the death story through re-enactments, and the relationship between this and increased suicidal ideation, require further research to determine specifically how and when these activities shift from effective grief processing to become active suicidality that places the bereaved at risk of complications in grief and suicide. This research would require sensitivity and care in the way it is designed and conducted. A combination of quantitative and qualitative methods assessment methods could be used. Given that the bereaved generally minimise or hide suicidal thoughts, the research would have to be conducted in an environment that engendered trust, possibly through group work or a series of interviews (Latham & Prigerson, 2004). Practice interventions that assist those bereaved by suicide to navigate these “normal” but at risk areas of suicide grief are required, together with research to develop more sensitive assessments of suicidality. In this context the current discussion, debate and development of diagnostic criteria for complicated grief, traumatic grief and prolonged grief disorder is important (Boelen & Prigerson, 2007; Boelen & van den Bout, 2007; Jacobs et al., 2000; Latham & Prigerson, 2004; Prigerson et al., 1996, 1997; Prigerson, Bridge et al., 1999; Prigerson, Shear et al., 1999). In an investigation of resilience as a coping factor

Rutter, Freedenthal and Osman (2008) developed an assessment inventory for young adults, the Suicide Resilience Inventory, that could be useful for assessing suicidality in the context of young adults bereaved by suicide. This inventory is administered to young adults via clinical interviews to provide opportunities for identifying avenues for positive change.

Education and practice issues generated by these study findings relate to the importance of providing postvention services that are culturally sensitive and available in rural and regional communities as well as in metropolitan areas. Postvention services include community education, information available through web sites, pamphlets, literature, suicide grief groups, family and individual counselling for adults, adolescents and children, telephone and internet support. In Australia there are limited tertiary education programs for clinicians working with those bereaved by suicide. Education about the bereavement process following violent, traumatic and sudden deaths due to suicide, accident and homicide is a vitally important aspect of grief and loss education. There is a need for tertiary level programs that incorporate grief theory, research and practice issues and provide opportunities for postgraduate study and research.

This study represents a small but significant step in suicide postvention literature in Australia. Further funded studies with improved resources will provide further knowledge that improves understanding of suicide grief. In particular, it would be important to consider differences between self-selecting support group attendees and those bereaved by suicide who do not access any group services. Non-group participants could be recruited through the Department of Forensic Medicine, and a methodology using both qualitative and quantitative data implemented. A series of assessment tools could be used to determine grief complications, trauma, suicidal ideation, meaning making, social functioning, etc. in grief group attendees, contrasted with those who have applied for but not yet commenced attendance of a grief group and possibly with a third sample of people who have attended a group. Findings would assist in identifying differences and determining relevance and the need for amendments and additions to the findings of this study.

This study focused on group participant meaning making conversations. It would be important to understand also the kinds of conversation that take place in families of those bereaved by suicide. A window into this could be achieved by conducting a series of family interviews using semi-structured questions, following the design methodology used by Nadeau (1998), to understand more about suicide bereaved family meaning making grief conversations. Data from this and several other research studies has suggested that there are reduced communications in families following a suicide death. A study of the kind suggested could be compared with grief group conversations to provide understanding about how to implement findings in family counselling settings. There is also little research that provides understanding of the grief experience of adolescents and children bereaved by suicide grief. This study details the difficulties experienced by adults bereaved by suicide and demonstrates that it is not sufficient to take a grief model comprised of typical grief reactions and apply it to those bereaved by suicide. This constraint is likely also to apply to children bereaved by suicide. Further research and education would contribute to improved counselling and group services for suicide bereaved adolescents and children.

As already stated, the findings from this study are drawn from group participants from the Sydney metropolitan area. It is important also to understand more about the experience of suicide grief in small communities and rural areas in Australia, where there is even less opportunity for naturally occurring grief conversations, and fewer services and limited access for many. A study conducted through interviews with questions devised from the findings in this study could be a first step in understanding more about the impact of a suicide death in this isolated and vulnerable population. In a study of disenfranchised grievers, Doka (1989) considered issues for grievers in a range of situations where the griever was alienated from community grief rituals and/or where the relationship with the deceased was not acknowledged, and noted the different needs of different grief contexts. Clearly there is a need for studies of different socio-cultural practices and understandings regarding suicide grief. Australia is a multicultural nation and each culture has different religious, social and philosophical beliefs that influence the grief process following a suicide death. There is little available research on these issues. In particular, the high rate of suicide in Australian Indigenous communities is of

concern, and further research is required to understand how best to address this issue in culturally appropriate and sensitive ways.

During the time I have been writing this thesis approximately 11,000 Australians have died due to suicide. These deaths due to suicide will be mourned by a conservatively estimated 66,000 suicide bereaved adults, not to mention adolescents and children. It is my hope that this research will contribute to education, practice and research issues to support the provision of postvention services to assist these suicide bereaved families and individuals to find a way of reaching through the intense grief, tragedy and shattering this kind of death causes, to rebuild their lives.

Appendix A

Approval Letter

Louise Abrams
Research Ethics Officer
Research and Commercialisation Office
Level 7, Building 1 (Tower)
University of Technology, Sydney
BROADWAY NSW 2007

Ph: 02 9514 9615 Fax: 02 9514 1244
07 April 2004

Professor Mark Tennant
Acting Pro-Vice-Chancellor (Research)
Level 4A, Building 1
Broadway Campus

Dear Mark,
UTS HREC 2004-015 - TENNANT, Professor Mark, HAMMOND, Dr Jenny (for SANDS, Ms Diana - EdD student) – "A study of meaning making processes in suicide bereaved adults"
Ms Sand's response to my letter dated 16 March 2004 satisfactorily addresses the concerns and questions raised by the Committee, and I am pleased to inform you that ethics clearance is now granted.
Your clearance number is UTS HREC 2004-015A.
Please note that the ethical conduct of research is an on-going process. The National Statement on Ethical Conduct in Research Involving Humans requires us to obtain a report about the progress of the research, and in particular about any changes to the research which may have ethical implications. This report form must be completed at least annually, and at the end of the project (if it takes more than a year), or in the event of any changes to the research as referred to above, in which case the HREC Secretariat should be contacted beforehand. The Ethics Secretariat will contact you when it is time to complete your first report.
I also refer you to the AVCC guidelines relating to the storage of data, which require that data be kept for a minimum of 5 years after publication of research. However, in NSW, longer retention requirements are required for research on human subjects with potential long-term effects, research with long-term environmental effects, or research considered of national or international significance, importance, or controversy. If the data from this research project falls into one of these categories, contact University Records for advice on long-term retention.
If you have any queries about your ethics clearance, or require any amendments to your research in the future, please do not hesitate to contact the Ethics Secretariat at the Research and Commercialisation Office, on 02 9514 9615.
Yours sincerely,

Associate Professor Jane Stein-Parbury
Chairperson, UTS Human Research Ethics Committee

Appendix B

Consent Form

Faculty of Education

Dean
Professor Andrew Gonczi

PO Box 123
Broadway NSW 2007
Australia

Tel. +61 2 9514 3901
Fax +61 2 9514 3933

University of Technology, Sydney

1. I……agree to participate in the research project "***A study of meaning making processes in suicide bereaved adults***" UTR HREC approval 2004-015A being conducted by Diana Sands, Faculty of Education, University of Technology, Level 5, Building 10, Jones Street, Sydney NSW 2007. ph: 0414 721 653, for the degree of Doctor of Philosophy TA95.

2. I understand that the purpose of this study is to increase understanding of adult grief processes, following a suicide death in order to provide increased understanding about what kind of counseling assistance, support and resources would be helpful for those who are suicide bereaved.

3. I understand that this research will be undertaking analysis of group and interview data, relevant to research participants, to identify key themes, patterns, commonalities and strategies utilized to make sense of this death.

4. I understand that my participation in this research will involve attendance at two interviews (total time 2 1/2 hours) at two and three month intervals, dates and times to be arranged at my convenience. The interviews will be held at Suite 4, 1st Floor, White House Medical Centre, 89B, Cowles Road, Mosman, NSW 2088.

5. Permission also involves allowing the use and analysis of my spoken words recorded during the bereavement group program I have completed. I also understand that permission is required to use artworks, describe rituals and digital images of psychodrama sculptures with faces morphed for de identification, all of which have been produced or undertaken during the bereavement group program I have completed.

6. I understand that group recordings and analysed data from the recordings will be de identified at the point of collection and stored using codes in a locked filing cabinet. Only Diana Sands will have access to this information.

7. I understand that the two interviews will be to discuss my grief process and that although all respectful and professional care will be taken, the material being discussed may be emotional and evoke strong feelings. I am also aware that I can terminate the interview at any time without giving a reason.

8. I understand that if I am unduly distressed a session with a grief counselor will be arranged at no cost to me.

9. I am aware that this material will be used in a way that completely protects my privacy and confidentiality and that at no time will any aspect of my family, or family name be identifiable in any way, shape or form from this material.

10. I understand that I will have the opportunity to read sections relevant to my contribution and request any material be removed that I do not wish to be published without giving a reason.

11. I am aware that I can contact Diana Sands or her Supervisor Dr. Mark Tennant if I have any concerns about the research. I also understand that I am free to withdraw my participation from this research project at any time I wish without giving a reason. I also understand that if I commence participation in this research then withdraw from this research then none of my data will be used in the research.

12. I also understand that I am under no obligation to participate in this research and that I can decline to participate at my own discretion. I also understand that if I do not participate in this research then none of my words from group recordings, artworks, rituals or digital images of psychodrama sculptures, will be used in this research in any way, shape or form.

13. I understand that I do not have to make a decision now and can think about this and contact Diana Sands or her supervisor, Dr. Mark Tennant Ph: 9514 1255 to discuss this further.

14. I agree that Diana Sands has answered all my questions fully and clearly.

15. I agree that the research data gathered from this project may be published in a form that does not identify me in any way.

_____ ___/___/____

Signed by

_____ ___/___/____

Witnessed by

Note:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer, Ms. Louise Abrams (ph: 02 9514 9615, Louise.Abrams@uts.edu.au) , and quote the UTS HREC reference number. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

Appendix C

Decline to Participate Form

Faculty of Education

Dean
Professor Andrew Gonczi

PO Box 123
Broadway NSW 2007
Australia

Tel. +61 2 9514 3901
Fax +61 2 9514 3933

University of Technology, Sydney

1. I.....do not agree to participate in the research project "***A study of meaning making processes in suicide bereaved adults***" UTR HREC approval 2004-015A being conducted by Diana Sands, Faculty of Education, University of Technology, Level 5, Building 10, Jones Street, Sydney NSW 2007. ph: 0414 721 653, for the degree of Doctor of Philosophy TA95.

2. I, Diana Sands undertake to those who do not wish to participate in the research project "***A study of meaning making processes in suicide bereaved adults'*** UTR HREC approval 2004-015A. that none of their words from group recordings or any artworks, rituals, digital images of psychodrama sculptures from the group program will be used in this research in any way shape or form.

_____ ___/___/____

Signed by

_____ ___/___/____

Witnessed

Note:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer, Ms. Louise Abrams (ph: 02 9514 9615, Louise.Abrams@uts.edu.au) , and quote the UTS HREC reference number. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

Appendix D

Bereaved by suicide consent to record form

The Salvation Army

CHATSWOOD & NORTH SHORE CNR JOHNSON & ARCHER STS, CHATSWOOD

CNR JOHNSON & ARCHER STREETS
CHATSWOOD NSW 2067
POSTAL ADDRESS – PO BOX 687 CHATSWOOD NSW 2057

CITADEL – PHONE (02) 9419 8695
– FAX (02) 9419 2332
– A/H (02) 9419 8093

Dear Group Member,

Bereavement Support Group

As a matter of course when I facilitate groups I record sessions for review to meet group requirements in subsequent sessions. On occasion segments of a recording are reviewed with my clinical supervisor as an ethical requirement of professional practice.

I give Diana Sands permission to record group sessions as required for professional practice.

Sign ..... Date: .....

Please print name here: .....

Appendix E

Permission to use analysis data and direct quotes

Faculty of Education

Dean
Professor Andrew Gonczi

PO Box 123
Broadway NSW 2007
Australia

Tel. +61 2 9514 3901
Fax +61 2 9514 3933

University of Technology, Sydne

1. I.....have agreed to participate in the research project "A study of meaning making processes in suicide bereaved adults" UTR HREC approval 2004-015A conducted by Diana Sands, Faculty of Education, University of Technology, Level 5, Building 10, Jones Street, Sydney NSW 2007. Ph 0414 721 653, for the degree of Doctor of Philosophy TA95.

2. I understand that the purpose of this study is to increase understanding of adult grief processes, following a suicide death in order to provide increased understanding about what kind of counselling assistance, support and resources would be helpful for those who are suicide bereaved.

3. I understand that this research has undertaken analysis of group data relevant to research participants, to identify key themes, patterns, commonalities and strategies utilized to make sense of a death due to suicide.

4. I have given permission to analyse my spoken and written words recorded during the bereavement group program I have completed. I also confirm that I have given permission to use artworks, describe rituals and digital images of psychodrama sculptures with faces morphed for de identification, all of which have been produced or undertaken during the bereavement group program I have completed.

5. I understand that all material and analysis will be de identified at the point of collection and stored using codes in a locked filing cabinet. Only Diana Sands will have access to this information.

6. I am aware that this material will be used in a way that protects my privacy and confidentiality and that at no time will any aspect of my family, or family name be identifiable in any way, shape or form from this material.

7. I understand that I am under no obligation to continue to participate in this research and that I can decline to participate at my own discretion. I also understand that if I do not participate in this research then none of my words, artworks, ritual or digital images of psychodrama sculptures, will be used in this research in any way shape or form.

8. I understand that if I have concerns I can contact Diana Sands or her supervisor Dr. Mark Tennant Ph: 9514 1255 to discuss this further.

9 I agree that Diana Sands has answered all my questions fully and clearly.

10. I understand that I am required to attend a one-hour meeting to read and discuss my contribution to the research. I am aware I can terminate the meeting at any time. I understand that reading the group data material may be emotional and evoke strong feelings.

12. I understand that if I am unduly distressed a session with a grief counsellor will be arranged at no cost to me.

I confirm I have read sections relevant to my research contribution and in the full understanding that I can request any material be removed that I do not wish to be published without giving a reason, I hereby give permission for the research data gathered for this project and analysis of this data relevant to my contribution and substantially as set out in the research document I have read today, allowing for editing, be published in a form that does not identify me in any way.

_____ ...../...../.....

Signed by

..../...../.....

Witnessed by

Note:
This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the research, you may contact the Ethics Committee through the Rsearch Ethics Officer, M. Louise Abrams (ph: 02 9514 9615, LouiseAbrams@uts.edu.au), and quote the UTTS HREC reference number. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

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