Original Articles

How Does Someone Experience a Loss to Suicide? – A Narrative Exploration

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Abstract: Suicide is a major public health issue and its research has shed light on how to prevent it nationally and internationally. Yet, how a suicide impacts its survivors, those who lost someone to suicide, has attracted scant attention. After Edwin S. Shneidman identified the needs of suicide survivors in 1960s, the traumatic loss to a survivor often results in being deeply wounded and the grief is prolonged, if not complicated. Being severed from the social network where the suicide survivors were situated prior to the loss, this detrimental experience brings shame, guilt, isolation and stigmatization. The trauma discourse has dominated the early research on suicide survivors, focusing on the pathological development and deterioration of their mental health. However, with the presentation of theories of resilience and post-traumatic growth, the authors argue that as survivors have gone through the acute crises of loss and have come to terms with the occurrence of suicide, they have embarked on the journey of rebuilding and restructuring their lives, recreating the meaning of the survivorship. Using Papadopoulos' Trauma Grid as a framework to investigate eight survivors in the UK, the authors presented contributing factors to the potentially unique developments of survivors.

Keywords: suicide survivor, narrative inquiry, trauma grid, resilience, post-traumatic growth.

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Introduction

This research is about suicide survivors (SS), those who lost their loved ones through suicide. We conducted research with eight survivors in the UK with the methodology of narrative inquiry during 2013-15 with the ethical approval from the University of Essex. As the main researcher, personally losing my son to suicide 18 years ago gave me the qualification to explore this excruciating journey and provided me dual lenses to examine what factors contributing to various responses survivors might go through. With the experiential and academic perspectives, this research explored what elements resulted in any negative, neutral, or positive developments of survivors' lives.

SS did not "exist" until suicide became a mental health issue [1]; they have been historically overlooked, and it was only in the 1960s that this started to change. Survivors came to the forefront unexpectedly after the execution of the psychological autopsies done by the Los Angeles Suicide Prevention Center. The team investigated why the deceased killed themselves by interviewing the family members and friends. They found widespread resistance to reveal, the denial of evidence, and mental health problems among survivors; unexpectedly, they also discovered that survivors had a great need to talk about their experiences.

For each suicide, initially it was said at least six survivors [2], or ten [3], or twenty-four [4] will be impacted; and as many as one hundred would seriously contemplate killing themselves [5]. The parameters of who qualifies as a survivor have been extended to include health professionals (such as doctors, nurses, social workers and therapists) and those who are distressed after the suicide (such as the police). They have been included regardless of their kinship relationship or psychological relationship with the deceased due to their professional involvement prior to and after the suicide [6]. Myfanwy Maple proposed a continuum of survivorship for those who are 'exposed', 'affected', 'bereaved short term', and 'bereaved long term' [7]. Recently, it has been suggested that 135 people will be exposed to a suicide [8]; although not everyone exposed to suicide would need clinical intervention, this figure preempted us to look at the potential detrimental impact on the mental health of those who are influenced by suicide [9, 10].

In Taiwan, it was only until the set-up of the Taiwan Suicide Prevention Center in 2005 that suicide prevention was tackled systematically and methodologically; and until 2019, after the implementation of the Suicide Prevention Act, survivors' needs and well-beings have attracted scant attention. Up to now, most of the domestic research on survivors has looked at the negative impacts, or how to develop effective therapeutic models for individual survivors, such as the grief process [11-13] and the tasks to go through [14]. Meaning-making has been found to produce significant progress for survivors' well-being [15] and the somatic healing method has also been found to be an effective intervention [16]. The only institution working with groups of survivors on a long-term basis is MacKay Memorial Hospital, which devotes a team to work with survivors and finds their need to express their experiences; hence, the hospital has

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developed storytelling as an intervention method [17].

Two studies have explored the impact beyond individuals. How survivors view the reasons for the suicide influence their recovery, which is to do with their personality, the relationship with the deceased, and the social and environmental elements. The researchers call for the necessity to address the negative impacts of cultural, social media, and religious interpretation of suicide [18]. The negative impact on the family has shown that the family relationship became invisible after suicide, and survivors blame themselves and each other. The traditional value and cultural perspectives are deeply rooted in the Chinese survivors which need to be addressed for their recovery [19].

This research not only investigates the impacts beyond individuals, such as on family, society, and community, but also we go beyond the negative to explore the neutral and growth elements, and look for the contributing factors to various responses. We hope this can inspire the expansion and scope of future research on survivors and bridge the gap between current practice and the real needs of survivors.

The Theories of Post-traumatic Growth after Adversity

There exists ample research on the negative impacts on survivors. However, after the theory of resilience was put forward [20, 21], the formation of positive response to grief, loss and/or trauma has been identified by researchers and this stance serves as a counterbalance to the prevailing pathological discourse (e.g. PTSD, complicated grief) [22]. In the 1970s, the healthy development of children in negative environments was identified by researchers as "resilient". Resilience is a trait that reflects one's ability to adapt to stressful events in life. It is defined as 'a dynamic process encompassing positive adaption within the context of significant adversity' [23]. In the context of bereavement, it is one's capacity to maintain continuity of identity before the loss and over the post-loss bereavement period that shows evidence of resilience. The narrative of resilience is synonymous with effective coping after adversity.

This positive response to grief and loss has been identified as post-traumatic growth (PTG) (sometimes called personal growth or positive growth) [24]. Lawrence G. Calhoun and Richard G. Tedeschi argued that grief and trauma present some survivors with a potential for transformation; there are some changes occurring in survivors that enable them to transform their post-traumatic stresses into post-traumatic growth. For example, the personality of the bereaved contributes to the potential for positive growth outcomes. The optimistic attitude of some bereaved mothers, along with their capacity to reframe the loss in a positive way, as well as seek and engage with support, are identified as significant factors [25].

Feigelman and Jordan examined the growth experiences of parents after the loss of a child to suicide and found that PTG is positively linked with the length of time that had passed after the subject's loss and is negatively related to suicidality, abnormal grief reactions and mental health problems [26]. Angela Smith and her colleagues used Interpretative Phenomenological Analysis to explore the experiences of PTG in adults bereaved by suicide. They suggested that the positive outcomes of surviving a loss to suicide are contingent on the 'process of time'; and it is impossible to give a time frame for survivors to determine when growth may begin, for it is rather a fluid journey which is very dynamic in nature. However, for the survivors, the idea of PTG seemed 'unmentionable' [27]; the survivors were reluctant to mention that they obtained positive feelings from the traumatic loss. The authors also reminded the readers that the experiences of growth do not preclude distress; these experiences can co-exist.

The social support is also a significant factor in aiding survivors in the reconstruction of their experiences and lives, as well as facilitating the finding of new meanings and 'rediscovering hope for the future' [28]. Having access to social support and genuine interpersonal communication are key factors in assisting survivors to obtain positive outcomes [29, 30]. Similar to Smith's research, another study by David Miers and colleagues has identified the forms of assistance that survivors wish for: namely, being heard and receiving a response; advice from other survivors, aid in finding direction; support in viewing the deceased; help in remembering the deceased; and opportunities to give back to the community at large [31].

Trauma Grid

Developed by Papadopoulos, the Trauma Grid (TG) explores the negative, the 'neutral', and the positive responses a person may experience after encountering adversity [32] (Fig. 1, see below). The negative outcomes of trauma may include: 'ordinary human suffering', 'distressful psychological reaction', and 'psychiatric disorder'. The 'neutral' response is synonymous with 'resilience' which remains unchanged after encountering the adversity, although it is possible that it is lost temporarily. The positive outcome of a distressing situation is called 'Adversity-Activated Development' (AAD), referring to positive growth and developments that are a direct result of being exposed to adversity. AAD includes the development of new characteristics that did not exist prior to the encounter with adversity.

AAD highlights the existence of new strengths that did not exist prior to the adversity, and it expands the differentiation of non-pathological outcomes following calamity. When a person is coping with adversity, the course one takes is rarely a linear progression (i.e. from the negative to the positive). AAD is acquired because traumatic incidents force a person to face his/her personal limits. It often pushes them over the edge of their world, they feel their life has reached an end and they do not know how to go on. Paradoxically, an encounter with adversity can open a potential space for change.

Methods

Narrative Inquiry as Methodology

Narrative inquiry (NI) is a qualitative methodology that engages the reconstruction of a person's experience, a person's relationship to others and to a social milieu. It is a method of understanding experience [33]. The purpose of NI in human science is to understand and

	Negative effects			'neutral' effects	Positive effects
	Psychiatric disorder, PTSD	Distressful psychological reaction	Ordinary human suffering	Resilience	ADVERSITY-ACTIVATED DEVELOPMENT (AAD)
Individual					
Family					
Community					
Society/culture					

Figure 1. The 'Trauma Grid' (Papadopoulos, 2007)

obtain insight into the human condition and existence, rather than to prove, explain or predict any truth with old-fashioned scientific objectivity [34]. We adopted John Dewey's pragmatic philosophy to explore the ontology of experience. Dewey urged us to understand experience as 'something which no argument and no term can express' [35]. He disagreed with non-empirical philosophers who tried to find something beyond the experiences; for Dewey, experience is 'an existence' [36]. Experience is 'meaningful and human behavior is generated from and informed by this meaningfulness' [37].

The choice of this qualitative approach is mainly based on the importance of emotional experiences for survivors. It also provides an aesthetic vehicle to carry the weight and generates suitable distance for the readers to consider the emotional relevance of what they are reading. It allows the reader/audience member to acknowledge the experience of the narrator as 'felt', 'lived', and 'embodied'. We have avoided over-editing, fictionalizing, or sacrificing survivors' voices for the sake of artistic refinement. We are not claiming that it was, in any way, a straightforward or unproblematic task. Nor are we claiming that the interview context and the order of the interviewees' narratives can be made transparent without complication. Actually, it has been a messy, dialogical and relational process [38, 39].

Participants

Eight survivors recruited in the UK were invited to attend an individual interview, followed by a one-day group workshop, and then a follow-up individual interview. The participants' list was compiled according to the period of the loss in a descending order when they entered this research in 2013. All names are pseudonyms, whereas nationalities other than British are identified as European. Anonymity and identifiable elements have been changed in order to meet the ethical standard for protecting the participants. We highlighted some elements: when the suicide happened, the time span of the loss, the presence of other siblings and children, their nationality (other than British), and their working status. We chose not to go into details about personal characteristics or history in order to reduce the individual's idiosyncrasies. This does not suggest that the individual process is not unique, but was a strategic research choice in order to focus the lens of the study on specific contributing factors.

- Angela is in her early 40s. She lost her mother in 1984 when she was 15 years old (29 year loss) in her country of origin. She is European and has an elder sister. Angela works as an artist.
- Vanessa is in her early 30s. She lost her father in 1994 when she was 13 (19 year loss). She is European but the suicide happened in Britain. She is the oldest child and has three siblings. She works full-time.
- Daniel is in his early 60s; has 5 sons. He lost the 2nd son in 2000 at the age of 15 (13 year loss). He was a professional counsellor but took early retirement. He has been involved in youth work and has set up charitable organizations to help young people.
- Jessica is in her 60s; has 3 sons; was divorced in her 30s and raised her children on her own. She lost her second son in 2001 when he was 35 (12 year loss). He left two young children with his wife. Jessica is working part-time and taking care of a relative.
- Suzanna is in her 40s; she lost her first son in 2005 when he was 17 (8 year loss). She has been taking care of another son as she was separated from her ex-partner before the suicide occurred. A few years later, she married her boyfriend whom she had known for a year at the time of her son's suicide. She works as a massage therapist.
- Tracy is in her 60s; has one son and one daughter. She lost her 31 year old son in 2005 (8 year loss). He had been married for one year when he killed himself. Tracy is retired and has been travelling to her daughter's family and taking care of her grandchildren when needed.
- Jan is in her late 20s. She lost her mother in 2006 when Jan was 21 (7 year loss). She is the oldest child among six. She got married in 2012 and works full-time.
- Becky is in her early 30s. She lost her only brother in 2008 while he was 33 (5 year loss). She is European and works full time as an office manager.

Results and Discussion

The data analyzed has utilised five resources: the application form (AF), the initial interview transcript (II), the group discussion (GD), the written feedback after the group (QA), and the follow-up interview (FI). Firstly, most of the interviews that We obtained in the empirical work were initially about negative experiences,

responses, impacts and developments. This tendency is understandable since suicide is a negative and traumatic event for the individual and society at large. The relationship between the individual, the family, and society is mutual, reciprocal, and sometimes dialectical. For instance, as suicide is still deemed a taboo subject, this may prevent there being space for the bereaved to express what happened to them; if the individual cannot express clearly what they need after the suicide, this will result in the inability of the community to respond to them and their needs. The individual may then accuse the community of avoiding, silencing or implicitly shaming themselves or their family; hence, the subject matter is increasingly elusive for each party – the individual, the family, the community, and society.

Secondly, it is crucial to understand, acknowledge and be sympathetic to the negative impacts on the survivors before identifying any resilience or AAD. The factors contributing to resilience are more about finding resources to cope with the loss, while those of AAD have more to do with a cognitive process and awareness of humanity and existence. It indicates not only the intra-psychic processes (e.g. how one experiences the adversity), but also the coping strategies developed to meet interpersonal demands (e.g. how does one fulfil the needs of one's other family members while you are going through the bereavement together), and the reciprocal effects on and between the individual, the family and the community.

Thirdly, it is relatively easy to identify how suicide impacts the individual and the family, but the impacts on the community or society as a whole are less clear or accessible and harder to evaluate from the individual point of view. Although the impact on the broader level is hard to evaluate, this does not mean that there is no impact, whether negative or positive. In the following analysis, We have used the term "response" interchangeably with "development", "effect", and "experience".

Negative contributing factors

The negative experiences that were named by the survivors include: a huge amount of difficult feelings (such as feeling angry, guilty, shocked, ashamed, feeling judged, feeling blamed), difficulties functioning in daily life (e.g. sleeping problems, loss of appetite, unable to fulfil routine tasks), the loss of strength (e.g. loss of motivation, unable to concentrate, inability to cope), pathology formation (e.g. depression, dissociation, feeling suicidal, excessive substance consumption). Outside the realm of the individual, the structure of some families was deteriorating. This took the form of family members either blaming each other or leaving the individual to struggle alone on the bereavement journey. In terms of negative experiences regarding the community, the major theme was the community failing to respond to and care for the survivors' needs, as a result of its struggle to digest the incident of suicide. The contributing factors are summarized as:

1. Individual vulnerability and environmental deficiencies before the suicide and after.
2. The barriers that prevent survivors receiving support from others.
3. External pressures preventing the grieving process.

Individual Vulnerability And Environmental Deficiencies Before The Suicide And After

This will be discussed under two headings: when the suicide happened, and the immediate problems in the environment before and after the suicide.

●When the suicide happened

It goes without saying that it matters a lot when the suicide happened. The meaning can differ according to whether the person is a young child, an adult, or elderly. This rough differentiation is based on the different focus and tasks for different life stages [40]. The suicide may influence a young person whose development toward adulthood is coloured by the loss to suicide. For instance, Angela is in her early 40s. She lost her mother in 1984 when she was 15 years old.

At the end of the day I was still a child. I think my father, my sister, my grandparents, they forgot I was still a child. They left me on my own so much. There was just nobody who looked after me really while I was still a child. [pause] I felt I never had any support. (Angela, II)

In Angela's experience, she struggled to develop her identity; she not only lost the care, love and support that a daughter may receive from a mother but also a model of womanhood. It is also difficult for the elderly who may see themselves nearing the end of their lives and who have fewer life events to imagine in their future. Becky is in her early 30s. She lost her only brother in 2008 while he was 33. During the interview, she mentioned the struggle that her mother has been living with:

She [B's mother] has been very depressed, she struggles every day. She can't understand why her son's not here. … She says to me, it's because I'm young; maybe suicides affect older people differently because of their age. She says, "I'm 65 and I've nothing to look forward to other than to question every day why my son killed himself. (Becky, II)

●The immediate problems in the environment before and after the suicide

Jan lost her mother when she was 21. She needed to become a maternal figure for the other siblings and shared the duty with her father. In a way, this forced her to be grown up:

I felt I'd lost a lot of my innocence. I felt a little bit cheated, I had to, suddenly, grow up, the naivety that I had before was lost. So I felt a bit sorry for myself, for not having a mum around is really difficult. I felt I wasn't free anymore. I had a duty towards my family, I couldn't just be young and just go out whenever I wanted; I had to think about the rest of the family in a kind of mother way. I felt resentment … I was too young. (Jan, II)

Barriers to Receiving Support From Others

The barriers to receiving support from others can be at least twofold – from survivors themselves and from others – and the effect is reciprocal (e.g. being unable

to express what one needs results in the other's failure to offer help). The analysis will be discussed under three subthemes: survivors not having the language to articulate the experience; the severance of the connection with others; and the other's incomprehension of the loss and of the survivors' needs.

●Survivors do not have the language to articulate the experience

Suicide is still very much a taboo subject, even though the attitude towards suicide and survivors is more sympathetic. As Becky said, "You don't sit there with a glass of wine over dinner and say, 'Have you thought about killing yourself recently?' You don't talk about those sorts of things". It is important that people learn that survivors have difficulties articulating the experience.

I wasn't really talking about how I felt about it to people. I was just completely and utterly devastated and I found it a bit too much to cope with, I find it very hard to articulate what I feel about it anyway. It's too big ... it's too ... difficult and painful to talk about really. ...It's hard to explain because there are so many different emotions. [cry] I think that no one understands what you're going through. (Suzanna, II)

The internalization of negative interpretations of suicide also contributes to the inhibition of talking about suicide, rendering acceptance more difficult.

My mum told her best friend that Gordon died in a car crash. But I told her the truth. Mum was very, very angry with me for having told her that he committed suicide. I said to her, "you've known this woman for 35 years, mama, why would you lie to her?" She was like, "because I'm ashamed of what my son did". (Becky, II)

●The severance of the connection with others

Suicide sometimes creates an irreconcilable break or a hiatus in the existing connections between family members. For Vanessa, the loss of her father came with the loss of the relationship with his family:

When it first happened, they didn't want to have anything to do with my mum ... they demanded we gave things back ... we didn't speak for quite a long time. (Vanessa, GD)

Becky and her parents had been entangled in blame, their connection was broken, and they could not comfort each other when they needed each other the most. Each one was left to cope with the tragedy alone.

There's a lot of blame as well. My mum was blaming my dad; My dad was blaming my mum; they then blamed me. We were just blaming each other. For a while I thought I'd never be able to speak to my mother again because we were pulled apart. I was angry with my mother and my dad because I wanted them to be there for me as parents. I wanted them to support me for having lost my brother. They couldn't because they'd lost their son. (Becky, II)

●Other people's incomprehension of the loss and of survivors' needs

Suzanna mentioned one of the aspects of her experience was 'not being understood and not being allowed to feel what you are experiencing'. People do not want to, or know how to, bring up the subject of suicide, worrying that it will upset survivors. In consequence, either no one talks about it or they end up by saying the wrong things:

For the first few years, it was hard to talk about it. I have a huge amount of guilt for not being able to protect my son. I felt a massive failure. But whenever I did try to talk about how I felt, when I said I feel guilty, everyone would say, 'no, no, don't feel guilty. It's not your fault'. But I do. For God's sake, I just want to say I'm guilty. (Suzanna, GD)

Tracy recalled the experience of going back home and visiting her own community while her sister accompanied her. Both Tracy and the other people avoided talking about it, and she used her visit to the supermarket as an example:

Going to the supermarket, you always meet people that you know. I felt like: 'Oh God, I still don't want to talk to people'. Nobody really wants to talk to you either. They must feel like, 'Oh my god, here she is, what am I going to say?' I know it's very hard for them. (Tracy, II)

External Pressures Preventing the Grieving Process

Suicide does not happen in a vacuum and survivors are left with many things to juggle with: from the immediate decisions about the funeral, how to deal with the deceased's belongings and possessions, attending the inquest, and in some cases how to make a living when the deceased was once the main wage earner. The survivors may be forced to go back to work before feeling ready due to certain constraints, or one's grieving process may be prolonged due to external demands, such as needing to take care of another family member.

●Needing to go back to work before being ready

Suzanna mentioned the pressure of going back to work before being ready. Angela was asked to complete her studies, which she found difficult to continue.

I was in the fourth year, I still had to do two more years. I asked my father if I could do something less difficult. I'd gone through all this, I wanted to take it easier. I felt that I was not the same person anymore. (Angela, II)

●Prolonging one's grieving process due to external demands

Suzanna had been in a relationship with her then boyfriend for one year. Although he had stood by her and supported her along the journey, and a few years later they got married, for her at that time trying to maintain a new relationship after losing her son was extremely demanding. In the group discussion she said, "At that time I felt a massive pressure to be a girlfriend, to be in a relationship, I was in a mess, I didn't have anything to give anyone". However, Suzanna reckoned that being distracted from her own grief due to the external demand of taking care of her other son prevented her from indulging in her own pain. She put her son's needs before her needs. This may have prevented her from grieving, for it kept her 'going', which in the end contributed to her resilience response. The reversal of negative and

positive responses is an interesting phenomenon and will be discussed later.

Contributing factors of 'Neutral' responses

The reported 'neutral' reactions from the participants (including AAD) should be understood not as inevitable, but as a consequence of the strenuous effort to maintain a structure after the rupture. The factor of time in the analysis of 'neutral' and AAD is also important, meaning that the responses identified here are not a conscious choice, but an organic result of the personal and the existing resources to help survivors get through the days (and hence, are mainly interpersonal). What this means is that survivors' resilience is formed by engaging in tangible tasks, such as following a routine to keep themselves going. It also has to do with maintaining one's identity, which ensures daily jobs are completed and one's social position is stabilized. In terms of personal elements, a positive attitude towards life (e.g. seeing the glass half full), a willingness to accept one's personal limits (e.g. things in life are not fully in one's control), and a limited but barely enough energy to engage with the outside world are of importance. The existing available structure, the access to support and engagement in simple tasks show the significance of the social network in helping improve survivors' well-being and to maintain their level of functioning.

The factors contributing to one's maintenance of resilience, or one's ability to find the resources to maintain one's adaptation, or re-obtain one's resilience after losing the capacity temporarily are:

1. Making good use of the existing support and financial security.
2. Seeking available resources.
3. Developing and maintaining effective coping strategies.

Making Good Use Of The Existing Support And Financial Security

Support from family members and friends, from work, and the security provided by significant others are key factors to resilience.

●Support from family and friends

Suzanna said, "My boyfriend of a year standing by me through very difficult times [of losing my son to suicide]". Jessica mentioned how important it was that her then-partner was there for her.

In looking back, I found that he was able to help me simply by a) being there, b) listening to what I had to say and taking on board, and c) just helping me in the smallest of ways, like offering a cup of tea as soon as he saw me. "Come in, sit down, would you like a cup of tea? Would you like a sandwich?" He would take me shopping. It was just the smallest of things but I found in looking back they were the biggest things that helped me in the end. [He] took away a lot of my worries, and much of the stress ... (Jessica, GD)

●Support from work

Tracy went back to work quickly. Not only going back to work helped, but also the support and understanding from the company helped survivors to get on with life more smoothly:

They [the company] did give me the opportunity that if I was upset, I could leave my work station, take myself off to the lady's cloakroom to recover, or to the canteen to recover myself. So going back to work did help, I think. Just have things to do, to keep your mind off it, rather than just sitting around and grieving. (Jessica, II)

●Financial security

Vanessa lost her father, but fortunately the family had the house. Her mum continued to work, so that they did not have the worry of losing their home. The relative sense of security from this financial stability did prevent Vanessa from compromising her development and it also provided for therapy that was needed at times. Even though only Vanessa indicated the importance of having the financial security that contributed to her resilience development, it can be observed indirectly how financial security helps survivors by receiving therapy. For instance, Angela has received therapy for years; Tracy acknowledged being helped by therapy; and Becky obtained therapy through insurance at work.

Seeking Available Resources

Survivors tried to understand suicide by reading relevant literature and/or joining a support group to digest the experience. They may not have found the answer to why their loved ones took their lives, but they found reading and attending the peer group helpful as it validated their feelings and reactions. At the same time, they discovered that suicide happened to other people as well; i.e. they were not alone. Tracy shared how reading helped her to understand more about suicide and about her own experience:

I didn't know anything about suicide. So I started reading every book I could get my hands on about it, and all of a sudden I realised from these books that it was not uncommon and that the feelings... it was validating all those negative feelings that you have. The shame and the guilt and I wish "I would have and why didn't I", sort of thing ... (Tracy, GD)

Receiving therapy might help survivors to process their grief. However, some survivors felt the bereavement counselling, normally referred through their GP and which only lasted for 6-8 weeks, was not helpful. This was partly because the counsellors did not understand how survivors were affected by suicide and conducted the sessions within the framework of a general bereavement approach (i.e. aiming at letting go of the attachment with the deceased).

Developing/Maintaining Effective Coping Strategies

It seems the ability to focus on reality without giving in to the gravity of grief requires the re-existence of certain personality characteristics. The internalization of progressive cultural values may also contribute to one's effective coping strategies.

●Ability to focus on reality

Jessica mentioned the importance of going out and socializing with other people:

Just having things to do, to keep your mind off it, rather than just sitting around and grieving.
Because just to give in to the emotion, just to sit and grieve, is not going to ultimately help you to overcome the problem. You need to try and make the effort to pull yourself together
and do something, anything, even if it is just doing the washing up. (Jessica, II)

Tracy went back to work to find a structure for herself, and her "glass half full" personality was crucial to her coping mechanism.

●Identification of progressive cultural values

There are two layers of progressive cultural values. Humanity at large has always emphasized continuity and coherence. Jan mentioned that her personal characteristics remain unchanged: she lost them for a while, but she has now reclaimed them and is determined to have a happy life:

I've always been very hardworking and conscientious, I've always studied a lot, always made sure that everything that I do, I do it the best standard that I can. I've always been quite headstrong and I've always known what I've wanted. I've got quite a strong character, once I make up my mind to do something, then I'll do it. (Jan, II)

The second layer of progression refers to a narrower definition of progressive culture that is coloured by the ethos, ideology and consensus of a specific period and a particular country. For instance, a wider historical development since the "second industrial revolution" around 1870-1920 has been the 'progressive' value – aiming to grow and expand rather than sustain and maintain – embedded in modern life [41]. The "British" characteristics of most of my participants might indicate implicitly the progressive culture of Great Britain, which is to counteract the decline of imperialism and colonialism [42]. For instance, Suzanne identified that the internalized progressive culture has helped her to keep going and stay 'strong'.

Contributing factors of positive outcomes

In contrast to the negative experiences, which survivors were able to identify easily, the naming of AAD required an effort of analysis and reflection. The formation of AAD takes a longer time and is not easy to recognize because of the subtle quality in the attitudinal changes to life, humanity, suffering and death, if not in the proactive responses to social engagement. To make meaning out of the suicidal loss to a satisfactory level depends on the gradual formation of AAD. To begin with, no survivors would like to think of any positive outcomes resulting from the loss, and it is rather a choice out of "no choice" (Suzanne). Daniel expressed it this way:

People are sometimes amazed at how parents can go on living an ordinary everyday life after such a heartbreak and tragedy. There is nothing normal about it, we go on and keep on doing because we have no other option. (AF)

Different from the 'neutral' factors which help to focus on functioning, those contributing to AAD result from cognitive processes, the expansion of one's consciousness, personal boundaries, and the spiritualisation of the individual which are more intra- and transpersonal, and the politicisation of personal values which are orientated toward social engagement. The factors that contribute to AAD include:

1. The determination to outgrow the pain.
2. Identifying the inadequacies of a utilitarian or operative attitude toward life and seeking changes.
3. Saying "yes" to the future.

Determination To Outgrow The Pain

Many survivors mentioned that they did not want the loss, the suicide, and the pain to be wasted, which means they struggled to reach a point where they decided to "create" meanings from the experience. Tracy in the group discussion said, 'I just got so determined that I didn't want this thing to have happened for nothing, and I thought, I've got to get something positive out of this'. She went on to set up the first support group in her local area to help other survivors. Suzanne shared in the group discussion: "I am not going to let this destroy me, you can see how easily it can destroy people and people's lives together… I'm not going to let that happen". Jessica illustrated her process:

I got to a stage where I was sort of accept[ing] it. I think it's the acceptance stage, you know, the neutral, is when you accept and finally you know this has happened and you've got to make a decision, am I going to go on or not go on? So that was what happened for me. I decided that I would make the effort to go on. (Jessica, GD)

Vanessa in the application form wrote that 'I have a strong desire to use my experience in a positive way so my father's death was not for nothing'. After losing his son, Daniel set up a charity involved with suicide prevention for young people. Cognitive assimilation, will, and determination prove to be the important factors for AAD. It is not a sentimental attitude, but something that has solidified in their minds, which makes survivors choose a stance, i.e. to decide they will outgrow the pain; they will not let the pain be the end of the story.

Identifying The Inadequacies Of A Utilitarian/

Operative Attitude Toward Life And Seeking Changes

After recognising the insufficiency of their previous attitude to life, survivors take actions to make changes. The themes of these changes include: a deeper understanding of suffering and humanity and elevated awareness of self and others; the transcendence of personal boundaries and the assumptive world; the spiritualisation of the individual; and the politicisation of personal values.

●Deeper understanding of suffering and humanity and elevated awareness of self and others

Becky spoke of the experience making her 'realise life is short, that every day counts, it has helped me realise you shouldn't sweat the small stuff, that means not pay importance to trivial and minor matters that generally stress others out'. Understanding humanity

and suffering deeply helped Jessica put things in a new perspective:

You just put different values on things. You sort out what is serious and what is not. You suddenly realise that life is so much more precious than a material object. But we don't necessarily see this, when we haven't had the experience of losing someone very, very close or losing someone in tragic circumstances. You realise there are far greater pains in life, there are things that hurt us so much more than other things. You learn what to value and what isn't of such great value. (Jessica, II)

Angela has more respect for other people: "I suppose they give you a lot more wisdom. I'll never laugh at other people's misery" (Angela, GD). For the elevated awareness of self and others, the suicide made these survivors feel that there was nowhere to hide. Tracy said, "You can no longer fool people, right? You're so exposed, and you're just so vulnerable".

●The transcendence of personal boundaries and the assumptive world

Tragic events do shatter people's assumptions about the world [43]. The world is no longer stable or safe and is open to change. Death through suicide expresses a strong message that the world is discardable, which goes against the human instinct of striving for survival. Moreover, the question of where the deceased go after the suicide opens an unknowable and mysterious space in which survivors question whether there is a continuation of consciousness after death. Tangible reality is not the only reality any more. The encounter with death opens the whole tapestry of life and death, and the profound paradox of existence. For Suzanne, it means having 'greater awareness of the spiritual aspects of life and death; thoughts on the afterlife; more open to ideas'. It also means finding a continuing bond with her son:

I've never had any clear thoughts about what happens after somebody dies. [pause] Is there an afterlife? I guess that helped me feel more connected to Billy, feeling like there was [pause] that possible communication between me and Billy. I found that really comforting. [pause] He hasn't gone; he is in your memories and your heart. He's still there. [pause] (Suzanna, II)

●The re-spiritualization of the individual

Some survivors feel ambivalent about religion, particularly about Christianity which associates suicide with a sin and teaches that the deceased will suffer eternally in hell [44], even though in the Bible this is never stated explicitly [45].

The thing that bothered me, really, really, really bothered me when Joseph died, was that according to the Catholic religion, you went to Hell, it was a mortal sin. The Catholic church is so dogmatic; it used to be very dogmatic. What kind of God would that have been? I learned these ideas as a child; they were very much ingrained in my mind. So I was very worried about that for Joseph. I think that any God couldn't possibly do that; it wasn't his fault, there's no way that that could happen. (Tracey, II)

This reflection opened Tracey to the relationship between spirituality and religion, and enabled her to adjust the dogmatic teachings she received.

●The politicisation of personal values

Some new changes in survivors are political in essence. For the personal politic, the refusal of a survivor's own suicidal impulse, whether it is for personal well-being or the other's happiness, is to show the determination of claiming one's life back to one's control, rather than to let the loss and grief dominate one's life. For the social politic, the endeavour of engaging in suicide postvention (and/or prevention) and educating people about suicide are two evidences of survivors' politicisation. For instance, Tracey has set up the first support group in her area, and Becky gets out of her comfort zone to educate people about suicide. Daniel mentioned the vision of his charity:

We want to make a difference. We want to fill the gap of ignorance. We want to see a reduction in youth suicide and we want young people to feel good about life and themselves. We want that there are services and support available at the time of need. We want to catch them before they fall. (AF)

This data echoes the research reviewed in the earlier chapters that survivors want to give back to society by sharing their experiences, by helping other survivors, and by raising awareness of suicide and survivors [27, 46].

Say "Yes" To The Future

The capacity to celebrate with what happened after the loss to suicide is not a given; to say "yes" to the traumatic experience is a painstaking journey to accomplish. Once survivors go through the acute state of loss, positive responses and assertions about the future can be reciprocal; that is, by saying "yes" to the future, one strives for positive developments; and with more positive outcomes, there is more engagement with the future. Survivors become more aware of the importance of self-care and setting up goals towards the future – a better future.

●Looking after oneself

It may seem trite to say that it is important for survivors to take care of themselves. However, it is not uncommon to see them fall into a destructive life style. Having been marked by suicide, learning how to take care of yourself can be a matter of life and death. Vanessa makes sure that she is 'resourceful', which means for her that she will seek help when feeling unwell. Suzanne also has more awareness and felt herself 'better at doing it'. She was not only 'feeling or being more aware of my own strength and recognising my ability to cope', which was 'impossible a few years ago'; she also appreciates friends and family more, and is aware of 'how important they are to you; and you to them'.

●Setting up goals for the future

Vanessa remains 'future-focused and goal-orientated' and wants her career 'to be a success'. She also wants to have her own family and 'have a happy family home', 'have a stable family, although under no illusion that it's going to be easy'. It took Jessica eleven years to reach a point where she started thinking about the future:

I've started to think about what I wanted for myself for the New Year. I hadn't thought of that in the last 11 years. I haven't cared. I haven't cared what next year is going to bring. What does it matter, when my son's gone? What the heck matters anymore? But suddenly now I am beginning to feel perhaps -- I should make more effort to lift myself up, to try and do something. (Jessica, II)

She has set up goals of doing exercise, meditation, and decorating her house as ways of changing her life.

Conclusion

This research looked at the contributing factors of various impacts, outcomes, and developments, hoping to deepen the understanding of survivors' experiences in a meaningful way. Further analysis of survivors' stories and factors contributing to their various responses has suggested that the care and wellbeing of survivors need to be reconsidered, not only by health professionals, but also policy makers and educators. Education is needed for the general public as a means of creating awareness and in order to help the public know how best to respond to survivors in a sensitive way.

This analysis also suggests that in the time after the loss, relationships with others and the support/resources available are significant factors in helping survivors. They need to find a way to manage their grief through the acute crisis and long-term bereavement, and ultimately to ground their lives after the suicide. The loss needs to be integrated into survivors' lives, becoming part of their life stories; most importantly, survivors have to learn not merely how to go on living but to live well. The needs of survivors typically change from those of the acute crisis when they will need trauma intervention, psychological support, and grief counselling focusing on the loss, to those of finding a way to live with the loss, finding the meaning in the experience and re-establishing a sense of purpose in life.

To put it in another way, for the first two years, survivors need help similar to that of crisis intervention, helping them to re-establish a stable daily structure. For the mid-term, between two to ten years, they need to keep the balance between resources and demands, both internally and externally. After the initial crisis stage, the survivors continue their lives as "normally" as possible, but their resources and strength may not be enough to cope with the demands of daily life. At this stage, survivors need to be conscious of how their on-going grief influences their ability to function; having on-going psychological support will be helpful for survivors, and it will aid them in getting used to the period of living after the suicide, especially if the deceased was a significant other to them. Hopefully in the long term, survivors can outgrow the pain, find the meanings of surviving the loss to suicide, and sustain the growth.

In particular, it is important to liaise survivors' political engagement systematically with existing support. That means survivors should not be the only people responsible for creating social change; they need to receive support from the wider community while they are making their contributions. This can create a reciprocal culture in the survivors' social movement, which can sustain them in a humanistic way. Simultaneously, they need to have the permission to not make contributions (if they do not want to) and for continuing their journey in the way that suits them.

Currently in our Suicide Prevention Act, it is unclear whether the government identified the needs of survivors. Among the Nation Prevention Tri-Strategy – universal, selective, indicated -- the care of "survivors" is included in the indicated level, but it is ambiguous when it refers to bptj suicide attempt survivors and suicide survivors. Furthermore, the follow-up pathway for survivors in Taiwan shares the same procedure and guidelines for suicide attempt survivors. Based on this research, we see that the survivor's trajectory is idiosyncratic and different from attempt survivors. Viewing the possibility of survivors having higher risk of suicide [47-49], we strongly suggest that the pathway needs to be reviewed and modified, for an effective postvention plan is suicide prevention [50].

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