A QUALITATIVE STUDY ON THE EFFECTS OF A STUDENT SUICIDE ON THE EXPERIENCED TEACHER IN SECONDARY AND ADULT EDUCATION

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Dedication: I would like to dedicate this thesis to my daughter Marie and to John. Eleanor, Margaret, Brid and my former students, who have passed from this life.

ABSTRACT

Background: World Health Organisation figures indicate that suicide among the 0 -19 age group has increased in Ireland and has now become a major public issue.

Aims: This study aims to determine the impact on educators who have been exposed to a death by suicide of a learner.

Method: This is a qualitative study, with seven participants. Participants in the study were purposively selected because of their experience of this phenomenon. To date, educators have largely been neglected in studies on suicide. The lived experience of the event was recorded and the open-end questionnaire items were thematically analysed.

Results: All participants reported to have been significantly affected by the death by suicide of a learner. Exposure to such a situation undermined their professional functioning and confidence in both their private and professional lives.

Conclusions: The study illustrates that there is a range of impacts in the aftermath of a death by suicide of a learner in an educational community. This experience holds important educational significance. All participants reported that they would benefit hugely from appropriate training in the area of suicide and suicide ideation. The impact on the research participants was intense and they felt ill-equipped to deal with the trauma. They exhibited reactions consistent with the grief literature on bereavement.

Key Words: bereaved by suicide; adolescents; suicide ideation; grief; stigma; ritual.

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION

This study emerged from my personal experience as a teacher and a counsellor, particularly in the area of bereavement. I have discovered that many emotional issues often have their origins in loss (Jeffreys, 2001), be that death, divorce, loss of health or even the empty nest syndrome (Harkness, 2008). I am also convinced that a death by suicide has an enormous impact on educators and learners alike. This applies to all aspects of education from the Secondary sector, University, Adult and Community Education, FETAC to Higher Education. This phenomenon is rarely acknowledged in public debate within the profession, so a study of this kind is necessary for educators because it explores aspects of education that are frequently overlooked.

In this chapter, I will, first of all, outline the research question and aims of the study. Secondly, I will discuss the rationale and scope of the study. Thirdly, I will give a brief overview of the methodology used in the process and the theorists contributing to the study. Finally, I will briefly outline some of the limitations of the research.

Research Question: *What are the effects of a death by suicide of a learner on the experienced educator?*

1.1 Aim

The aim of this study is to address a gap in relation to educationalists, and to focus on the impact of a death by suicide of a learner or young adult in Ireland, at the present time, and what they may need in terms of support. By highlighting the impact and the particular needs of educators, it is hoped that this research will give recognition to a population of people, who believe that they may not have the right to seek help. I believe that, in caring for their needs and giving them adequate training and recognition, this cohort of people could be the key to assisting in suicide prevention. This will, in turn, lead them to take appropriate care of their learners and be in a position to educate them about suicide prevention.

Unfortunately, this phenomenon is all too common in our communities and educators are catapulted into this situation during their career, with no specific training in how to respond to such an occurrence. In this event, teaching becomes much more than a job, as the personal and professional areas are intricately linked. Society and even educators

themselves do not seem to recognise the fact that such an important and tragic occurrence will have implications for their own personal well-being, the well-being of their learners, and the quality of their teaching.

1.2 Rationale for the Study

Prior to carrying out this kind of research, it is important to outline the reasons why a study of this kind is necessary, regarding, the multifaceted nature of suicide itself, how educators can contribute to suicide prevention and, finally, the training requirements to enable them to deal with this highly complex and emotive issue, while, at the same time, supporting their learners. This study is carried out within an Irish context setting.

To represent the number of educators who are affected in this way, one must only look at the statistics. The rates of suicide in Ireland are particularly high among young males and females (O Caollai, 2014). The following graph (Appendix 1) shows that Ireland has the second highest rate of suicide across Europe. That translates as 5.12 male deaths per 100,000 children, aged 0 – 19 years (ibid., 2014). These figures are based on data from the World Health Organisation European detailed mortality base from 2009 – 2011. It is nineteen times greater than the lowest rate in Greece. The Central Statistics Office show that the total number of deaths by suicide in 2011 increased to 554 in Ireland, 59 more than in 2010 (Appendix 2).

Thus, the graph (Appendix 1) showing the statistics in 0-19 years age group gives an indication of how many educators, alone, would have been affected by a death by suicide. From the age profile, most of those victims would still be in education. For the purpose of this piece of research, educators are the focus of the study.

As indicated above, suicide is the second highest cause of death in the 0 – 19 age group in Europe. Young people view ending their lives as a solution to ending their pain (Kirk, 1993) and it is developing into a national epidemic (Bowman, 2010). Attempts have been made by various professionals to categorise suicide in order to desensitise the 'tragedy' of it (Wertheimer, 2001). I would ask the question of why individuals are trying to minimise the 'tragedy' instead of addressing the gravity of it. The word suicide itself is avoided and obituary notices are vague and often circumvent the truth, with phrases such as 'died suddenly' or 'sudden illness' (Alexander, 1991). This study will address the mystery which surrounds this off limits topic and also its impact on educators.

There is good reason to be concerned about this because adolescent suicide has increased dramatically in the last twenty years (Bowman, 2010). It is becoming a huge public health issue (see Appendix 1 and 2). Research has shown that many adolescent suicides are under-reported because those closely connected with the victim attempt to conceal the true cause of death (Kelleher, 1996). The statistics do not help in answering the question of why adolescents die by suicide or what caregivers can do about it. There is an obvious need to look into the source of the underlying factors through education.

The role of the educator seems to be a combination of educator and counsellor trying to assist the learner educationally and emotionally. However, in the past, educators were informal counsellors, but, with the current rates of suicide, it is now necessary to be more formally skilled. The learner-centred philosophy of education was never more relevant than it is at present. Life programmes for learners could be learner-centred and provide a forum where they can express how life is for them and, from that standpoint, to explore the lights and shadows of life and how they can be overcome 'without becoming inhumane, cruel, fearful or apathetic' (Durisch, 2016, p. 5).

1.3 Scope of the Study

This is a quantitative Research study involving seven participants. The criteria for participating in the study were: (a) participants were experienced teachers and (b) had experienced the suicide of a learner in their place of work. Teaching experience ranged from two years to over twenty years. Some were members of their institutions Critical Incident Team and two were principals of their schools.

1.4 Methodology

It is a qualitative study using thematic analysis. The lived experience of the participants is at the core of the study and their words and thoughts are regarded as authentic material used to inform the discussion and analysis sections of the study (Freire, 1972). Semi-structured interviews were carried out and recorded. The interviews were then transcribed verbatim to text. Transcripts were emailed to the participants and the findings were discussed to see whether they concurred with the meaning the participant wanted to convey on the topic. Each participant was invited to describe their experience of participating in the study. The analysis of data involves identifying recurrent themes and patterns in participants' responses (Merriam, 2002, p. 38). My philosophical position is

mainly interpretative, with influences from psychoanalysis, social constructionism and critical reflection.

1.5 Theoretical Framework

My guiding theorists in this study are Paulo Freire, Emile Durkheim, Michel Foucault Elizabeth Kübler-Ross, and Edwin Shneidman. I will give a brief overview of each theorist to indicate how they will underpin and contribute to the issues addressed in the study.

Paulo Freire

As suicide is a highly emotive issue, it is very important that it is dealt with in a very sensitive manner, be that research or in general. In my view, Freire's concepts and approach to Adult and Community Education is an ideal framework within which suicide can be investigated and researched. Freire's principles and strategies in conducting research within a community, in this case the school community, are important resources when investigating the phenomenon of suicide and when challenging our deeply embedded assumptions regarding suicide.

Émile Durkheim

A study on suicide in any context is incomplete without a reference to Emile Durkheim. His societal references to the causes of suicide - 'society is not sufficiently present for individuals' (On Suicide, p. 284) - still applies to society in the present day. He claimed that suicide was a sign that individuals had not enough social integration and that people needed more feeling of human connection. Central to his work, is the theory of the social construction of emotions. In fact, he is considered the 'architect' of this theme (Fischer et al., p. 1). This study will look at the school community and how it can hinder or assist educators dealing with suicide and suicide ideation.

Michel Foucault

Michel Foucault is an important resource when researching the theme of suicide in any context. The key ideas and concepts that one might use in exploring suicide can be informed by Foucault's understanding of the nature of power, which is a common thread running through his work (Foucault, 1998). In this study, his discussion of the medicalisation of suicide and the phenomenon of bio-power in the context of suicide is particularly relevant.

Elizabeth Kübler-Ross

Elizabeth Kübler-Ross (1969) is an important theorist to consider when analysing the findings of the study. She identified five stages in the grieving process when an individual is diagnosed with a terminal illness. However, those stages have been adapted as applying to individuals bereaved by a death. She contributed greatly to the discourse around death and dying.

Shneidman

This was followed by Shneidman (1972), who was the first researcher to draw attention to those bereaved by suicide. Since then, research has addressed this phenomenon but to the best of my knowledge there is little specific research to indicate the impact on educators. Those people are, in many cases, at the forefront of a death by suicide of a learner and could be key individuals in contributing to a programme on prevention.

Shneidman also introduced the concept of psychological autopsy, which health professionals have access to when a client dies by suicide, giving them the advantage of somehow coming to some type of understanding of the death. Educators do not have access to this facility and, thus, are required to move on as usual, without any opportunity to debrief after the trauma of a learner's death by suicide.

1.6 Limitations

This study is not claiming to be the last word on this theme but I expect it would point out what is needed in terms of further research. The challenge is that there will possibly be resistance from teachers to more responsibilities and training at a time of cutbacks and austerity. The participants cannot be representing a whole population, as they are such a small sample. The researcher's biases have also to be considered.

Chapter two will explore the current literature regarding suicide, Chapter three will deal with how the research was conducted, Chapter four will set out the findings, Chapter five will discuss the analysis, and Chapter six will conclude the thesis and explore the possibilities for future research and the limitations of the present research.

CHAPTER 2: LITERATURE REVIEW

2.1 Background

It is difficult to gain a full understanding of the complexity and multifaceted nature of suicide, because it is as old as humanity. It happens within every culture and every nation (Beattie et al., 2015). I feel however that we need to look at the broader picture before focusing in on the aim of the study. This will also assist in setting the scene and in trying to understand the possible impact of a death by suicide of a learner on an educator.

To briefly illustrate the multifaceted nature of suicide, it is possible to break it down into three major categories of theories (Pajoric, 2008). The theories consist of an amalgam of views from psychologists, sociologists and medical personnel. In the case of psychology, Freud stated that suicide was the result of 'a form of built up oppression or tension that causes inward anonymity' (cited in Pajoric, 2008, p.2). In other words, because of a great force of melancholic or depressive states, the individual cannot process his/her psychological conflict.

The sociological aspect is accredited mainly to Durkheim. According to him, society can put immense pressure on individuals like divorce, prison and personal disappointments (pp. 429, 329). The social construction of society is such that, even if an individual desperately desires to do something, it would have to be consistent with societal norms, thereby causing stress and grief to the person (Pajoric, 2008).

The third category refers to brain chemistry or neurotransmitter imbalance. The brain has several neurotransmitters like serotonin and norepinephrine, which regulate the various functions of the brain. When people are stressed, norepinephrine is usually released. Research studies (Burmeister, 2000; Sarter et al., 2009) have indicated that, in a significant amount of individuals who are suicidal or depressed, there is a low serotonin or norepinephrine levels. Scientists are still working on the specific dynamics of this theory (Pajoric, 2008, p. 2).

2.2 Theories on Suicide

2.2.1 Durkheim

The sociological theory is of most interest to me in doing this study from the perspective that the school is a community. Durkheim's work 'Le Suicide' (1857) brought the debate on suicide forward and established it as a specialist theme. It is written from a sociological perspective and is almost neutral in tone (Fournier, 2013). It is rich in statistics and theories on the causes of suicide but to the best of my knowledge there is no allusion to the predicament of those left behind to deal with the event. Durkheim's follower, Maurice Halbwuchs, also followed Durkheim's sociological theories and statistics in his book, 'The Causes of Suicide', in 1930.

However, Durkheim is an invaluable source when exploring suicide from a sociological perspective. His interpretation of suicide in the 20th century is still relevant today, in the 21st century. His perception of suicide as being interlinked to society and communities is also a common theme with the major philosophers in history. In one of the most recent discussions of suicide and suicide prevention, Hecht (2013) sets out to explore the main arguments against active suicide. Hecht cites the major philosophers who have emphasised the importance of communities in making arguments against suicide and supporting ways to prevent it.

Sociological studies, today, back up the historical claim that individuals are reliant on one another and that, as Hecht points out, suicide caused suicides (Hecht, p.5). Suicide is also historically regarded as damaging to the community. Drawing on major philosophers, Hecht demonstrates how Socrates believed that individuals owed it to their communities to stay alive, because to die by suicide would be 'to do violence to the community' (ibid., p. 117). Other also note this communal aspect: Aristotle states that it 'is unjust to the community' (ibid., p. 119), while St. Thomas Aquinas states 'it injures the community of which an individual is a part' (ibid., p. 55). During the Reformation, the fact that suicide brought so much pain on the family and the community was used as propaganda between various sects (ibid., p. 61).   The humanist, John Donne's writings created a debate in the Western World of how individuals were interconnected and 'innately enmeshed in their communities' (ibid., p. 121). Rousseau argues very strongly that suicide 'is a larceny committed against mankind' (ibid., p.148). As suicide is occurring in our communities daily, the answers to the issues around suicide must lie also in the community

Recent studies have also shown that community connectedness impacts on mental health issues, by providing a sense of belonging, of personal worth and access to a larger source of support (Centers for Disease Control and Prevention, 2008). This sense of community connectedness would also apply in an educational environment, where all staff and management could support each other in the aftermath of a learner's death by suicide.

2.2.2 Freire

Following on from Durkheim, the research concepts in Paulo Freire's work appealed to me. His approach is an ideal framework within which suicide and its impact on educationalists could be examined. Therefore, the present research will have a Freirean approach, in particular, the research process. His notion of the 'generative themes' (p. 82) as an approach to research, is a particularly important concept in developing a framework for research. In 'Pedagogy of the Oppressed' (1972), he defines the generative themes 'as investigating an individual's thinking about reality and his/her action upon that reality' (p. 78). His description of the investigation procedure represents a good outline on how a study in the field of suicide could be carried out. I think his idea of involving participants in the solutions to their own problems, by focusing on their lived experience, is an excellent concept because, in that way, the content of a study would spring from the individuals themselves. His idea of acknowledging participants as co-researchers is very apt. In the case of suicide research, it would be 'survivors acting as researchers' (Mitchell, 2014). Using such an approach, as illustrated above, would also be in keeping with Freire's pedagogy which is 'a pedagogy which must be forged with not for the oppressed' (p. 25).

Equally significant concepts in Freire's work are the notions of dialogue 'the culture of silence' (p.10) created by technology and stigma. Like Durkheim, he emphasises the importance of connectedness, as suicide is an expression of this disconnectedness (Durkheim, 1897). The stigma which unfortunately still exists around suicide prevents dialogue and often ensures a 'culture of silence' around the topic. Suicide, as a phenomenon, needs to be liberated from this 'culture of silence' and be acknowledged as a problem in the public domain.

This 'culture of silence' can be an obstacle to educators seeking help and are thus not completely present for their learners and may miss out on at-risk behaviours. In addition, the constant use of modern technology does not equip individuals to negotiate the complex environment around them (Barry, 2014). In other words, there is no real

communication between individuals. Freire argues that 'without dialogue there is no communication and without communication there can be no true education' (ibid, p.65). Thus, there needs to be dialogue between learners and educators about suicide and suicide ideation, to abolish this stigma and 'culture of silence' around this phenomenon. Proper training for educators would enable them to look at suicide and suicide ideation and make connections with the society outside that are contributing to this phenomenon. Freire termed this as critical consciousness (p.8).

Finally, Freire's concept of hope is particularly relevant to the topic under consideration and is very evident from his writings. In' Pedagogy of Hope' (1994), Freire wanted to reiterate his revised basic concepts expressed in 'Pedagogy of the Oppressed' (1972). He states he wanted to provide a 'better statement of what I have already said' (p. 52). Bell Hook quotes Freire's perception of hope: 'it is imperative that we maintain hope even when the harshness of reality may suggest the opposite' (Bell Hooks, 2003, introduction). Freire (1972) states that hopelessness is a form of silence and that there must be dialogue to have hope (p. 64). He goes on to say that 'as long as he (Freire) can fight he will be encouraged to keep it up by being hopeful' (p. 64). In other words, if we only name a problem and complain about it without a focus on a resolution, we take away hope (1974, p. xv).

This theme of hope is a particularly poignant one in today's world and it is most relevant to a study of suicide. Irish society is experiencing many difficult issues, like homelessness, environmental changes, emigration and tough economic situations so that many people are in despair (Barry, 2014). Thus, a programme incorporating this concept would be very important.

2.2.3 Foucault

Foucault's concept of the medicalisation of suicide and the power exercised through the process runs counter to what Freire advocated, namely, to empower society. Freire argued that individuals and communities have their own solutions to problems. Foucault's concept of power is key to any study on suicide. This concept is a common thread running through his work. Regarding suicide ideation, the individual is often incarcerated in hospital on twenty four hours surveillance (Marsh, 2010). This illustrates the way that power, politics and society can create claims to truth about suicide. These truths of suicide are very convincing. The person is dead and to explain their death as someone who has taken their own life, because the balance of their mind was disturbed,

seems to be a rational, natural and obvious truth. Therefore, to prevent a death by suicide by whatever means are at our disposal, would seem to be an urgent necessity.

If the discourse is primarily medical, it is difficult to find a place in it in order to have power and develop knowledge about suicide and deal with it themselves. They are confined in hospital and are treated medically, so they have no space to develop their own resilience or to develop coping skills and come up with their own solutions on how to manage what is afflicting them. The system seems to disempower individuals and this is evident from the number of adolescents and young adults dying by suicide.

Medicine provides the mechanisms to enable the state to pursue its objective of having docile bodies (Foucault, p.3) at their disposal. Suicide runs counter to expectations that you place your body at the disposal of the state. It cannot accept suicide as something that citizens can freely choose (Foucault, 1998, p.138). Certain discourses occupy a space and prevent other discourses from emerging.

Foucault argued that individuals were diagnosed as insane just because their behaviour was different from the majority and therefore 'they did not conform to the norms of society' (Marsh, p.36). Viewing suicide from this narrow perspective of pathology has many limitations, but it is deeply embedded in contemporary society. The limitations it imposes are that other factors are not considered, like societal issues, for example. The present policy document from the Irish Government, entitled 'Connecting for Life', is an example of the medicalisation of suicide. It is published under the heading of mental health.

2.2.4 Elizabeth Kübler-Ross

As mentioned in Chapter one, Elizabeth Kübler-Ross (1969) is important to a study of this kind. She was a Swiss psychiatrist who worked in the United States, who published a book, "On Death and Dying", in 1969. She was passionate about caring for individuals who were terminally ill and saw no training programme in the medical school curriculum for medical personnel working with such individuals. She contributed to public discourse on death and dying and prompted a radical change in how the terminally ill were cared for in the United States at that time. She identified five stages of the grieving process which have since been adapted to apply to individuals bereaved by a death. My findings illustrate those stages but not in the linear fashion that Kübler-Ross advocated. They are, however, visible and give individuals some guidance as to how they are negotiating the loss.

2.2.5 Edwin Shneidman

Edwin Shneidman (1973) is relevant to this study because he was the first researcher to draw attention to those bereaved by suicide:

> A person's death is not only an ending: it is also a beginning for the survivors. Indeed, in the case of suicide, the largest public health problem is neither the prevention of suicide (…), nor the management of attempts (…), but the alleviation of the effects of stress in the survivor – victims of suicidal deaths, whose lives are forever changed and who, over a period of years, numbers in the millions…. (Shneidman, 1973, p. 33).

At this time, the suicide survivor movement started in the United States after the publication of "Survivors of Suicide", by Albert C. Cain (Cain, 1972). In the past fifteen years, this theme is appearing in the European suicide literature (Wurst et al., 2011). Recently, some studies have investigated the coping strategies of front-line professionals when a client dies by suicide. This research is done with a view to provide specific training in both assessment and intervention (Gaffney et al., 2008). A later study focused on the impact of inpatient suicide on psychiatric nurses and their need for support (Tahahashi et al., 2011). The findings indicate that front-line staff require support in the aftermath of a death by suicide of a client (Gaffney et al., 2008). These findings could equally be applied to educators because they are, in fact, in the front-line to deal with the death by suicide of a learner. Thus, research is moving beyond the realm of the immediate family of the deceased.

Furthermore, the researchers found that many of those individuals mentioned above reacted to the suicides of their clients in a personal way as human beings with symptoms of grief reactions and functioning at a reduced level; this whole area is under-investigated (Wurst et al., 2011).

As mentioned in chapter one, Shneidman introduced the concept of psychological autopsy. Health professionals have access to this autopsy when a client dies by suicide. It helps them to debrief and come to some understanding of 'why' the suicide may have happened. Educators do not have this facility so they are left to recover and get on with their work as normal.

2.3 Educators and Adolescents

There is little specific research on the impact on educators to the best of my knowledge. Those people are, in many cases, at the forefront of a death by suicide of a learner and who could be key individuals in contributing to a programme on prevention.

The focus of the study is on a specific cohort of individuals, namely educators and learners, where this incident may occur. This is suicide in a particular population. Here, one has to be conscious of the difference between adults and adolescents. The fact that there is 'no typical suicidal adolescent' (Berman et al., 2006), means the risk factors are multiple. In addition, they show their depression differently than adults and for that reason it is often overlooked (Johnson, 1999). It is difficult to differentiate between normal adolescent and young adult behaviour and psychological symptoms (Barry, 2014). They may, also, in many cases, have few coping mechanisms to survive living in an increasingly stressful world, so the educators have to provide not only an educational setting but a supportive environment for learners. To provide this environment and to enable learning to take place educators need to be trained to identify at risk learners and be able to discuss problems with parents who are ultimately responsible 'to get the child into treatment' (Clayton, 2009).

Many researchers have concurred that suicide prevention and education are key factors in preventing the death by suicide of a learner (Maine, Shute, & Martin, 2001; Westefeld et al., 2000). Despite this fact, educators are the neglected group in all the research about adolescent suicide (Westefeld, 2007). They spend extensive time with learners and are expected to be in a position to potentially prevent a suicide. This, in turn, contributes to their distress when a learner dies by suicide. This is a huge responsibility because they do not receive the necessary training (Scoullar and Smith, 2002). It follows that they are also not prepared for the impact of a death by suicide of a learner on themselves. They are not prepared on how to support and contain the reactions of their learners to the event so as not to reinforce a stigma that may still be associated with suicide and thus complicate or negate them seeking professional help (Journal of Adolescence, p. 1308).

The fact that suicide is such a multifaceted and complex phenomenon, it is difficult for everyone in the deceased's life to come to terms with such an event. For educators, it can be also emotionally unsettling and complicated to process. They feel they should have identified the learners' suicidal ideation and got the necessary assistance for them.

As mentioned earlier, Shneidman and the Suicide Movement (1972) in the United States began to address the plight of those individuals bereaved by suicide. Prior to this movement, much of the literature on suicide deals with the act of suicide itself rather than the individuals who are bereaved by it, which include educationalists. The current situation regarding suicide could be linked to 'anomie' i.e. deep feelings of uselessness,

dread and despair (Durkheim, 1897), because suicide seems to reflect deeper societal issues. We might argue that it is a symptom of the overall mental health of society. While governments and other agencies are increasing the knowledge base to prevent suicide and to reduce the numbers of people dying by suicide, the bereaved by suicide have been largely excluded from these efforts. There is a relatively small base of research in Ireland that specifically addresses bereavement by suicide (Gaffney et al., 2008). The whole area of suicide bereavement is a 'relatively recent phenomenon' (Moore, et al., 2013, p.297). There seems to be no 'methodologically robust studies involving those bereaved by suicide' (Ali, 2015, p.30). It is difficult to determine the exact number of individuals in a deceased person's profession and social network, who would be affected by their death by suicide. The current literature estimates that between six to one hundred people could be affected (Cerel et al., 2009).

However, with the reported increase in suicide rates worldwide, more and more individuals will have to experience and be affected by a death by suicide in the future (Ali, 2015, p.31). This reality is not being reflected in Government strategies which focus on prevention. The present Government Strategy for Suicide Prevention 2015 – 2020 has two primary outcomes:

1. Reduced suicide rate in the whole population and amongst specified priority groups

2. Reduced rate of presentations of self-harm in the whole population and amongst specified priority groups

(Connecting for Life, p. 2).

The World Health Organisation identifies a minimum objective of reducing the rates of suicide by ten per cent by 2020. Thus, the whole emphasis in Ireland and beyond is on suicide prevention. While the Government Strategy states that everyone has a role to play in suicide prevention and that the whole of society should work together, there are no specific guidelines for educators or their training requirements. There is clearly a need for good research in the area of suicide itself, which in turn could be converted into clear and practical advice for the bereaved and those people who give their services to them (Dyregrov et al., 2012) like doctors, teachers and others. Doctors mainly work from the medical approach, so it would be good to see a more psycho-therapeutic approach adopted that may apply to educationalists.

This lack of consideration for individuals bereaved by suicide goes back to ancient times (Beattie et al., 2015). During the Reformation, suicide was used as propaganda between various sects by using the fact that it brought so much pain on the family and the community (Hecht, p. 61). Thus, the aftermath of the act was simply alluded to in the propaganda. Although we have this knowledge, there is still a lack of understanding in society about how much the suicide bereaved, and those outside the immediate family may be at risk of depression, suicidality, Post-Traumatic Stress Disorder and other psychological disorders (Callahan, 2000).

Thus, it is clear how research in general has neglected the bereaved by suicide. As indicated above, other related areas like professionals working in the mental health services have been investigated, but educators have largely been neglected. This thesis will endeavour to shed light on this phenomenon by highlighting the lived experience of educators from the secondary and Adult Education sectors. It explores how a death by suicide of a learner impacted on them and the educational environment. It gives an account of this event from the educator's perspective.

2.3 Conclusion

In the above chapter, I have endeavoured to highlight the complex nature of suicide and the three major categories of theories around it. The sociological theory is the most relevant to my study, as I am examining the phenomenon of suicide from a school community perspective.

The theorists underpinning my work are outlined. Freire completely informs my field work and my communication with the participants as 'experts' of their lived experiences. Durkheim is the leading light in identifying the societal causes of suicide and the construction of emotions around the act itself. Foucault illustrates how the concept of power can be exercised for good or for evil in the context of suicide. Kübler-Ross and Shneidman both contributed to the discourse on survivors of death and bereavement.

As I have indicted, the discourse up to 1972 focused on the act of suicide itself and how it could be explained and prevented. After 1972, the survivors were represented but there is still a long way to go in terms of getting bereaved individuals recognised as the 'experts they unfortunately are' (Dyregrov, 2011).

CHAPTER 3: METHODOLOGY

3.1 Introduction

This study looks at the phenomenon of suicide through the lens of education with the objective being to identify the impact on an educator of a death by suicide of a learner or young adult in their place of work. My background as an educator and a bereavement counsellor prompted me to address this issue.

First of all, I will explain briefly the reasons a qualitative research method is particularly relevant to a study of this nature, then I will discuss my ontological and epistemological positions, participant selection process, research procedure, methods, methodology, the relevant ethical considerations needed to conduct this research of such an ethically sensitive topic, and, finally, my reflections on the process.

The research will provide findings from a qualitative research study undertaken with seven educators who shared their experiences and responses in the aftermath of a death by suicide of a student and, in one case, students at their place of work. The themes identified will include both personal and professional responses.

The research question is: *what are the effects of a death by suicide of a learner on the experienced educator?*

3.2 Qualitative Research

My rationale for choosing a qualitative research paradigm for this study is the fact that I wanted to develop a detailed understanding of the lived experiences of my participants in the aftermath of a death by suicide of a learner. As suicide is a complex phenomenon, qualitative research methods are particularly useful (Onweugbuzie, 2004). Qualitative research methods allowed me to listen and learn from the lived experience and social constructions of the participants. Kvale states that 'if you want to know how people understand their world and their life, why not talk with them? (1996, p. 1). When a participant tells their story about their experiences and obstacles after the event of a suicide, it can provide valuable insights into the way in which individuals interpret, construct and navigate their social world and how such an event impacted on their lives. Mason states that the strength of qualitative research is that it cannot be pigeon-holed 'as

a particular philosophy or methodology' (2002, p.3). Therefore, it is a more flexible approach to my study. My philosophical position would be broadly interpretivist, with influences from psycho-analysis, social constructionism, and critical reflection.

3.3 Ontology

Ontology refers to how we see the social world to be and what we can assume about the 'nature and reality of the social phenomena that make up the social world' (Matthews et al., 2010). I am interested in the powerful and dynamic nature of language. Language not only describes the world but it is actively involved in constructing the world (Langdridge, 2004). Social construction is a process by which reality is creatively shaped through social action and interaction (Berger and Luckmann, 1966). Therefore, I have opted to use a social constructionist approach in my study.

With regard to suicide and its impact on educators, I will be looking for themes in what is articulated and I will be noting vocabulary and modes of expression used by the participants. I will pay particular attention to how they interpret the event and its effects on them in everyday reality.

I believe the issue of suicide is complex and we are also dealing with the social construction of emotions around it (Fisher et al., 1989). Those emotions may have an influence on the entire event in terms of contagion or impact on an individual's own mental health. My experience in education and bereavement counselling has convinced me that the effects of suicide are extreme. It not only impacts on the immediate family members, but on a whole cohort of individuals in society and, particularly, in the school community.

3.4 Epistemology

My epistemological position is derived from my own lived experience as a teacher and counsellor and the reality of experiencing the death by suicide of many former students. From my perspective, therefore, I would argue that there is no singular reality. Individuals construct their particular realities through their own lived experiences. My own truth is constructed as I understand it, as does each participant in my study. My interaction and dialogue with the participant will enable new truths and new accounts to be socially constructed (Ricoeur, 1998). However, the reality and results depicted in my study will be influenced by my own personal biases and idiosyncrasies in interpreting their narrative. I concur with the view of interpretivism, because I truly believe that I, as

a researcher, must look at and understand the social world from the perspective of the participants. As Snape and Spencer (2002) point out:

> ……a social researcher has to explore and understand the social world through the participants' and their own perspectives; and explanations can only be offered at the level of meaning rather than cause (p.23).

3.5 The Sample

Initially, it was envisaged that a gatekeeper who works extensively in the community would help to recruit the participants. However, when this did not materialise, due to other commitments on the part of the gatekeeper, I mobilised my own professional and private networks. I used the snowballing sampling techniques by asking individuals in my professional network to identify educators who had experienced a death by suicide of a learner in their workplace. Without direct access to educators in the affected educational settings, the participants would be difficult to locate because there are no official lists of workplaces that had this experience. This was very successful and I prepared a list of seven potential participants. There were six females and one male, with the average age being 50 years, all with several years of experience in the teaching profession in keeping with the research question. They were selected 'purposively' (Polkinghorne, 2014, p. 93) because they had all experienced a student death(s) by suicide at their workplace and were not immediate family members. The participants were mostly from the secondary school sector with one from the adult education sector. The length of time since the event was between three years and nine months.

Prior to starting the interview, the details of the study and questions were read by the participants and I explained that they were just a guide and that I may deviate from them as the conversation evolved. I took my lead from the participant in determining the direction of the conversation. It was important not to just focus on the content of what was being said but to also focus on the emotional dimensions (Oakley, 1981), because of the nature of the topic.

3.5.1 Recruitment of Sample

I established initial contact with all the participants by telephone. In all cases, participants agreed to take part of their own free will which was thoroughly checked. They were all eager to discuss their experience and to contribute in any way they could to suicide research. The nature of the research, and what was involved by participating was explained verbally and in writing and formal appointments detailing times and venues for

the interview were made. The venues were, for the most part, at their place of work and local hotels, where a private area was secured. I completely adhered to the participants' schedule.

Before the interview, each participant was given written details about the nature of the research being carried out (Appendix 3), and an interview guide in the form of a questionnaire (Appendix 4) that aimed to gather information on the impact of the death by suicide on the participant. The importance of confidentiality was emphasised and participants were advised that their taking part in the research was voluntary and that they may withdraw from the study at any time, without prejudice (Shilubane et al., 2015). They were also advised not to answer any questions they deemed inappropriate or invasive. They were informed orally that, if the interview triggered intense emotions because of the nature of the theme, a suspended interview procedure would apply. I then had a brief discussion with the participant so that any questions or concerns regarding the interview could be addressed. I also highlighted the possible benefits and risks of taking part in the study. Participants were supplied with the names and contact details of the academic supervisors and my own contact number in the event of them requiring any follow-up emotionally from the interview.

I checked in with the participants the following day by text to ensure that they had no negative reactions from the experience of the interview. I did not specifically ask this question but I was satisfied from the reply that they had no adverse reaction (Later in the study, I will outline their reactions to being interviewed, which I requested when I forwarded the transcripts). The participants were all reassured that they could contact me or my supervisor if they needed a referral. The participant Consent Form was then signed (Appendix 5).

To ensure the validity of the data, the interviews were audio recorded and all participants on request agreed to be audiotaped. Dependability was ensured by the voice recorder and the transcripts are available for the use of verification if it was necessary. Given the sensitivity of the topic, it was also important to secure minimal disruption and this was facilitated by the participants, who, in most cases, met me in their offices at their place of work. The remainder suggested a meeting point as described above, which was conducive to an interview of this kind. After the interview, the participants were debriefed and supported by the researcher. This debriefing consisted of an informal conversation for

approximately thirty or forty minutes to enable the participant to recover from the experience of re-living the event.

Each participant was subsequently forwarded the transcripts. Prior to sending the transcripts by e-mail, I contacted each one by telephone and by e-mail to inform them I would be e-mailing the transcript and to re-iterate the aspect of confidentiality in as far as I could guarantee same. I also requested that they provide me with a short account of what it was like for them to do the interview. Participants had until the 31st May, 2016 to withdraw from the process.

I want to give an opportunity to all participants to discuss the findings with me at a later date. I have requested that they meet with me at their convenience and, if they wish to do so, to examine the findings in order to validate that they represent as closely as possible my interpretation of their experiences. In this way, I hope to acknowledge their participation as co-researchers in keeping with the Freirean theoretical framework of the study (Freire, 1972; Mitchell, 2014). In as far as is humanely possible for me, I have assured them of confidentiality and that their responses will not be linked to their personal identities. The fact that their narrative occurred in a particular small community means that I could not guarantee total confidentiality. Furthermore, they are assured that the recording will be destroyed five years after publication of the results.

3.6 Data Collection Methods

I regarded the qualitative semi-structured interviews as facilitating my empathy for the individual's current circumstance and a non-judgemental acceptance of the participants' narrative. The questions were formulated based on an extensive review of the literature. Each interview lasted between 60 and 90 minutes and no notes were taken during the interviews. Each participant was interviewed once for the study. A subsequent meeting will ask participants to review the findings in order to validate my interpretations, i.e. that my findings represent as closely as possible their experiences. I am relying on Rogerian person-centred framework, in this regard, the Freirean method of involving the participants in the research as co-researchers. Their lived-experience is at the core of this research. Freire also wanted participants to be at the heart of the research process and believed the participants to be the experts (Freire, 1972).

In addition to this, the participants' well-being must be a priority throughout this study. They were reassured that the interview was flexible and that other issues may emerge

depending on the different stories of the event. The interview-questions are outlined in Appendix 4.

3.7 Data Analysis

Thematic analysis is the research tool employed to analyse the data. Thematic analysis provides a mechanism for identifying patterns and themes in participants' responses as well as a means of understanding, organising and interpreting the data (Smith, 1999, p.232).

The recorded interviews were transcribed verbatim to facilitate data analysis. The information given by the participants are the main focus of the study and the feelings, words and thoughts are regarded as authentic material, which will be used to inform the discussion and analysis sections of the study. It must be acknowledged, however, that a qualitative researcher cannot hope to attain a full picture of any phenomenon, but it is important to capture the essence of it as much as possible (Hanley et al., 2013).

3.8 Ethical Considerations

This research study is ethically sensitive, as participants' personal experience of a sensitive topic is being investigated. Therefore, a number of ethical safeguards were required in order to adhere to the standard ethical principles. A pseudonym was used to protect the participants' identity and to endeavour to protect them from being identified through their narratives as mentioned earlier. The information letter (Appendix 3) was read by all participants, and an informed consent form (Appendix 5) was signed. Participants were assured that all material derived from the research process would be stored safely for a period of five years. However, while the interviews may stir up emotions, research has shown that participants themselves, nevertheless, may find it beneficial to talk about their experiences of bereavement (Lehmann, 1986). Furthermore, there is no evidence to indicate that individuals are at risk by participating in a study on suicide bereavement. As a researcher, I have aimed to ensure that participants do not experience any emotional harm during the interview process. An informal debriefing session was provided after the research process, ensuring the participants' confidentiality, respect, informed consent and well-being were a priority in the research process at all times. All participants were reassured that, in as far as possible, their anonymity would be safeguarded in the study. The participation was voluntary and they were informed that they were free to withdraw from the study at any time, without prejudice.

As stated earlier, this study is emotive and the experience of the interview is likely to elicit some level of emotional disturbance. Therefore, the participants were supplied with my contact telephone number, together with the number of the academic supervisor who would give referrals if it were necessary. As a counsellor, I abide by the ethical guidelines of IAPC (http://www.iacp.ie/) and NAPCP (http://www.napcp.ie/). It is important to acknowledge the sensitivity of working with death and loss.

3.9 Reflection

On listening back and reflecting on my first interview, I became aware that some of my responses revealed my previous roles, for example, I was asking very school-like questions because of my experience as a teacher. The counsellor stance was also obvious in my response to the emotion in the narrative. I had to amend this tendency in the subsequent interviews while still maintaining a degree of empathy. However, on account of the sensitivity of the topic, and my natural empathy for people, it was not always successful. The teacher-like questions were less difficult to modify.

However, these interviews were no ordinary conversation and were not just about collecting data from the participants but also to gather data about myself as interviewer and my own experience (Matthew, p. 232), so I had to reflect on my role. As I was also researching emotions, I had to reflect on the interviews in two ways. Firstly, I noted how the participants seemed to be feeling during the interview and how they showed those feelings through body language which included hand movements, facial expressions and other non-verbal actions. Secondly, I noted my interview structure and style: what worked and what did not work and what I could do differently. I made a tentative note of what my interpretations for analysis might be (Matthews, p.232).

The presence of the audio-recorder can be a distraction: hope it is working etc., and the pressure to capture the story while simultaneously engaging with the participant. I naively believed my clinical experience as a counsellor would pave the way to my transition to researcher (Beuthin, p. 124). However, this was not the case and my roles were sometimes confused.

I was also aware of interjecting and perhaps interrupting a spontaneous response from the participant. I was wondering if I was asking too much and maybe not enough. It was important to me to sit with the participant in such a way that there was no perceived Imbalance of power. However, in one instance, the participant sat behind a desk and that

was interesting in relation to power. I was very conscious that the interviews may evoke intense emotions and when the participant decided to conduct it in their place of work it made me protective of their position and having to return to work as usual afterwards. It was interesting to me that the participants in question did not seem to foresee this possibility.

I also had to question my personal stance on religion, suicide, death etc. The reviewing of the findings by the participants is vital to eliminate any biases on my part. I endeavoured to be neutral and objective, but that proved to be aspirational because my ontological position and the nature of the topic. Reflection is important here and I had to be aware of ways in which bias could inform my research findings.

3.10 Limitations

The generalizability of the current study, including a limited sample size and being carried out in a particular geographic location, has limitations. The majority of the participants are in the east of the country, with one participant from a rural area. So, one must question how representative my group of participants is to a research population. The purposively selection of the participants interviewed may be problematic and may not be fully relied on. The interviews contained a lot of emotion and issues came up which could not be covered in this particular study but they may have been interesting. For instance, how did previous experiences influence their responses to the event? Are the educators creating a reality about this event because they experienced the process? Also, can we change culture through education?

The participants agreed to informed consent without knowing what the outcomes of the research may be. Will the neo-liberal agenda, which is currently taking hold in educational institutions, allow for changes to facilitate educator and learner well-being and suicide prevention? How much did the participants represent the population of teachers who have experienced this event? Are their experiences typical?

3.11 Conclusion

Despite the limitations of the study, it has been a very worthwhile experience for me to investigate a phenomenon which has interested me for a long time. I have not personally experienced a death by suicide of a learner while they were still in school. However, many former learners have unfortunately died by suicide at various intervals since leaving education. This emphasised for me the necessity to explore the effects of suicide on

educators and what their needs are, in order to enable them to be in a position to identify suicidal behaviours in their learners and refer them to the relevant services.

CHAPTER 4: FINDINGS

4.1 Introduction

As mentioned earlier, it is important to ensure that my participants have confidentiality, as this topic is very sensitive and has occurred in particular educational institutions. This chapter outlines, first of all, the broad experiences of the participants and how they are similar or different. Then, I will set out the various themes I have identified from the interview transcripts. The participants were voluntarily taking part in the study as a way to assist in the battle on suicide and suicide ideation. I wanted to explore the effects of a death by suicide of a learner on the participants in order to get a picture of that specific lived experience. I also wanted to gather what their experience of doing the interview was.

4.2 Participants

The participants were, for the most part, educationalists: among them were one headmaster and a headmistress. The predominant number of educators were from the secondary education sector because it was the sector where I had the most contacts. One participant was from the Adult Education sector. They are identified in the study under pseudonyms. I had an eclectic mix of individuals who had experienced this event.

The interview endeavoured to focus on their lived experience of the impact of a death by suicide of a learner rather than their ideas about it. This method gave a glimpse of how their personal lives were interwoven in their everyday jobs as educators. I hope that, with the help of extracts from their interviews, it will give an understanding for what they have experienced as a result of this occurrence and how it impacted on them as educators.

The participants, for the most part, were all experienced educators. Many of them had several years' experience of teaching and had various responsibilities within their educational environment. Three participants were part of their establishment's Critical Incident team. Some had experienced more than one suicide at their school. (Issues of confidentiality prevent me from going into more detail) Some suicides had occurred within the last year in four cases and over five years in the other instances. They were mostly from urban areas with one from a rural area. Only one participant was male, which

was not intentional on my part; it happened because of the brief window in which the research could be undertaken.

4.3 Thematic Analysis

The following paragraphs identify the issues that emerged in the interviews under the following headings:

1. Social Context,

2. Media, Language, Communication and Social Media

3. Personal and Professional Roles,

4. Adolescents and Young Adults,

5. Stigma and Isolation and Ritual

4.3.1 Social Context

Social context includes Unexpectedness and Trauma, Time of Year and Cultural Divide. All participants experienced the death by suicide of the learner as very **traumatic and sudden**. It is important to uncover the processes within an educational establishment when this occurs. The language used to describe the event was actually quite uniform.

For example, Pat noted: 'feeling rattled in the body '; and that 'it hit like a ton of bricks'. Billy reported being 'gobsmacked' and 'could not catch my breath'. Dara had similar feelings: 'inconsolable'; 'very high stress'; 'massive shock' 'a difficult time'. Charlie was also 'distraught'.

These are just a few examples of the responses to the death. There were many more in the same vein. I noted also that, even though some time had elapsed since the suicides, the level of emotion observable was still intense.

The **unexpectedness** of the event was also highlighted by many participants. In at least five of the occasions, the suicide was totally unexpected. This increased the impact as there didn't appear to be any warning. The learner was, in two cases, not on anybody's radar.

For instance, Enda expressed surprise at this happening to a 'larger than life character' and the unexpectedness of the event: 'you never know when an event is going to happen'. Dara makes a similar statement: 'a bright …..who excelled………', while Charlie states:

'nobody could have known'. Phil says that: 'never have expected for a minute that this would happen' and 'I would never have known that the concern I had would have this outcome'. Kim observed that the victim had: 'appeared fine'.

These quotes illustrate the suddenness of the suicide and the trauma experienced by the participants. Further to the unexpectedness and trauma experienced, is the fact that the incident collocated around a particular time of year. In at least five of the incidents, the death happened around the Christmas and January holidays. This resulted in serious family and personal plans being interrupted in order to follow protocol in the educational institution when such an incident arises. This is an example of where the personal and private aspects of the participants' lives were interwoven.

From my perspective, this is part of a hidden curriculum, not often discussed in the public domain or even by teachers themselves. For example, Dara stated that: 'Christmas was a write off' and that 'it really impacted on our family'. There was a case of a family being watchful over the Christmas period, when the learner was expressing suicidal behaviour. With regard to the time of year, Kim (not in the secondary school sector) referred to the Christmas holidays as very lonely: 'it can be an incredibly lonely time of the year and especially for young people who fall outside the remit of secondary school'.

The belief is that the secondary school can provide some structures like peers and friends, however, this is not always the case, as can be seen from the other interviews. At least four incidences were noted from the interviews. Enda noted that: 'Christmas isn't a great time for some people'.

Those findings record the suicides as occurring at this time and this may indicate a need for extra vigilance with an at-risk individual at this time of year. There seems to be a relationship between Christmas and suicide or suicide ideation. The findings also suggest how far an educational institution must rely on staff generosity, flexibility and good-will.

The phenomenon of cultural divide is now something to be addressed in Ireland. It is becoming more and more important for educators to be au-fait with the culture of their learners. Suicide and suicide ideation are regarded differently depending on the nationality of the learner, when confronted with a death by suicide of a non-national, the educator has a new pressure. It is a dilemma about what is appropriate to do in terms of the bereaved. Some of the following excerpts highlight this difficulty. Dara recalls: 'I

was feeling very anxious…how I was going to be received by them', 'doing too much or not enough'.

It is very complicated to respect the family's wishes when an educator isn't cognisant of the customs of the particular country. This can create a disconnection between the family and the educational community. In a time of crisis, like a death by suicide, it is very difficult to bridge this gap and join the two worlds. The bereaved identify their needs for assistance in terms of their definition of the meaning of suicide in addition to their personal loss. This means that an educator must be aware of the different perceptions of help needed (Dyregrov, 2011), with Dara asking, 'Are you doing enough for the family?' and 'How much you should keep in touch with them'.

4.3.2 Media, Language, Communication and Social Media
In addition to the social context, another theme that emerged concerned media, language and communication and the interplay between them and of course social media alluded to above.

The first theme concerns the **media** and its link with suicide stories and suicide rates. (There will be more about this in the analysis section). In all the interviews conducted, there was only one case of media presence noted. The initial approach was made under the guise of concern, but I suspect, as did my participant, that it involved news that was deemed newsworthy and sensational. To protect the confidentiality of my source, I cannot give the details in this paper, but, suffice to say, the reporting in this case would have been highly insensitive to the bereaved.

Furthermore, the reporting of this incident would have to be carefully examined for content and the terminology used so as not to be a risk factor for all the vulnerable individuals affected by the event (Coyle et al., 2002). The method of presentation of the story might have contributed to the grief of the bereaved and also the attitudes of people towards suicide and suicide ideation (Coyle et al., 2002). This is an on-going discourse.

In the previous paragraph, I looked at media and how they frame a report in terms of language and content. Following on from this, all the participants in the study highlighted, in various ways, the use of **language** and how it can influence the way we regard suicide and suicide behaviour. The first aspect concerned 'throw-away comments', which are, at best, insulting and, at worst, detrimental to an individual's perception of suicide and suicide ideation. Kim reported comments like: 'man up' and

'don't be acting like a girl'. Those comments are often used around gender and emotions. They seem to be embedded in our culture and our language that we just say it without considering the effect if may have on the individual receiving it. The language used to refer to suicide can stigmatise and silence individuals who are experiencing suicide ideation. When discussing a death by suicide or suicidal behaviour, we must be extremely aware of the conventional language. Pat and Billy referred to phrases like: 'X killed himself' or 'X committed suicide'. There are connotations around such a statement. An individual commits a crime like murder, theft etc. and within our cultural context he/she must be punished according to the values of the culture. To speak about suicide using this type of language demonstrates the lack of knowledge regarding the complexity and diverse nature of suicide itself and understanding of the individual's pain (Murphy, 2015).

How to communicate the news of the suicide to learners was a theme in all the interviews. It created a lot of stress and anxiety in participants (This is linked to training, which will be discussed later in the paper). There was a worry around how learners might process the information, in particular, a learner with special requirements. The following quote from Kim highlights the last issue: 'X's way of learning, it's different, so I was worried about how X would process it'. Charlie wondered how one speaks about difficult topics and whether there is 'some way of saying it'. The dilemma of the Headmaster or Headmistress whether to 'tell the facts' while still respecting what information the family want to reveal.

Another striking feature that emerged in the interviews was the role of **social media** in aiding communication. Young people have social media life that adults are not aware of. From my perspective it is a surprising finding in the context of suicide. In a previous chapter, I referred to technology as having a very negative influence on the individuals who died by suicide. This is backed up by others who are in the field of suicide prevention. Doctor Harry Barry (2014) claims that young people are using technology too much. Another study states that young people have access to various types of communication: mobiles, text messaging, e-mailing, face-book, twitter and others. Despite all of this, they appear to be more alone than ever and they are missing genuine human contact (Leavy et al., 2011). However, the findings in this study do not suggest any degree of negativity related to technology. The reason for this may be the fact, that the study is not exploring the causes of suicide.

Dara notes that 'children had moved on…. They're on the social media and that was their outlet… they supported each other…'. This quote concurs with the opinion of Kim, who said earlier that the secondary sector was more supportive as the learners kept in contact with their peers. Charlie stated that 'it just spread….. by kind of the next day at lunchtime it was known'.

In all cases, the participants were happy that the learners acquired the details in this way. This relates back to the anxiety of the educators when trying to communicate the news of the death. Social media assisted them in this and it also was a medium for the bereaved learners to grieve and to support each other as shown by Pat, who noted that the bereaved on social media were 'trying to express in some way, shape or form… the loss'.

In another instance, good technical connections enabled the educators to communicate with each other and monitor their learners during the event. As Billy points out, it 'makes it easier on the logistics of putting things into practice'.

4.3.3 Personal and Professional Roles

The next theme concerns personal and professional roles of educators when this event occurs. As mentioned earlier, they are very much interwoven and it is difficult in this instance to keep them separate. However, I will endeavour to explore the sub-themes under the headings of both personal and professional roles.

Personal

Lack of support outside their educational environment was described also by participants. There was a disconnection between what happens at work and what happens privately. People supported and understood the grief of participants when a relative died but this event was treated differently, as Billy noted: ' it was just a student……just school' but when …………died……those same friends were a huge support'. This is described by Phil as a 'hidden part of the grief that's huge to carry'. There was a lack of understanding of the impact on the participant, as illustrated by Phil: 'X didn't get it, she normally would but she didn't …. It was quite traumatic for me'. Kim, who was 'devastated' by the death, recalled being asked a couple of hours after hearing the news of the death by suicide: 'well are you over it yet?'

All of the above links in with the concept of disenfranchised grief, mentioned later in the study. There is also the overarching influence of personal problems when dealing with a death by suicide. Those issues interweave with the professional demands mentioned

above. There are other life events going on both within the educational community itself and also in the educator's life. Phil describes this aspect in the context of the educational community as 'dealing with the reality of death but also dealing with their own frame of reference'. Enda states that 'people found it the most difficult had other things going on in their lives…'. Dara explains that 'it was a huge thing because I already had had a tragedy of my own'. Another finding, highlighted by Billy, was an individual returning to work after maternity leave and feeling the loss of leaving the baby with someone else for the first time'.

Grief

The fundamental theme emerging from participants' narrative of the event was **grief** and what emerges from that in how it impacts on an individual's life, both personal and professional. This impact on participants' personal and professional lives is considered 'within the context of how they processed their experience of loss' (Carley et al., 2009, p.157).

Individuals vary in their grief experiences but, from this study, there are certain overarching emotional responses reported namely denial, shock, guilt, anger and self-doubt (Berman et al., 2006). Those feelings correspond with Elizabeth Kübler-Ross (1969) interpretation of grief stages. However, in the case of suicide, I would argue whether it is possible to negotiate each stage. They serve as a guideline and somehow help to make sense of what the bereaved are feeling. Suicide is as yet a mystery and the psyche responds to it by denial. This enables the survivor to cope and process something that is unknown to him/her.

While every individual has a unique grief experience, the following findings have been described consistently by the participants. For example, all describe, in various ways, examples of denial and disbelief, shock and horror, guilt and blame, fear and anger and flashbacks. Those concepts are all within the general realm of generalised grief, as reactions after any death, not limited to suicide (Kübler-Ross, 1970; Worden, 2002). The question 'why' hangs in each narrative. There is a loss of confidence, isolation and sometimes having to access interventions.

Denial and Disbelief

The concept of denial is reflected in the findings and noted by Pat as 'not wanting to believe it and having to face reality'. On hearing the news, Phil recalls: 'there's the shock and the denial'. So the educators were not prepared for this outcome and were' caught unaware' (Ting et al., 2006). Dara reflects disbelief on hearing the news: 'X was doing fine…nobody realised…was honestly as bad as that…'. Therefore, denial and disbelief are common responses and this leads on to feelings of **shock and horror**. Those emotions are all common reactions to a deeply traumatic event such as suicide. In the case of suicide ideation, it is important for the well-being of the learner that an educator does not respond in this way (This is discussed in the analysis chapter). Likewise, other learners are gauging the educator's reaction to a death by suicide as reported in an earlier finding. The findings show evidence of those emotional reactions. Pat and Kim express this as: '…there was huge shock' and 'I was still in shock over it'. These phrases were used many times in the interviews.

The themes of **guilt and blame** commonly emerge from the question of 'why'. Educators have the mistaken belief that they should have picked up on warning signs. However, the source of their guilt and blame is in fact 'imagined and unrealistic (Clark et al., 2000). The issue of blame is described by Enda 'who blamed himself or may have picked up blame from others'. This can have a fatal outcome when an individual is grieving and vulnerable and was fatal in this case. The blame may serve to underline deep perceived feelings of rejection already being experienced (Clark et al., 2000). When an individual is seen as making a choice to die by suicide, the bereaved interpret this decision as a rejection of them.

Fear and anger are other emotions which an educator may experience. Examples of fear in terms of a participant's own family are highlighted in the interviews by Billy: 'what if it happened to my family…..you were kind of more vigilant, compensating ….', and 'looking at them ……….and thinking oh my God this could be one of them'.

Anger was identified in many of the interviews. A number of comments reflected this feeling of anger. Pat reported that peers were angry at the deceased: 'look what he's done'. Anger also emerged in the form of irritability, as illustrated by Billy: 'it made me more irritable'. Kim was angry that the victim had great potential and had wasted a life: 'X was on the cusp of doing something …maybe improvements…'. Irritability was also characterised by loss of sleep. All participants reported a disturbance and irregularity in

sleeping patterns. Some examples were noted by Kim and Phil: 'it did affect my sleep' and 'got the news I slept badly'. Some participants, in addition to the above issues described, have experienced **flashbacks** at various intervals. For example, if they were in a position where they felt obliged to see the body, they reported the following reactions. Dara and Billy noted:

> 'student in my head, coming back into my head'.

> 'in my mind more than I would have liked'.

> 'I couldn't get the image of X in the coffin out of my head'.

Other funerals tended to elicit a lot of emotion, despite the fact that the deceased was not well known to the educator.

Professional

The next theme related to the issue of **multiple roles** for an educator in the event of a death by suicide in an educational establishment. There are no fixed on-site support systems within those institutions. As can be recalled from the Literature Review, Guidance Counsellors have been for the most part relocated to the classrooms and are not available as much as heretofore. This was succinctly described by Billy: 'they are doing a bit of career work…the rest is just their normal subjects'.

When a death by suicide occurs, it means that educators have to adopt various roles. The findings from the study illustrate this fact. In the case of school heads, they have a myriad of roles: their personal grief, their responsibilities to staff and learners, how to respond in a supportive way while managing their personal concerns regarding the death, deal with other educational and everyday demands in their educational community, dealing with the family of the deceased and the learners' families, media statements and many other hidden issues that are often not considered when a crisis occurs. Phil and Enda state:

> 'Was personal grief around it and then there was the role of the principal'.

> 'How do I look after everybody else, how do we manage this'.

They also have the responsibility of discussing something which is quite difficult with the educators and the learners. Likewise, the educators have to participate in the entire event, because of austerity and cut-backs there are no supplementary staff available to fill gaps. Educators also have to consider the reality of the State Examinations which are the most demanding in terms of time and syllabi. This is reflected in the findings and illustrated very adequately by Enda: 'meanwhile the Leaving Certificate and the Junior

Certificate were coming barrelling down the road in…as the clock ticked on'. Enda also stated that educators did so much and it was 'more than anyone had the right to ask them to do'.

Training

Practically, all the participants acknowledged the lack of training skills to deal with this event. Charlie, Billy, Dara, and Enda noted the following:

> 'Nobody knew what to say'.
>
> 'We had no training'.
>
> 'We weren't prepped, no, no real preparation whatsoever'.
>
> 'We have no training in that as a staff, we have no training…'.

Those findings suggest that there is an urgent need for educators to have some formal training in this area.

Questioning and Fear of Litigation

Although not expressly stated in the interviews, it was apparent from the language used that fear of being accountable and the ensuing consequences were very much in the educators' minds. Billy asked: 'What if it had been on my watch?'. In addition, the educators were questioning their last encounter with the victim. Unlike a natural death, people are left wondering 'why'. Participants questioned themselves as to how the death could have been prevented and thereby examined their treatment of the learner, their knowledge – how they didn't notice something was amiss. Charlie questioned:

> 'What happened on the last day?'.
>
> 'Was that the child I gave out to?' while Billy wondered:
>
> 'What was the last thing I said to…..?'

Self-blame and responsibility was experienced by Charlie to an extent: 'you feel responsible for getting it right'. The above questioning is on-going for a lot of educators, as evidenced in the research findings. The presence of emotion, even after a substantial period of time has elapsed, is very clear. They are constantly vigilant: 'making doubly sure…' (Billy) about everything connected with the learners. Some participants acknowledged feeling less confident, even though they would always have been the go-to people for advice previously.

Participants needed to be affirmed that they had been thorough in carrying out their duties and particularly for the conducting of events during the process of the funeral. Charlie noted: 'you feel responsible for kind of getting it right'.

Warning Signs

Participants noted that, in hindsight, there were warning signs which were missed. Billy explains that 'he thought that maybe X had got passed it but really X hadn't, it was more X had a plan and that was why…The mood had lifted'. Also, the death of a learner whom Kim was mentoring had said thank you prior to the Christmas holidays: 'thanks very much, it was brilliant and really good…was doing fine…just thinking of the signs…X had turned around and had thanked me, thanked X'.

The learning for the participant was that educators must, in Kim's opinion, 'make the effort sometimes for learners to recognise that they're real people…you (the educator) can sometimes be that only person that can make the connection with that person'. This is a huge responsibility and stresses the need for self-care to enable the educator to have a clear head.

4.3.4 Adolescents and Young Adults

The dearth in training limits the educators' skills when dealing with at-risk behaviours in teenagers and young adults. This, in turn, leads to a lot of guilt and questioning, as described above. Educators need to ameliorate their knowledge of the prior indications of suicide and cultivate the necessary skills to respond to those signs competently (Shilubane et al., 2015). Educators work closely with an at-risk population (Allen et al., 2002), and have the most contact with them, apart from their own families, during their developmental and formative years (Sofronoff et al., 2005).

Educators are confronted with the reality of balancing their behaviour with the learners so as not to be over-vigilant or analysing them excessively.

Contagion/copycat

Contagion or copycat is where the death of an individual by suicide could initiate others to replicate their behaviour. Charlie and Enda noted the importance of paying respect to the deceased but, at the same time, not glorifying the deed itself and the danger of a copycat response: 'our fear would be copycat' and 'we'd be very afraid of the copycat'.

There is also tension between the normal routine of the institution and not acknowledging the deceased, while, at the same time, not making a 'hero' or a 'heroine' of the deceased learner. This phenomenon of contagion or copycat also applies to the manner in which the Media report on incidences of suicide and the language used when constructing the account of the event.

4.3.5 Stigma, Isolation and Ritual

The 'culture of silence' (Freire, 1972) around suicide and the stigma attached to the act is deeply rooted in history. From historical records in the Middle Ages, suicide was punished by mutilating the bodies to prevent evil spirits from being unleashed; they were denied a Christian burial and the bereaved family were not entitled to inherit the deceased's property, which was usually confiscated. In Chapter two, I have given a brief history of suicide. The fact that it was associated with mental health issues and was an illegal act in some countries meant that it carried a stigma. The Church also contributed to the stigma. This stigma associated suicide can constrain educators from accessing much needed assistance to help them to cope with the loss and trauma and begin the process of healing (Young et al., 2012).

Stigma is demonstrated also in my findings. Educators can be bereaved by suicide themselves, while not being able to voice it due to stigma. Due to confidentiality issues, I am unable to give the exact details, but, suffice to say, the manner in which those in authority (not the educational institution, but the individuals investigating the death) responded to the news, created the secrecy. Although this incident happened in the past, Phil stated: 'we didn't have those conversations in those days'. The stigma has not fully disappeared and is still alive in some cultures, an example of which I have illustrated in my findings. Other examples of stigma and secrecy aspects include a quote from Billy: 'putting it under the carpet' ('it' meaning the suicide).

Educators themselves are reluctant to access help if they are feeling unwell in the aftermath of a death by suicide of a learner. Kim described the dilemma of not getting help as being an obstacle to helping the learners: 'if you're carrying that burden yourself and a learner says to you they are feeling that way, that's an extra thing then that you can't properly deal with….you have to manage that…you would if your head was a bit freer'.

The death by suicide is often cloaked by the use of language as described earlier. The quote from Charlie also suggests stigma: 'they didn't volunteer the information'. Thus

35

the stigma sometimes blocks individuals from seeking help for their mental health, as expressed by Kim: 'cause you're afraid someone is going to say sure that one is going to do something to themselves…or (that) your nerves are at you, so there is a lot of it still there'.

Stigma also complicates the response to a death by suicide of a learner. The reports may indicate the real cause of the death, while the educational establishment has to honour the family's wishes. There is a lack of openness and discourse about suicide in general in society (Dyregrov, 2010).

Isolation for Phil emerged when returning to work after the event particularly if it occurred during the holidays. Dara felt that they 'got lost in it', meaning that the educators were caring for everybody else. The interaction in educational environments is alluded to by Kim: 'that connection...we're losing that connection with other stuff that's happening in schools, we're losing the interaction and very human things that we need'. Isolation is further reflected in the following excerpts from Billy: 'everyone is doing their own thing...stepping into it for the start of a new year…let's move on here'. This shows how all the usual distractions of everyday life can mean that someone who is suffering may not be heeded.

A further aspect of isolation emerged in the findings, namely, not feeling supported during the process. Some participants reported supports from various and unexpected sources, while others felt very little support. The latter came in different guises and highlighted the sense of isolation. Lack of support ranged from colleagues not getting involved in the funerals and services to minimising what others had done to both support the bereaved family and the learners through the crisis. As mentioned earlier in the study, friends contributed to the sense of isolation by distinguishing between work issues and personal issues.

Ritual has, for a long time, had a place in the bereavement counselling field and has 'positive therapeutic benefits for the bereaved' (Clarke, 2014, p.70). In this study, ritual was one of the most important themes mentioned by the participants. In related studies on counsellors, they were the forgotten bereaved (Clark, 2014, p.70). Thus, it was interesting to discover how much educators from my study found that engaging in ritual after the death of a learner was hugely beneficial.

Martin and Doka (2000) describe rituals as 'special acts that offer sacred meaning to events' (p.15). The act of participation in funerals and other rituals around them have always been regarded as beneficial to coming to terms with the loss and assisting the healing process. They are, for decades, the way bereaved individuals dealt with the aftermath of death. Educators in my study organised their own internal school community rituals because their loss was not acknowledged socially by their own friends, as in the case of Billy and Phil.

To somehow overcome the difficulty of not being acknowledged as bereaved, participants in five cases illustrated how rituals served them well in dealing with the aftermath of a death by suicide. While waiting to get information on funeral arrangements, the school community had a 'ceremony of remembrance'. Later on, for the anniversary, a memorial Mass was organised which the participant felt bridged the gap between the educational community and the family community. Phil explains the ritual very well:

> 'it's that kind of being together and having some kind of ritual around it that…it doesn't make it easier but it's something to do, it's some kind of ritual around what's just going on and it puts X that you're missing in the centre of it, which is where you want them to be'.

Billy observed that the ritual of the Mass assisted the learners in feeling they were doing something by saying 'the responses at Mass'. Charlie held rituals to celebrate the life of the deceased rather than allow the ceremony to become too emotional. In six out of seven participants, ritual was employed as an aid to healing and dealing with the process of the funeral.

4.4 Conclusion

The findings indicate that the effects a death by suicide of a learner can result in a complex and unique experience for educators. The findings uncover many emotional upheavals in the participants' private and professional lives. Each participant's lived experience contributed to the overall picture. Some felt isolated because they perceived they were not coping as well as their colleagues. They were reluctant to access support networks or psychotherapy.

Regarding their personal experiences of the Interview, Pat found doing the interview 'difficult, emotional, tearful, as it was only a few months since the event'. Enda just reported that the transcript was 'accurate record of conversation'. Phil stated that 'great

to take time out and talk', while Billy found that 'it got me thinking again and I saw it as an opportunity to turn something horrific into a positive. Your research will help'.

Overall, the findings show that a greater appreciation of the complicated nature of their experience is essential. Educators have to be viewed as front-line personnel in the event of a suicide. Training and skills are required to deal with this trauma in an effective way in order to avoid any negative fall-out such as post traumatic disorder or complicated grief issues. Information about the kind of emotions to expect in such a situation, training in stress management, techniques and adaptive coping strategies, would greatly benefit both educators and their learners.

CHAPTER 5: ANALYSIS

5.1 Introduction

In the last chapter, I presented the individual findings from the narratives of the participants in the study and identified, with comments, some of the themes I noticed emerging. In this chapter, I will discuss those themes and relate them to the literature.

1. Social Context,

2. Media, Language, Communication and Social Media

3. Personal and Professional Roles,

4. Adolescents and Young Adults,

5. Stigma and Isolation and Ritual

5.2 Thematic Analysis Discussion

The key themes emerging in the study come under the headings: Social and Cultural Contexts, Media, Language and Communication, Personal and Professional Elements, Adolescents and Young Adults, Stigma, Isolation and Ritual.

5.2.1 Social Context

A death by suicide would be considered as sudden death in the literature, because a sudden death is an unexpected death (Worden, 1991). It is unanticipated, with no time to prepare or say goodbye. It is traumatic too because the circumstances are frequently violent. The findings indicate that it is always a massive shock and deeply traumatic with an exacerbation of guilt feelings and shame. Billy captures the trauma of the event: 'I could not catch my breath', while Phil recalls the unexpectedness: 'never expected for a minute that this would happen'. Other emotions were consistent with grief, which are discussed later in the chapter. Those are common themes to all the participants in the findings.

One of the main findings of the study was that many of the suicides were concentrated around a particular time of year - around the Christmas period. Durkheim (2006) devoted a whole chapter in 'On Suicide' to suicide and cosmic factors. He stated that among the cosmic causes of suicide he saw two which influenced suicide rates: 'climate and seasonal

changes in temperature' (p. 92). He found that more suicides occurred in the spring than in the summer periods. He used sociological terms to interpret the seasonal variation. He suggests that the amount of human interactions determine the incidences of suicide and not the environment. This seasonal perceived component has been further researched by Bridges (2005). He reported that recent research from other countries has contributed sufficient information to demonstrate that the seasonal effects on suicide have decreased over the years. Seasonal effects are considered of enough importance to be examined. Not everybody would concur with the above views but, nevertheless, it was an issue which arose in my study. The participants themselves did not specify any perceived connection in the time of year the suicide happened, nevertheless, it became evident from the findings that the event occurred in the Christmas period in the majority of cases. Of course, this is a relatively small study. However, Enda and Kim commented on the problem of Christmas time for some people: 'Christmas isn't a great time for some people'; and '….it can be an incredibly lonely time of the year'. Dara noted how the suicide impacted on Christmas: 'Christmas was a write off'; and 'it really impacted on our family'.

Since Christmas is also a period of heightened human interaction, it is a possibility that suicide and suicide ideation is prevalent. Based on my findings, I would argue that rates could increase at Christmas time during the winter months. This is further evidenced by the phenomenon of Seasonal Affective Disorder (Rosenthal, 2012) and the perceived propensity to link winter with feelings of depression. The reality that there is a cultural gap in the realm of suicide reflects contemporary life in Ireland. The fact that there are so many people from different cultures attending our educational institutions means that educators must be aware of those differences in perspective in the context of a death by suicide. As can be seen from the findings, it added extensively to all the other demands when attending to the event. Dara highlights the disconnectedness between the bereaved family and the educator and Dara's experience links in to the literature on the topic. 'I was feeling anxious…how was I going to be received by them?' and 'how much should you keep in touch with them'.

While this event occurred in the case of one participant, I would argue that the difficulties encountered were not unique in this particular situation. The cultural context is a complicated factor in understanding and discussing a phenomenon like suicide. This is backed up by Shneidman (1985) when he issues a note of caution when making cross-cultural comparisons about suicide, that we are not to assume that a 'suicide is a suicide'

(1985, cited in Leenaars et al., 1997). I concur with this statement because suicide is viewed differently within different cultures and also has a different meaning (Farberow, 1975). Durkheim specifically acknowledged the probable cultural meanings on suicide rates.   However, he omitted meaning from his analysis due to the belief that Protestants and Catholics, who constituted his sample, promoted the same meaning (On Suicide, p. 156). Meaning in this case is defined by Strauss & Quinn (1997, p.6) as:

> 'the interpretation evoked in a person by an object or event at a given time, and 'cultural meaning' as ' the typical (frequently recurring and widely shared aspect of the) interpretation of some type of object or event evoked in people as a result of their similar life experiences'.

Thus, this is a complex issue with regard to suicide. This can be seen from the findings, albeit from a very small sample. An understanding of the current 'meaning' around suicide and suicide ideation in the particular culture is important for educators. It is necessary to understand what the act of suicide represents for that individual and that cultural group (Colucci, 2005). This is an additional task for the educator and expands the effects of a death by suicide.

5.2.2 Media, Language, Communication and Social Media

The next important themes to emerge in the findings are the discourse on heredity in the context of suicide, the media reporting of events surrounding a death by suicide, and the danger of contagion. Durkheim (2006) stated: 'It is not to be doubted that the idea of suicide is spread by contagion' (p. 124). He also says that it has a greater influence than heredity. When people are vulnerable, they are more prone to suggestion (p. 84). Also, suicide is not hereditary but a 'certain general temperament' (p. 80), which may make an individual predisposed to suicide. Thus, copycat is not a component in the origin of suicide (p. 141); 'Suicide is not possible unless the constitution of an individual does not rebel against it' (p. 91).

These statements are reflected in the concerns of the participants in the study. Enda reflects: 'If X hadn't died…would it have been on his mind so much', while Billy expresses the fear around copycat: 'you're so on edge because you've heard of so many… this type of copycat'. It is an on-going debate, as is evidenced from the findings.

The possibility of a heredity link emerged also. In four of the interviews, it emanated that the victim's sibling had died by suicide already. Kim wondered if there was a heredity gene: 'X had done the same….maybe there could be a link there or something'.   Due to the relatively small sample interviewed for the study, it was surprising to find so many

incidents of this occurrence. It needs to be examined further to ascertain just how common it is. The issue of contagion has been well documented in the literature. Goethe, the German poet and novelist (1749-1832), published a work, which was partly autobiographical, called 'the Sorrows of young Werther', in 1774. It depicted the protagonist Werther as dying by suicide because of his un-requited love for Charlotte, the main female character. At that time the consensus was that this work led to a wave of young men to die by suicide all over Europe. The effects of the printed media on copycat or contagion is well recorded over the years in the wake of celebrity suicides like Kurt Cobain, Marilyn Monroe, to name but a few.

There is compelling evidence to conclude that there is a possibility of contagion as a possible factor in a death by suicide, in particular, within an educational environment. The possibility of other schools being affected by the event also emerged in the interviews. This increases the risk of contagion because adolescents are impressionable and prone to imitate the behaviour of their peers. Thus, there is a whole cohort of young people, who based on the evidence from the literature, are vulnerable. From the findings, there were other instances of suicide in the aftermath of others but the conclusions of whether or not they were copycat are inconclusive. As Charlie wonders: 'don't know if it's copycat', and Enda states 'if X hadn't died…would it have been on…. mind so much'.

An area affecting the possibility of contagion or copycat is the media reporting of a death by suicide. Durkheim discussed the impact of the press in the context of suicide. He states that it represents a powerful agent for dissemination - 'major newspapers gather together all the important events in the locality or its neighbours and then distribute the news in every direction. In this way, examples accumulate and reinforce one another' (On Suicide, p. 137). He argues that it is not the papers in themselves but 'the number of their readers' (p. 137). He concedes that the manner of the reports on suicide may have a bearing on the suicide rate, but only if society is immoral.

Foucault's concept of power is relevant when exploring the media in the context of suicide. His view that the discourse around the power of the media is to portray an event in a particular way but the individual has the power to resist the information. Durkheim refers to the number of its readers that is important. Both theorists are implying the same principal i.e. it is how the readers interpret the information that is important.

The findings highlight the media endeavouring to explore an incident of a death by suicide (to protect the bereaved the details are confidential). The incident was obviously regarded

as newsworthy. The report would be constructed by the journalist according to their perception of the event and their values with regard to suicide. However, the media were successfully blocked from the reporting of the event and the bereaved were thus protected from the possibility of incorrect or partially correct facts being published. Enda noted: 'this is not in anybody's best interest'. From my perspective based on this incident, there are tensions between the discourse on suicide and media coverage. Dyregrov (2012) states that there is minimal public discourse on suicide, while, at the same time, there is a need for more openness about it. Therefore, a complete absence of publicity around it only emphasis stigma and 'cover up' (p. 17) and will prevent discourse on mobilising preventative measures. Lack of openness on the part of the bereaved can complicate their grief and alienate individuals who may be a valuable source of help and comfort (Dyregrov, p.18). I concur completely with this observation, but to find a balance is a difficult task. Enda's narrative of events captured these tensions very well.

However, there is an absence of research on the social construction of media stories on suicide. The hesitancy of the participant to reject the media involvement arose from X's own powerlessness in shaping how the narrative would be written. There were no guarantees regarding how the report would be interpreted, structured, or what the language used to report the event would be like. The participant's sensitivity towards the bereaved was of primary importance. The findings suggest that social media has many different guises and adds another dimension to the other forms of media. It dissolves some of the traditional boundaries of the media. It connects and informs everybody of news items because of its uncensored nature. On the one hand, as mentioned in the Literature Review, it can be a negative influence on young adults and leads to isolation in many cases, which in turn may result in a death by suicide. On the other hand, in terms of communicating information on the death by suicide, it was found to be very positive from the point of view of the participants. Charlie noted: 'it just spread… by kind of the next day at lunchtime it was known'. It relieved the anxiety of the educators of having to find the right words to communicate the news. This was a surprising finding for me in the context of suicide and highlighted its positive role in not just communicating a message but as a medium for processing grief. As Pat stated: 'put this up on Facebook trying to express in some way, shape or form… the loss' and Dara stated: 'children had moved on….they're on social media and that was their outlet… they supported each other'.

5.2.3 Personal and Professional Roles

Research indicates that not everyone who is exposed to a death by suicide will be personally affected. However, up to 50% of individuals will feel a significant impact from the event (Cerel et al., 2013). This study was specifically exploring its impact on educators, so the participants were purposely selected. All reported that they were considerably perturbed by the event.

Shneidman (1972) recognised the importance of attending to the bereaved by suicide in general but educators are, for the most part, ignored as belonging to this population. As can be seen in the findings, all participants acknowledged having various emotional disturbances. Pat described: 'feeling rattled in the body', while Kim said: 'it did affect my sleep' and Charlie reported feeling 'distraught'. These emotional reactions concurred with the literature on bereavement. Elizabeth Kübler-Ross' (1969) description of the stages of grief included certain stages, steps and tasks. While all these stages and phases are represented in the findings, bereavement models have progressed and there is no single set of phases or tasks in terms of adapting to loss. Individuals oscillate back and forth between the stages (Stroebe & Schut, 1999).

However, these stages serve as a guideline for what can be expected in the grieving process, notwithstanding the fact each grief experience is particular to the individual. The individual also has a choice and agency. They are active players in the grief process. It was evident from the findings that these stages were common core features in the participants' experience, as described above. All of them acknowledged these responses in various ways and at various levels. There was no post-suicide de-briefing and it was, in Charlie's own words, 'business as usual'.

The educators' grief experience is further complicated because it is, in a sense, disenfranchised grief (Doka, 2002). It indicates that the relationship of the educators with the learner is not socially recognised. Therefore, the educator can be excluded. This is evidenced in the findings where the educational community was excluded from the service or from participating in the services. Charlie noted that the family refused any assistance in the service: 'no, no, while they weren't hostile they were very clear'.

Participants also reported sleep disturbance, loss of confidence and flashbacks. As Phil reported 'I slept badly'. Billy stated: 'made me less sure of myself…..would have to second-guess…'. Dara noted that the 'student (was) in my mind more than I would have liked'. Those phenomena are supported in the literature. Pompili (2013) states that seeing

the body of the deceased can result in recurring nightmares or flashbacks. As Billy stated: 'I couldn't get the image of X in the coffin out of my head'.   Many participants reported this manifestation of re-experiencing images.   The learner's desk, copies or personal effects were very painful reminders. Charlie expressed this very well: '….that gaping desk…that sort of thing….or copies', while Kim stated: 'I was putting through his stuff…I still have that end of things to kinda sort'.   All of these factors above point to the necessity for a proper de-briefing system and on-going support and monitoring, both for the learners and the educators.

5.2.4 Stigma and Isolation and Ritual

To somehow deal with their emotions around the trauma, and out of a need to 'do something', six out of the seven participants reported the use of ritual. This medium helped them to overcome the difficulty of not being acknowledged as bereaved. The ritual acts as a focal point to process the emotions and this was aptly described as such by Phil:

> 'it's that kind of being together and having some ritual around it that…..it doesn't make it any easier but it's something to do, it's some kind of ritual around what's going on and it puts X that you're missing in the centre of it, which is where you want them to be'.

This supports Doka (1989), who said, in the context of disenfranchised grief, people like friends, personal or professional colleagues, were not acknowledged as bereaved and were not supported by society. A death by suicide is regarded as one of the prime examples of disenfranchised grief (Grad, 2004) because of the stigma associated with it. There is no opportunity for an individual who is bereaved in his/her social system. They are largely excluded from any important participation in any post-death rituals (Clark, 2014), an example of which is described above.

My study shows that a ritual was necessary for the bereaved educators and learners to acknowledge their relationship with the deceased and the associated loss they were experiencing, because they perceived that this loss was not recognised by their social system in which it occurred (Doka, 1989). Their private grief remained unseen and unexpressed and they were also tasked with supporting the learners, while maintaining an appropriate professional distance. They have to keep their need to grieve on hold so as not to violate any perceived boundary. Thus, the participants used rituals to grieve.

Durkheim (2006) believed that ritual joined people into a community. It was the basic source of 'collective conscience' and provided people with meaning. When individuals

perceive themselves to be excluded from this group, it can in itself be traumatic. The rituals in my findings appeared to be a peripheral act when they could not participate in the main ritual of the funeral as an individual, who is bereaved. Some of them did attend but had to maintain a certain distance. The educators wanted to show the learners how to react in such a situation: As Phil explained: 'it showed their students how to manage with a sudden grief in a way that was respectful of death and the memory of the person…. It wasn't sensationalism … it was dignified and was exceptional, that's what you'd want young people to learn'.

From my perspective, and as a former educator, I would argue that the one-size-fits-all approach is not always beneficial with regard to ritual. Some people may not want to participate in a ritual and may regard it as being imposed on them. In an educational setting, learners may feel pressurised to participate. While the findings indicate that ritual was an effective approach to assist in coming to terms with the death by suicide, I would question its effectiveness for all concerned in the event.

In terms of professional issues, educators can feel isolated in an educational community, particularly if they are experiencing difficulties in the aftermath of a death by suicide. Durkheim (1951) stressed the importance of connectedness in the context of suicide. This connectedness is also an important component of social support i.e. the extent to which a group or an individual as being socially close (Centers for Disease Control and Prevention, 2008).

This sense of connectedness is often absent in the experiences of the participants. They felt isolated in various ways, regarding teaching as a private and cut-off experience with quotes from Billy like: 'everyone is doing their own thing…', and 'in a school setting you're very much in your own kind of cocoon, your own little classroom'. This sense of disconnectedness for Billy may be felt as being inherent in teaching itself and not particularly to suicide. In the context of the interview topic, however, this isolation dimension was not perceived as helping to deal with the aftermath of the suicide. Others felt isolated when colleagues distanced themselves, or did not get involved in the funeral and services. Other participants felt their contribution was minimised by colleagues.

While I concur with Durkheim that connectedness as a social support is very important, it is a case that human beings are diverse and have different sets of values. The people who distanced themselves or did not directly participate in the bereavement services may have been their way of managing a very stressful situation. Dara noted: 'the people that

choose not to be there at all, maybe there's something in it…'. Dara also stated 'we got lost in it'. This meant, for them, that with all the professional roles of maintaining confidentiality, being comforting and remaining contained, their own personal need to grieve was largely neglected.

The findings indicated that a lack of support outside of the educational establishment was very difficult for the participants. Friends who were supportive formerly now regarded this event as a work issue. Thus, the participants felt isolated in their grief. Phil and Billy express this dilemma: 'hidden part of the grief that's huge to carry' and 'it was just a student… just school…but when X died those same friends were a huge support'.

Stigma finds expression in the findings, both in the Irish and in the case of the non-Irish context. The fact that it still persists to the extent illustrated in the findings is a surprising discovery. It was particularly poignant in the context of the other culture and the adherence to tradition resulted in total isolation of the family from receiving any support. Other manifestations of stigma arose in relation to the funeral service and the sense of being excluded. Cases where the cause of death was kept a secret produced further difficulty for the educators as described earlier. This presented a particular quandary because due to social media and current communication avenues, it emerged that everyone knew the cause of death. As Pat noted: 'it was a secret, made it really, really difficult….they just clamped everything down completely…'. The findings indicate that a lack of openness created the basis for rumours. Enda stated: 'and then rumours started ….which was kind of distracting us from caring for the kids'. This finding is supported in the literature (Dyregrov, 2012). From my perspective, and based on the findings, secrecy is a negative influence and inadvertently reveals the bereaved individuals' perception of suicide as something secret and shameful. It also prevents them from receiving the support and empathy they so badly require in order to process the trauma of the event. The trauma is exacerbated by the presence of a perceived stigma. Shneidman (1972) noted that individuals bereaved by suicide represent a very large mental health population (p. 8). This is illustrated in the findings. Participants exhibiting reluctance to seek professional help was also a surprising finding. As Dara asked: 'how bad do you have to feel to 'phone?. Educators feel isolated and reluctant to reveal their difficulties when others, who have experienced the same trauma, seem to be coping well. Worden (1991) highlights that stigma is an important factor in bereavement in the aftermath of a suicide. In addition to the usual grief process after a natural death, the bereaved by suicide

have the element of shame which can affect subsequent behaviour and emotional reactions.

In my findings, the reluctance to seek help emerged from a sense of shame and being misunderstood. Kim highlights this: 'cause you're afraid someone is going to say sure that one is going to do something to themselves…or (that) your nerves are at you, so there is a lot of it still there'. Research shows that the emotions experienced by mental health professionals are similar to those experienced by the family. From my perspective, and from the findings, educators are in the front-line too in the case of a death by suicide of a learner. Consequently, they also have the emotions related to their role as educators, such as not having identified warning signs, a sense of failure and guilt at not having protected a younger individual. Charlie asked: 'could you have seen it.....could you have known....could you have spotted it?. There was a tendency for educators to be over-cautious with their learners, as indicated by Billy: 'in class you were twice as careful….making doubly sure that…weren't taking it to heart'. Educators were coping with the trauma of the event and were also expected to be able to deal with the emotional responses of the learners and the family. Phil recalled wondering: 'how do I look after everybody else, how do we manage this?'.

In the literature review, I mentioned that the true cause of a death by suicide is often masked. The word 'suicide' is avoided, with obituary notices vague and circumventing the true cause of death by using phrases such as: 'died suddenly' or 'died tragically' (Alexander, 1991). This concept is validated in my findings. Charlie voiced the difficulties dealing with this phenomenon: 'was it accidental or suicide? Hard to know…..I don't know whether the kids knew or not'. It created huge difficulty for many of them. They aspired to 'tell the facts', while endeavouring to adhere to the wishes of the bereaved individuals to keep the cause of death private. I would argue that the wishes of the wishes of the bereaved should be respected at all costs and educators need not assume responsibility for revealing the true cause of death. Educators are impacted by the death by suicide of a learner regardless of the circumstances surrounding the event. The findings reflect the many challenges they had to confront. They had both social and emotional challenges which resulted in grief issues and all the feelings associated with grief. Some felt isolated and stigmatised because they may have been in more distress than others. They struggled from lack of sleep and irritability, as depicted earlier.

The death in training of educators for dealing with the issues around a death by suicide of a learner or recognising suicidal behaviour is reflected in the findings. Training might include: an understanding of the impact the event can have on their ability to teach, awareness of the impact on learners in terms of development, behaviour and ability to learn. They would need to be equipped with a knowledge of useful age appropriate responses when offering support to learners, who are grieving the loss of a peer.

The findings provided significant food for thought. The eeriness of an educational institution in the aftermath of a death by suicide was very well highlighted by Enda 'the sound was gone out of the school'. That statement in itself is a prime example of the gravity of the event and how it impacted on learners and staff.

5.3 Conclusion

From the above discussion, it is clear that participants suffered various emotional states in the aftermath of the death by suicide. The intensity of those states is not possible to ascertain. In the case of others who reported coping, their narrative suggested that it had also been very traumatic for them. As can be seen from the findings, their distress was exhibited in many ways. Among them were flashbacks, questioning, fear of litigation, grief reactions, and over–vigilance.

Situational factors contributed to the distress: all reported the dearth in training or preparation for the possibility of a death by suicide; not seeing any warning signs; how to conduct the whole process in terms of what information is given while still respecting the bereaved family's wishes; how to be supportive to learners and colleagues. Additionally, educators themselves are not prepared for the emotional reactions that occur when such a death occurs. The fact that at least five out of the seven educators reported severe distress emphasises the necessity for further research in terms of the long-term effects on a learner and on an educator. The impact of media reporting on the danger of contagion is not conclusive. It is an on-going discourse. Issues of cultural differences are other important factors when dealing with the aftermath of a death by suicide.

This study asked the following question: what is the impact of a death by suicide of a learner on an experienced educator? My findings reaffirmed my view that this is an unexplored and important issue for education, educators and learners. To the best of my knowledge, there is an extraordinary absence of research on teacher-related areas in the context of suicide. The existing literature confirms my belief that suicide is a pressing

issue and must be tackled at the level of education. On the basis of what I found out, I also have the evidence that this is something important for all educational institutions including Adult and Community Education. It is not exempt from this event as can be seen from the findings. From my perspective, and as evidenced in the findings, educators require further investigation for two reasons: (a) How to identify at-risk suicidal behaviours in learners, (b) How to deal with it and also how to process a death by suicide of a learner while maintaining their role as educator.   Are educational institutions prepared for such an event? Furthermore, educators could be regarded as front-line staff when a learner dies by suicide. From the findings, it would appear that they are not sufficiently trained or prepared.

CHAPTER 6: DISSEMINATION AND FUTURE RESEARCH

I am undertaking further research in this field because I think it is an important issue in the 21st century. I hope to interview a broader base of participants and endeavour to find out more about individuals dealing with the phenomenon of suicide and suicide ideation. The findings must be turned to a well-thought out training programme for educators for all the reasons mentioned above. This is in keeping with Freire's concept of praxis and the research living beyond a thesis on a shelf somewhere in a library. I concur with Althussar (1984) that education has replaced religion as being central to changing society and that is the reason why I feel that this research is one small step in trying to contribute to the problem of rising numbers of suicides. Educators are crucial to the future development of preventions (Shilubane et al., 2015). I totally agree with this finding from Shilubane's study. This study was carried out in a South African context but is equally applicable to the Irish situation. Kelleher (1996) states that nevertheless we cannot be reliant on studies from other countries. They may provide a framework but we must identify our own issues and find our own solutions in an Irish context. This is in keeping with the Freirean concept mentioned above.

Participants are invited to view the findings with me, as they are the first audience for this study. If, for any reason they cannot meet me in person, I will forward the findings chapter to them. They will be invited to comment on the themes and this will be an invaluable source of information for further study and again in keeping with Freire's theory that the participants are the experts in any research. They know what they need in order to function and deal with the issues which are facing them in their everyday careers.

I hope that study will help to keep the discourse on suicide and suicide ideation going and that the whole topic can be informed through this discourse. Furthermore, the suicide bereaved should be researched in the context of disenfranchised grief. One of the findings in my study above illustrates this phenomenon. The Government Strategy 'Connecting for Life' should be examined and educators and all professionals involved in suicide issues must ensure that the promises contained in this document are utilised and implemented. Already, the Government are planning to take twelve million away for another project from the proposed 35 million allocated to mental health issues.

Despite the fact that there is so much written about suicide, with lots of theories and research articles, there is still a lot we need to know and learn about the whole area. Suicide remains a huge public health issue and is one of the three leading causes of death among the 15-44 age group and the second leading cause of death in the 15-19 years age group worldwide (Shilubane et al., 2015, p. 1).

I was looking at suicide through the lens of education and my objective was to identify the effects on a teacher of a death by suicide of a student or young adult in their place of work. It is my expectation that my study will be a step forward in understanding and responding to suicide and suicide ideation in the education sector. As mentioned at the outset, suicide bereavement research is limited. This is partly due to a dearth in 'methodically robust studies involving individuals, who are bereavement by suicide' (Ali, p.30) and the ethical considerations involved in such a study. Even the impact on family members and friends has had limited research (Ali, p.30). It is evident from the figures shown on the graphs (Appendix 1) that there is an increase in suicide rates of the 0-19 year old age group.   Therefore, the numbers of educators who will have to deal with this problem will also increase. This qualitative study aims to contribute to knowledge about the impact of a death by suicide on educators.

Although educators could be regarded as a 'sub-set of mental health professionals most afflicted 'by adolescent and young adult suicide (Pirkis et al., 2003), they are largely overlooked in the research. They work closely with learners, who are in their formative years, so this places them in a key position to identify at-risk behaviours (Tyson, 2000). It is extremely difficult from the current literature to ascertain exactly how many individuals in a deceased's social network are affected by their death by suicide. Unfortunately suicide numbers are increasing, thus confirming that many more people will have to deal with the aftermath of a death by suicide in the future (Ali, p.31). The statistics are not accurate because of under-reporting of figures. This is due to the fact that suicide is illegal in some countries (Ali, p.31) and families are reluctant to record a death as suicide (Kelleher, 1996). With all of the above in mind, I feel the best place to begin is with the educators in the educational communities (Ali, p.31).

As indicated earlier in the literature review, the community has historically been regarded as important in suicide prevention. In 2014, the World Health Organisation within the international context upheld this argument when it advocated that communities were

important resources in giving social support to at-risk individuals and also supporting the bereaved by suicide (WHO 2014).

In this study, individuals who had experienced the event were given a voice and conditions created for them to talk. Generative themes were thus presented from the field of study. As can be seen from the findings, the suicide was, in most cases, unexpected. In some instances, there were signs of problems, but not to the extent that it would end in suicide. As mentioned earlier, Althusser (1984) was very definite that education has now replaced religion as being central to changing culture. That is a good reason to start the battle against suicide in the education field. I believe an individual's lived experience is an important starting point. Knowledge can thus be generated through peoples' stories. As can be deduced from this study, the phenomenon of suicide and suicide ideation is complex, with many dimensions and implications for educators and others. My aspiration is that the study will contribute to keeping the discourse on suicide alive, promote consciousisation and awareness in its implications for educators, and reduce the stigma surrounding suicide through the lens of education.

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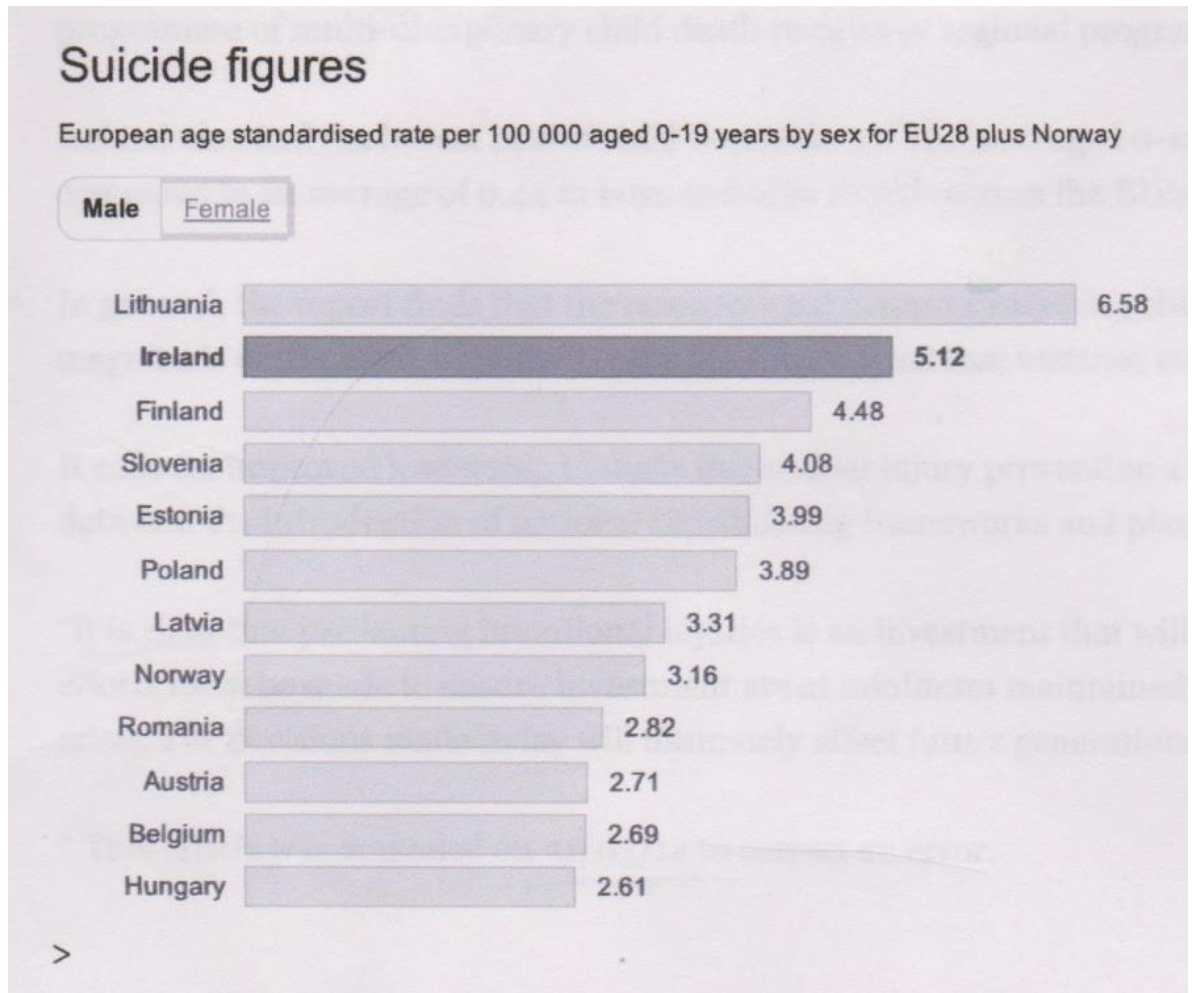Neimeyer, R.A. (1999) Narrative strategies in Grief Therapy. *Journal of constructivist Psychology*, 12(1), 65-85.

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APPENDICES

Appendix 1 – Suicide Figures In Europe

Suicide figures

European age standardised rate per 100 000 aged 0-19 years by sex for EU28 plus Norway

Male | Female

Country	Rate
Lithuania	6.58
Ireland	**5.12**
Finland	4.48
Slovenia	4.08
Estonia	3.99
Poland	3.89
Latvia	3.31
Norway	3.16
Romania	2.82
Austria	2.71
Belgium	2.69
Hungary	2.61

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Appendix 2 – Deaths by Suicide by Year of Occurrence and Sex 2000-2011

Deaths by suicide classified by year of occurrence and sex 2000-2011

Year	Male	Female	Total
2000	395	91	486
2001	429	90	519
2002	387	91	478
2003	386	111	497
2004	406	87	493
2005	382	99	481
2006	379	81	460
2007	362	96	458
2008	386	120	506
2009	443	109	552
2010	405	90	495
2011	458	96	554

Appendix 3 – Information Letter

A QUALITATIVE STUDY ON THE EFFECTS OF A STUDENT SUICIDE ON THE EXPERIENCED TEACHER IN SECONDARY EDUCATION

My name is Mary Jennings and I am conducting a research study on the effects of a student suicide on the experienced teacher in Secondary Education, as part of a Master's in Education programme at the National University of Ireland, Maynooth.

If you decide to participate in this research, I will ask you questions about your experience of losing a student to suicide. Your involvement would consist of an individual interview with me for approximately 90 minutes. The interview will be recorded so that I do not miss anything and for purposes of writing up experiences in a format using themes. Questions will be semi-structured and will give you an opportunity to tell your story. You are free to refuse to answer any questions throughout the interview without prejudice.

Your decision to participate is completely voluntary and all information you provide will be securely stored until the research is completed and assessed by examiners and will be destroyed after a period of five years. This limit of confidentiality applies to this interview, even if you withdraw from the study after disclosing such information.

What is the purpose of the Study?

The aim of this study is to investigate what can be learned from the experiences of secondary school teachers who have lost a student through suicide. This population of people are not usually found in the research studies, but they can contribute greatly to suicide research by identifying the challenges faced when dealing with the death by suicide of a student. The findings from this piece of research may provide new and practical knowledge to deepen a teacher's understanding of the phenomenon of a student suicide thereby providing a vehicle to enhance and inform school practice and further research in order to develop and strengthen resources and awareness which is an important aspect of professional practice.

Appendix 4 – Demographic Questionnaire

DEMOGRAPHIC QUESTIONNAIRE   (To be answered before interview).

Gender:

Age Group:

Have you lost any other person to suicide?

Research Questions – sample of proposed semi-structures questions.

What was your initial reaction on hearing of this suicide?

What were the immediate thoughts and feelings you experienced on hearing of this person's death by suicide?

Can you describe the physical/somatic/emotional symptoms that you have experienced in relation to losing this person to suicide?

How long did these physical symptoms, feelings of sadness (etc.) go on for?

How did you come to terms with the death?

How has this suicide affected your personal worldview/meaning of life/spirituality?

What rituals/supports/cultural resources have you found helpful?

What sort of support did you get from the school?

What other supports would you have liked to be available?

How did this death by suicide impact on your family life and other relationships?

Appendix 5 – Consent Form

I agree for the researcher to contact me at either of the numbers below;

Mobile:_____

Home: _____

Please sign this form to verify that you have read and understood the information provided about this research study in the information sheet dated_____ and to confirm that you agree to participate in this research.

Name of Participant:_____.

Date:_____

Signature:_____

Researcher: Mary Jennings

Contact Details: maryfbjennings@gmail.com.   Mobile: 087 6525292

Supervisor: Siobhan Quinn.

Contact Details: Siobhan.Quinn@nuim.ie

Thank you for your time.