Emerging Voice: Exploring the Experiences of Mothers Bereaved by Suicide within the Socio-cultural Context of Aotearoa

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Abstract

The youth suicide rate in Aotearoa has risen rapidly since the late 1980s with 19.3 deaths per 100,000 in 2011. Māori youth suicide is 2.4 times higher than that of Pākehā youth. Loss through suicide potentially triggers intense feelings of sadness, anger, worthlessness, heartache and vulnerability in survivors. This thesis reports original research that brings understanding to the experience of mothers who have experienced the loss of their child in adolescence or early adulthood. A qualitative methodology, phenomenological research guided by Māori principles and values, and *kanohi ki te kanohi* (face to face) semi-structured conversational interviews were utilised to gather data from both Pākehā and Māori mothers. The intention of phenomenological research is to locate Aotearoa mothers' knowledge at the centre of the research, and in doing so enables an atmosphere of respect and understanding to occur for all the mothers involved. The stories of mothers who have lost a child through suicide were examined for aspects of resiliencies, social support, and effects of the experience of suicide on relationships during the process of recovery. The devastating emotional effect of suicide on the mothers and their families resonated throughout their narratives. What was evidenced through the analysis was the influence of socio-cultural constructions of mothering and suicide on the burden of responsibility felt by mothers. The research enabled an understanding that some forms of social support were not necessarily experienced by mothers as conducive to recovery and wellbeing following loss of their child to suicide. In addition, the analysis exposed the devastating intergenerational harm perpetuated by the 'code of silence' surrounding suicide, revealing the necessity for psychology to challenge responsibly the validity of maintaining the silence.

Dedication

I dedicate this thesis to my beloved eldest son, Mark Adrian Cooper, who came home and stood unwaveringly by my side after the suicide of his brother Hamish. His story is yet to be told.

[1]

"The greatest glory in living
lies not in never falling,
but in rising every time we fall."
(Mandela, n.d.)

[1] Koru – symbolic of growth, strength and peace.

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Whakataka te hau ki te uru
Whakataka te hau ki te tonga
Kia mākinakina ki uta
Kia mātaratara ki tai
E hi ake ana te ātakura, he tio, he huka, he hauhu
Haumi e! Hui e! Taiki e! [2]

Ko Te Arawa te waka
Ko Ruawāhia te maunga
Ko Tarawera te awa
Ko Ngāti Rangitihi te iwi
Ko Ngāti Whakaue me Ngāti Pikiao ngā hapū
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Ko Heneri Agnes Moore raua ko William David Conway ōku mātua
Ko Diane Lee Conway ahau [3]

To my four incredible mothers, thank you for sharing your stories of the loss of your beloved children to suicide with me. You are all courageous and amazing women - on a journey we never thought would be ours to navigate.

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Thank you to Pani and James Kenrick, my kaumatua, for your support during this project. Thanks for the awhi. Thank you also to Pamela Howell and Ina Te Wiata for your listening ears, support and encouragement.

[2] A karakia to centre this study.
[3] This study is on mothers' experiences, therefore this pepeha acknowledges my matrilineal whakapapa.

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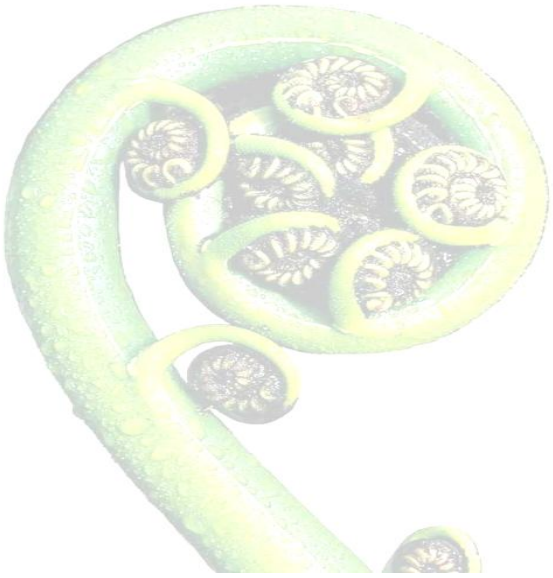
Early on in the thesis journey, I spoke with Michael Naera and Bella Moke of Te Runanga o Ngāti Pikiao Trust regarding undertaking this research under their umbrella. While ultimately it did not come to pass, in part due to the high interest by four other parties who also wished to carry out research through your organisation – a nod to the high success you have had in reducing suicide in the rohe over the last five years, thank you for your time and wise counsel.

Finally, a huge thank you to ACROSS and in particular to Graeme Munford and Rose Allan. Without your enthusiasm and support, this project would not have been realised.



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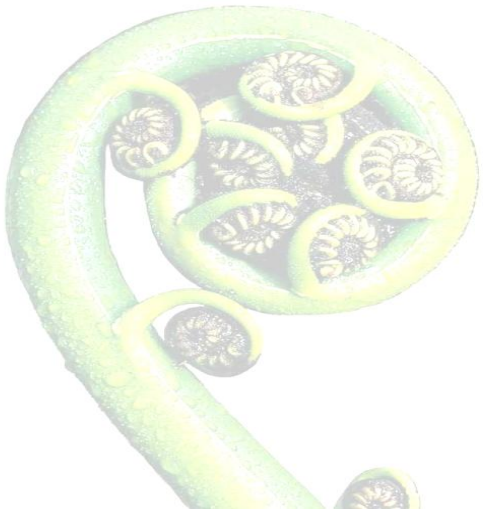


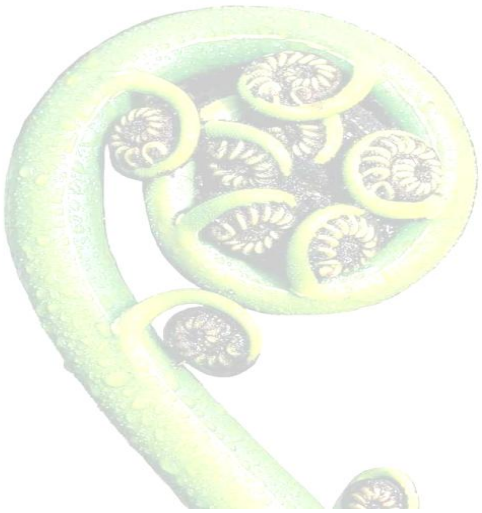
Glossary of Māori Words[4]

Aotearoa	New Zealand
aroha	love, sympathy, compassion
aroha ki te tangata	respect people
atua	supernatural being, god
awhi	cherish
haka	to dance, perform
hakari	feast
hapū	subtribe
hinengaro	mind, psychological
Hine-nui-te-pō	Goddess of night and death, ruler of the underworld
hura kōhatu	unveiling of the headstone
iwi	tribe
kai	food, to eat
kanohi ki te kanohi	face to face
karakia	prayer, incantation
karanga	ceremonial call of welcome
kaua e takahia te mana o te tangata	do not trample on the prestige of the people
kaumatua	elder
koha	offering, gift, donation
korowai	cloak
kōrero	talk, conversation, discourse, storying
mana	status, a supernatural force within a person, place or object. *Mana* goes hand in hand with tapu, one affecting the other
manaaki	to support, protect, hospitality

[4] Moorfield, J.C. (2005). Te Whanake Te Aka: Māori-English, English-Māori Dictionary and Index. New Zealand: Pearson Education New Zealand.

manaakitanga	to share, hospitality, kindness
mana wahine	the power of Māori women
manuhiri	visitor, guest
Māori	indigenous person of Aotearoa New Zealand, normal
marae	courtyard – the open area in front of the *wharenui*. Often includes the complex of buildings around the marae
mauri tau	to be calm
mihimihi	to greet, acknowledge
mokopuna or moko	grandchildren
noa	unrestricted, ordinary
Pākehā	New Zealander of European descent, other
Papa-tū-ā-nuku	Earth mother and wife of Rangi-nui – all living things originate from their union
Rangi-nui	Sky *atua* and husband of Papa-tū-ā-nuku, from which union originate all living things
rongoā	remedy, medication, tonic
takahi whare	ritual cleansing of the home of the deceased
tāne	male, man
tangi	to cry, to mourn
tangihanga	weeping, crying, funeral rites for the dead
tapu	sacred, protected, restricted
tātai	geneology
te Ao Māori	the *Māori* world
te Ao Pākehā	the *Pākehā* world
te whetū	the star
tikanga	procedure, custom
tinana	body, self, the main part of anything
titiro	to look
tohunga	expert, skilled person
tuku wairua	sending on of the spirit

tūpuna	ancestors
tūrangawaewae	a place where one has rights to reside
urupā	cemetery, graveyard
wāhine	woman, female
wairua	spirit, soul
whakamā	to be ashamed, embarrassed
whakapapa	genealogy, lineage
whakapiki tangata	empowerment
whakarongo	listen
whakarunga	integration
whakataukī	proverb, to utter a proverb
whakawhanaungatanga	get to know one another
whānau	family group, extended family
wharenui	meeting house
whenua	land, belonging



Prologue

In the most profound sense, suicide challenges
the very basis of our existence – namely, life itself.
(Dyregrov, Plyhn, & Dieserud, 2012, p. 13)

In their book, Silent Grief: Living in the Wake of Suicide, Christopher Lukas and Henry Seiden (2007) point out that survivors of suicide deal with emotional woundedness and trauma as an effect of the realisation that someone they loved deliberately chose to leave them by committing suicide. This understanding can leave survivors with intense feelings of sadness, anger, self-blame, worthlessness and vulnerability. The infrastructure of the family can be undermined due to accusations of blame directed toward an individual(s) within the family unit. Often survivors on their journey of learning to live with loss through suicide not only attempt to gain some insight into the mind of the deceased prior to suicide, but to question their deepest understandings and values.

This prologue establishes the aims and justifications for researching the accounts of mothers in Aotearoa who have experienced the loss of a child through suicide. I also discuss my personal interest in this field.

Aims of the Study

This current research aimed to investigate the experiences of mothers in Aotearoa who have lost an adolescent or young adult child to suicide. I endeavoured to hear and enable the voice of this silent group to emerge – a group whose significant influence within their families is not often recognised or discussed. I also aimed to illustrate how the socio-cultural context of Aotearoa informs mothers' experiences of loss. In doing, so I hoped to provide an insight into their shared understandings and diversities.

Justification for the Study

It seems nearly every second person who you speak to in Aotearoa knows someone who has been affected by suicide - yet its effects are not discussed openly. Like Minds (Taranaki) manager, Gordon Hudson says, "That's a real major problem for New Zealand" (Fleming, 2012). While there is a plethora of international literature about bereavement due to suicide

(Becvar, 2001; Clark & Goldney, 1995; Lukas & Seiden, 2007; Miers, 2012; Provini, Everett, & Pfeffer, 2000), there has been little research on mothers bereaved by suicide, although Anderson et al. (2005) have discussed the psychological and religious coping strategies of mothers bereaved by the sudden death of a child. In addition, although suicide bereaved research has occurred with particular populations, the results have been generalised (Cerel, Jordan, & Duberstein, 2008; Maple et al., 2010) rather than examined in relationship to socio-cultural context. To my knowledge, there has been no research involving mothers bereaved by suicide incorporating a bicultural perspective.

A person's worldview is influenced by the historical, social, and cultural context of the society in which they live (Gardner, Gabriel, & Lee, 1999) and is necessarily impacted on by our positions in the social hierarchy. This includes how meanings of motherhood and suicide both enable and constrain the relentless process of 'walking backwards (through our memories of 'what was') and living forward' (Moules, Simonson, Prins, Angus, & Bell, 2004).

In both Māori and Pākehā cultures, a child is represented as valuable and priceless, while being a mother carries a moral identity – it makes a woman 'good' (McMahon, 1996). Therefore, the relationship between a mother and child is a powerful symbol of social connectedness. When your child commits suicide, not only is the special connection between mother and child cut, but all it represents socially. A mother feels dislocated. In an instant she is in a 'betwixt space'. Is she still a 'good' mother? Farnsworth and Allen (1996) mention that mothers who lose a child to suicide are likely to be marginalised by failing to live up to the 'good mother' ideology that places primary responsibility for child outcomes on the mother. On her journey, as she 'walks backwards and lives forward' (Moules et al., 2004), a mother must navigate her way through processes of understandings, making sense of her loss and/or finding meaning. In the process, she has social and cultural narratives attached to mothering and suicide that generate feelings of guilt, shame and blame to negotiate as she builds resilience.

The goal of this research is to draw attention to the stories of mothers in Aotearoa, and how socio-cultural perceptions of suicide in Aotearoa influence how mothers make sense of their loss of their child to suicide. What does it mean when a mother in Aotearoa loses a child to suicide? How does she build resilience, make sense and/or make meaning from the loss of her child? How does suicide loss affect other relationships within the family? What support has been useful in the process? This research will be a significant addition to existing knowledge

about the effects of loss due to suicide, by making known the experiences of mothers who have lost a child to suicide in the socio-cultural context of Aotearoa.

Locating Myself

My own interest in loss through suicide originates from experiencing the loss of one of my beautiful sons to suicide in November 2005. At the time, I had never encountered another mother who had lost a child to suicide. After living through a period of shock and disbelief, I finally stopped and allowed myself to feel, to grieve the loss of my son. As part of learning to live with the loss, I decided to seek an understanding of psychological processes and disorders through studying knowledge generated by research. The study of psychology through Massey University provided me with the opportunity to gain this knowledge and wider understanding.

As my journey at Massey continued, I found that I enjoyed the quest for knowledge, and discovered my field for future work. The knowledge acquired during my course of study added to and provided a different perspective to previous knowledge I had obtained studying and working as a Natural Health Therapist for many years. Essentially my engagement with Psychology has enhanced who I am.

With a mother of Māori/Isle of Man descent, and an Irishman for a father, I have always had an interest in the way culture influences our way of seeing, being in, and understanding our world. My time at Massey has made me extremely aware that culture influences yet constrains our responses and the meanings we assign to an experience. It has assisted my understandings of the influence my whakapapa has on my personal worldview - through the realisation that my ideas, understandings and values are closely aligned to the values and worldview of my Māori tūpuna.

In addition, my much loved ‘baby’ brother died from melanoma during the research process for this study. Highlighted during his end of life care, was how the merging of two worldviews, Pākehā and Māori, can place people at cross-purposes within the same whānau - due to differing understandings. My study at Massey has enabled me to recognise that a person’s understandings of themselves are informed by factors such as whakapapa, place in the family, and life experiences. These aspects influence a person’s cultural and social world. Consequently, culture becomes much more than ethnicity, although ethnicity is necessarily meaningful to lived experience.

For me, this research is not only a journey of learning, of how to do research, it is a bringing together of different aspects of who I am and how I take up a position within cultural narratives. It is about where I sit as a mother who has lost a beloved child to suicide in Aotearoa. It is about sharing the stories of four mothers (Māori and Pākehā) along with aspects of my own story to illustrate the effect over time, on the mothers and their families, of loss of a child to suicide in Aotearoa. In so doing, it is intended that this research will provide valuable insights into the influence the socio-cultural context of Aotearoa has on mothers' understandings, as they negotiate the complexities that emerge in the aftermath of the suicide of their child.

The following chapter traces the historical socio-cultural understandings and perspectives that inform current psychological and socio-cultural understandings of loss of an adolescent or young adult child to suicide on a mother. Attention is also paid to aspects that influence mothering, including feelings of guilt, shame and blame, and areas that help build resilience. The methodology and method practices utilised for this research will be outlined in Chapters Two and Three, followed by an analysis of the mothers stories using a case study approach. The discussion in the final chapter brings to the fore the understanding that a mother's way of seeing and being in the world is forever textured by the lived experience of loss of her child to suicide. Also recognised is that this understanding is deeply influenced by the socio-cultural context in which the mothers live, and by embedded community understandings of suicide, 'mother blame' and 'mother deficit' narratives.

Chapter One

Literature Review

To understand what it means to be in the
presence of grief we must speak of death.
(Becvar, 2001, p. 6)

At the heart of this research is the understanding of mothers' experiences of the loss of their child to suicide, the effect it has on themselves and their family as they (re)negotiate and rebuild their lives in the socio-cultural context of Aotearoa. This literature review lays the foundation by providing an historical overview of eurocentric and Māori perspectives that lie beneath current socio-cultural understandings of suicide and psychological health, mothering, grief and mourning in Aotearoa. The intention is to enable realisation that historical socio-cultural understandings, embedded in our social framework, are produced and reproduced through discourse within dominant suicide and mothering narratives, creating tensions for mothers to negotiate as they navigate the loss of their adolescent or young adult child to suicide. Included is a definition of suicide and Aotearoa youth suicide statistics. Guilt, shame and mother-blame, resiliencies, social support, sense making and making meaning are also outlined.

Definition of Suicide

Death is inevitable - it is part of the circle of life. While there are many ways to die, suicide is the least understood despite occurring throughout history, in all cultures (Kastenbaum, 2007; Khan & Mian, 2010; Pridmore, Ahmadi, & Evenhuis, 2006). How suicide is understood at any particular time is connected to the morals of society, therefore according to Khan and Mian (2010) a definition of suicide acts "as a signifier of society's judgement of suicide" (p. 288). In societies where the act of suicide is viewed as morally wrong, suicide is stigmatised. Stigmatisation leads to feelings of guilt, shame, self-blame and a silencing of discussion - stopping both suicide attempters and suicide bereaved from seeking help.

What is suicide? Here in Aotearoa, the Ministry of Health (2005a) describe suicide as "the destruction of oneself – self killing or self murder" (p. 4). Whereas for Silverman (2006), a definition of suicide has four main features. These are, the outcome of the behaviour is death, the act is done by one's own hand, the intent is to die, and there is conscious awareness of the

outcome. Thus, suicide is determined by clarification of the intent to die and ascertaining whether an individual was aware of the consequence of their behaviour beforehand. Although Silverman's definition is more expansive than that of the Ministry of Health, both definitions add to the silence that surrounds suicide - for the definitions are reduced to the act, not the meaning of the act for the person(s) left in the aftermath.

Suicide Statistics

In the last fifty years the level of suicide has escalated by 60% globally, to become one of the leading causes of death for youth (World Health Organization, 2011). The rapid rise in the level of completed suicides in Aotearoa since the late 1980s not only parallels this global increase, but is consistently higher than the level of suicide in other OECD countries for younger age groups (Ministry of Health, 2005b). In fact, suicide attained the distinction of becoming the second highest cause of death in the 15-24 age group in Aotearoa by 1998 (Ministry of Health, 2005b). While the overall level of youth suicide has declined by 38.3% since 1995, the level in 2011 was 19.3 deaths per 100,000, with the level of Māori youth suicide more than 2.4 times higher than that of Pākehā youth (Durie, 2003; Ministry of Health, 2014), and for every child that dies – a mother weeps.

As a mother grieves, her navigation of the loss of her child to suicide is informed by how suicide is perceived by society. People in any society are positioned through discursive practices within that society. Davies and Harre (1990) mention "that there can be negative, even if unintended consequences of ways of talking" (p. 44). Here in Aotearoa, perceptions of suicide and psychological health that inform discourse have evolved from two socio-cultural positions, eurocentric and Māori. Therefore, to understand the perspectives that lie beneath and inform the understandings of mothers bereaved by suicide in Aotearoa, historical perspectives of suicide and psychological health are outlined.

Psychological Health and Suicide

Eurocentric perspectives

Historical and cultural perspectives lie beneath current understandings of experiences within all societies. Where suicide is concerned, early influences on eurocentric understandings originated from cultural assumptions of the ancient, highly patriarchal civilisations of Greece

and Rome. While these civilisations regarded suicide as "an honourable death" (Kastenbaum, 2007, p. 217), they attributed psychological illness (which carried considerable stigma) to gods, circumstances, or imbalanced humours (Simon, 1992). Based on rational thought, a philosophy of despair - known as stoicism, was influential in Greece and Rome during this epoch. Stoic thought revolved around "freedom based on rational choice" (Khan & Mian, 2010, p. 289), with followers encouraged to practice self control and fortitude. Proponents of stoic thought viewed suicide as a rational alternative to living under extremely adverse conditions (Kastenbaum, 2007).

While cultural assumptions on psychological illness remained similar to earlier times, perspectives on suicide were gradually influenced by Christian morals so that by the fifteenth century, suicide was prohibited by both the church and civil authorities in Western Europe (Minois, 1999; Pridmore et al., 2006). A person who committed suicide was refused religious rites and was not buried in consecrated land (Kastenbaum, 2007; Minois, 1999; Pridmore et al., 2006). As settler colonies spread through the New World, indigenous people adopted eurocentric religious belief systems. Here in Aotearoa, during the early colonial era (1840-1893), this meant suicide was framed as a crime and was stigmatised. Consequently a person bereaved by suicide, experienced feelings of guilt and shame – silencing suicide.

Since the early 1900s, eurocentric knowledge claims and biomedical assumptions have seen a shift in understandings of suicide and psychological health. Psychological disorders and psychoses in eurocentric societies, including Aotearoa, have become increasingly medicalised (American Psychiatric Association, 2013), and a number of theories have been advanced to explain why people attempt suicide. These theories fall into three groups, biological, psychological and sociological.

Biological theories focus on the influence of physiological, biochemical and genetic aspects on the aetiology of suicide, as illustrated by investigation into genetic predisposition, neurological damage due to infections like syphilis, and chemical imbalances (Ministry of Health, 2005a). Evidence of a biological basis for depression has been found in a number of scientific research studies that have attempted to measure the causation of unipolar and bipolar depression (Thompson, 2000). Specifically, studies that included twins and adopted children have indicated genetic links (Eley et al., 2004; Thompson, 2000). Yet while genetic predisposition has advanced understandings of psychological illness, it has also produced the

idea of deficit - increasing the potential for guilt feelings to be experienced by mothers bereaved by suicide.

Psychological theories concentrate on the state of mind, feelings and understandings of people who attempt or commit suicide. The postulation of the theory that all people who commit suicide have a psychological disorder has occurred through the recognition of psychological states and psychoses (Kastenbaum, 2007; Pridmore et al., 2006). Findings from numerous psychological studies researching the extent of risk for suicidal behaviour have included the prevalence of familial history, the presence of psychiatric disorders (such as depression), addiction, and the influence of psychosocial and personality factors (Beautrais et al., 1996; Kalat, 2009; Statham et al., 1998). The research has led to the assumption that psychological disorders play an important part in suicidal behaviour (Kastenbaum, 2007; Pridmore et al., 2006). Publication in the current DSM-5 of the level of suicide risk for people diagnosed with schizophrenia, bipolar I and II, and the depressive disorders reinforce this understanding, contributing to greater medicalisation of psychological disorders and reproducing the idea of individual deficit and subsequent responsibility (American Psychiatric Association, 2013). With the movement toward recognition of parity between psychological illness and physical illness (Kastenbaum, 2007; Pridmore et al., 2006), suicide has been constructed as a psychological disorder amenable to treatment and cure here in Aotearoa.

While the overlapping of eurocentric biological and psychological perspectives have informed current understanding that depression can be a major risk factor in suicidal behaviour, eurocentric sociological perspectives have also been explored. Sociological theories grew out of the works of Emile Durkheim who wrote *Le Suicide* (1897/1951) (Kastenbaum, 2007; Pridmore et al., 2006), and Jack Douglas (1966) who examined the social meanings of suicide.

Based on positivist principles, Durkheim's sociological theory shifted focus away from the moral values and/or relationship with God of a suicidal person to the interaction between a person and society (Kastenbaum, 2007). He posited that while all people are integrated into their societies the level of suicide risk in a society depended upon the extent of a person's social integration, and the cohesiveness of the society in which they live (Kastenbaum, 2007; Stack, 2000b). For Durkheim, social cohesiveness is reliant on four social aspects - egoism, altruisism, anomie and fatalism (Kastenbaum, 2007). When each aspect is in balance, a person can live life. However when one aspect intensifies, and a society becomes out of balance to such a degree

that it cannnot be withstood by a person(s) - that person(s) may then choose to suicide (Kastenbaum, 2007).

Each social aspect has a specific effect. Altruism, can be seen when a person commits to achieving social goals regardless of consequences to self - for example, a person with an excessive concern for their country who chooses to die for their people (Kastenbaum, 2007). Fatalism – not seen by Durkheim as a significant aspect in modern society - occurs when there is a prohibitive degree of domination by society over a person who then feels stifled and oppressed, causing them to feel a sense of hopelessness (Kastenbaum, 2007). Durkheim hypothesised that anomie occurred when a person was affected by failures within society itself - producing feelings of profound disullusionment and disappointment. Egoism occurs amongst persons who are self absorbed yet susceptible to underlying currents of unhappiness and despondency within society (Kastenbaum, 2007). Therefore according to Durkheim's theory it is possible that modernisation - namely the processes of industrialisation, urbanisation, secularisation, social integration and specifically the vitality of major social institutions such as religion, the family and political institutions impact on suicidal risk (Stack, 2000a, 2000b).

In the 1960s, Durkheim's theory was disputed by Douglas (1966) who positioned suicide as an intentional act that occurs when a person is already subjectively orientated toward suicidal thought. Essentially, Douglas viewed suicidal action as meaning something fundamental about a person - whether that person was responsible for their action, driven to it by an outside cause, or a combination of both - self and situation. In the social world there are many morally ambiguous meanings about suicide which a person motivated to commit suicide can interpret to support their actions (Douglas, 1966). Douglas (1966) posited that being 'in the world' or situated meaning, was different from the abstract meaning hypothesised by Durkheim. Essentially, Douglas (1966) believed understandings of subjective intentions are better achieved by studying what a person says and does in the real world.

These two contrasting theories, positivist and interpretive, have shaped eurocentric sociological understandings of suicide, influencing researchers in Aotearoa into questioning if there could be some correlation between the increasing level(s) of suicide and suicidal behaviour with the sweeping social changes of the 1970s and 1980s (Langford, Ritchie, & Ritchie, 1998). During this time span (less than twenty years), the local economy and lifestyle moved from fully regulated to one of free enterprise and greater personal responsibility. The

shift gave rise to an unprecedented level of disparities and uncertainty that are still present today (Langford et al., 1998). In tandem with this change youth suicide levels increased, so that by the 1990s the level of youth suicide in Aotearoa was amongst the highest in the world (Langford et al., 1998).

Although research into eurocentric biological, psychological and sociological determinants of psychological disorders and suicide has done much to further understandings - historical stigmatisation of suicide runs deep in the collective psyche, influencing the understandings of mothers. Many Pākehā have descended from Celtic kinship based cultures (the Irish, Scots, and Welsh) that were colonised by Anglo-Saxons (Hadfield, 1999; Okazaki, David, & Abelmann, 2008) - from whom they adopted eurocentric socio-religious moral perspectives of suicide, and the practices of fortitude and self-control espoused in stoic thought philosophy. The association between stigma (and it's attendant feelings of guilt and shame) and morality suggests that morality informs the silence still surrounding suicide, while stoic thought exacerbates the situation.

Māori perspectives

Māori are the indigenous people of Aotearoa. The structure of Māori society is based on kinship relationships, with institutions such as the marae organised on patriarchal lines (Lawson-TeAho & Liu, 2010). Māori recognise that knowledge of the past is fundamental to the psychological health and well-being of all Māori, present and future. Māori society consists of a number of iwi and hapū who each have their own distinctive local customs yet share a commonality based on holistic principles (Durie, 2010; Gergen, Gulerce, Lock, & Misra, 1996; Mark & Lyons, 2010; Moon, 2008). A living culture, Māori believe the mind, body, and spiritual dimensions are inseparable (Gergen et al., 1996; Mark & Lyons, 2010). Physical and psychological illness are believed to arise through imbalances (between physical and spiritual aspects) resulting from curses – that are usually related to whakapapa, ancestral grievances and emotional issues (McLeod, 1999). Essentially Māori have traditionally linked psychological illness to spiritual woundedness and suffering that tohunga (experts in the art of healing imbalances) treated through the use of rongoā and karakia (Durie, 2010; McLeod, 1999; Moon, 2008).

Central to well-being, the spirit intimately connects Māori to the whenua and whānau (Lawson-Te Aho & Liu, 2010). For example, the concept of tapu (a set of laws, relating to

sanctity and respect for people and the environment, that govern a person's actions) and the Māori view that illness is able to be explained as a transgression of tapu, can impact on the psychological health of a Māori person, leading to symptoms of depression and anxiety (Durie, 2010). This holistic connection has been conceptualised by Mark & Lyons (2010) in the model 'Te Whetū' illustrated in *Figure 1* below.

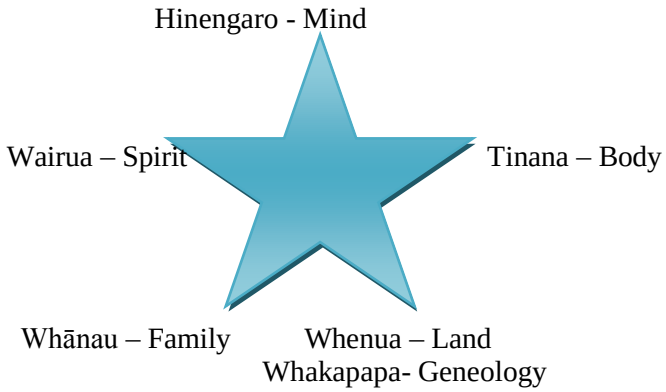


Figure 1. A conceptual model of Māori health and illness: Te Whetu

Suicide was known in traditional Māori society but was not widely sanctioned, so while all iwi have suicide narratives, these stories tend to stay within an iwi (E. Lincoln – Te Atihaunui-a-Pāpārangi, personal communication, July 28, 2013). When suicide did occur, it appears that it was viewed as a way to restore mana, and to exact revenge. An example is the story of Te Aohuruhuru, a beautiful young woman, who was married to an old man who had long coveted her.

> *One night while she lay sleeping, he decided to show her off to his friends. He called to them to come view her in all her beauty and uncovered her, however she awoke and was ashamed. Her mana has been damaged, which left her with little recourse. Therefore the next morning she arose, wrapped herself in her korowai, walked to the cliff and threw herself off. Her husband then had to live amongst the people with the shame of what he had caused. (J. Kenrick – Ngāti Kahungunu, personal communication, April 8, 2013)*

With colonisation came eurocentric socio-religious culture, which was embraced by many Māori. In addition, the implementation of the Tohunga Suppression Act 1907 drove traditional healing practices underground. This left Māori (particularly in urban areas) with little choice but

to seek help from a Pākehā medical system, that did not take into account the concept of the transgression of tapu, when attending to Māori disturbed by a psychological and/or physical imbalance. With a "shame based morality of honour" (Coupe, 2005, p. 9) lying beneath traditional Māori understandings - suicide as a consequence of shame, and to repair whānau reputation, became common (Tousignant, 1998). According to Tousignant (1998) whakamā, a shame reaction characterised by loss of prestige and a feeling of inferiority, is believed to have played (and still plays) a role in the high levels of suicide amongst Māori youth. Consequently the eurocentric socio-religious cultural stance toward suicide, along with criminalisation by the state of traditional healing practices and suicide (Minois, 1999; Pridmore et al., 2006), radically changed the meaning of suicide for Māori mothers and their whānau.

> *Within my own whānau there is the story of my mother's cousin Henare, an only child, who committed suicide upon the loss of his wife and baby during childbirth in the 1930s. My mother and a male cousin, who were both born not long after, were named for him. (H. Gandell – Ngāti Rangitihi, personal communication, November, 2005)*

Henare was rarely spoken of within my whānau and only in reference to my mother and her cousin as his namesakes. It was not until the loss of my own son to suicide that the Aunties told whānau that Henare had committed suicide too.

The influence of differing understandings and perceptions of psychological illness between the cyclic and spiritually based Māori culture and Pākehā culture, along with the cumulative effects of psychic wounding from the impact of colonisation are believed to underlie the high levels of suicide and suicidal behaviour amongst Māori and other indigenous people (Lawson-Te Aho & Liu, 2010; Leenaars, 2006; Leenaars, EchoHawk, Lester, & Leenaars, 2007). In Aotearoa, the history of colonisation continues to influence Māori health and well-being. Although the signatories intended our founding constitutional document the Treaty of Waitangi to be a partnership agreement, thus providing a basis for equality - equality has not occurred (Durie, 2005; Walker, 2004). As Māori went from hosts to being colonised, and Pākehā from guests to coloniser, successive governments have not always adhered to the Treaty's principles and provisions - to the detriment of Māori (Durie, 2005; Ministry of Health, 2002). In addition, urban drift after the world wars, particularly World War II, weakened whānau and whakapapa links thus contributing to "identity-related struggles and social

functioning" (Okazaki et al., 2008, p. 91), issues which have in turn impacted on the psychological health of present day Māori (Durie, 2005; Walker, 2004).

The consequences of oppression through the process of colonisation and the effect of urban drift have been psychologically harmful to Māori, as well as producing the financial, educational and health disparities between Māori and Pākehā that are prevalent today (Durie, 2010; Ministry of Health, 2002; Walker, 2004). Moane (2012) argues that oppression impacts the psyche of the people, affecting them adversely. The experience of oppression through the process of colonisation continues to reverberate through the generations, resulting in an ever-present, and underlying grief that impacts on the psychological health of both individuals and communities of indigenous peoples according to a variety of researchers (Leenaars, 2006; Moane, 2012; Okazaki et al., 2008). Thus there is the probability that when a Māori child commits suicide their mother has not only the missing of her child, the stigma that still surrounds suicide, and the ensuing feelings of guilt and shame to attend to - her grief is intensified by psychic wounding resulting from colonisation.

During the current epoch, Māori are addressing suicide utilising eurocentric understandings and discourse. For instance, a couple of years ago a friend of mine attended a tangi for a cousin who had committed suicide. She mentioned:

> *...during the tangi there was kōrero about mental illness - not to judge the person, instead to look at the illness. (E. Lincoln – Te Atihaunui-a-Pāpārangi, personal communication, July, 28, 2013)*

Although understandings of how psychological illness and suicide are viewed is changing in Aotearoa, Māori understandings of psychological imbalances are still not included or considered relevant in dominant eurocentric discourse on suicide.

Grief and Mourning

In published literature the words mourning and grief are often used interchangeably making it difficult to recognise if different authors mean one and the same process or whether they describe different processes. Therefore in order to provide some measure of clarity, grief and mourning will be understood to be one and the same for the purpose of this study. There is a difference between grief and sorrow though. Sorrow is an overwhelming sadness, whereas grief incorporates feelings of sorrow and letting go - yet also entails remembering the life of the

person who has died (Moules et al., 2004). To understand the perspectives that lie beneath and inform discourse on grief and mourning in Aotearoa, eurocentric and Māori historical and current understandings of grief and mourning are now described.

Eurocentric perspectives

A universal human emotion, grief was mentioned in classical Greek literature nearly 3000 years ago, in the Iliad - when Achilles learnt of the death of Patroklos (Rutherford, 1982). However it is only in the last 100 years that grief has been explored from a scientific and academic perspective - when Freud's psychoanalytic theory provided a basis for researching grief and mourning (Bradbury, 2001; Freeman, 2005). While Freud was essentially concerned with the intrapsychic processes of grief (Freeman, 2005; Neimeyer & Harris, 2011), others developed and expanded theories on grief and mourning, influencing psychological understandings of grief and the grief process. Notable amongst these researchers was Lindemann (1944) who recognised that physical symptoms such as loss of weight, insomnia, nervousness and tiredness can occur in response to acute loss (Freeman, 2005; Stroebe, Schut, & Stroebe, 1998). In the early 1960s, Westberg and Engel independently identified a variety of experiences and characteristics of grief, including shock, disbelief, resolving the loss and idealisation (Engel, 1964; Freeman, 2005; Kastenbaum, 2007).

Since the 1970s, the general public in Aotearoa have become cognisant of stages in the grief process through the work of Kubler Ross, Bowlby and Schneider. Kubler Ross theorised that the grief a dying person experiences is composed of a series of stages, namely denial, anger, bargaining, depression and finally acceptance. This process was recognised as fluid and active, with vacillation regularly occurring between stages (Freeman, 2005; Kubler Ross, 1970). Over ensuing decades, the stages have also been understood as characteristic of the experience/anticipation of loss by those left behind (Freeman, 2005; Heaney, 2002; Kubler Ross, 1970).

Bowlby viewed grief to be a natural human tendency that discourages extended separation between an individual and their key attachment figures (Freeman, 2005). Bowlby perceived death as interfering with attachment thus requiring a structural reorganisation to take place (Freeman, 2005). Bowlby's steps in the grief process comprised of - inital disbelief accompanied by emotional numbing, followed by yearning and searching for the loved one, experiencing disorganisation and despair that would eventually lead to a level of reorganisation

(Freeman, 2005; Meyers, 2001). Then in 1984, Schneider incorporated five elements - behavioural, emotional, cognitive, physical and spiritual into a holistic model known as 'The Grieving Process' (Freeman, 2005) illustrated in *Figure 2*.

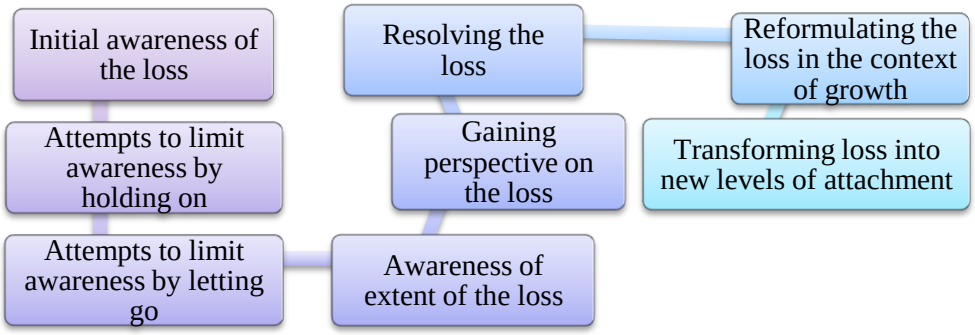


Figure 2. The Grieving Process

Today researchers recognise grief is not related to stages. Grief is not resolvable. It has no beginning or or end date, and that a grieving mother will vacillate between, "addressing the loss and avoidance of things that recall it" (Dyregrov & Dyregrov, 2008, p. 25). This alternation is now recognised as a coping mechanism (Dyregrov & Dyregrov, 2008) with the experience of loss becoming "a part of living in lifelong, mutable, and life changing ways" (Moules, Simonson, Fleiser, Prins, & Glasgow, 2007, p. 119).

Contemporary grief theorists recognise that various elements such as gender, culture, personality, and temperament influence and account for differences in the ways grief is experienced and expressed (Edwards, McCreanor, Ormsby, Tuwhangai, & Tipene-Leach, 2009). Martin and Doka (2011) raise awareness of individual differences in grieving styles, from the intuitive to the instrumental. These differences affect how grief is experienced, the way grief is expressed, and the way bereaved adapt to loss. Instrumental grievers may channel their grief into activity, whereas intuitive grievers may be more likely to cry and talk to others about their loss (Martin & Doka, 2011). Thus grieving styles affect how a mother(s) makes meaning of her loss, understands her resiliencies, her level of acceptance or desire for social support, and influences her relationships with other family members (Martin & Doka, 2011).

In recent years, a number of studies have highlighted that the majority of people experience acute grief symptoms as a normal response to loss (Shear et al., 2011). Over time the

symptoms of acute grief alleviate, grief is integrated into a person's lived experience and psychological health treatment is not needed. But about 10% of bereaved people develop complicated grief where grief symptoms are heightened, prolonged in duration and require treatment (Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004; Shear et al., 2011). Complicated grief, also known as 'Prolonged Grief Disorder' (Maccallum & Bryant, 2011), has key elements that set it aside from acute grief. These are, an intense and prolonged yearning for the person who died, feelings of intense loneliness, that there is no purpose or meaning to life without the deceased, difficulty re-engaging with other people and in activities, emotional numbness, bitterness, loss of trust, and excessive avoidance or excessive proximity to reminders of their loss (Maccallum & Bryant, 2011; Mitchell et al., 2004; Shear et al., 2011). Prolonged Grief Disorder is now included in the DSM-5 within the 'Conditions for Further Study' chapter under the heading, 'Persistent Complex Bereavement Disorder' (Hogan, Worden, & Schmidt, 2005; Maccallum & Bryant, 2011; Mitchell et al., 2004; Shear et al., 2011).

While the pathologising of grief enables a bereaved mother to ask for help in eurocentric socio-cultural contexts where independence and individual responsibility have merit (Silverman & Klass, 1996), the inclusion of grief in the DSM-5 has been contentious (Shear et al., 2011). Moules et al. (2007) argue against pathologising grief, yet they recognise its complexity and potential to cause problems. They make mention of three characteristics that naturally complicate the grief experience and can result in inertia being experienced. These are unshakeable guilt, healthy short term anger that over time turns into bitterness and resentment, and when the person who died defined a survivor's identity (Moules et al., 2007). Rosenblatt (2001) discusses that socially constructed grieving sets limits on the length and style of grief, because of the effect "deviant grieving" (p. 296) has on how others in a culture deal with their losses - ultimately placing at risk not only the person, but their family and community to ill health, insanity and hardship.

In reference to loss through suicide, Jordan (2011) and Mitchell et al. (2004) argue that bereaved mothers are at an elevated risk of complicated grief reactions placing them at risk of long term negative physical and psychosocial health outcomes. Furthermore research has found a close relationship, such as that between a mother and her child, predisposes a person toward experiencing complicated grief (Jordan, 2011; Mitchell et al., 2004). With these observations in mind, it is therefore necessary to consider an observation made by Freud (1917) in his immortal dissertation, 'Mourning and Melancholia' - "that grief is prompted by loss and the loss need not

involve a death" (Freeman, 2005, p. 51). To illustrate, consider the experiences of a mother living with a suicidal adolescent. The mother, while dealing with the realities and experiencing a heightened awareness (part and parcel of daily life with a suicidal adolescent) - will be grieving for her child. A child who although alive and physically the same, is psychologically not the person the mother previously knew and loved (Freeman, 2005).

When suicide is attempted and/or completed, stigma encourages a grieving person to internalise their thoughts, feelings and understandings – constraining, confining, silencing their grief and loss experience (Moules et al., 2004). Moules et al. (2004) argue that narratives which set limits through suggestion that grief resolution is expected, that feelings of grief and attachment to the deceased stop (as suggested by the stages of grief models and pathologising of grief), can fuel feelings of failure and distress in a bereaved person. The idea of making space for grieving has not been popular in eurocentric socio-cultural contexts. It is only in recent years that researchers have perceived that grief becomes absorbed into a person's lived experience through a process coined by Moules et al. (2004) as "walking backwards and living forward" (p. 99). Moules et al. (2004) explain the concept as:

> Grief is about navigating a way to move on with life, but is also about a draw to remain in the past. ...Grief invites us to look back and remember. We willingly, and necessarily, in grief, walk back into time and history, recalling when the one who died was physically present. At the same time, however, we learn to continue to live and to move ahead. (p. 103)

Moules, Simonson, Fleiser, Prins, and Glasgow (2007) mention, "Grieving is an experience of making meaning, doubting meaning, of questioning the purpose of lives lived, living and lost" (p. 127). So, how a mother negotiates her journey through grief is particular to her.

From a cultural perspective, recent studies of grief have highlighted the importance of understanding that death is usually always experienced and expressed within the expectations and parameters of the culture within which it occurs (Klass & Chow, 2011). Key points according to Klass and Chow (2011), are that the language used by different cultures to describe grief varies, the specific rules regarding the expression of grief and how the relationship with the deceased is to be maintained differ from one culture to another, and coping styles and the path the grief process takes differ over time.

While all cultures control and instruct the behaviour, thoughts and feelings of a bereaved citizen, through their mourning rituals and their expectations of the bereaved (Klass & Chow, 2011; Rosenblatt, 2001), cultures are fluid and everchanging. This is not only due to political, economic, spiritual and medical forces in play at any one time but also through interaction between cultures. Thus how death is understood, grief experienced and expressed within cultures is also affected by this process (Klass & Chow, 2011; Leenaars, 2006; Rosenblatt, 2001).

In many cultures around the world there are multiple ways of grieving and standards for grief, including complicated grief. These are often informed by the co-existence of eurocentric understandings, in particular socio-religious beliefs, with indigenous understandings. Thus a mother may recognise (and be silenced by) the understanding that whatever way they choose to grieve will be at odds with the standards of some people within their community (Rosenblatt, 2001). This recognition (and silence) has at times been exacerbated by thoughts guided by eurocentric understandings of loss on the need for grief work - understandings that do not always fit with a different cultural perspective (Bonanno, 2004).

Māori perspectives

Māori perspectives of life and death are deeply embedded in whakapapa and tūrangawaewae. Tūrangawaewae is viewed as having a vitally important role in the healing process, absorbing grief and providing spiritual healing (Edwards et al., 2009; Moon, 2008). Thus when death occurs, whānau, friends and others make the journey back to their home marae to grieve in a safe environment (Nikora et al., 2010). Tangi is a time honoured ritual which may incorporate tuku wairua or sending on the spirit (Nikora et al., 2010). Family and friends are alerted. The deceased is cleansed, dressed and prepared (after an autopsy - if one is required for eurocentric coronial purposes) for viewing, which normally takes place on the home marae. Often the deceased will lay in state in the family home prior to proceeding to the marae. On arrival at the marae, karanga - the call from the heart, welcomes the deceased, their whānau, and manuhiri who come to pay their respects. Mana wahine, karanga is a call across the generations that weaves a connection between the living and spiritual worlds. Karanga connects to the source, reconnecting with the ancients - to their ways (E. Lincoln – Te Atihaunui-a-Pāpārangi, personal communication, June 12, 2014). During the stay on the marae, stories are told and waiata sung. Photos of dead relatives are exhibited. It is a time for a sharing of grief along with

being able to give and receive aroha, awhi and manaaki (Nikora et al., 2010). This process enables reconciliation to begin (Edwards et al., 2009; Moon, 2008). The expression of mutual grief, according to Edwards et al. (2009):

> leads to the attainment of mauri tau ...a calmness of spirit, body and mind. A person who has mauri tau is able to function and contribute fully and as a member of a collective, despite, or even strengthened by their loss. (p. 134)

After internment, takahi whare or ritual cleansing of the home of the deceased takes place followed by a hakari. The hakari completes the process and releases the family back to everyday life. At a later date the hura kōhatu or unveiling of the headstone takes place, a process which helps relieve the grieving and is known to result in the bereaved feeling a sense of peace or mauri tau (Nikora et al., 2010). Tangi is a traditional and time honoured process that provides a sense of stabilty and predictabilty, during a time of emotional turmoil. It is a process that links worlds - the living and the spiritual.

The connection to the ancestors, facilitated by knowledge of whakapapa is viewed by Māori as a normal part of life (Edwards et al., 2009; Moon, 2008). The maintenance of ties to the deceased is accepted and sustained by mention on the marae of those who have gone before (Malcolm-Buchanan, Te Awekotuku, & Nikora, 2012; Moon, 2008). This practice can help grief to ease through the feeling of continuation and connection it provides, to those that have passed (Malcolm-Buchanan et al., 2012).

While intense grief (as can occur with the loss of a child) can be exacerbated by the feeling that it is not the natural order, that a child should bury their parents - within all cultures the sense of loss can also be aggravated by previous losses of loved ones (Rosenblatt, 1996). For Māori this sense of loss also connects to the intrinsic sense of loss and marginalisation of a colonised people (Edwards et al., 2009; Langford et al., 1998). Thus there is complexity to the layers of loss for a Māori mother to negotiate when her child commits suicide.

In addition, mothers who whakapapa to both Māori and Pākehā ancestors can be influenced to differing extents by both eurocentric and Māori perspectives of grief and mourning. Therefore historical, ethnic and the socio-cultural context(s) in which a mother lives, influences and informs her perspectives of grief and mourning, how her grief manifests, her building of resilience and her perception of social support.

Mothering in Aotearoa

According to Nakano Glenn (1994) mothering occurs in socially constructed and culturally varied contexts. While the female nature of all women, Pākehā and Māori, is cyclic and spiritually based, in Māori society there is recognition of the link through whakapapa to all those who have gone before (Lawson-Te Aho & Liu, 2010). The knowledge of connections to each other that transcend time and space, places responsibility on all whānau members for the upbringing and well-being of children (Gabel, 2013).

In traditional Māori society, while there was a special bond between Māori mothers and their children, mothering tasks such as care, education, and socialisation were undertaken by the whānau as a whole (Gabel, 2013). While these understandings are still recognised, and acknowledged by Māori, the colonisation process and eurocentric ideologies constructed around mothering have had a detrimental effect on the mothering of Māori children, particularly in urban areas (Ritchie, 2007). However, eurocentric ideologies have also created tensions for Pākehā mothers who can struggle to balance their 'intrinsic female nature' and understandings within a society dominated by patriarchy and masculine ideals.

For instance, since the late 1800s in Aotearoa the state, guided by eurocentric socio-religious cultural morals, has encouraged the division of labour by gender, developing and associating ideas and virtues for each gender regardless of cultural mores (James & Saville-Smith, 1994). The emergence of the welfare state in 1946 supported development of the eurocentric nuclear family model (Leira, 1992; Ritchie, 2007). Designed to meet the dual needs of family and the labour market, this model positioned the father as economic breadwinner and the mother as homemaker, tying mothering to the wider political and economic issues of the nation. By the 1960s, prevailing eurocentric socio-cultural gendered understandings positioned the mother as responsible for children's social, intellectual, and emotional development (Ritchie, 2007). Child focused and labour intensive, 'good mothering' requires a mother to give on all levels (psychologically, physically, emotionally, and intellectually) at all times, placing mothers not only at risk of emotional strain and low self-esteem, but also guilt, shame, and fear of being labelled a 'bad mother' (Ladd-Taylor, 2004; Sutherland, 2010).

Since the 1970s, mothers have increasingly become involved in the paid workforce due in part to changing social and economic policies, the impact of marriage breakdowns, and restructuring in the workplace. However, eurocentric gendered socio-cultural understandings

holding mothers responsible for their children's development, behaviour and actions are still prevalent in Aotearoa. Mother blame and Māori mother blame narratives contribute to and exacerbate feelings of guilt and shame experienced by mothers whose children step outside the 'norm' (Ladd-Taylor, 2004).

Effect of loss from suicide

Investigation of available literature on losing a child to suicide identified several issues. For example, previous empirical research has found mixed results in differences between bereavement through suicide and bereavement due to other types of traumatic death (Jordan, 2001; Van Der Wal, 1989). However qualitative studies have shown that there are thematic differences in aspects of grief that may be specific to suicide. These are heightened feelings of rejection, worry on how they are perceived by others, effect on family systems, sense making and/or making meaning, and feelings of guilt, blame and shame (Bonanno & Kaltman, 2001; Clark & Goldney, 1995; Jordan, 2011; Maple et al., 2010; Mitchell et al., 2004).

Experiencing heightened feelings of rejection or abandonment by their loved one, are common to loss from suicide (Fielden, 2003; Jordan, 2001). These feelings can engender anger towards the deceased - raising questions like, how could they do this to me? Anger provides a mother with a sense of control, a feeling that we can exert some influence on our own and the lives of others. Anger provides a means of rebuilding our personal power – power that was taken from us with the loss of our child through suicide (Lukas & Seiden, 2007) .

How mothers who have lost a child to suicide believe they are perceived by other people is an aspect that can affect their level of acceptance of emotional support (Cerel et al., 2008; Fielden, 2003; Jordan, 2001). They may feel they are treated differently after their loss, feel they are expected by others to explain the death - the means used and why it happened. Consequently mothers may feel, due to the particular issues they face, that they are not easily understood by others. This can lead to a mother experiencing a sense of isolation and marginalisation - because their grief experience is different from the norm (Cerel et al., 2008; Jordan, 2001). Thus they may have difficulty finding the space to articulate their loss.

Mothers are an important influence on how a family system functions. Therefore the impact of loss through suicide, on mothers and on the functioning of family systems are intertwined. For example, a study by Brent, Moritz, Bridge, Perper, and Canobbio (1996) found

heightened rates of depression in survivor siblings and mothers six months after the death. There is the potential for conflict to develop within a suicide bereaved family through a lack of understanding of the different coping styles of other family members (Miller & Harrington, 2011; Stroebe et al., 1998). Ultimately loss through suicide can cause severe disruption within the family which means there may become a need for family relationships to be re-negotiated (Handsley, 2001).

When the experience of loss is due to suicide, two key characteristics are generally observed. These are feelings of guilt, blame and shame, and the emergence of a strategy that helps build resilience - sense making and/or making meaning. Greater feelings of guilt, blame (toward both self and others) for not anticipating or preventing, and/or taking responsibility for the suicide are aspects reinforced by the stigmatisation of suicide, previous research has found (Fielden, 2003; Jordan, 2001). These feelings cause suicide bereaved mothers to question themselves. Self questioning can take the form of, why didn't I prevent it? Why didn't I do more? These thoughts have the potential to engender a sense of shame linked to responsibility as a 'good mother'. Experiencing shame could cause a mother to become secretive over how their loved one died and encourage her to isolate herself (Cerel et al., 2008; Fielden, 2003; Jordan, 2001). Feelings of guilt and responsibility may be aggravated by an element sometimes seen in suicide bereavement - the feeling of relief (Lundin, 1984). For instance, relief could occur when a mother whose child prior to their death had chronic problems, displayed aberrant behaviour and/or had undertaken previous suicide attempts.

Sense making and/or making meaning is when a mother(s) attempts to make sense of the frame of mind and the motives of their child who committed suicide, through utilisation of their understandings of psychological illness, spirituality, and problems in their child's life (Anderson et al., 2005; Cacciatore & Ong, 2012; Davis & Nolen-Hoeksema, 2001; Fielden, 2003; Marrone, 1999; Neimeyer, Prigerson, & Davies, 2002; Walker, 2008). Guilt, shame and blame, resilience, sense making and/or making meaning and spirituality are discussed in more detail below.

Guilt, shame, and mother blame

According to Liss, Schiffrin, and Rizzo (2013) shame involves an expectation one will be socially judged by others. It is an emotion that involves failure to live up to perceived ideals, and involves a wish to hide (Liss et al., 2013; Sutherland, 2010). In comparison, guilt is the self-reproach experienced as the result of undertaking a bad action(s). Liss et al. (2013) advise that

as shame is more strongly linked to depression - it has more serious psychological repercussions than guilt.

Although traditional Māori society utilised a 'shame-based morality', the strategy was based on the understanding that a person is an important member of society and that social dependency is vital for survival of a society (Coupe, 2005). This concept does not appear to have any relation to the feelings of shame mothers experience today. Instead, shame seems to arise from feelings of guilt experienced from eurocentric socio-cultural 'bad mother' narratives. Mother blaming seems to have emerged as a result of the eurocentric 'nuclear family model' with its 'patriarchal father figure absent from the family' phenomenon (McNamara, 2009). 'Mother blame' narratives depict mothers as "responsible for the actions, behaviour, and well-being of their (even adult) children. They are also used to describe situations where mothers are blamed for their own predicaments, such as being abandoned or living in poverty" (Jackson & Mannix, 2004, p. 150).

While solo mothers are viewed as the 'other' and have become scapegoats for social problems, working mothers, mothers dependent on state support, lesbian mothers, and Māori mothers are also problematised through what Arendell (2000) terms "deviancy discourses of mothering" (p. 1195). These 'deficit' discourses colour and texture mothers understandings and how mothers are perceived, in the socio-cultural context of Aotearoa – resulting in mothers experiencing feelings of guilt prompted by blame (Jackson & Mannix, 2004). The guilt felt by mothers has become so common it is now viewed as a natural part of mothering in Aotearoa (Sutherland, 2010). Guilt feelings are aggravated by feelings of shame, self-blame, inadequacy, fearfulness, and exhaustion - affecting a mother's well-being, psychological health and ability to be productive. Sutherland (2010) suggests that while mothers may use the word 'guilt' to describe an emotional experience, the word 'shame' may more accurately portray their feelings.

Resilience

What is resilience? A dynamic process, resilience according to Troy and Mauss (2011) refers to the maintenance of, or improvement of psychological health in the face of adversity. It relates to the capacity to navigate to resources, both internal (within the person) and external (in the community), that help and sustain well-being.

Encountering stressors usually elicits an emotional reaction in a mother, however mothers differ in their ability to regulate emotions. How a stressor is appraised by a mother and their capacity to change that appraisal, to a greater or lesser degree, results in changes to the intensity and type of emotions they experience (Troy & Mauss, 2011). Additionally exposure to stress, particularly high and prolonged levels of stress can undermine psychological health and result in an outcome such as depression (Troy & Mauss, 2011). Consequently, the capacity to be flexible - to be able to recognise that in some circumstances attention to negative stimuli can be counterproductive (whereas in another situation attending can be productive) along with the use of active coping mechanisms, such as reframing, being optimistic, sense making and/or making meaning help to promote, and increase resilience (Miller & Harrington, 2011; Troy & Mauss, 2011). Building resilience is enhanced through the development and maintenance of close relationships, the acceptance of change, having a purpose in life, awareness of a higher purpose in your life, and the wish to leave a legacy (Troy & Mauss, 2011). Resilience helps a mother to manage tough situations in life - it is about overcoming adversity.

Sense making and/or making meaning

Our understandings about how the world works and our sense of identity are challenged when we undergo sudden, unexpected or premature loss (Davis & Nolen-Hoeksema, 2001). Sense making and making meaning are interconnected. Both are about gaining an understanding why an event has occurred. For instance, a child commits suicide because he/she was bullied is 'making sense'. Yet knowing and understanding the actual cause of death is generally not enough for some mothers who experience traumatic loss, instead a deeper philosophical meaning is required to provide a reason for the loss (Davis & Nolen-Hoeksema, 2001).

Making meaning consists of the ability to find a sense of purpose and to have an internal set of understandings that help facilitate making meaning from the experience of a traumatic event (Feder, Charney, & Collins, 2011). The role sense making and making meaning play in helping a mother adjust is crucial as they help mothers to maintain a sense of self, enabling them to deal with a distressing experience (Davis & Nolen-Hoeksema, 2001; Foy, Drescher, & Watson, 2011). In respect to loss through suicide, making meaning is frequently utilised to provide an effective buffer against negative feelings and their consequences (Feder et al., 2011).

However, making meaning out of an experience differs to searching for meaning. According to Lehman, Wortman, and Williams (1987) searching for meaning unfolds over a

period of time, often as long as seven years after the event. It can include questions such as "Why me?" or "Why my child?" Searching for meaning is believed to help only if an answer is found and meaning is made (Park, Edmondson, Fenster, & Blank, 2008).

Spirituality

Spiritual understandings are recognised as an aspect that can enable making meaning to take place (Foy et al., 2011). Kay and Robinson (1994) define a spiritual perspective as "personal views and behaviours that express a sense of relatedness to a transcendent dimension or something greater than oneself" (p. 218). For instance, in Māori culture, connectedness to ancestors through whakapapa, and understandings of Papa-tū-ā-nuku and Rangi-nui, are suffused with spiritual awareness (Moon, 2008).

Spiritual behaviour, illustrated by actions such as praying, reading spiritual materials, talking to others about spiritual matters, finding meaning and a purpose to life, enables a mother to achieve another perspective - helping to reframe loss and grief (Kaye & Robinson, 1994). Positive reframing of losses can neutralise feelings, such as shame and anger, mediating stress. In so doing, a spiritual perspective can be helpful as a mother negotiates the loss of her child to suicide (Kaye & Robinson, 1994).

Social support

In the 1970s, as part of the move toward more personal responsibility, the government of Aotearoa placed the management of suicide risk and mental health back into the community (McManus, 2003). Since then, a person(s) has been expected to be responsible for their situation - to manage for themselves any moral difficulties they encounter when their lives are touched by suicide and/or psychological ill health. Therefore social support for the purpose of this research, refers to the support a mother receives from family, friends, neighbours, colleagues, and professionals (psychologists and counsellors) when faced with a traumatic situation such as the loss of a child to suicide and/or living with a suicidal adolescent who eventually commits suicide. There are three recognised areas of support. Firstly, instrumental or practical - as in help with daily tasks and/or financial assistance. Secondly, emotional - as in expressions of empathy, reassurance or understanding. Finally there is informational support - where advice or guidance on current difficulties is provided (Dyregrov & Dyregrov, 2008; Janicki-Deverts & Cohen, 2011).

Social support is perceived as being important. It makes a difference because it shows that someone cares (Dyregrov & Dyregrov, 2008). Social support influences psychological and physical health, producing a buffering effect and promoting resilience (Dyregrov & Dyregrov, 2008; Janicki-Deverts & Cohen, 2011; Lavalee, Grove, Gordon, & Ford, 1998; Schneider, Grebner, Schnabel, & Georgi, 2011).

Summary

To date attention has not been given to mothers experiences of the loss of an adolescent or young adult child to suicide in the socio-cultural context of Aotearoa. Mothers experiences appear to have been marginalised in favour of investigating the phenomena of suicide itself. The intention of this literature review has been to set the scene for an explorative and flexible study that enables the voice of mothers to emerge - opening understandings to shared understandings and diversities of mothers' experiences of loss through suicide in Aotearoa. The sensitivity of the research subject along with the complexity and multiply determined nature of the issues involved in the areas of relationships, social support and building resilience have required utilisation of a methodology sensitive to these understandings. The following chapter provides an outline and discussion of the methodology and ethical values and principles that underpin this research.

Chapter Two

Methodology

Without theory, there is nothing to research.
(Silverman as cited in Willig, 2001, p. 9)

The aim of this research was to produce insights into the shared understandings and diversities of mothers who have experienced the loss of an adolescent or young adult child through suicide in Aotearoa. A phenomenological approach guides this research while Interpretative Phenomenological Analysis (IPA) enabled the question to emerge, how do mothers make sense of their experiences? At the same time, this approach recognises that these articulations are both complicated and multiply determined. This chapter presents the underlying elements and assumptions that influenced my navigation of the terrain of this research resulting in the decision to employ IPA - the axiology that enabled me to navigate ethically through the research process and, locates the researcher and the research within this approach.

Rationale

Social science research is concerned with gaining a better understanding of how people navigate particular phenomena in our society, or social world. Diversity within societies occurs through variations in gender, values, beliefs and the cultural lens through which we view the world (Denzin & Lincoln, 2000). Moreover, people's realities are shaped by the socio-cultural, political and economic contexts that texture people's lives (Hodgetts, Chamberlain, Groot, & Tankel, 2014). In conjunction with these understandings, and from my socio-cultural position as a woman of dual-cultural identity, ethical social science research in Aotearoa necessarily involves recognition of two worlds, te Ao Māori and te Ao Pākehā (Edge & Nikora, 2010). In contemporary research practice, the two worlds are not a binary, and an ethical approach to negotiating the tensions requires an awareness of the tendency for ideas and concepts from one world to diffuse to another (Edge & Nikora, 2010). The influence of such movement on a person's understandings of the effects of loss, persuaded me that for this study, the research process would be strengthened by accessing both indigenous and scientific knowledge (Durie, 2004). Additionally, to do so would be in keeping with the principles of partnership, participation and protection, embodied within the Treaty of Waitangi (Durie, 2004).

The same influences that texture the lives of participants also affect us as researchers. According to Smith, Flowers, & Larkin (2009) our specific worldview shapes how we go about our research, the questions we ask, how we ask those questions, how we interpret our results, and how we view our research findings. Therefore, the areas we choose to research are often determined by societal and personal elements that have an emotional impact on us.

In my case, five significant elements influenced the area I chose to research, the methodology utilised and the research conducted. The first was the loss one of my sons to suicide eight and a half years ago. The experience augmented my interest in understanding how particular individuals deal with specific events or situations in their lives. My experience was the catalyst for this research, to hear mothers' stories and their understandings of loss due to suicide.

While the advantages of insider research are well documented (Corbin Dwyer & Buckle, 2009; Cotterill, 1992; Taylor, 2011), due to my positioning as an insider I recognised undertaking research into this phenomenon required an empathetic and questioning methodological approach, where insider status would be viewed as having value. According to Smith et al. (2009), successful IPA research has an appreciation of insider knowledge. I also understood my insider perspective would inform the questions I asked. Insider research requires an awareness on the part of the researcher of their own biases, accepting there is no neutrality (Corbin Dwyer & Buckle, 2009). Thus Packer (1985) argued that the researcher brings their own belief systems, prejudices and predispositions to the task of interpreting the lived experience of another and therefore can never be impartial, necessitating a process of reflection. In addition, there was the possibility that I would need to declare my insider status to my participants, which then could influence the interview process. Consequently, an approach where the inclusion of strong reflexive practices was of importance throughout the research process would be necessary. In hermeneutic phenomenological inquiry, reflection plays an essential and valuable part of the research process (Smith et al., 2009). During the course of this thesis, reflection has occurred through discussions with my supervisor, kaumatua and the use of journaling.

Secondly, the mothers were the experiential experts and from my cultural perspective, their stories were gifts. As a result, I felt there was an obligation to attend to their stories in a respectful and honourable manner. This called for utilisation of a methodology that would

provide an effective vehicle to hear their voices and attend closely to their accounts. As Smith et al. (2009) discuss, IPA's hermeneutic phenomenological perspective combined with its case-by-case and cross-case analysis is such a vehicle.

The third element was the location of the research in the culturally diverse society of Aotearoa, within which Māori are situated as an indigenous minority amongst the dominant Pākehā settler society. Therefore, I wanted to embed the study within the societal and cultural worlds of Aotearoa in an effort to understand their influence on the perspectives of mothers who have lives textured by loss due to suicide.

From an axiological perspective, there was a fourth element. I required a methodology compatible with Māori principles and values. This was due to my personal connection to Māori philosophy and principles, and these supported the belief that utilisation of Māori axiology would ensure respect for the mothers and their stories throughout the research process. In Aotearoa, IPA has been used in Māori-centred research on adoption (Perkins, 2009) and in Kaupapa Māori research on whānau health and wellness (Boulton, 2005; Jones, Ingham, Davies, & Cram, 2010) thus illustrating IPA's ability to attune to Māori principles.

Finally, while undertaking psychological studies I became aware that although a substantive body of professional literature discussing suicide exists (Beautrais et al., 1996; De Leo, 2002; Langford et al., 1998; Stack, 2000a, 2000b; World Health Organization, 2011), narrative accounts on the effect of living with loss due to suicide were minimal (Cerel et al., 2008; Maple, Edwards, Minichiello, & Plummer, 2013; Sugrue, McGilloway, & Keegan, 2014). In particular, mothers' voices were missing from current local and international literature. Yet there can be much to gain from hearing what mothers have to say about the impact of loss of a child through suicide on their sense of self, its effect on their family, and the value (or not) of social support. Indeed Gitlin (1990) makes an important point that "when fully developed, voice is a form of political action" (p. 459). Viewed from this perspective, the telling of the mothers' stories becomes at once both a protest and a challenge to the code of silence surrounding suicide in Aotearoa (Fleming, 2012). This outlook also incorporates recognition that any mother who consented to sharing her story would feel what she had to say had worth. Indeed, all the mothers involved in the study anticipated that sharing the story of their lived experience, and how they have made sense of the loss of their child, would benefit others through the provision of a greater depth of understanding. They wished this knowledge would inform professionals who

help mothers and whānau navigate loss through suicide, any identified issues would be addressed, and solutions implemented. The depth of sharing of such sensitive information illustrates the strength of their desire to put an end to the silence. Consequently, arising from this concern and recognition, I hope this research will make a difference in raising awareness and understanding of the effect of suicide on those who live with the loss.

With these insights came the realisation of the influence of another element in the research process - that undertaking this research carried a high level of accountability and responsibility between and amongst the mothers, the research community, the Māori community, and me (as the researcher). This included the importance of respecting and keeping all involved, including me, safe throughout the research process. By conducting this research as an insider, I required an approach that would allow me to not only locate myself, but would enable me to examine my own sense of self in the research process. Subsequently the amalgamation of these rationales led me toward a phenomenological approach with the use of IPA as the methodology.

A Phenomenological Epistemology

Variously described as a philosophy, a research method, a perspective, and a science (Biggerstaff & Thompson, 2008; Starks & Trinidad, 2007; Willig, 2007), phenomenology was founded by the German philosopher Edmund Husserl (1859-1938). According to Smith et al. (2009), Husserl was critical of the positivist-empiricist approaches in the natural sciences because they did not take into account the influence the socio-cultural context has on the perceptions, thoughts, and values of individuals who live within a particular social world. The objectification in human sciences and the scientific position where evidence is viewed to be the only truth, led Husserl to seek a more humanistic approach (Langdridge, 2007; Smith et al., 2009).

In developing IPA based on Husserl's critiques of positivism, Smith et al. (2009) summed up the focus of phenomenological inquiry as:

> ...finding a means by which someone might come to accurately know their *own* experience of a given phenomenon, and would do so with a depth and rigour which might allow them to identify the *essential* qualities of that experience ... these essential features of an experience would *transcend* the particular circumstances of

> their appearance, and then might illuminate a given experience for others too. (p. 12)

As a philosopher, Husserl was concerned with introspective reflection of one's own experience, rather than analysing other people's experiences. Smith et al. (2009) mentioned that Husserl's contribution to qualitative research has been the importance of both the process of reflection and close and systematic study of the lived experience.

The work of Husserl and his protégé Martin Heidegger (1889-1976) had a major influence on phenomenological research. However, Heidegger's focus differed from Husserl. While Husserl's focus was epistemological, Heidegger's was ontological (Smith et al., 2009). Heidegger was critical of the abstract theories of the human sciences, he was more interested going beyond the visible to understand the lived experience of people in the actual every-day world, their view of the world, and in particular, the perceived meaning(s) by which they make sense of their experiences (Smith et al., 2009). For Heidegger, phenomenology was not just about examining the visible meanings, in discourse or text, but also the deeper concealed meanings. Both levels were of importance, with the surface meaning inextricably connected to the deeper meaning, being a part of, yet apart. He described phenomenology as hermeneutic (Smith et al., 2009). Smith et al. (2009) maintained that Heidegger believed there were no uninterpreted facts, that it was not possible to separate facts from meanings, that all interpretation takes place against a background of previous understandings and could never be free from their influence. In addition, "interpretations are filtered through a spatial-temporal lens and arise out of particular cultural and historical fields" (Finlay, 2011, p. 112). From this standpoint, everyone exists hermeneutically, with significance and meaning found everywhere in every experience.

Importantly, Heidegger also understood that any interpretation made by a researcher involves the drawing on of their own life experience to make sense of the data (Langdridge, 2007; Smith et al., 2009). However a researcher can still help, through analytical thinking, to make sense of the perception of a phenomenon by utilising the hermeneutic circle in understanding text, or discourse, as a whole by reference to its individual parts, and understanding the individual parts by reference to the whole (Smith et al., 2009).

With this expansion of thought there was a change of emphasis within phenomenology that has influenced phenomenological psychology - that lived experience of a person must be

seen in the context of that person's life situation and the way they see the world (Langdridge, 2007; Smith et al., 2009). Therefore in understanding a phenomenon, meaning is of utmost importance because it affords significance to a lived experience (Smith et al., 2009). Finally, Heidegger's definitive view of phenomenology was interpretative (Smith et al., 2009). The links he made to hermeneutics, particularly the cyclical process and reflexivity, are foundational elements of IPA.

Interpretative Phenomenological Analysis (IPA)

A qualitative methodology, IPA has its theoretical origin in phenomenological psychology's theory of interpretation (hermeneutics) and symbolic interactionism (Biggerstaff & Thompson, 2008; Brocki & Wearden, 2006). IPA was developed specifically for psychology in the 1960s by Jonathan Smith (1996a) to encourage psychology to look beyond the impersonal account of an object or event. While IPA seeks to comprehensively explore a person's impression of their experience of a particular phenomenon, and the language utilised in narrating that experience, the influence of social interactionism means its historical and social situatedness are acknowledged (Brocki & Wearden, 2006; Eatough & Smith, 2006a; Smith & Eatough, 2007).

Symbolic interactionism posits that a person's understandings and sense of self are constructed socially and culturally, through the interpretation and reflection that arises between people at the social interface (Eatough & Smith, 2006a, 2008). For example, during interaction between participant and researcher in a research interview, negotiating meaning may occur through the sharing of a feeling(s). A person's sense making is constituted and reconstituted through talk in action (Davies & Harre, 1990). Therefore, an IPA researcher is interested in how a person talks about and relates to a phenomenon, as well as their understandings of the phenomenon. This is the aim of IPA, to study a person's understanding of an experience from an insider's perspective, which makes IPA particularly appropriate in the study of complex psychological phenomena (Smith & Eatough, 2007; Smith & Osborn, 2003).

IPA has been the lens that enabled a deeper insight into psychological processes on subjects such as surviving a stroke (Murray & Harrison, 2004), chronic fatigue syndrome (Dickson, Knussen, & Flowers, 2007), adoption and fostering (Madigan, Quayle, Cossar, & Paton, 2013), feelings of anger (Eatough & Smith, 2006b) and participation in a pro-anorexia internet site (Mulveen & Hepworth, 2006). Researchers are utilising IPA in order to get closer

to how people view a phenomenon, and to catch the finer grained detail of their experience. According to Millward, Lutte, and Purvis (2005), IPA is particularly used to research how people understand and make sense of an experience, and its implications for coping and recovery, thus corresponding neatly with the purpose of this current research.

To find meanings and make sense of an insider's view of a phenomenon, a thorough analysis of the texts is necessary (Eatough & Smith, 2008). The analysis takes place on several levels, with the initial stage being the interview. The interview is a co-construction between the participant and the researcher (Smith, 1996b). Through having already read the interview information sheet (Appendix A), the participant has an understanding of the purpose of the interview. In this sense, a degree of construction has already taken place. During the interview, the participant provides their rendering of the phenomenon. The type of language utilised may supply insight into where they are on their personal journey of gaining understanding of the phenomenon. According to Eatough and Smith (2006a), where a mother is 'at' may become apparent through rationalising, difficulty in expressing emotions, or discomfort at declaring their innermost thoughts, yet meaning making and understandings may not be immediately visible in the mothers' narratives. Ultimately, language became important during analysis where the influence of time on the texture of experiences of grief emerged.

The interview transcripts derived from the interactive process of narration provide the data for the next step in the analytic process. This process has the potential to facilitate realisation of themes and achieve an interpretation of their experiences (Smith & Eatough, 2007). It entails not only elucidating the participants' thoughts and commenting on their reflections but includes an examination of the language used and interpretation of the participants' remarks by the researcher. Interpretation is an integral element of meaning making of the participants' reflections (Smith et al., 2009). Importantly, the IPA process recognises that the researcher cannot fully access the participants' inner worlds, because the interpretive process can be complicated by the researcher's own perceptions and sense making (Eatough & Smith, 2008). However, Brocki and Wearden (2006) mention that researchers who undertake IPA generally have some knowledge and awareness of the phenomenon being studied. While this knowledge may include lived experience of the phenomenon, more commonly a researcher has access to psychological knowledge that informs the research. Alongside my insider status, psychological knowledge is utilised by the researcher during interpretation.

There are well-recognised advantages and disadvantages associated with research conducted by a researcher who has lived experience of the phenomenon being studied (Smith, 1999; Taylor, 2011). Corbin, Dwyer, and Buckle (2009) state, "This insider role status frequently allows researchers more rapid and complete acceptance by their participants. Therefore participants are typically more open with researchers so that there may be a greater depth of data gathered" (p. 58). Critics argue that insider research can both miss details due to familiarity and produce knowledge distortion due to a lack of objectivity (Gair, 2012). These points reflect my particular concerns in the positioning of myself as an insider, of the influence that insider knowledge could have on the research process, such as the potential for enmeshment to occur, and assuming similarities in views. However, the transparency afforded through clear positioning of the researcher within the topic and the use of strong reflexive practice afforded by IPA enables recognition of these potentialities during the research process. Ultimately, the process of IPA facilitates a weaving together of participant and researcher reflections to create a rich tapestry of understandings. This makes IPA a fitting methodology for this current research as it focuses on a group of people who have lived through a particular phenomenon. I seek to gain insight into sense making and resiliencies developed after a person has experienced the phenomenon of loss of a child through suicide within the cultural and social milieu of Aotearoa.

Incorporation of Māori values and principles

Insider research needs to be respectful, ethical and humble because the researcher belongs to the community in which the research is being undertaken (Smith, 1999). With this in mind and on the advice of kaumatua overseeing this research, ethical values based on key Māori cultural principles aimed at valuing, respecting and protecting the 'rights, interests and sensitivities' of the participants by placing them first (Smith, 1999), were incorporated into this study. In this research, they were an important aspect that I believed would help ensure the safety of all involved.

The first of these values was a*roha ki te tangata* - respect people. This value is about respecting a person's knowledge, their contribution to the study, and their place of residence. As a researcher I was intruding on another's life, even if only briefly. Because this research involved mothers' experiences of loss of a child through suicide, this value was very important. It required from me, as the researcher, a position that showed consideration and regard for their knowledge. At times, it involved sharing commonalities of the grief experience with the

mothers. Additionally the interviews took place in the mothers' homes. A home is a person's sanctuary. Therefore, it was important that I followed the lead of the mothers during the interview, and in the protocols observed within their home. This entailed *titiro, whakarongo...kōrero* - look, listen...speak. It meant allowing them to choose where in their home the interview took place, along with whether or not they wanted to drink or eat during the interview process. While it is usual practice for Māori not to eat kai when death is discussed the mothers involved came from a mix of Māori and Pākehā cultural backgrounds; therefore, it was important to observe the customary practice of each mother.

Presenting yourself in person or k*anohi ki te kanohi* means you are prepared to be known to those from whom you are requesting knowledge. It is a culturally appropriate approach for gathering information from Māori and, according to Smith et al. (2009), is an important component of IPA. In the context of this study, *kanohi ki te kanohi* semi-structured conversational interviewing was the most sensitive way to gain data. It helped build rapport, allowed mothers to learn who I was, my personal motivation, how the information would benefit others, and allay any concerns they had before they shared their stories. K*anohi ki te kanohi* showed I was willing to stand by my work. This responsibility extended beyond the initial interview, as it remained important to continue presenting in person throughout the research process and after its completion.

The *manaakitanga* or warmth and kindness bestowed on me by the mothers during the research process, along with sharing their stories strengthened my resolve to understand the psychological experiences involved in the event of loss through suicide as a way of honouring their narratives. I reciprocated manaakitanga by giving a koha or offering at each interview and in determining to treat each mothers' story with the utmost respect during every step of the research process. These gestures were important as they acknowledge a mothers sharing of her time, resources and knowledge. In granting access to their knowledge, the mothers placed their faith in me, and in what I was trying to achieve as a researcher. This faith was a reminder to respect the knowledge the mothers shared with me during the research process, or to put another way it prompted me to k*aua e takahia te mana o te tangata* – not to trample over the mana of the people. It placed on me an obligation to reflect on whether the research was worthwhile to the community and the benefits that might ensue from the research, for the community. As such, I felt a responsibility to not only honour and respect the knowledge given but to take the knowledge back to the community. This has happened through the gifting of copies of the

completed thesis to those mothers who requested a copy, to the social service organisation whose involvement made this research possible, and to other interested social service providers.

In addition to these values, there were two key principles outlined by Durie (1996) which were also followed in this research. These were *whakapikipiki tangata* - empowerment or enablement and *whakaurunga* – integration.

The aim of the principle of *whakapikipiki tangata* is to enhance people so that they are empowered through participation in the research process, through the sharing of their stories. It could mean that verbalising their understandings would open up the possibility for an increased positive development of the mothers' meaning making. With this research project, I hope empowerment will not only be realised by the participants, but also by other mothers who have lost a child through suicide who read or hear about this research. I hope this research will encourage other mothers to speak up about the effects of loss through suicide, to let their voices be heard, rather than remaining behind a wall of silence.

The *whakaurunga* principle recognises the holistic understanding of life and health subscribed to by Māori. This view has become more prevalent within Aotearoa due to the growth of awareness of the importance of the health of the total environment to the health of people. Thus, a holistic understanding of the mothers' stories was utilised in this research. To help enable this, I attempted to conduct the interviews in a spirit of openness, shown by listening to the aspects mothers chose to address in the course of their narrative.

From my perspective, the incorporation of Māori values and principles provides a safe environment for the mothers to give voice and share their stories, which have been invisible in Aotearoa. Adherence to them signified respect of the gift each mother brought through sharing her experiences of loss of a child through suicide. Their inclusion is an important part of my personal code of conduct. They also provide recognition of those to whom I whakapapa.

This chapter has discussed the phenomenological epistemology, IPA and the Māori values and principles underpinning this research. Sampling size and *kanohi ki te kanohi* semi-structured conversational interview method utilised as the data collection were also examined. The following chapter will explain in detail the actual procedure undertaken, including the interview process and analysis of the data.

Chapter Three

Method

There is no single qualitative method and quite different aims
will be accomplished by different interpretative approaches.
Interviewing will touch upon and change a person or a community.
(Banister, Burman, Parker, Taylor, & Tindall, 1996, p. 3)

Study Design

As mentioned in the previous chapter, the foundation of this research is phenomenological, enhanced by the inclusion of Māori principles and values. Interpretative Phenomenological Analysis (IPA) was utilised as the methodology. Because IPA requires an in-depth exploration of the personal and social experience of a person, studies employing IPA generally use a small sample size. The priority is to do justice to each person's story as analysis of the transcripts are detailed and time consuming (Smith & Eatough, 2007). Consequently a purposive sample is necessary, so that themes can be realised from mothers who have experienced the particular phenomenon of loss of a child through suicide (Smith & Eatough, 2007). Additionally, due to the sensitive nature of the topic, there was an ethical necessity for this Masters level research to take place under the auspices of a reputable organisation who regularly engage with suicide bereaved.

Procedure

A reputable social service organisation based in the lower North Island of Aotearoa, which runs a Bereaved by Suicide support group under its umbrella, facilitated access to potential participants. They were interested in this research, because while they recognised the effect of suicide was missing from current research literature, they also desired feedback on the services they offer. Due to the sensitive nature of the research, I sought approval from Massey University Human Ethics Committee Southern B (13/39) (MUHEC). Initially MUHEC gave provisional approval. After a more comprehensive addressing of ethical concerns regarding support and safety, of both the participants and the researcher during the research process, MUHEC granted full support. With full MUHEC approval secured, I discussed with the

Bereaved by Suicide support group co-ordinator the feasibility of presenting an outline of the research, as the researcher, to the support group. However, in the interests of confidentiality and safety of the mothers, her preference was to undertake the initial approach and discussion of the proposed research herself. To facilitate this, and following several discussions about the research, I provided her with a copy of the Information Sheet (Appendix A) as a guideline. The support group is open to any person affected by loss due to suicide. Held monthly, the numbers attending vary as people come and go. Therefore, the co-ordinator mentioned the research at a few support group meetings to gauge interest.

There was considerable interest amongst the mothers who attended these meetings. However, there were two concerns, which I discussed with the support group co-ordinator. Firstly, the people who frequent the support group generally have experienced loss through suicide within the previous two years. Their grief is raw. For example, one mother, who expressed an interest in taking part in the research, had lost her child at the beginning of the year. Secondly, of the mothers who attended, most had lost young adult children not adolescents. Consequently, their child was not always living with them at the time of the loss and often they had not been aware their child was suicidal.

Utilising her therapeutic lens, the support group co-ordinator believed talking to me would be beneficial and healing for the mothers who chose to take part in the research. Such a belief is in line with reports of suicide bereaved individuals wanting to tell and retell their stories as part of a process of realignment of their self-narratives, and that a damaging impact would occur if such opportunities to do so did not arise (Maple et al., 2010; Mitchell et al., 2004). Therefore, upon further discussion with the co-ordinator, the study parameters extended to include mothers who had lost young adult children to suicide.

The support group co-ordinator assessed and considered all the mothers referred from the support group, to be emotionally and mentally able to participate in the research. This assertion was supported by the availability of counselling with the support group co-ordinator prior to or after the interview, if requested by a mother**.** The support provided by the social service was a critically important element of the research process that helped allay both MUHEC and my ethical concerns regarding the mothers' safety. There needed to be a structure in place to hold the mothers safely during and after the research process. Additionally, I was in contact with my supervisor before and after each interview, and the support group co-ordinator was accessible by

cell phone during the interview process. Essentially, involvement of the social service enabled access to a small purposive sample and provided a safety net for both the mothers and myself, the researcher.

Sampling

In IPA the depth of analysis required to develop insight into a particular experience encourages utilisation of a small purposive sample (Smith et al., 2009). IPA analysis is time consuming, due to the complexity of human phenomena. Studies using a small number of cases can make a significant contribution to psychology through their attention to the minutiae of human psychological processes (Smith et al., 2009). Meticulous scrutiny of each case, together with examination of similarities and differences across cases has the ability to produce contextual richness through the detailed patterns of meaning found in participants' reflections of a shared experience (Ayres, Kavanaugh, & Knafl, 2003; Smith et al., 2009). A small sample size not only provides the opportunity to learn a significant amount about a person and their response to a phenomenon, but also provides space to explore connections within their account (Smith et al., 2009).

Smith et al. (2009) mention a sample of three to six participants as suitable for student research utilising IPA. In this research, the focus was to enable an understanding of what mothers feel and think about the effect of suicide on themselves, their family relationships and social support. By allowing their voices to be heard will, I believe, bring the heart back into psychological research on suicide. Due to the sensitive nature of this study, the majority of the participants came from a pool of people who accessed a specific service in the lower North Island. Ultimately, a sample of four mothers, three who were referred through the service and one personally known by the researcher, participated in *kanohi ki te kanohi* semi-structured conversational interviews which have been transcribed and analysed according to IPA principles. The mothers ranged in age from their early forties to their mid fifties. One was Māori, and three were Pākehā. Two were currently married, one recently re-married, and another was a solo parent. The mothers accessed through the service provided their contact details to the support group co-ordinator who then passed them on to me. I then contacted each mother by phone, introduced myself, chatted about the project, confirmed their willingness to participate and arranged to meet. The mother known to the researcher asked to be involved in the study. This

request was discussed with my supervisor who discussed the ethical issue with colleagues. After deliberation, the request was granted.

Ethical considerations

For this study to be successful, ethical matters were an important consideration throughout the research process. In choosing to undertake research in the socio-cultural context of Aotearoa using a phenomenological approach and encompassing Māori values and principles, it was important that this research was executed with integrity and in a manner that ensured the safety of participants as well as contributing toward knowledge on the effects of suicide. The following section will discuss the following ethical considerations - confidentiality and privacy, informed consent, commitment to do no harm, the role of the researcher and dissemination of results.

Confidentiality and privacy

The stories told by the mothers are highly personal, and of value to the mothers and myself. Therefore, they have been treated accordingly. All transcripts have been collected, filed, stored and password protected. I am the only person who has viewed and transcribed the raw data. All hard copies have been stored in a secure building. The audio files have all been stored in a specific database and password protected.

In an effort to safeguard confidentiality, I have refrained from providing a full description of the mothers' demographics, and removed or changed identifying details to passages of text prior to inclusion in this thesis. To preserve privacy, pseudonyms for all the mothers and their children have been utilised. Therefore, identification of the mothers was through reference to a master index that was stored separately from the raw data.

Informed consent

As discussed previously, a social service organisation in the lower North Island that conducts a Bereaved by Suicide support group assisted in the recruitment of mothers for the study. The researcher provided each mother with an Information Sheet (Appendix A). The information sheet gave an overview of the research, mentioned that all information provided would remain confidential, and described what the study required from the mothers. It listed their rights, such as asking questions about the research, withdrawing from the study, declining

to answer any questions, and having a support person during the interview process. Also furnished were the contact details of the researcher and supervisor, in case a mother had further questions after the interview was completed. Once a mother had read the information sheet and agreed to participate in the research, she read and signed a Consent Form (Appendix B). This procedure ensured fully informed consent was obtained from each mother.

Commitment to do no harm

I understood that in undertaking research on the effect of loss due to suicide there was the potential for participants to experience distress. Therefore, the commitment to do no harm was an important consideration during this study. It required that the research occurred under the umbrella of a reputable organisation, and the availability of a registered, currently practicing counsellor during and after each interview.

Prior to the start of the interview, the researcher clearly explained the aims of the research, and emphasised that the mothers were only to speak about what they were comfortable in sharing. Furthermore, the researcher asked the mothers if they would like to have a support person with them during the interview. Additionally, a few days after each interview, the researcher contacted the mothers to check on their well-being. The return of the interview transcriptions for the mothers to read and amend, together with when the amended transcripts were uplifted and the Authority for Release of Transcripts (Appendix C) signed, provided further opportunities for the researcher to observe the mothers and verify their welfare.

From a cultural perspective, utilisation of Māori principles and values during the interview process assisted in positioning the mothers as the experts and facilitated in according them due respect and consideration. Two Māori cultural advisors provided ongoing assistance and support to the researcher throughout the study. They helped guide and provided advice on how to carry out the research in the most culturally appropriate way possible when necessary. The advisors were *kaumātua* personally known to the researcher.

The role of the researcher

As a researcher with a dual-cultural identity, undertaking research with Māori and Pākehā mothers, my role and responsibilities were governed by Māori principles and values, and good research practice from a eurocentric viewpoint. This meant that prior to the interview I clarified

my expectations of the participants, to them. It also meant each mother had the opportunity to ask questions, to have points explained and to voice their expectations of me, the researcher. This was an essential element, because it was important that as a researcher I was accountable to the mothers as well as to the wider community involved in the research.

Dissemination of research results

There is an understanding that the information collected in the interviews belongs to the mothers. Therefore, all audio and written transcripts will be offered back to the mothers at the conclusion of the research process. The transcripts that are returned will be delivered *kanohi ki te kanohi*. However, the analysis of the information is the heart of this endeavour. With the mothers' consent, the research will be presented primarily as a thesis submitted for a Master of Arts in Psychology degree through Massey University. A key intention is for the results and recommendations to be returned firstly back to the mothers and their whānau, then to interested social service providers in the community - specifically the social service organisation who oversaw this research, to policy developers, and to future researchers. In doing so, the objective is for these people to better understand and be informed by mothers' voices of their experiences and understandings of loss of a child through suicide, thus enabling professionals to work more effectively with those who have experienced this unique form of loss.

It is hoped this project will raise awareness of the influence the distinctive socio-cultural environment of Aotearoa plays in informing these understandings. Findings can be presented in forums such as health and academic conferences, through journal articles and through other opportunities to benefit mothers and whānau who experience profound loss due to suicide.

Data Collection

Rather than testing a predetermined hypothesis, data collection in IPA endeavours to explore an area of concern in detail. A range of data collection techniques such as focus groups, postal questionnaires, diaries, telephone, email, and observational methods are used. However *kanohi ki te kanohi* semi-structured conversational interviews is the predominant method (Biggerstaff & Thompson, 2008; Smith et al., 2009).

A flexible approach, and the utilisation of open ended questions by the researcher during the interview provides participants, who are positioned as the experts, the opportunity to give a

thorough, in depth account of their experience, perceptions, and understandings in their own words (Smith & Osborn, 2003). Previous conversations inform current conversations, or as Davies and Harre (1990) mention, "we remember what we and others have said and done, and what we believe or were told that they have said and done, where it was wrong and where it was right" (p. 44). Therefore when the nature of a topic is personal, sensitive and complex, as discussion involving suicide can be, *kanohi ki te kanohi* semi-structured conversational interviews are viewed as the most appropriate method to gather information (Smith, 1996b). As a form of social interaction, their conversational style facilitates rapport and allows participants to communicate to the degree they feel most comfortable (Smith, 1996b). This approach positions the mothers at the forefront in the research process, helps mothers to feel at ease and provides them with a sense of control, when discussing the loss of their child and the effect this loss has had on them. Corbin and Morse (2003) mention that the sense of control provided by less structured interviewing, can help minimise any distress felt when a sensitive topic is discussed. This interview style also provides the opportunity for the researcher to carefully monitor a participant's reactions and to stop the interview if the participant becomes distressed more than other data collection methods (Smith, 1996b). An interview schedule consisting of open-ended questions is utilised to guide the interview with deeper divulging encouraged through questions such as, 'how do you feel about that?' As Brocki & Wearden (2006) mention, an interview schedule can provide a scaffold for the subsequent analysis.

Issues with *kanohi ki te kanohi* semi-structured conversational interviewing surround the role of the researcher during the interview. It is recognised that researchers have less control over the interview process in comparison to other methods, the interviews are time intensive and the data harder to analyse (Smith, 1996b). There are also questions about the level of influence the researcher may have on the account, by utilisation of devices such as active listening, prompting and encouraging further disclosure on particular areas of the topic. In this respect interpretation can be already underway through the direction questioning takes under the guidance of the interviewer (Brocki & Wearden, 2006). However, this method of interviewing offers me the opportunity to follow interesting turns in the conversation, and in so doing the potential to gain deep, meaningful information.

The natural flow engendered by a more conversational style of semi-structured interviewing provides an effective means to develop insight and obtain meaning of an experience (Eatough & Smith, 2008). I hoped the informality of this technique would facilitate a

deeper divulging of information than may normally occur in an interview situation. However I was aware that using this technique would open the possibility that I would be asked to share experiences, or respond to commonalities, during the course of the interview (Cotterill, 1992). This did eventuate. In particular, one mother asked immediately upon meeting me if I too had lost a child to suicide. When I answered in the affirmative, she said she felt more comfortable speaking to me knowing I had experienced loss in this way. She also mentioned she would not have wanted to share her story if I had not. Ultimately, all the mothers became aware that I too had lost a child through suicide. However, whether I told them at the beginning or later in the conversation depended on the circumstances. I did observe that once I mentioned my loss, each mother appeared to relax more.

The dates, times, and venues for the interviews were negotiated by the interviewee and the researcher. All the mothers preferred the interview to take place in their own homes. In all, four interviews were conducted. All were *kanohi ki te kanohi* semi-structured conversational interviews. Each interview was audio taped. Upon arrival at a mother's home, I provided kai for sharing at the conclusion of the interview. This was an important part of the process as the subject matter was tapu or sacred. Sharing kai at the end returns a situation to noa or a state of normality. I also gave a koha to each mother in the form of a small living gift of either a plant or flowers as a means of acknowledging the gift of their story. The study was discussed, questions answered, and the mothers advised that they were free to tell as much or as little of their story and their understandings as they wished. Due to my belief in the therapeutic nature in telling their stories, I allowed the mothers to talk for as long as they chose. Consequently, the interviews varied in length from 60 to 150 minutes. The transcriptions from the audio tapes of the mothers' narratives of their experiences of loss of a child to suicide then became the data. I personally transcribed each audiotape.

According to Smith (1996b) open ended questions allow answers to be expanded upon, and enables the researcher to generate theory through exploration of an individual's perceptions of reality. Thus, the questions on the interview schedule provided a guideline. In this respect, there was a contrived quality to the interview in that the questions directed the account toward specific aspects of the effects of suicide, such as its impact on other relationships and meaning making. However, guidelines were necessary given the sensitivity of the topic and its attendant issues, therefore the interview schedule afforded prompts that I could subtly use when required.

Examples of these are,

How do you make sense of your loss now?
Tell me about relationships in the family in the process of recovery.

When a topic is under-researched, as is the case with mothers' experiences of the loss of a child through suicide, the strength of such an interview technique is that it does not restrict the questions which can be asked, or the collecting of background data (Doody & Noonan, 2013). Additionally when research involves women, and specifically Māori women, in an area where bereavement can be privatised due to fear of societal exclusion or marginalisation, interviewing using a conversational style might be seen to make up for previous historical disregard of these voices (Maple et al., 2010; Mikaere, 1999).

Story telling is central to how we communicate. Stories are what make us human. We use the stories to present our inner reality to the outside world. In doing so stories shape and construct that reality (Riessman, 1993). Stories are the way the history and culture of a people have passed down through the generations. Where Māori are concerned whakapapa, through kōrero (storying) and tātai (genealogy), is used to lay a foundation to understand the world, to explain the relationships between all things and how to act within those relationships, thus enabling Māori to place themselves within the world (Royal, 2012). Essentially, whakapapa is about the layering of knowledge with one layer needing to be set down before the next one can be added (Moon, 2008). Thus, the past informs the present and shapes the future.

According to Kearney (2002) when a person reconstructs a past event, it helps provide some coherence and a sense of continuity. In the case of a mother who has lost a child through suicide, telling their story can help them in their healing process as they renegotiate themselves and validate their experience (Maple et al., 2010). The mothers and their stories were the centre of this research therefore, it was important that I supported them to tell their stories as fully and openly as they wished. To whakarongo and attend closely to what a person has to say is fundamental to the value *aroha ki te tangata*. It engenders in the storyteller a sense that what they have to say is of value. This in turn encourages openness thus unlocking the door to greater understandings (J. Martin & Sugarman, 2001). The conducting of conversational semi-structured *kanohi ki te kanohi* interviews in a setting of the mothers' choice, provided an opportunity for openness to occur, and for the possibility of themes to be identified. If common threads can be drawn across the mothers' narratives, they may contribute to an understanding of

the mothers' lived experiences and how those experiences texture their understandings (Riessman, 1993). When commonalities can be found in a particular situation, then there is the potential for us to think about how we or other people might deal with the same or similar situation (Smith & Eatough, 2007).

Due to my insider knowledge, while I knew how I had dealt with the lived experience, I recognised the mothers' stories were informing my whakapapa. They were adding another layer of knowledge. In doing so, the mothers became part of my whānau. Although not blood related, the mothers are "influence relations" (Moon, 2008, p. 42) whose input, while necessary to this research, will also shape and carry me forward. For me there is a responsibility that I return the honour. To do so, I made the decision to present each mother's story using a case study method. Advocated by Smith et al. (2009) case studies utilising IPA, through detailed scrutiny of each case and examination of diversities and consistencies across cases, are making a significant contribution to psychological research (Bramley & Eatough, 2005; Smith, 1999).

Data Analysis

A participant's attempts to make sense of their experience is the heart of the analytic process of IPA (Smith et al., 2009). While there is flexibility in IPA analysis methods, the common processes move from the particular to the shared, from the descriptive to the interpretative (Smith et al., 2009). There is a commitment to understanding a participant's point of view and a psychological focus on personal meaning making (Smith et al., 2009).

With this process in mind, after the data was collected I transcribed and rechecked the transcriptions with the audio recording for accuracy. I then immersed myself in the data by reading and rereading the transcriptions, reflecting about the superficial similarities and differences in and between accounts – aware my insider knowledge was informing the process. According to Smith and Eatough (2007) reflection provides a holistic overview and ensures future understandings remain grounded in the mothers' stories. During these early readings and reflections, I made a note of initial thoughts in conjunction with points of divergence and convergence to revisit later in the analysis, when addressing nuances of the particular.

Next, I revisited each individual transcript and examined it as a single case. I was encouraged to adopt this style because, according to Radley and Chamberlain (2012) encompassing a case study approach helps to elaborate conceptual views of patterns and

meaning of the particular. Concentration on the particular, on the nuances and the variation, provides the basis from which I hope to establish a sense of the essence of the lived experience as I move across cases (Smith et al., 2009).

While examining each case I expanded on my initial thoughts by breaking the process into three parts as described in Smith et al. (2009); descriptive – where I focused on describing the content of what was said, linguistic – where I explored the specific language used by a mother, and conceptual – where I looked into the more abstract level of her particular account. For the most part, I tended to work on each aspect in the singular. I also noted the chronological narration of the experience and reflected on its influence on the psychological thought processes of each mother. These initial comments I wrote in the right hand margin of the transcript.

Then, as I began to recognise the development of possible themes, I made notes in the left hand margin of the transcript. After that, I looked at how the themes corresponded with each other within the case by typing them up in a list and moving them around into clusters of related themes. Each cluster was given a title (Smith & Eatough, 2007; Smith et al., 2009). When I could not find any further patterns and associations, I again returned to the transcript and examined particular passages that kept drawing me back, such as when the mothers spoke of the moment of finding, or being told about the suicide, of their child. This was to attempt a more in depth understanding and interpretation of their meaning (Smith et al., 2009). Once I had gained a deeper understanding, I moved on to the next mother's story (case) and repeated the above process.

In doing so, I recognised that my insider knowledge in association with what I had discovered in the earlier case or cases influenced my analysis of the subsequent case. Therefore, in order to engage ethically with each story I found it necessary to incorporate a period of respite between the analysis of one case and the next. This enabled me to view each case with fresh eyes and through a process of reflection, allowed new connections to emerge.

Once each case had been analysed, I looked for patterns across cases and for recurrent themes (Smith et al., 2009). This entailed exploring previously analysed transcripts for themes that had emerged in a later case analysis. It is a technique necessary to inform the final research themes (Smith et al., 2009). The reason for this method is explained succinctly by Warnock as, "delving deeper into the particular takes us closer to the universal" (as cited in Smith & Eatough, 2007, p. 39), in the sense that it could relate to any or all participants, and in doing so

establishes a sense of the essence of the lived experience of loss of a child through suicide. For ease of understanding, and as discussed in Smith et al. (2009), I created a table of super-ordinate themes with the emergent themes pertaining to each listed beneath for each case. Then across cases, I created the master table of superordinate themes below, using examples from the cases to illustrate the subordinate themes. Finally, I looked at the mothers' stories, the themes that had emerged and reflected on the influence of the wider socio-cultural context on the mothers' understandings, meaning making and resiliencies. The IPA analysis process became highly reflexive as I sought to find meanings within and between each individual case and their relationship to the wider socio-cultural context in which they are embedded.

Across the cases, the three areas of interest were relationships, social support, and building resilience. During analysis, I became aware that the mothers arranged their narratives differently according to the length of time from the 'event', therefore after careful consideration I made the decision to present the analysis on a 'theme within case' basis, thus the themes outlined in Table 1 are explored in detail within each case study. In addition, embedded within the context of the following two chapters are recollections from my personal experience of the loss my son to suicide. These recollections, positioned by the marker ...*and I remember*... and differentiated by italics, were incorporated whenever I recognised a resonance between aspects of my own and a participant's experience and understandings. To set the scene, each case has been introduced with an excerpt of the moment life altered forever for these mothers.

This chapter has outlined the methods used in this research. I have described how I sampled four mothers who had lost a young adult child, or adolescent, to suicide. Data analysis incorporating the IPA approach was explained and its importance, in the identification of resiliencies and meaning making, was illustrated. The master table of superordinate and subordinate themes on which the case by case analysis and discussion in the following chapters are based was presented. The research method used in this approach sat well within a phenomenological framework underpinned by Māori values and principles. It enabled mothers to tell their stories freely. Where suicide is concerned there are few options for this to occur, suicide is in many ways still a taboo subject. IPA facilitated the exploration of the stories Māori and Pākehā mothers used to make sense of their experience of loss through suicide.

Table 1: Superordinate and Subordinate Themes: Analysis of Mothers' Stories

Part One: Relationships

Superordinate Theme: ***A Mother's Woundedness***	**Superordinate Theme:** ***A Family's Woundedness***
Subordinate Themes:	Subordinate Themes:
Her pain	Their pain
Her guilt	Dealing with their loss
Questioning of her sense of self	

Superordinate Theme:
Dealing with Others

Subordinate Themes:

Everyday relationships – family and friends

The wider network

Part Two: Social Support

Superordinate Theme:
After her Loss

Subordinate Themes:

Family

Outside sources

Part Three: Building Resilience

Superordinate Theme: ***Rebuilding her Life***	**Superordinate Theme:** ***Resiliencies***
Subordinate Themes:	Subordinate Themes:
Vulnerabilities	Spirituality
Re-shaping of her sense of self	Sense making and/or making meaning

Chapter Four: Analysis

Walking Zombie: The Early Days

My child you left behind a broken heart and happy memories too;
but I never wanted memories, I only wanted you.
(Memorial Poems, n.d.)

The analysis, in this chapter and the next, is presented on a case by case basis. Smith et al. (2009) argue presentation using this ideographic style, known as 'theme within case' method is an alternative technique to the 'case within theme' process of analysis. The decision to employ this method emerged through the recognition of the influence time had on the organisation of the mothers' narratives, and on the evolvement of their understandings as they came to a place where they could express their feelings with greater clarity. These feelings involved the loss of their child, a loss of sense of self, and their feelings as they negotiated the space created by those losses.

The 'theme within case' method of presentation aptly illustrates how time textures experiences of grief. For example, the gaze of the two mothers who had lost their children within the previous twelve months was predominantly self-focused. They began their narration with the 'actual event'. Then they talked about the events that followed and the effect of the loss on themselves. In both cases, there was minimal dialogue on the effect of the loss on other family members. Eventually they spoke of the history that (may have) precipitated the event. By comparison, the gaze of the two mothers who experienced their loss two to three years prior was more family-focused. These mothers began their narration with the precipitating history, then spoke of the 'event' and the effect on their family, before speaking of the effect on themselves. Essentially, the defining moment shifts from the 'event' to the 'history' that precipitated the event with the passage of time.

From my perspective there is a time of transition, a 'betwixt space', a space without boundaries - where mothers make sense of their experience, where they negotiate, shape, and re-establish their sense of self where walking backward integrates the loss of their child to suicide into their living forward. In this sense, 'betwixt space' becomes the space "where social

relations are produced and reproduced, where the signs and symbols, stories and meanings of connectedness and exclusion become sites of contestation" (Coombes & Morgan, in press).

In telling their stories, the mothers have put their woundedness on display. They have recalled a moment suspended in time, a moment so profound, so incomprehensible it is personified by the metaphor 'walking zombie', utilised by one of the mothers. Therefore, the narration of their stories for the purpose of this study became part of their process of transition, of their "betwixt space', as they learn to live with the loss of their child by suicide.

Prior to undertaking this research, I was interested in exploring resilient recovery for mothers who have lost a child to suicide. During the research process, three areas emerged that influence the psychological health of mothers as they navigate the ongoing lived experience of the loss of their child to suicide. These areas were relationships, social support, and resiliencies. Within each, a number of superordinate themes surfaced. In Relationships, these were *A Mother's Woundedness, A Family's Woundedness,* and *Dealing with Others.* Social Support examined *After her Loss,* while *Rebuilding her Life* and *Resiliencies* became the themes underpinning Building Resilience. A variety of subordinate themes that appeared as common threads across the mothers' narrations during analysis, support each superordinate theme. For instance, the superordinate theme *A Mother's Woundedness* has three subordinate themes. These are 'Her pain', 'Her guilt', and 'Questioning of her sense of self'. Within each case study, the subordinate themes that underpin each superordinate theme are illustrated by means of excerpts from the mothers' stories. The extracts utilised were chosen after a process of continuous reflection and re-examination of the transcripts to ensure the relationship between the themes and the mothers' narratives remained faithful. The richness of the selected passages helps to highlight the themes, illustrates commonalities and diversities, and demonstrates the influence of time on a mother's meaning making and settling of her understandings.

I became aware, through the loss of my beloved child to suicide, of the ripples that reverberate through 'Relationships', from those closest such as a parent and siblings, through the extended family, to friends, acquaintances, and colleagues. The superordinate themes, *A Mother's Woundedness, A Family's Woundedness,* and *Dealing with Others,* explore and specify what is important from a mother's position within the narrative. *A Mother's Woundedness* delves into 'Her pain', 'Her guilt', 'Her questioning of her sense of self' - as a mother and a person in a network of social relationships. *A Family's Woundedness* is also one of

'Their pain'. How family members 'Deal with their loss' influences the psychological health of the whole family. Negotiating 'Everyday relationships', such as family and friends, and interacting with 'The wider network' of colleagues and others who may/may not have known your child can also be problematic.

Like one of the mothers, I too had lived with the knowledge of the potentiality for the loss of my child to suicide. Consequently, I am aware that 'Social Support' has an influence on psychological outcomes for a mother. The subordinate themes, support from 'Family' and 'Outside sources', lie beneath the superordinate theme, *After her Loss.* Within the case study of the mother who lived with the understanding that her child could commit suicide, her understandings of the support she received prior to her son committing suicide are woven into the subordinate themes, 'Her pain' and 'Her guilt' that are situated under the superordinate theme, *A Mother's Woundedness.*

When undertaking this study, my hope was to illustrate that mothers who experience the loss of a child to suicide not only survive - over time they can blossom. Building Resilience relates to overcoming adversity without residual significant psychological or physiological disruption (Troy & Mauss, 2011). A dynamic process, it includes potentially altering, and/or transforming aspects of that adversity. Therefore, the superordinate theme *Rebuilding her Life* entails a mother's increased awareness (within her understandings) of her own 'Vulnerabilities' and the 'Re-shaping of her sense of self'. Key areas that build *Resiliencies* after the loss of a child to suicide are the subordinate themes 'Spirituality', 'Sense making and/or making meaning' of her loss.

The purpose of this chapter is to analyse the case studies of the two mothers who lost their children to suicide twelve months prior to the study interviews, as they navigate 'walking backwards to live forward' (Moules et al., 2004) - re-negotiating and re-shaping their sense of self within the social and cultural context in which they live. Each case study opens with an excerpt in which the mother speaks of the moment she found her dead child, or was told of her child's suicide. Then to provide a sense of her case history, some background information is presented in the paragraph that immediately follows the excerpt.

Lexie

> It was Sunday night umm we actually had a bit of a umm situation on the Saturday night umm nothing that wasn't typical for her umm she came home on Sunday morning and umm was distressed [describes why Mia was upset] ...umm ...we had an argument about [content of argument] and that sort of stuff umm she went to her room umm ...and umm ...I called her out for dinner...she didn't want to come for dinner umm and I just sort of basically said well fair enough, I'm not gonna make you eat it ...it's in the microwave ...I put it in the microwave umm and then umm [pause] a wee while later umm ...I was watching TV and I thought to myself oh ...I should really see how Mia is so I went into ...went into her room to see how she you know ...to sort of say well come on you gonna have dinner you know ...what ...and she had hung herself in her bedroom ...so as I opened the bedroom door she fell to the ground umm ...and um ...yeah she was gone ...she'd been ...obviously had gone ...she had music playing in her room and so ...and she ...she was gone so ...so that's when it ...that's when yeah life changed forever (L, 1.10)

Lexie is the mother of two teenage daughters. She is Pākehā, a solo mother who works in a middle management position that involves frequent travel. Her youngest daughter Mia died at home seven and a half months prior to the interview, aged sixteen and a half. About five months prior to her death, Mia had an anxiety attack while her mother was overseas. Her GP had prescribed medication and according to Lexie, Mia appeared to have recovered. Lexie's immediate family are close and supportive, although her mother has moved to the South Island since Mia's death. Lexie struggles being back at work but as a single parent, needs to earn an income. Lexie's mother was staying with Lexie and her daughters at the time of Mia's death. Mia's body lay in state at home until the funeral service that took place at a local church. Lexie's story is one of embedded close kinship ties.

Part One: Relationships

Relationships in this context relates to the ripples, the effect suicide has on relationships from those closest such as a parent and siblings, through the extended family, to friends,

acquaintances, and colleagues. In Lexie's world, the family she speaks of consists of her children, her parents, her sisters and her ex-husband.

Lexie's Woundedness

> Yeah the whole world at that moment ...the whole world tipped upside down (L, 2.11)

When a mother finds their dead child, the very moment of finding – when life as you knew it shatters - simultaneously intertwines with the aftermath. There are complex layers to both the moment and aftermath. The overwhelming grief at the loss of your beloved child is interwoven with recognition that life will never be 'normal' again. The very essence of your sense of self - severed. Perhaps, in that moment you go with them, searching for their essence - the essence that defined you, as their mother.

> *...and I remember...*
>
> *Finding my child's body after he had committed suicide was a profoundly disturbing experience. It rocked my world, and perhaps sent me a wee bit mad. How well I remember the shock that tore through my entire being. To physically, 'get my child down' so I could hug, and hold, and rock him. Knowing he was gone, yet seeking the essence of him, wanting him to be alive - not wanting to let him go.*

The finding of your dead child is a moment suspended in time, a 'betwixt space' where there is a sense that your wailing heralds a chorus of mothers' voices, past and future, who join you in a heart stopping moment of wailing - helping you bear your grief. From an interpretive perspective, a connection to tangihanga, the great wailing – the mournful sound heard when Māori gather to grieve the loss of a loved one, is evoked.

The distress of the realisation that you can no longer 'mother' your child brings on a sense of failure. This sense of failure is augmented by dominant social and cultural constructions of mothering that suggest the primary mission of a mother is the care and well-being of her child.

a. Lexie's pain

In the following excerpt, Lexie speaks of the initial few days after the death of Mia.

> Umm yeah umm ...I basically was just a ...um walking zombie how to describe it you know um you live through each day with it but you know (L, 3.13)

When a death is unexpected, a feeling of numbness accompanies shock. Lexie's use of the metaphor, 'walking zombie' evokes a sense of the state of being that envelops a mother at the moment of - and the numbness remains, in the days/weeks, after loss. There is a sense of not being in the world, of being rudderless, and speechless.

> *...and I remember...*
>
> *For me, a sense of unreality and numbness seemed to cloak my entire being. Yet its presence enabled me to attend to practicalities as the moment and the aftermath fused. These practicalities included phoning around to find a neighbour at home who could help me get my son down. I did not want him to suffer the indignity of a fall to the ground - to be hurt more.*

Therefore, I interpret the numbness that accompanies shock may act as to cushion a mother from deep emotional pain as she struggles with the shock loss of her child. 'Walking zombie' connects to a sense of unrealness – zombie is symbolic of the walking dead. Zombies do not talk and for a mother in the early days it is impossible to describe how you feel – there are no words. Lexie demonstrates this inarticulateness in the following:

> Umm well [crying] ...umm I think there's good days and bad days you know ...there's good periods and bad periods ...umm it never goes away ...umm ...it's you wake up every morning and remember (L, 4.29)

In the early days, a mother is negotiating the loss of her child, a loss underpinned by socio-cultural narratives of psychological illness, suicide, and mother blame – that elicit feelings of shame, intensifying the experience of inarticulateness.

> *…and I remember…*
>
> *After the loss of my boy, I experienced flashbacks for over 12 months – of the death scene, yet I could not articulate what I was experiencing.*

Time passing provides opportunities to walk back in time, to grieve, to reflect on the time when your beloved child was physically present, to walk through the memories, and the flashbacks –

to process your loss in your way, at your pace. Recalling the past helps to lay a foundation on which to move ahead and continue on, with life. It is a process that is continuous – walking backwards, living forward (Moules et al., 2004).

b. Lexie's guilt

Feelings of guilt are exacerbated by eurocentric gendered socio-cultural expectations that mothers are responsible for their children's actions - are expected to keep their children safe. These expectations place an increased burden on mothers, resulting in intensified levels of anxiety. Social and cultural influences in Aotearoa produce a moral understanding that a 'good' mother's child does not commit suicide.

When a child commits suicide, a mother wonders where she went wrong and may experience feelings of guilt for not pre-empting the situation somehow. Lexie portrays the way guilt may manifest within the first year with the following statement:

> ...I mean I do sometimes think that if I'd only gone in there earlier ...if [pause] ...only I had done this if only I had done that umm (L, 5.22)

From the conversation, I interpret that self-reproach is a normal manifestation of the guilt that mothers can feel during the early days. Feelings of guilt may lie beneath implications fostered through socio-cultural narratives - such as by not pre-empting the situation we did not keep our child safe therefore, the suicide is our fault - we are not a 'good' mother. The inability in the early days to articulate these understandings results in a fixation on questions such as, why didn't we do this, why didn't we do that?

c. Questioning of her sense of self

During the interview, Lexie reflected on the possible import of a talk she had with Mia, after an anxiety attack suffered by Mia five months prior to her committing suicide. The anxiety attack had been viewed by 'others' as Mia being naughty and misbehaving while her mother was away on a work related trip overseas:

> You know we talked about slightly different things more we've said we came from strong stock you know and umm I think she thought she had to be strong because that's just the way everyone else is and you know she didn't like not to be strong ...and struggled with ...and that morning she said now

> I think about that ...you know I don't want to get sick again and I said to her you won't we'll get you back to the doctor you know and it wasn't long after that she fell asleep and umm I didn't think anything more of it (L, 6.13)

Within this excerpt, Lexie uses the phrase 'strong stock' as a metaphor for resilience. Yet 'strong stock' also provides an image of 'beasts of burden' – that no matter the load, to show weakness is not acceptable. The concept appears connected to the 'stoic thought' philosophy that originated in Ancient Greece and Rome (Khan & Mian, 2010). These dichotomous inferences ('resilience' and 'beasts of burden') are evocative of the tensions that can arise as a mother negotiates her lived experience, adding to guilt feelings. There is the suggestion that by telling a child they come from strong stock a mother may have added to her child's suffering.

As a solo mother, Lexie has already suffered loss – the loss of her husband, of her marriage. I interpret that because Lexie sees herself as being from 'strong stock', she believes she is resilient. However, at a very deep level, belief of resiliency may become burdensome – it could lead to feeling required to put on a brave face to the world. From a reflexive angle, I interpret that determining to be strong is about questioning your sense of self as a mother, and could be a form of protection, a survival strategy necessary in a relentless process of/and desire for control over the chaos when negotiating the early days. For the energy expended into being brave, into being strong, leaves little or no energy for painful ruminations and/or questioning yourself, in any depth:

> If I think about ...if I thought too much about it, I think I would go crazy, so I try not to think about it um because I know that it's not a good place to you know ...to go to (L, 5.6)

Loss of your child to suicide batters your self-confidence, and is often accompanied by a sense of failure as a mother. Where Lexie is concerned, there is an additional layer, the eurocentric 'solo mother deficit' narrative producing an intermingling of guilt and shame, with the grief - placing an extra burden on a mother dealing with the woundedness of loss. There is minimal questioning of your sense of self as a mother in the early days - other issues take priority - deeper reflections are only possible as time passes enabling newer spaces to open up.

Lexie's Family's Woundedness

Loss of a beloved child to suicide ripples through the immediate family. Family members also experience woundedness, and are processing feelings of loss. In the following, is Lexie's perspective of the effect of the loss of Mia, on her family.

a. Their pain

In the excerpt below Lexie talks about the effect of Mia's death on her ex, Mia's father, his pain from the loss of Mia:

> Umm I know that he's hurting, I know that he's ...and he's been very open with that which is unusual for him ...ummm ...but ummm like everything he's just left me to it to carry on and manage it all ...support [other daughter] and you know and ...deal with all the ...you know he doesn't really deal with anything you know he just waltzes into town ...he waltzes in and waltzes out and he finds it ...he finds it extremely hard to come to [place name] now and he's said that ...umm but you know ...[other daughter] needs him (L, 7.4)

While Lexie recognises her ex-husband's pain, her recognition is usurped by her own hurt, anger and feelings of resentment at having to be the responsible one. Lexie's metaphorical use of the word 'waltz' encapsulates a view of her ex-husband not carrying the burden.

> *...and I remember...*
>
> *As a solo mother, my feelings toward my boys' father varied between anger at his lack of involvement with our youngest boy during the preceding years, particularly the previous 18 months of our boy's life, yet knowing that he too was in pain over the loss of our boy.*

Positioned as the caregiver of the emotional well-being of the family, a mother has to manage others even through her pain. When the other parent does not 'step up' - resentments arise and continue to be felt, particularly when your beloved child commits suicide.

b. Dealing with their loss

Three months after Mia's death, this family lost another loved member, Lexie's stepmother, which triggered them to examine where to from here as a family:

> Dad, my sister and I were talking about this, this morning ...just sort of thinking about making some decisions about ...to move house and stuff. We've seen this house that the three of us could live in, the four of us with [other daughter], could live in together, but we were wondering in our discussions ...is it too soon are any of us ready for making big decisions like that, so um ...yeah we were just sort of throwing the idea around (L, 8.22)

Pooling their resources is a practical way to support each other as the family (re)negotiate their lives. Yet Lexie mentions an often unspoken effect when another familial loss occurs after loss of a child to suicide:

> ...it sounds awful but it's also taken the ...taken the attention away from Mia's death, you know what I mean, instead of everyone being there for me, we've had to extend that out now, that we are all there for each other (L, 9.1)

By delving deeper into aspects of loss, complexities bring volume to the voices - feelings of ambivalence are navigated as we negotiate the woundedness of loss. Feelings of guilt, shame and mother blame narratives inform suicide loss experience. Such feelings are not necessarily experienced by a person whose loss is the result of illness or a car accident (Jordan, 2001). Therefore, it is not surprising that a mother who has lost a child through suicide can find it hard to support others in the early days – she is dealing with woundedness and feelings informed by negative socio-cultural narratives.

Dealing with Others

Loss through suicide has an impact on the relationships and interaction between family members and close friends. In some families, the members may draw closer together, while in others fractures occur. There is also the potential for both options to manifest within a family. In the early days, the woundedness experience can be so intense that it is easier to see fault in others than look too closely at yourself.

a. Everyday relationships – family and friends

Illustrated below is Lexie's experience:

Lee: Tell me how it has affected your other relationships within the family you know like with your daughter and...

Lexie: It's strengthened them ...they're all stronger (L, 6.34)

Then further into the interview, Lexie mentioned the following:

> My Mum used to live here [with Lexie] and about a week after the funeral um she went down to um [place] ...no sorry to [place] ...to my other sister's for about two weeks and umm she hasn't come back and she's stayed down there so that's been a little bit umm that ...that was ...Mia and Mum didn't get on very well and umm ...just because Mia wanted ...didn't want Mum to be here and you know Mum didn't deal with her teenagerish as well as she could have ...and so you know there was a bit of drama because of that ...you know ...so that's been another difficult situation across the whole thing (L, 8.12)

This extract provides a sense of the connectedness and exclusion that can arise when social relations are strained by loss through suicide, for suicide loss has the potential to exacerbate existing tensions between family members. As evidenced, the effect of loss through suicide is intergenerational - a grandmother is also a mother, who has held the role of emotional caregiver far longer than her daughter. Upon reflection, I interpret that informed by guilt, shame and eurocentric socio-cultural 'mother blame' narratives - with the rawness of loss, a grandmother is likely to feel a sense of marginalisation and is unable to express her emotions, therefore she may distance herself (Cerel et al., 2008; Jordan, 2001). For her grief is different from the norm too – she is not only grieving the loss of her granddaughter, she is experiencing the hurt of the cut to the matrilineal link.

b. The wider network

Interaction with others, outside the intimate circle of family and friends, brings its own particular challenges when loss is due to suicide. The socio-cultural stigmatisation of suicide and the accompanying feelings of guilt and shame mean that suicide is not talked about. There is a gap in our conversation that creates a dilemma to be negotiated by a mother who

experiences suicide loss. In the following excerpt, Lexie speaks about a situation that arose with a new colleague:

> I mean I talk about [other daughter] and [name] pops in and this guy said to me oh he sort of said to me oh you know, "Have you any other children apart from [name]?" and it was like, "Shit" you know ...and I just said, "Yeah I've got a ...I have ...had another daughter" but it was probably the first time I said it out loud to someone, "but she just passed away", and he said, "Oh I'm sorry to hear that" and that was the end of the conversation and I thought that was great. He did that really, really, well (L, 14.11)

There is a suggestion of a sigh of relief from Lexie after her successful negotiation of this tight spot. Such an experience can provide a mother with a measure of confidence in her ability to negotiate other interactions with a person(s) who asks about her children. Commonplace interactions are fraught with tension as a mother attempts to navigate her way through incidences the same or similar to the above. For there are layers within such interactions – do I say just one child? If I do, does that negate the other? If I say two then I open myself up to more questions. If I say my child committed suicide, they are likely to ask how they did it. Is that any of their business? Yet a mother wants to talk about her child. Always beneath these questions, informing a mother's internal dialogue, run socio-cultural narratives about suicide - fostering anxiety as she wonders how 'others' will perceive her.

Part Two: Social Support

After her Loss

In the immediate aftermath of the 'event' family and the community affected rally around, particularly when the suicide involves an adolescent. Who provides the support and the form it takes is determined by socio-cultural factors unique to each mother's circumstances, and the community to which they belong.

a. Family

Lexie speaks of the general support she received when Mia first died:

> ...thankfully I did get a lot of support from my family and friends and I didn't have to do much, I just floated through it really (L, 3.14)

Lexie's utilisation of the word 'floated' is an echo of the unreal world she found herself in the immediate aftermath of Mia's death – the sense of feeling like a 'walking zombie'.

Lexie experienced an abundance of help and support in the immediate aftermath – from family, friends, neighbours, the school community, Mia's friends and some of their parents. In the months following, support has diminished to immediate family for the most part. During the immediate aftermath, acknowledgement from the wider community provides affirmation to a mother that her child was important to others. Their child's life had meaning and purpose. Yet when an adolescent commits suicide, complications can arise along with the outpouring of grief from those affected. In the passage below, Lexie describes a scene that has become common in Aotearoa when an adolescent commits suicide:

> ...about 500 kids came through this house over the course of the ...we had kids here all the time visiting. It was lovely, lovely as it could be ...and we had her funeral on the Thursday ...and it was ...yeah ...it was as good as it could be ...it was huge um ...there was an altercation outside of the funeral which ended up being a bit of a drama ...a girl got arrested (L, 3.4)

When confronted with large numbers of adolescent mourners, the buffer provided to the mother by family and friends in the immediate aftermath becomes important. From the conversation, I interpreted that the buffer provides space for a mother numb with shock to expend their energy only on what is necessary.

After a beloved child dies from suicide, a mother may hope a father will provide more support to their surviving children than he had prior. In the extract below, Lexie provides her perspective of her ex-husband's psychological space:

> ...umm and he hasn't changed you know ...with his relationship with his other daughter you know [daughter's name], my eldest daughter he ...you know he's doing the same behaving the same he hasn't changed ...none of this has been ...step up and be a better father... (L, 6.43)

Lexie's use of the term 'step up' is reminiscent of when a dance partner steps into position within a choreographed 'dance frame' assuming their role responsibility. Yet often this is not the outcome. What emerged in the conversation was the complex relationships between ex-partners which I interpreted as, the unfulfilled hope of a change in the behaviour of an 'ex' can underpin blame laying and feelings of anger. It is an anger nourished by feelings of guilt, shame and self-blame generated from embedded socio-cultural 'mother blame' narratives.

b. Outside sources

A member of Victim Support, an organisation attached to the Police (and staffed by volunteers) that provides support to victims of crime and/or visits people in times of sudden trauma, visited Lexie the night Mia died. In the passage below, Lexie describes her experience of their service:

> They were hopeless, absolutely hopeless ...yeah they ...the police wouldn't go until they arrived ...umm and this lady came in ...and really all she wanted to do was give me two pamphlets and then um ...they rang back about a week later and that was it really ...um ...I mean ...I wouldn't give them 50 cents out of my pocket. I wouldn't donate any money to them or ...you know. I don't know what they were supposed to do but they didn't do anything (L, 7.17)

Victim Support's brief is to provide emotional first aid and practical support at the time of crisis (Victim Support, n.d.). While the provision of pamphlets and a follow up phone call is standard practice, my understanding from Lexie's reaction is that she expected more support than she actually received. When Victim Support appear at a family's home after a suicide, the family is in crisis, however the particular nature of the crisis – suicide, means the timing of the visit can be inappropriate.

Lexie spoke of her wish to stay at home after the loss of Mia. She is fully aware that lack of financial support was a key factor in her decision to return to work:

> ...I'd really prefer not to be at work, I'd prefer to be at home, but I'm a single parent ...you don't get an insurance policy for a 16 year old child you know, you don't get a payment to keep you, you know ...at home to support you or anything like that so umm I have to go back to work you know and um that's probably the hardest thing for me is ...is to have to go to work and stuff... (L, 3.18)

Lexie comprehends her need to sit and process her loss, however she recognises that the responsibility to earn an income rests with her. Work is a necessity. As a solo mother there is no one to share the load, no time to grieve, as the bills still need to be paid.

As is acknowledged in Mitchell, Kim, Prigerson, and Mortimer-Stephens (2004), traumatic grief can impact severely on a person's psychological health. The added pressure of the necessity to earn an income places an extra load on a solo mother after suicide of a beloved child. To be relieved of the burden of financial stress is an important component in the processing of that grief. While financial support for funeral expenses is available through Accident Compensation Commission (ACC) there is minimal ongoing financial support for an extended time.

The current socio-cultural expectation in Aotearoa that encourages a person to be solely responsible for their own health and welfare, and that of their surviving children, place an additional burden on solo mothers who lose a child to suicide. In addition, the stoicism inherent within the lineal and measured thought processes of eurocentric socio-cultural understandings in Aotearoa, places an expectation on mothers to get on with life - that to do so is good for you. For, as Rosenblatt (2001) mentions if a mother does not move forward with her life after a 'socially prescribed' time limit on grief has been reached the potential exists for her grief experience to be pathologised.

Lexie spoke about the suicide support group that she attends. The support group is available for any person bereaved by suicide, whether a parent, sibling, close relation or friend. An aspect Lexie struggles with 7 ½ months after the loss of Mia is this mix. Each attendee's perspective of loss through suicide is shaped by their relationship to the deceased. Lexie mentioned she would like to attend a mothers' only group. Mothers understand mothers – particularly the underlying feelings of guilt and shame that accompany loss through suicide:

> There's just been two people join and like last time there was those two new people and myself and um they um ...one's a brother and one's a friend, they are not ...I think I get more support out of the mothers (L, 12.8)

There is a gender difference in the experience of grief (Moules et al., 2007). From the conversation, it is my interpretation that it is this difference which fuels Lexie's desire for a mothers group - it is a call to kinship, community, and joining. At 7 ½ months Lexie is dealing

with very raw feelings that involve two key aspects, the loss of Mia and the manner of the loss. In the following excerpt Lexie describes the effect attending the support group can have on her:

> …and I do find that ...that sometimes it's awful, sometimes I come home and I feel worse than before I went there, but sometimes it brings up subjects and it takes some time for assessing the subject (L, 12.19)

Walking backwards through aspects of your personal experience can be cathartic, yet risky if you are not ready. As a mother negotiates her way through her grief, she may protect herself (and/or others), by not sharing facets of her experience. Upon reflection, I interpret that the decision to share, or not, is influenced by the extent a mother wishes to be viewed by others as a 'good mother'.

Part Three: Building Resilience

Rebuilding her Life

a. Vulnerabilities

Speaking of your child and/or of their death can open up a mother's feelings of vulnerability. What do you say? How much do you tell? Lexie speaks about negotiating this dilemma:

> It depends who it is ...sometimes because yeah it depends if it's someone that I think I'll know again or needs to know then I'll tell them, but if I think it's someone ...it's just small talk I just, I just ...they say oh how old are your children, I'll go 16 or 17 or 19 or 17 or whatever they are, you know ...but then do ...does Mia stay 16 forever? Does she get older? (L, 13.26)

Our children are held in time, therefore a conflict arises as a mother negotiates her need to maintain connections to and acknowledge her child as an integral part of the family living forward. Healing is about maintaining connections, that relationship to your child. While the relationship is different, it is still a relationship (Moules et al., 2007). Loss through suicide textures a mother's daily interactions with others as the above excerpt illustrates. The (re)negotiation of reconstruction of the family is an area of vulnerability in the early days.

b. Re-shaping of her sense of self

At seven and a half months, Lexie is in the early days of loss. Her grief is palpable. Daily she is navigating her way through the loss of Mia, learning to negotiate situations as they occur. As illustrated in the excerpt below, in the early days, a mother is still coming to terms with the way their child died. Lexie finds it hard to verbally express her, at times, contradictory feelings and understandings:

> ...and it's not really the suicide ...I don't dwell on the suicide too much. I mean I do at times but it's just losing your child that is more umm you know is the bit that you know that in the first sort of thing I was like ...I didn't even like the word suicide I didn't even you know I don't want to dwell on that I don't want to talk about it (L, 4.38)
>
> *...and I remember...*
>
> *Disliking the word 'suicide' in the early days. The word suicide connects to your woundedness, for suicide is the ultimate rejection of mother love.*

Suicide is what has taken your child from you. There is the loss of the essence of your child – their smell, their breath – the 'missing' that triggers a mother's dislike of how the method of suicide and its details are of more interest to others than how you, the mother, are doing.

Resiliencies

a. Spirituality

Grief is a spiritual experience (Moules et al., 2007). Lexie did not mention the place spirituality plays in her understandings - in these early days, perhaps the lack speaks volumes regarding the unutterable nature and depth of loss. However, she did speak of the coming together of a large number of people for the church service held for Mia. Lexie also mentioned that Mia's birthday was marked with a remembrance ritual:

> Yeah ...so umm ...but I guess ...yeah I'm not as ...you know I'm not as I was, I was in a pretty bad way about a month ago ...ummm ...yeah ...you know there's lots of ...we had umm her unveiling on her birthday which was ...so that was a big thing ...you know um she was cremated ...we took you know we put her ashes out

> at the cemetery at [pause] ...we put her headstone up and put her ashes in there and had a service and so we did that on her birthday ...on her actual birthday so umm so that's when that was good you know ...I feel you know ...I feel good about that you know (L, 3.37)

A feature of all societies throughout history, rituals provide a sense of continuity across time, linking the past to the present, providing (in this instance) a sense of completion, of closure - enabling a feeling of peace to be felt by a mother and other family members. I interpret that to perform this particular ritual on Mia's seventeenth birthday may also have served as a marker or a 'rite of passage' helping Lexie and her family with living forwards.

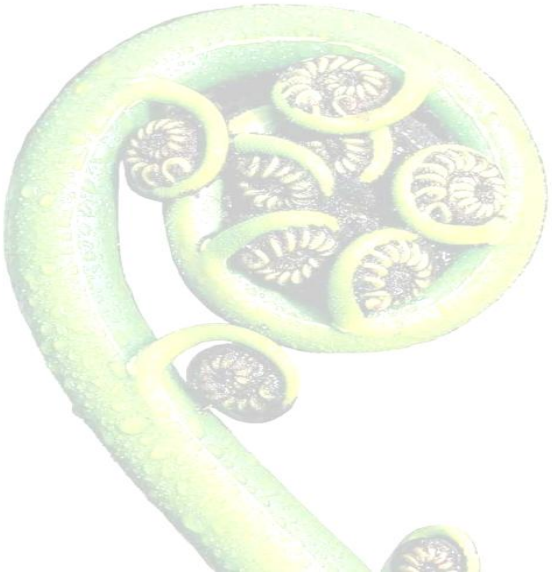
b. Sense making and/or making meaning

Early formulations of making sense of the suicide of a child begin in the early days. To make sense and acquire some measure of understanding of why your child chose to commit suicide is an important step in a mother's grief process:

> Umm and I think if I ...I believe that it was a teenage impulse and if ...you know... (L, 5.21)

The 'teenage impulse' has been fostered by socio-cultural narratives of adolescent risk taking underpinned by research studies on adolescent brain development and impulsivity (Steinberg, 2008). When a mother is trying to make sense of the suicide of her child, adolescent risk taking narratives help counteract guilt feelings engendered by mother blame narratives and the accompanying sense of failure.

In walking with Lexie during these early days, her shock and numbness from the loss of Mia to suicide are for palpable. She is continuing to work - from an economic perspective she has to, yet she wants to stay home and grieve. There is the understanding that she still must mother her other daughter, and be supportive of other family members who are also grieving. She has no space to sit, to walk backwards, to reflect. Pervading throughout Lexie's story are eurocentric gendered socio-cultural narratives of mother blame, solo mother, and suicide layering her grief. In addition, a weave of cultural rituals and ways of being permeate Lexie's world. Although Lexie is surrounded by kin, there is a sense of loneliness encasing her. Perhaps this sense of loneliness connects to the burden of over-responsibility.



Dee

> My daughter and I got to our house and we saw a police car outside our house ...and then we drove down ...our driveway and got out of the car and then the policemen walked up the driveway ...and kind of straight away I knew it would be Sam, not because I thought he'd committed suicide or anything, but because he was a [profession] ...my worse dread was he'd have an accident (D, 1.8)

Dee is a professional, working woman, who has lived a life that she felt had been very lucky. Married for many years, she is Pākehā and has three adult children, whom she views as successful in their chosen fields. She and her husband (also a professional) have shared a strong faith throughout their life. The loss of their only son, Sam, to suicide twelve months previously, was entirely unexpected. Twenty-five years of age when he committed suicide, Sam lived with his partner, in a home near to his parents. He saw his immediate family regularly and according to Dee, was very close to his father. Dee chose not to view Sam's body after his death, however she did attend his service which took place at a local church.

Dee approached the interview as an opportunity to have a conversation. My insider status was vital, as upon meeting her, her first question to me was, "Have you lost a child to suicide?" When I replied in the affirmative, she then said, "Good, you will understand". She then went on to say she would not have wanted to speak to me if that had not been the case. Dee's comment underlined the importance of insider knowledge in undertaking sensitive research, and signalled to me that her reservation in talking to an outsider was connected to the sense of shame that accompanies the loss of a child to suicide, along with a desire to protect herself.

Part One: Relationships

Twelve months after the loss of Sam, Dee was as interested in hearing how I have understood and processed my loss as she was in talking about her own journey. I understood this to be part of her search for knowledge on which to base her understandings of her own loss. Consequently many of the comments she made, ended with a "what about you?" During the interview, Dee's conversation was centred mostly on herself and her husband. The family she speaks of consists of her children and her son's partner.

Dee's Woundedness

> ...and then when they said that Sam shot himself ...you know ...I found it ...it wasn't like I found it unbelievable ...it didn't even sink in ...it didn't sink in (D, 1.18)

As a mother, you worry about your child. Dee worried that Sam would be in an accident. That had been her worst fear. Then, she found that what she had feared was not the worst that could happen. The moment of hearing of the suicide of your child, that 'betwixt space' remains etched in Dee's mind. Dee told me in detail how she spent the day prior to hearing the news. She said it was about four months before she fully registered how Sam had died. Although you are informed of your child's suicide, by the police or another reliable source, your initial reaction is one of disbelief. Dee explained that after the police had spoken to her she still thought Sam had had an accident. Her husband kept thinking that Sam had been murdered. For Sam to commit suicide was so unbelievable, they had to examine and disregard other possibilities before they could accept the reality.

a. Dee's pain

Twelve months after the loss of Sam, Dee still vividly remembers the pain engendered by the unexpectedness of Sam's death. For Dee, the 'walking zombie' effect manifested as an inability to sleep:

> ...yeah so for me it took ...it was a long time before a ...before it ...sort of hit me 'cause for a while ...for about four months, I couldn't sleep and to tell you the truth for some reason that was the main focus ...I couldn't get past that not sleeping (D, 1.34)

During her conversation, Dee mentioned her fixation on her lack of sleep and her inability to make sense of it a number of times. Sleep offers a temporary escape from grim reality. However, the word 'sleep' can be a metaphor for death. As a mother, when your child dies there is a sense that part of yourself has died too. Further into the conversation, Dee explained how she currently feels:

> ...because I don't feel it's really got any better ...I don't think the grieving has got any better ...but I feel okay ...I don't feel I'm gonna have a breakdown or any... (D, 4.12)

These excerpts illustrate that twelve months on, the inarticulate nature of grief textures Dee's daily existence. She is still processing her feelings and developing understandings. From the conversation, and upon reflection, I interpret that the dichotomy in the above extract illustrates Dee reassuring herself that she is managing her grief. There is a sense of stoicism in the comment that connects to eurocentric socio-cultural notions that grief should be 'got over' and that to do otherwise invites complications – a 'breakdown'. Moules et al. (2004) argue that this notion sets up a relationship with grief that is private and clandestine, where a mother could pathologise herself as abnormal for continuing to grieve.

b. Dee's guilt

Dee is struggling to come to terms with Sam's passing, a struggle intensified by no prior indication that he was suffering from depression. The extract below illustrates the merging of guilt feelings with bewilderment:

> ...we're not sure if he was depressed, but he did frequently say it was a tough world, it was a tough world ...meaning the business world we thought ...because the [profession] is a tough world ...um ...so yeah the big thing and it will be and I think about it every single day is ...why did he do it ...I still can't understand it... (D, 1.47)

Dee's search for understanding and meaningful answers is apparent as she talks about Sam's recurrent reference to life being harsh. She is now seeking a deeper level of meaning than what she had originally presumed in her recollection of his comments. Walking backwards, looking at the past and recalling what was, helps a mother to find understandings or a measure of acceptance that enables her to live forwards (Moules et al., 2004).

> *...and I remember...*
>
> *My son was diagnosed by CAF as having a very low level of depression. He did not fit into any of their boxes. Having little understanding how depression can evolve over time meant I was ill-equipped to recognise signs of depression that seemed to be an inherent part of his nature. Thus, there was an echo for me, in Dee's search for understanding and in her sense of disbelief intertwined with feelings of guilt at Sam's suicide.*

In the following excerpt, Dee speaks of the difference she has found in experiencing loss through suicide compared to death through other means:

> And I think it's different from an ordinary death ...a different sort of death and that ...um ...other sorts of death you're not at fault um ...and you're not left with not understanding why (D, 9.28)

The experience of suicide loss can be an isolating and lonely experience. Historical eurocentric stigmatisation of suicide and socio-cultural narratives of 'mother blame' constrain meaning - producing feelings of guilt and shame, and advancing a desire to protect yourself, so that feelings and reflections are shared only with those whom a mother feels safe, as she navigates loss through suicide.

> Yeah ...yeah ...and I think you know as parents you tend to blame yourself but there are a lot of other influences as well ...but ...yeah (D, 10.25)

> ...my older and my young daughter were quite successful at school ...they never had trouble learning ...and I wonder if it was the thing ...you know one of the contributors (D, 3.23)

From a reflexive angle, within the inarticulateness in the early days can be an understanding of the pressure of external socio-cultural forces influencing your child's decision to commit suicide. Recognition of external influences counteracts the effect of 'good/bad' mother narratives, helping to minimise a mother's feelings of self-blame, guilt and shame. Loss through suicide is a dance of emotion. For instance, Sam's work was fraught with danger:

> ...but every day he knew about that ...so it's ...an anger of mine (D, 14.17)

Sam knew his mother worried about him – having an accident. Connected to feelings of shame and self-blame - is anger. Anger at your child, or others, accompanies grief when your child commits suicide. When your child dies – your sense of self is 'robbed' of personal power. Upon reflection, I interpret that anger is an emotion we utilise in an attempt to regain that power back. In addition, by maintaining anger we keep our connection to our child – it helps us hold them close, and acts as a substitute for feelings of longing or guilt (Lukas & Seiden, 2007).

c. Questioning of her sense of self

The experience of loss of a child through suicide can give rise to feelings of self-devaluation, as a person and as a mother. Dee has been questioning her inability to perceive Sam's intent. Thus, her introspective lens is focused on her mothering. She questions if this has played a part not only in the loss of Sam but also in her failure to perceive his state of mind:

> I wonder, you know I wonder if I had more chats with him ...you know that could have changed things (D, 8.26)

> Yeah ...but I thought afterward should I change myself ...you know should I change the way I do things ...should I change the way I deal with my daughters but I can't think of a way ...[sad laughter] ...so um yeah I wouldn't know how to do that (D, 9.36)

As discussed in the research literature, the influence of dominant eurocentric good/bad mother narratives on a mother's self-perception is well recognised (McNamara, 2009). Upon reflection, I interpret that biomedical discourse inadvertently reinforces 'good/bad mother' narratives,

increasing feelings of anxiety in mothers already positioned as responsible for their child's physical, psychological and emotional health and well-being through socio-cultural understandings (Jackson & Mannix, 2004). This moral responsibility places a heavy burden on mothers, encouraging a sense of failure and feelings of guilt - influencing a mother's sense of self when we lose a child to suicide.

Dee's Family's Woundedness

The ripples from Sam's death flow through Dee's family as they negotiate their woundedness from their loss of their beloved son and brother, are illustrated in the extracts to follow.

a. Their pain

In the following excerpt, Dee talks about Sam's partner:

> ...her mother said to me, when we had the year anniversary, that Sam would always be the one ...because they never had time ...because he'd died in tragic circumstances and because they umm ...they never had time for the down time ...the bad times so it would always look rosy in her eyes ...which is a bit sad in a way ...that she will hold him on a pedestal and no-one will live up to that ...umm (D, 7.10)

There is a suggestion of the recognition of things lost, of what will never be. There will never be the chance to attend Sam's wedding, to share the excitement of his first-born child (or his second), or to just sit and enjoy his presence – ever again. Sam is held in time. He will never grow old. There is a sense of the depth of the loss for Dee and her family together with recognition that at a deeper level, this loss will ripple through the family for a long time to come.

b. Dealing with their loss

Dee's marriage and family life are sustained by a strong faith. She narrated the following as she explained how, as a family, they are negotiating their loss of Sam:

> ...and the other strange thing was like a year before ...because we have a quite strong Christian belief we went to [country] and ...which was in [month] ...and a year later when Sam died, he died in [month] and a few months later I was just

> thinking back to that [country] trip and we'd gone to the [place] and we put a message in the [place] and [husband] has put for strength, courage and I can't remember the other thing, strength, courage and one other thing and then I looked at the date, 'cause I'd written down a diary of what day we did everything and it was actually [month and day] ...umm ...almost to the hour ...a year later ...yeah that Sam umm ...killed himself ...so we thought that's such a strong coincidence and it was one of the reasons why we went back to [country] again ...[husband] wanted to ...kind of what's the word ...not finalise it ...but ...it would help him come to terms with it ...going back to the [place] again (D, 6.14)

The coincidental nature of the timing of Sam's death to the 'event(s)' a year previous have taken on a significance which is now instrumental to the family learning to live a life textured by the loss of Sam to suicide. From my perspective, the above extract is an illustration of physically walking backwards in an effort to make sense of your child's suicide. Dee's family see the 'event' as a sign, a spiritual marker that provides a connection that they utilise to reframe their loss, enabling meaning to be made. Physically returning to the site where they originally left the message suggests a type of pilgrimage that has the potential to soothe, to provide Dee and her family with a sense of peace. For walking backwards helps a mother and her family to live forward (Moules et al., 2004).

Dealing with Others

a. Everyday relationships – family and friends

In the following excerpt, Dee talks about the effect Sam's suicide has had on relationships within the family:

> Yeah it's brought us closer ...my daughters ...I've got my daughter in [place] ...um ...my other daughter in [place] ...she comes home most weekends now ...and my daughter that lives here ...that's doing her masterate ...she pops in most days ...and we've just been to [place] and [place] ...my young daughter and my husband ...so it's a good holiday (D, 3.22)

Suicide can draw a family together. The connections between family members can become stronger as the family individually and collectively navigate their way through grief and

experience of loss. From the conversation, I interpreted that loss through suicide can exert an influence on social relations reminding family members to be more mindful of each other, as they comprehend the fragility and impermanence of life.

b. The wider network

Dee spoke in general terms of the effect of talking about Sam with work colleagues and friends:

> Yes [laughter] ...um at [workplace] you know nobody really talks to me about him, but most of the people don't really know him ...but my friends talk about him ...yeah I do like it ...people should ...should talk about them (D, 3.6)

Mothers love to talk of their children, both living and dead. When your child has died, talking about them keeps them present. Sharing memories of your child with others helps a mother to reconcile the loss of them. From a reflexive perspective, there is the suggestion that the eurocentric socio-cultural stoic approach constrains - inhibiting and minimising opportunities for conversation to open up - fostering a sense of isolation. The result is a mother feeling unable to talk openly about her child and potential listeners feeling they should not ask questions for fear of causing emotional distress.

Part Two: Social Support

After her Loss

a. Family

Traumatic loss has the potential to draw a family closer together and/or for the family unit to disintegrate. It can draw out the best and worst within families – their strengths and their frailties – it changes families forever. Here Dee speaks about the influence her husband's view of the loss of Sam has on her:

> I do find the thing that's got me through it is probably my husband ...because he's got such a good attitude about it ...even though they were best friends ...um I'd say he's the ...yeah he's helped me the most (D, 3.15)

Dee regularly referred back to her husband's approach to the loss of their son during the interview. Her husband, according to Dee, feels spiritually very close to Sam. It appears that her husband's viewpoint is a source of reassurance and strength, providing an anchor as Dee negotiates her way through her loss. Upon reflection, I interpret that the positioning and beliefs of those we love and respect, influences our own understandings and attitude toward loss through suicide.

b. Outside sources

Dee speaks of finding support through a suicide support group, and through others she has met who have also lost a child to suicide:

> ...[suicide support group] have been good and I've also got a friend um in [place] ...who I didn't know before whose son ...18 year old son committed suicide 2 weeks after Sam ...and so I heard about her and her son and I rung her and we've become good friends and our families have become friends ...so that's been support as well (D, 3.36)

Having a place to go, to meet with people who have experienced loss by the same means can provide a sense of safety and comfort as you negotiate living forward. The following excerpt provides an example of interaction with authorities when you experience loss through suicide:

> Umm ...I'm not sure about the police ...it was a bit of a muck up and perhaps I shouldn't talk about that ...um ...I think that's an awful job that they've got to do and I do feel sorry for them ...I don't know how they do their job actually ...but yeah the police were okay (D, 4.28)

While positive framing reduces feelings of anger (Kaye & Robinson, 1994). On reflection, I interpret that social power relations mark subject positions that texture and constrain Dee's conversation. There is a feeling that social rules are to be abided by - in the sense that dirty linen should not be aired in public. Upon deeper reflection, another layer suggests itself - the excerpt connects to Dee's reservations about sharing her story of loss with an outsider. Conversing with an insider legitimates your experience while attending to the need to keep yourself safe. You feel your lived experience will not be diminished and you will not be found wanting.

Dee finds her work a positive influence after the loss of Sam:

> ...and also I love my job ...went back after three weeks ...which has been the best thing as well ...because when you're [profession] yeah ...your mind's got to be on the job the whole time (D, 3.32)

Dee explained that she does not like to be alone with her thoughts, as she becomes melancholy. From the conversation, my interpretation is that for some mothers who have lost a child to suicide, work can provide a sense of purpose and a feeling of normality - of connectedness to others. Yet for others, like Lexie, who is overburdened – they want to be able to stop, sit, reflect and grieve.

Part Three: Building Resilience

Rebuilding her Life

a. Vulnerabilities

In the early days, searching for understanding why your child committed suicide involves walking backward, while living forward entails learning to negotiate spaces/places and triggers. Vulnerabilities manifest in a variety of spaces/places. The excerpt below illustrates how talking of one can prompt another:

> ...and do you still find it really hard looking at photos ...especially a new one ...or looking at any videos? ...because the holidays before last, I went through all the albums and took every single photo out, photos that were in boxes ...took them out ...just put them in a pile, because I wanted to put them in a photo album, but I haven't quite got round to that yet ...but I did find that such a hard task ...that's ...that I never know...and I hear a [vehicle] going past ...it's so hard ...or a [vehicle] ...but even a [vehicle] (D, 14.8)

As a mother (re)negotiates her world, everyday occurrences trigger off a train of thoughts, memories, emotional and physical reactions.

...and I remember...

Photos trigger memories of good times, and therefore set you to wondering, why? To this day, a certain look, stance, or quiet smile in a young lad brings to mind my boy – I see him in others and wish for he.

Grief reminds us of our child who has died – looking at photos, remembering not only keeps our child close it helps us to heal naturally. The reactions described above are normal to the grief experience, yet unless a mother is in a space/place where you feel comfortable you will rarely share your emotions and thoughts. From the conversation and from my perspective, there are reasons for this. One is that the memories are so precious you choose to share them only with those who will treat them with respect. Another interpretation is the societal stigma of suicide along with feelings of shame and self-blame hinder your expression of the effect of different sound(s), or incidences on you.

b. Re-shaping of her sense of self

It is early days – only twelve months have passed since Sam died. Dee is still negotiating her loss, looking for understandings and meanings. She is beginning to look for a way to make the loss of Sam count. In the following excerpt, Dee talks about her cousin:

> ...she's quite um ...an advocate for men's health, but she thinks men don't seek out enough ...but I just ...but I was thinking um ...what do you think about suicide ...in people speaking about it more often ...it being more open than it is? (D, 12.25)

From the conversation and upon reflection, my interpretation is that when a mother experiences the loss of her child to suicide, there is a realisation that the silence surrounding suicide increases the sense of isolation felt by a mother. A mother gains a sense that the more people speak about suicide and loss through suicide, over time the stigmatisation of suicide and the accompanying feelings of guilt, shame and mother blame will diminish – lifting a weight from those left behind.

Resiliencies

Navigating our way through our emotions, making sense and finding meaning - support and help the building of resilience.

a. Spirituality

The rawness of grief encourages a mother to question the purpose of life – the living of, the losing, of lives lived. In the following excerpt, Dee is questioning her understandings:

> ...you know I feel mixed feelings about that because you know [husband] and I prayed every day ...since we first got married, which is about 32-33 years ago ...we prayed our children would live long happy lives ...and then ...this ...you know they never did ...so I'm wondering what's happened there ...but I still ...I still do believe ...in God and the afterlife ...but you know ...I know that it did ...I don't understand ...I don't understand why we prayed all that time and this happened to us you know when other people who don't believe ...you know they have a perfectly straightforward life and I think I just don't understand (D, 5.28)

As a mother walks backwards in order to live forwards, the bewilderment that surrounds her in her loss can direct a mother to question her faith, her beliefs as she asks – why has this happened to me – where did I go wrong? I interpret that the loss of your child to suicide can lead to a questioning of a moral understanding that can accompany faith beliefs - that loss of your child to suicide (and other bad experiences) should not happen to mothers who do everything 'right', reinforcing the cultural narrative that mothers are responsible for their child's outcomes.

Further on in the interview Dee talks about her husband's faith – yet this is spoken about with a degree of wonderment, that the loss of Sam has deepened her husband's understandings and spiritual beliefs:

> ...but I can see that faith yeah ...would be one thing that could help you get through ...I certainly look at my husband ...he feels ahh ...that he's lost Sam physically but he's gained him spiritually ...he feels he's with him all the time ...that's what he feels ...mmm (D, 10.9)

Intertwined in spirituality is hope, a comfort, that does not take away the sense of woundedness from our loss - instead it helps us to live with the woundedness. Though on reflection, I interpret that there is the potential for a husband or a partner's close spiritual connection with your child who has committed suicide to leave a mother feeling isolated and searching for a means to hold her child to her heart that is hers, and hers alone. According to Cheals, Morgan, and Coombes

(2003) spirituality can become a site of oppression within patriarchal power relations, for women. Therefore, it is possible that eurocentric socio-cultural patriarchal framing of religious belief systems, may mean a mother could experience a greater sense of isolation from her beloved son, when a father claims a spiritual connection strengthened by the patrilineal relationship.

b. Sense making and/or making meaning

The following excerpt illustrates how Dee has found an explanation with which she connects:

> ...but I did read something that really helped me in this ...the only thing that makes sense to me anyway umm ...my husband gets a New Scientist magazine and I get mad at him, because he has so many magazines he never actually reads ...but I was flicking through it and I saw this thing about suicide and they reckon um ...I'll show it to you actually ...about findings ...they reckon it's genetic ...um and there is some protein in the blood (D, 9.5)

After reflecting on the conversation, I interpreted that a scientific explanation can provide a mother with a rationalisation, an answer of sorts, enabling minimisation of self-blame, her son's death is not her fault, it is a genetic anomaly – providing her with a sense of peace, helping build resilience.

> *...and I remember...*
>
> *Learning about the brain, genetic influences and the association between anxiety and depression while studying psychology, has been extremely helpful in building my understanding. In some respects, the knowledge has lessened feelings of self-blame, in others it has not. If I had known of the genetic potential for my boy to experience depression, of the dangers of internalising feelings, I believe I would have addressed matters differently when his father and I separated – when he was six.*

Yet intertwined with gaining knowledge and understandings, there are unanswered questions, as the following extract illustrates:

> Yeah ...yeah ...and I suppose I've learnt quite a few things ...you know I used to think ...well I have had 53 pretty good years actually ...just about perfect years and I used to think you know ...everything ...everything would always be all right ...but I've learnt actually just don't count on that ...and I've learnt actually life's not fair ...you know ...because I know I raised my son really well ...and I never smacked him um we had such fun times as family ...you know ...we did everything right ...and when you see parents not treating their children right you just think ...then you think that ...that boy probably won't commit suicide ...you think life's not fair (D, 8.37)

For me, the above excerpt poignantly illustrates the dance of emotion that mothers experience in the early days, after you have lost a child to suicide. As you gather knowledge, and perhaps begin to make sense, another aspect surfaces for a mother to ponder. From the conversation, I interpret that Dee's questioning is based in eurocentric understandings of 'well-being' as the responsibility of an individual. Essentially, if I have done everything 'right' as a mother, then the suicide of my child cannot be my fault.

Twelve months have passed since Sam committed suicide. Dee is attempting to make sense and meaning make by searching for signs and meanings in 'events' – as she tries to make sense of the loss of her beloved son. Although she continues to work, she has reflective time – her surviving children are adults. She has space to walk backwards. Layers within layers of eurocentric socio-cultural understandings of morality, mother blame, shame and guilt, faith and justice are present in her story. Hers is a story of containment, in that she compartmentalises aspects of her life as she negotiates living forward without her beloved son. For instance, while Dee attended the church service for Sam, she rarely visits his grave. On reflection, my interpretation is that there could be a symbolic connection between her choice to not view his body after he died or to visit his grave. Perhaps for her he is not there, he is not dead, he has just gone away – and that's okay, it is early days.

As Dee and Lexie seek to gain knowledge and look for understandings, they are building resilience. It will take time – it is very early days. In the following chapter, while in terms of grieving for your child it is still early days in learning to live with loss, Whina and Abigail are living forward. Their case studies illustrate not only their walking backwards but their living

forward. In their own time, they are slowly transforming aspects of their experience in ways that are unique to them and their situations.

Chapter Five: Analysis

Elephant in the Room: Time passes

Remembering you is easy, I do it every day,
but missing you is heartache that never goes away.
(Frans Candles, n.d.)

A mother's gaze shifts as time passes, as the emotional shock of the 'event' of finding your child, or being told of your child's suicide, slowly dissipates. We reflect on the history that led up to the loss of our beloved child to suicide as we continue to look backward in our search to gain some understanding and to find a sense of peace. This chapter explores the experiences of loss through suicide through the eyes of two mothers, Whina and Abigail. For Whina, it is two years since Rawiri committed suicide, while Abigail lost Luke three years prior. In many respects it is still early days, both mothers are learning to live forward informed by their understandings and influenced by the socio-cultural milieu in which they live their lives. This chapter not only illustrates the influence the passage of time has on learning to live with loss, it also provides a sense that a mother grieves in her own way in her own time – lineal time does not always have a bearing on where a mother is 'at' in her grief process. The title of this chapter 'elephant in the room' is a metaphor one of the mothers utilised that is descriptive of the effect of the silence surrounding suicide. In keeping with the previous chapter, each case study begins with the moment each mother was told of the suicide of their child followed by a brief paragraph of background information.

Whina

> And umm excused myself from the meeting and umm ...and they came. When I was sitting there, waiting for them ...I had all these thoughts ...ummm and then ...when they showed up ...I could see that [Rawiri's girlfriend's mother] had been crying ...and I thought, oh that doesn't look good, and then the police officer told me who she was, and she asked me ...you know, if I was Rawiri's Mum and I said, "Yes I am" and she said, "Oh look" she said, "I'm sorry to have to tell you this, he's dead"...and I said, "Oh you must have the wrong person, because ...I just saw him 2 days ago." And umm she said, "He died early this morning" and I kinda just looked at her you know and ooooorrrr ...I said "How can that be? He's in prison." And she said, "He hung himself in his cell". Oohhhhwahhh you know, I was shocked at first ...um ...I didn't know how to react at first. And I just burst into tears ...[sigh] ...and I said, "He can't be! He can't be!" And she said, "I'm sorry." And I've relived that moment for a whole year ...and I just ...it never went away really ...yeah ...it just kept playing over and over in my head ummm ...and it took me a long time to actually believe that he'd gone ...and ...I kept saying to myself, I won't believe it ...till I see him you know I just won't believe it till I see him (W, 5.9)

Whina is the mother of four adult children, three sons and one daughter. She has been married for many years. Whina is a Māori woman who whakapapa(s) to Rangitane. She has worked in the manufacturing industry for many years. Her husband, who whakapapa(s) to Ngāti Porou, owns and operates a successful business. Whina and her husband are close, supportive and committed to their whānau. Their second son, Rawiri, was twenty-eight at the time of his death two years prior to the interview. As a youth, Rawiri went through troubling times that escalated, and he became involved in criminal activity - leading him to experience time in jail on a number of occasions. He committed suicide in prison. The tangi for Rawiri took place at on the family marae. He is buried in the urupā, alongside other whānau members.

After mihimihi, during whakawhanaungatanga (the processes of safe space in the interview process), Whina told me her adult daughter had attempted suicide a few days earlier.

For me, this raised ethical issues. I was concerned that the interview process could be overwhelming and distressing for Whina. Therefore, I suggested we not go ahead with the interview. However, Whina wanted to tell her story. Given her desire to kōrero, it seemed appropriate that I open the space to hear this story too and to offer my support. I spent a number of hours with her that day, and some since – as a listening ear.

Part One: Relationships

In Whina's world, her whānau consists of her husband, her children, their partners, her mokopuna, her and her husband's parents and siblings, cousins, aunties and uncles across the generations.

Whina's Woundedness

Whina visited Rawiri on a regular basis during his stays in prison. She had spent time with him only a few days before he committed suicide, and promised to visit him the following weekend before she left that day:

> ...and when I finally walked away from him I kinda glanced through the glass door I could see him wiping away his tears and umm ...I thought cor [blimey] this isn't right you know, and I felt awful leaving him knowing he was hurting and in pain ...[sigh] ...but I just didn't think he would go that far (W, 4.9)

Whina had already faced a fear that mothers dread, that your beloved child will end up in prison. Then she found there was something worse than the imprisonment of your child – that the next time you see them, they are dead.

a. Whina's pain

Two years on, the 'missing of' is still present, although time has passed - time to ponder, to reflect - to move beyond the numbness that engulfs Lexie and Dee, to being able to articulate the 'missing of':

> But ...umm it hurts, and there isn't one day that goes by that I don't think about my son or how he could've been if only he'd just got there ...to turn his life around (W, 6.34)

...and I remember...

> *I too found the thoughts of my son were still a daily occurrence two years after my loss. At times, I would speculate on what my boy would be doing now if he was here, and on what he could have achieved if he was alive in a happy and well state. I would visualise him walking in the door and saying, "Hi Mum". I would have imaginary conversations with him about what he had been doing – he was always very busy.*

I perceive that thoughts, images of, and conversations with your child are a mother's means of connecting, of holding your child close. They provide an ongoing link – enabling you to incorporate the loss of your child into your living forward (Moules et al., 2007).

Out of the conversation emerged the following:

> ...and I never felt that sort of pain before ...it was ...you know ...I said to one of my sisters ...It was worse than childbirth and that was really hard you know ...it was worse than when I gave birth to him ...because ...he was a really hard birth. I said to her ...I still remember when I gave birth to him ...it was really hard ...and so painful and it's worse than that (W, 22.16)

The imagery evoked through Whina's description of the pain of loss she felt when Rawiri died, I interpret as connecting to the crux of being a mother – to your 'mother heart'. Upon deeper reflection, I perceive that the connection between birth and death may have a deeper association in that it links to the cut from the whenua caused by the process of colonisation. There is a visceral rawness to these events. They are all the result of passion that changes how, as a Māori woman and mother, you relate to the world.

When a woman gives birth and becomes a mother, she is 'good' - she is fulfilling the 'woman's' role in society. Therefore, when your child commits suicide, your sense of self as a mother is challenged by the 'cut' - the act of suicide. Suicide is final. Your child has cut the invisible umbilical cord. Your mother love was not enough. Assisted by eurocentric socio-cultural 'mother blame' narratives the emotional impact on a Māori mother's sense of self is affected by both loss of a child to suicide and the cut to the whenua caused by the colonisation process – leaving a cavernous wound.

b. Whina's guilt

Whina reflects on the impact the long hours she and her husband worked, as they strove to provide for their children, may have had on Rawiri, on his lifestyle choice and subsequent suicide:

> But umm ...and I'll always regret this too. If all ...I ever asked ...was that my husband and I always worked really hard, always worked long hours, and it was basically just to live really you know ...umm ...and I was like ...doing 10-12 hour days, sometimes 13-14 hour days you know ...just to get ahead and my husband was away a lot for work and so basically our kids brought themselves up, by themselves really ...the three older ones anyway umm... (W, 7.6)

The societal pressure felt by parents to provide their children with a 'good' upbringing can leave a mother, who has lost a child to suicide, with feelings of guilt as expressed by Whina in the above excerpt. From our conversation and upon reflection, I interpret that underlying guilt feelings, is a tension created by eurocentric societal expectations. These expectations are related to contemporary capitalist ideology and personal responsibility as a measurement of success – where mothers are expected to contribute economically to the family unit (and be financially independent), and the assumption that as the mother she is fully responsible for her children's care. For a Māori mother, I interpret that the undermining influence of eurocentric mothering ideology on mothering ideologies of Māori, exacerbates tension created as she attempts to conform to neoliberal demands.

As we negotiate our way through grief and the accompanying guilt, we reflect on and wonder how we could have missed (or misunderstood) signals from our child of their intent to harm. Wertz et al. (2011) view this process as necessary to recovery, and that undergoing the process changes a mother's life:

> ...it's taken me a long time to get over that guilt umm ...because I did feel guilty and like in the first year of his passing I cried and I cried every single day for that year just every day I did [sigh] umm ...even when I'd finished work I'd just go to the toilet and curl up in a ball and just ball my eyes out umm ...and ...a lot of it was guilt. You know I felt so guilty that ...because the signs were there but I didn't pick them up (W, 7.17)

In the above excerpt, Whina describes her collapse and surrender to her grief, the emotionality engendered by the suicide of Rawiri. On reflection, I interpret that as we grieve over the loss of our child, the feelings of guilt birthed from dominant gendered socio-cultural narratives elevate the grief. We cry from the guilt of feeling guilt and shame, in our awareness that our tears should just be for the loss, the 'missing of' our child.

When Whina visited Rawiri in jail, a few days before he committed suicide, he was crying (yet trying to hide his tears from other inmates) as he talked to Whina. He kept telling her he loved her and thanked her for all she and his father had done for him. Previously, Rawiri had told Whina he did not want to go back to jail. He also told her that he did not want to continue leading the life he was, but could not see a way out as he knew too much - the gangs would not let him go. He was getting dragged in deeper and deeper. Whina said she feels guilty for not recognising his intention to commit suicide. There is a sense of layers within layers, which relate to her responsibility as a mother. Upon reflection, I interpret that gendered eurocentric socio-cultural expectations that hold mothers responsible for their children's well-being lie beneath a mother's understandings and the feeling that they should be able to fix their child, and their child's life.

...and I remember...

In retrospect, the signs were there too with my boy. He told me he wasn't going to be around for much longer, that he had plans. When I questioned him about those plans – he said he was going to move out of home, go flatting. I thought – oh okay.

In the current socio-cultural context of Aotearoa, mothers are expected to balance a myriad of work and family demands, creating the potential for signs of distress in our children to be missed and/or misinterpreted. Warning signs may be brushed over. On reflection, I perceive that numbness may be experienced as a result of exhaustion from continually living on a knife-edge - from attempting to fulfil too many roles. In addition, when a mother has a child who has been suffering over time, while dealing with actualities, she is also suffering – she is mourning the loss of possibilities. Living with trauma over time becomes very isolating – the 'elephant is in the room'. There is the potential for a mother to develop a siege mentality, concealing her experience from others as she attempts to hold things together in a midst of feeling guilt and shame due to the embedded nature of eurocentric mother blame socio-cultural narratives.

c. Questioning of her sense of self

The excerpt below illustrates that as time passes, self-questioning becomes more substantive as a mother walks backwards, recalling events leading up to the loss of her child to suicide. The sense of shame embedded within good mother/bad mother narratives leads a mother to question her sense of self as a person, as a mother and her mothering as she tries to make sense of what went wrong:

> Yeah ...I even said to my husband, "I just feel like I failed as a mother." (W, 24.41)
>
> *...and I remember...*
>
> *I too felt a sense of failure, that I had not been successful in raising my son to a productive and happy adulthood.*

The sense of failure is a close companion on a mother's journey of 'walking backwards and living forward'. I interpret that sense of failure is closely connected to the guilt and shame that result from the eurocentric mother blame narratives prevalent in Aotearoa.

For Whina, the questioning includes the life Rawiri led prior committing suicide. In her search for understanding, after Rawiri's death, Whina gathered knowledge on the life he had been leading:

> I looked at myself and thought, "You know he was your son. He was your son and you didn't know any of this" and um ...you know I even looked at myself as being some sort of monster because I thought ..."What did you instil in your son to make him like that?" (W, 34.23)

Both incarceration and suicide of your child are concomitant with shame - a loss of social and self-esteem for a mother (Wertz et al., 2011). Within Whina's questioning and sense of self are echoes of dominant and hegemonic forms of neoliberalism that reproduce eurocentric modes of subjectification to individualist cultural norms. The anguish of her lived experience has undermined her sense of self, prompting her to equate her person to a being that inspires horror and disgust – a 'monster'. The term 'monster' evokes a sense of a person who has no emotional connection or attunement to others, and no moral compass. I interpret that for a mother whose

culture values kinship ties, to feel that you were not attuned to what was happening to your child, has the potential to create an additional layer to the woundedness experienced by the colonisation process. From a reflexive position, I interpreted that as a mother's knowledge of the 'shady' path your child walked grows - you could feel like a 'monster'. The experiencing of feelings of shame and self-blame are exacerbated by socio-cultural 'bad mother' and 'bad Māori mother' narratives – suggesting you let your child down – you were not a good mother. Upon further reflection, I interpreted that gaining an understanding of why a Māori child commits suicide requires a sense of understanding some of the effects of other losses, such as the loss of freedom (and the ensuing grief) that Rawiri experienced while incarcerated, and the unresolved collective grief and deep-seated sadness resulting from the trauma of colonisation (Lawson-Te Aho, 1998).

Whina's Family's Woundedness

A part of tikanga valued by Māori is caring for whānau. Aroha is an important aspect of caring. There is a responsibility to treasure and care for whānau members. When suicide occurs, the whānau come together to grieve, to share the woundedness. Whānau is more than immediate family members – whānau includes extended family and living relationships with ancestors.

a. Their pain

In the excerpt below, Whina talks of the pain that has rippled through the whānau with the suicide of Rawiri:

> Umm he was 28 when he took his life and it did devastate the whānau not just umm ...not just myself, my husband and his siblings but ...the whole whānau you know ...like his cousins especially because he was close to a couple of his cousins. They were just devastated (W, 1.32)

There is a correlation between the grief and pain of loss that ripples through the whānau on loss of a beloved child to suicide to that experienced through colonisation, "as both grief and colonisation are understood as being wounded in one's head, mind, body and spirit" (Peapell, 2012, p. 28). Both losses produce a sense of disempowerment and loss of self-esteem for individuals in the whānau and the whānau as a whole.

During the interview, Whina described in detail how individual whānau members reacted to the loss of Rawiri. There have been tears, anger, blame, love – throughout which the whānau remained close knit.

> *...and I remember...*
>
> *In my whānau, the loss of my son was devastating, not just to his brother, father and myself, but to extended whānau – in particular my sons' great aunt who loved both my boys deeply. The loss of her great nephew broke her heart. She became increasingly ill and passed away only 18 months later.*

The range of emotions experienced by Whina's whānau, were felt within my own. In retrospect, and upon reflection, my interpretation is that any anger and blame laid within my whānau was connected to feelings of guilt, underpinned by shame - we had not been there for each other enough. These feelings are intensified by a deep understanding that the whānau is responsible for the health and well-being of all of its members. Therefore, I interpret that a whānau may feel that the death of a child through suicide reflects on the entire whānau – suggesting that a whānau could sense that the suicide may be a physical expression of disconnection within the whānau itself. A disconnection textured by the effects of colonisation. For on deeper reflection, there is the potential that a sense of disconnection within whānau links to a sense of disconnection within the wider community. Peapell (2012) points to the understanding that "whānau today are reacting to a lived history of imposed government policies and subsequent assimilation to the dominant eurocentric culture. These reactions are a form of grief for disempowerment, and loss of culture, autonomy and self-esteem" (p. 29).

b. Dealing with their loss

According to Whina, her whānau have run the gamut of emotions from hurt, anger at him and each other, blaming each other, love, and due to their own hurt and fears - over-reacting when dealing with each other's woundedness, to the use of humour to make sense of the life lived:

> ...and when I think about my grandson ...when we go past the courthouse he'd go, "Oh that's Uncle's house, that's Uncle's house." And I'd laugh and I'd look at my daughter and she'd look at me and she'd laugh, and I'd say, "Oh I guess you could say that. Yeah, it's where he lived most of the time." [laughter] (W, 31.33)

> ...and my brother actually said to him ..."Nephew, you got to give up that profession of yours ...because you suck at it. You get caught, you keep getting caught." He said, "You're not very good at it." He said, "Don't you watch TV? Don't you watch how the pros [professionals] do it?" [laughter] mm... (W, 31.38)
>
> *...and I remember...*
>
> *Humour is used by my whānau in negotiating the loss of my boy. My brother remarked just after my son died, "He'll be sorry now." When asked, "Why?" My brother stated, "Because he'll have a sore ass!" We all had a chuckle as we envisioned our whānau on the other side of the veil, lined up giving our boy a kick (and then a hug) for taking his life.*

As we walk backward in our journey through grief, humour helps. You remember a funny story from your child's life, and it feels good to laugh - to enjoy the memory. There is a healing quality in laughter, and it helps keep your beloved child close and present. Yet I interpret from the conversation, that humour also masks the unsaid, the depth of loss within the whānau. It is a band-aid utilised to cover fissures wrought open by loss of your child through suicide. For children are representative of, and important to the survival of the whakapapa of the whānau.

Dealing with Others

a. Everyday relationships – family and friends

The loss of Rawiri is still reverberating through Whina's whānau as his nephews and nieces mature, triggering actions and reactions in other whānau members as illustrated in the excerpt below:

> And you know my son's girls are starting to ask questions about him, you know Why he had to die? Ahhhhh [sigh] And um ...my youngest son he ...had an outburst, ...'cos once my grandson was playing around one day and he had his belt in his hand and he put it around his neck and he went to pull it ...Well that triggered off my youngest son and he just went berserk, and he said, "Don't you do that! Take it off your neck!" Umm ...he got really angry with him, and of course [grandson] got a fright and he let go and umm he got all upset, because his uncle was yelling at him (W, 11.29)

When suicide is not discussed it becomes the 'elephant in the room' whenever whānau gather. There is the potential for scenes, as Whina has described above, to occur. This excerpt illustrates the ripples that manifest from the stigma and feelings of shame associated with suicide. From the conversation, I interpret that there is a connection between Whina feeling like a 'monster' and her use of the word 'berserk' in reference to her other son. Monsters go 'berserk'. There is the sense that social relations are influenced by underlying feelings of guilt and shame, engendered by the stigma of suicide, eurocentric socio-cultural good mother/bad mother and 'Māori mother' narratives. They produce and reproduce guilt, shame and feelings of low self-worth that have the potential to permeate through the whānau for generations. To understand the loss of our Māori youth to suicide, there is a "need to fully understand the effects of four generations of urbanisation and the changing roles of wāhine and tāne" (Peapell, 2012, p. 29) in society. In this respect, the silence still surrounding suicide has meant that suicide is the 'elephant in the room' of the wider society of Aotearoa – and as Whina has illustrated above, amplifies the ripple effect.

b. The wider network

Out of the conversation emerged the following excerpt where Whina talks about her response to the reaction of others when she speaks about Rawiri's death:

> I felt angry because they didn't understand. I thought, how can you understand when you haven't been through that? How can you understand? ...You know when they ask me about my kids I just say, "I've got four, but I've lost a son, a son to suicide." You know, they look... (W, 26.25)

I interpret that at two years, feeling a sense of vulnerability when being asked about your family moves slowly forward as an area for negotiation. The reaction of other people to your loss influences how you feel within yourself. For a mother, living with loss through suicide reveals whether others truly are friends, foes and/or indifferent. In the above extract, Whina makes mention of an aspect raised by Lexie - navigating your way through interactions with others about your children. Whina has had more time than Lexie to practice negotiating this aspect.

Upon reflection, I interpret that Whina senses that other people allow the stigma surrounding suicide to overshadow their acknowledgement of your mother loss, the 'missing of' the essence of your child. As a mother, you are dealing with your own grief - the grief of the

loss of your child, of your loss of dreams for them, a grief that is intermingled with your innermost feelings of guilt. To have to then navigate your way through feelings that others project – is hard. In particular, when you perceive their gaze is questioning you and your family – your morals, and how you live your life.

Related to the silence surrounding suicide, such feelings intensify your own feelings of vulnerability and guilt, to the extent you react by feeling angry. Yet experiencing anger can be healthy and potentially beneficial, as illustrated by the famous haka 'Ka Mate' performed by our national rugby team – the All Blacks. Composed by Te Rauparaha of Ngāti Toa, this haka is symbolic of the positive channelling of anger toward overcoming an obstacle (J. Kenrick – Ngāti Kahungunu, personal communication, July 31, 2014). For anger is like fire - it clears the way, providing opportunity for change and new growth and is the deeper meaning that lies beneath the surface of this ancient whakataukī:

Nōu te rākau
Nōku te rākau
Ka patu te hoariri!
With your weapon and my weapon
the enemy will be beaten![5]

From this perspective, the enemy is the silence that surrounds suicide and the weapon is the experiencing of angry feelings, which provide impetus to challenge the silence and urge change.

Part Two: Social Support

Stressors that have been incurred prior to loss of a child to suicide echo through the whānau, influencing the actions and reactions of all involved. When a mother experiences ongoing stress, as Whina has done - others will have borne witness. For Whina, her support came from her whānau.

[5] Whakataukī and its'deeper meaning supplied by J. Kenrick – Ngāti Kahungunu, personal communication, July 31, 2014.

After her Loss

a. Family

> Whina spoke briefly of the support in the initial aftermath of Rawiri's suicide:
>
> My whānau were there for me, ah ...my sisters, my brother ...yeah all my whānau were there for me, even my nephews and nieces, and um ...yeah we had a great support. We had great support from our whānau (W, 10.26)

Then Whina talked of the ongoing support she has received from her husband, even though she shut him out in the early days after Rawiri's death:

> ...so he takes care of everything else but yeah I think ...the biggest thing for us is that we're communicating, whereas before we weren't ...I wouldn't even talk to him. You know, if he came into a room I'd get up and walk out ...and yeah ...he was so good, so supportive ...and he was really caring and loving, but I just ...I didn't want to know (W, 23.9)

Whina articulated earlier in the interview that a repercussion from Rawiri's suicide was her feeling of anger toward her husband who, unimpressed with Rawiri's life choices, had stepped back from his son. As mentioned by Peapell (2012) the loss of a father is likely to increase the risk of rangatahi offending. This understanding and knowledge of the feeling of marginalisation, so often experienced by both rangatahi and their whānau, can complicate a mother's grief experience. Whina blamed her husband for not stepping up and doing more to help their son, placing strain on their relationship:

> We're getting there ...but I think it's only been in the past ...oh this year actually ...past 3 months I suppose that things have been a lot better. So it's taken us that long to kind of pull together ...or especially me anyway (W, 19.37)

As illustrated by Whina in the extract above, we get angry with those closest to us - we blame them, as we struggle with our loss. From the conversation, I perceived that we turn our anger outward because to turn it inward could destroy us. On deeper reflection, there is a complexity in this understanding, as the anger may be a product of the silencing of suicide - requiring someone to blame or a cause to be found. However, the extract also illustrates that the passage

of time has enabled raw emotions to settle, provided opportunity(s) for reflection, and space(s) to open up - enabling communication to occur and understandings to grow. While life will never be the same as before our loss, the loss itself provides an opportunity for growth in self, and in our relationships.

...and I remember...

After his brother's suicide my eldest son, who had been living and working elsewhere in Aotearoa, chose to relocate back home. For more than two years after the death of his brother, he never spent a night away from me. Sometimes actions are more powerful than words. Support comes in many forms.

b. Outside sources

Since Rawiri's suicide, Whina has been receiving professional counselling which she feels has augmented her understandings:

> ...and I love talking to [counsellor] ...because she's good, [name]. I mean, I think that's where I've actually grown the most (W, 23.25)

Whina was the only mother who spoke of undertaking professional counselling after suicide. Yet, the assistance made available through counselling services can be an appropriate avenue for mothers to consider after experiencing loss through suicide, as it offers a confidential and safe space to express feelings and find understandings helpful to recovery.

At two years, Whina talks of the value of access to literature on suicide and grief:

> ...but I've been doing a lot of research on the net and that's helped you know, to read about it you know ...what can cause it (W, 19.39)

As time passes, a mother can begin to explore and obtain understandings from a variety of sources. Literature, access to community groups such as a 'Bereaved by Suicide' support group, and to the information available on the internet enable a mother to explore and process understandings on suicide, loss and grief at her pace. Sources such as these provide information that the socio-cultural silencing of suicide tends to inhibit. For on reflection, reading and involvement in a suicide support group offer a safe place and the opportunity to gain knowledge,

without feeling the brush of stigma or the sting of moral judgement from those who have not experienced loss of a child to suicide.

Part Three: Building Resilience

Rebuilding her Life

While gaining an understanding of why your child chose to commit suicide may be an important and possibly necessary aspect underpinning recovery, is the recognition of your personal vulnerabilities and ability to delineate your needs and your boundaries.

a. Vulnerabilities

Two years on, Whina speaks of recognising her own vulnerabilities after the loss of Rawiri:

> ...I was talking to my husband just the other night actually ...and we got talking ...and I said to him, "I can only really cope with so much and that's it ...and working, and just looking after our grandkids, and taking care of our daughter ...that's enough for me ...that's about all I can handle right now. I can't handle anything else" (W, 23.9)

With time passing, Whina is aware of the toll on her following the suicide of her son. She speaks of limiting who, where and on what she expends her energy. From the conversation, I interpret that as a mother learns to articulate her needs, to set boundaries - she is beginning to feel good about herself again. Whina also spoke of the vulnerability of other whānau members, illustrated in the following excerpt. Rawiri was very close to his nephew but since Rawiri's death, another brother has stepped in to support Whina's grandson. In the following excerpt, her grandson talks about his other Uncle:

> ...but yeah he said, "I don't want to lose ...Uncle [name]. I don't want him to go away like Uncle Rawiri did. I don't want him to be sad like Uncle." So ...he's very sensitive my grandson (W, 12.38)

Upon reflection, I perceive that the fear of further loss expressed by Whina's grandson is a fear present in the minds of mothers as well as other whānau members after loss through suicide.

You do not wish to lose another loved one to suicide, so talking is important - which contradicts the silencing of suicide.

b. Re-shaping of her sense of self

Two years after the suicide of Rawiri, Whina is now involved in sharing her story with others with whom the grief is raw, and listening to their stories. She provides counsel to other mothers who have lost a child to suicide:

> ...and she said, "You know how I feel. I was so low, and that nobody could possibly know what I was going through ...that nobody could understand." ...And she said, "You do". And I said, "Because I've been there" (W, 24.13)

As Whina lives forward, she is using her experience for the benefit of others. From the conversation, I interpret that providing comfort and a listening ear to other mothers who have lost a child to suicide is a means that is helping Whina to heal herself. There is a sense of resilience in Whina's determination to be there for others who lose a child to suicide. By doing so, her life experience and Rawiri's suicide have purpose and meaning:

> ...and I think that the best thing has come out of it is that I've been able to talk to other people that've been through the same thing ...and when they talk and tell me how they're feeling, oh yeah I'm like, you're not going crazy because that's how I was (W, 30.20)

With time passing, Whina is rebuilding her life and her sense of self as a mother, a grandmother, a woman. Walking backwards has enriched her living forward (Moules et al., 2004).

Resiliencies

a. Spirituality

Whina mentioned that Rawiri is buried with whānau at their urupā. She went on to talk about other whānau members buried there, before and since Rawiri's passing:

> ...at [name] marae ...up at the marae ...all my whānau ...my mum and dad are there (W, 18.19)

Having your child's remains rest with whānau, is a physical reminder of those to whom you whakapapa – the kinship connections. For Māori, the meaning constructed from this act is powerful and provides the sense that your child is not alone. Tribal land is layered with spirit and memory, therefore to place your child's remains with those of his ancestors strengthens the genealogical connection between the living and the dead, providing a sense of belonging and continuity (Nikora, Te Awekotuku, & Tamanui, 2013).

> *...and I remember...*
>
> *I too took my son home to rest with his grandmother, great grandparents and other whānau members. It feels good knowing he is there, in the bosom of whānau, in the soil of home – looking out over the bush, near the sea - close to where we had good times.*

As their physical remains nestle safely in the arms of Papa-tū-ā-nuku, their essence with Hine-nui-te-pō, they are amongst whānau. They are being looked after. The knowing brings a sense of peace, helping you to live forward.

Whina also discussed the effect the loss of Rawiri had on her connection with God. She had walked away from her church, but with time passing she began to rationalise her loss:

> It's been a long time, but yeah ...yeah I have [gone back to church]. And because at first I was only going for the grandkids and ...because they wanted to go and they were there but ...I didn't go for myself ...but yeah it did in a big way ...I used to go "Why ...Why my son?" And then I realised it was mm ...it was up to him (W, 26.18)

In the early days we question ourselves - where we went wrong, and we may question God and our faith, in our walk backwards with grief. As Dee is currently doing, Whina questioned her faith in God. I interpret from the conversation that, like Dee, with Whina there is a sense of eurocentric socio-religious cultural influence on her understandings - that if you are the best mother you can be, then nothing bad should happen to you and yours. Loss through suicide challenges the very foundations of those understandings for a mother. Your child chose to commit suicide - your goodness, your love was not enough. Bad still happened. Yet as illustrated by the excerpt above, with time passing, as we live forwards - we let the questioning go. There is an understanding that questioning is not going to change the outcome. It will not

bring our child back. As we reconcile to our loss of them, we hope they are now well and happy – it helps us to live forward.

b. Sense making and/or making meaning

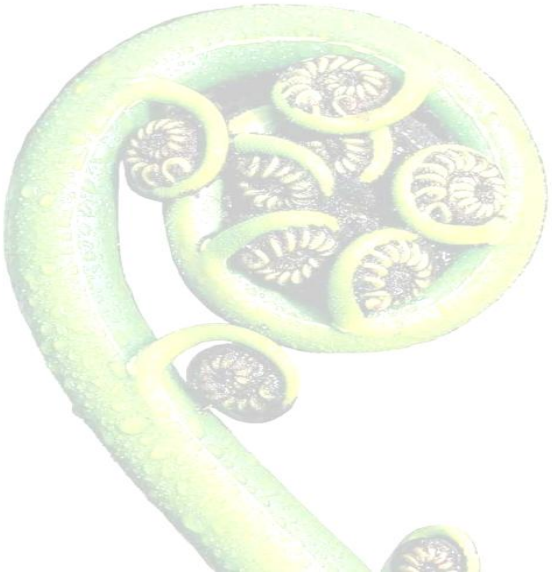
Rawiri left journals that have helped Whina understand the space Rawiri occupied prior to his suicide. In them, he also spoke of his love for his family:

> ...It helps you know ...that he did think of his family ...and that he did love his family, despite the things that he did too, umm ...because he talked how he felt he was a disappointment to his family and that wasn't how he wanted to be ...it was just the way things were (W, 32.9)

Whina has found comfort in his words of love for his family, and his regret at the choices he made in his life up to the time of his death. As Whina gained greater insight into the reality of Rawiri's life, through reading his journals and talking to others, she has made sense of his decision to commit suicide. It has enabled her to reconcile her loss as illustrated in the excerpt below:

> ...and I thought, I actually feel that he's at peace and he's happier where he is. He doesn't have to fight with his thoughts and his feelings, and hiding, and that sort of thing anymore. As much as I miss him, and I do you know (W, 8.12)

In her grief, Whina has cried, been angry, pushed some loved ones away and others close in the last two years. She has researched Rawiri's life, in order to gain an understanding of his reasons to commit suicide. Whina has sought counselling for herself and read literature on suicide and grief. From my perspective, by being there for others who have lost a child to suicide, she is finding meaning from the loss of her beloved son. Whina's story is one of resilience in a situation that for many mothers would feel like overwhelming odds.



Abigail

> I got a call around seven in the morning from my daughter and I thought it was unusual, and she didn't pull any punches ...and she said, "Mum, I've got bad news. Luke killed himself this morning"...And um yeah, I think I just asked how and when ...and she said, "He shot himself". It happened around 2.30 in the morning. She said she didn't ring earlier because they had all been up with the police and she wanted me to at least have a reasonable sleep before she told me. I asked if she wanted me to come down, and she said, "No, we want to come to you". So I rang the school where my other son went, to tell them, so he could stay home. So I had to twiddle my thumbs and wait till they arrived. I didn't know what to do with myself. It was kind of a bit strange really (A, 27.10)

Abigail is the mother of four children, three sons and a daughter. Three years ago, at the time of her eldest son's death when he was twenty-one, Abigail was living in another town away from her three eldest children who were all flatting together in their family home, owned

by their father. Abigail and her youngest son were living together. She was undertaking full-time study, as she had been unable to secure full-time work. The family unit had broken down when Luke was about fourteen or fifteen, after Abigail discovered her husband was involved with another woman with whom he had fathered children. It was after Abigail's husband made the decision not to come back to the family that Abigail started to see Luke shut down and withdraw. At the time of Luke's death, the children's father was living overseas. Abigail is Pākehā and positions herself as deeply religious. The service for Luke took place at a local church. Abigail did not view Luke after his death. It is three years after the loss of Luke to suicide and Abigail has remarried in the last twelve months. When she heard I was undertaking this research, Abigail asked to be involved. She wept quietly during most of the interview. Abigail is isolated in her grief – she has no one with whom she can share her woundedness.

Part One: Relationships

Three years on, Abigail's reflections on her and her family's woundedness after the loss of Luke to suicide have evolved. Her family consists of her children, her ex-husband, and her new husband.

Abigail's Woundedness

I miss him ...dreadfully ...I miss him... (A, 23.5)

Abigail misses her son. She misses his company and his sense of the ridiculous. According to Abigail, Luke was a highly intelligent young man, who loved to quip. However, Luke suffered from depression. Three years on there is a societal expectation that a mother will be through her grief. This is a concern as it closes down grief as a process, and leaves nowhere for the 'missing of' to be told. The interview gave permission, and provided a space, for Abigail to express her overwhelming grief - grief that has been shut off by some kind of 'rule' in the narrative that grief is time limited – when in actuality, the grief experience from the loss of a child is never-ending.

Seven years prior to Luke's death, Abigail experienced depression, which she attributes to the breakdown of her marriage. She went through a period of deep soul searching. Abigail's understandings of marriage, and relationships, are closely connected to her Christian faith. A eurocentric belief system, Christianity can be understood as a cultural narrative, where

patriarchal moral codes prescribe gendered behaviour and silence talk. By understanding the construct of Christianity as a belief system, is to understand that a belief system represents a person's reality and positions their understandings (Coombes & Morgan, 2001). For Abigail, marriage is sacrosanct which becomes problematic for her in this story, as it provides a sense that she 'failed' as a woman through the loss of her first marriage. Her current marriage is also faith based, which suggests she is unable to locate her stories of her past wounds. My interpretation is that the strength of the dominant narrative of the Christian belief system constrains Abigail, through positioning her grief as suffering within the faith narrative.

According to Abigail, Luke was also deeply wounded by the breakdown of the family. Abigail understands the loss of Luke to suicide as a fall out of the marriage trauma. For her, the breakdown of her marriage was the worst thing to have happened to her, which I interpret as a representation of a failure of her own morality. His death is positioned as the 'cross she had to bear' in the dominant narrative. Therefore interwoven in her story of the loss of Luke, is the story of the influence of the break-up of her marriage on her understandings.

a. Abigail's pain

As time passes, you reflect - as you grieve the lost actualities and possibilities. You feel the agony of loss. Yet you balance that with understanding that a life lived fighting depression is not an easy life:

> ...as a mother I felt [pause] conflicting emotions ...part of me was relieved that he wasn't suffering any more [pause] and if that's all his life was gonna be, this constant struggle with depression then I couldn't wish him back [pause] ...ummm [pause] ...but then you miss the good days ...you miss the days [pause] ...sorry ...[weeping] (A, 15.39)
>
> *...and I remember...*
>
> *I too felt a sense of relief that my boy wasn't suffering any more, but not in the first instance. It took time, and learning about depression. While he was alive my boy kept saying he was not depressed – he just thought the world was not a nice place, that people were destroying each other and the planet. It seems to me that to go through life battling depression, does not leave much energy over for living and loving life.*

To make sense of feeling relief after loss through suicide, is to understand that a mother who feels relief will also experience guilt, and shame, because she is feeling relief. For in the socio-cultural context of Aotearoa, the articulation of relief after loss through suicide is not a dominant narrative. How can you be a 'good' mother if you feel relieved that your child committed suicide? Yet I wonder if the relief is due in part to a lifting of the sense of responsibility, or to be more correct, the sense of over-responsibility experienced by unsupported mothers (Jackson & Mannix, 2004). To be a solo mother (as Abigail was at the time of Luke's suicide) is to experience loneliness, to feel unsupported - by the state and others. Therefore, to feel relief after the loss of your child to suicide has the potential for a mother to experience a greater sense of loneliness and isolation – coupled with a fear of judgement if you articulate your relief.

Abigail talks of how she feels now, three years on from the loss of Luke:

> ...I guess I probably feel like I have grieved more for Luke this year than I did when he first died (A, 24.13)

Abigail kept on studying full time after the suicide of her son. She did not stop to grieve. Three years on, she is now in a space/place where she has time to reflect, time to grieve.

> *...and I remember...*
>
> *After my son committed suicide I not only tried to shove my feelings under the carpet, I stomped on them. I continued to work - from a financial perspective I had to. However, 12 months after his death I gave up work and surrendered to the grief – it was either that or become physically ill.*

Out of the conversation with Abigail, and from my own experience, I interpret that surrendering to grief can be a helpful and perhaps necessary part of 'walking backwards to live forward'. Furthermore as mothers, we all grieve the loss of our child in our own way, in our own time. There is no right or wrong time, or way.

The following excerpts provide a sense of Abigail's experience of the help agencies before Luke committed suicide. There is a sense of woundedness and discouragement in Abigail's dialogue as she speaks of seeking help for Luke:

> ...and when I rang like I think it was Child Youth and Family, I was told well basically you just need to go and do a parenting course and get yourself some better parenting skills, which I found very discouraging, insulting, and less than helpful, and yeah, so basically I kinda felt like I didn't know who to go to umm ...as a solo parent I didn't have the funds ...to go to counselling ...ummm ...so yeah ...I had no idea who you went to (A, 17.17)

CAF eventually became involved with Luke. This was Abigail's experience of CAF:

> ...so basically they kept ringing me every 6 weeks or might've even been longer apart than that ...saying is he okay because we've got more urgent cases and if he's not at the brink of suicide basically we don't have time for him (A, 17.6)

From this conversation emerged the following interpretation - that when a mother realises there is minimal or no support from the state (the ultimate patriarchal provider) a feeling of disheartenment is experienced by a solo mother. You are alone - there is no help. In addition to the loneliness and sense of isolation, as a solo mother you feel woundedness because you perceive that you are condemning your child to a life of stigma and poverty. If they don't get help for their depression, they won't be able to achieve the 'good life'. There is also a sense of anger, and shame intermingled with confusion. The 'helping' agencies are no help, yet in society's eyes – you are positioned as a 'bad' mother because you are perceived by society as not helping your child. From a socio-cultural 'bad' mother perspective, you can't have helped your child otherwise they would be alive – they would not have committed suicide.

b. Abigail's guilt

Despite seeking help from community agencies, Abigail speaks of the guilt she has felt over not picking up the signs that all was not well with Luke. Even three years on, the influence of the 'mother blame' narrative and the gendered societal expectation that a mother is responsible for her children's well-being, can be determined in the excerpt below:

> ...when he [father] made the decision that he wasn't coming back that's when ...I really started to see Luke umm ...shut down and withdraw ...and it may be that he was perhaps struggling before that ...and I may well have been so caught up in just trying to survive myself ...that I ...that I missed the earlier clues ...I'm not sure of that ...but it became very, very pronounced um ...he just totally withdrew (A, 2.16)

Although a sense of self-blame can be inferred from the above excerpt, the effect of the passage of time is also visible. Three years on Abigail is able to provide a more balanced picture - she can see that other factors influenced her inability to pick up signs that Luke was not well.

> *...and I remember...*
>
> *I feel I too missed early clues - which if addressed at the time may have produced a different outcome. After his father and I separated, when he was six, my son became very, very good. He was quiet, studious, a deep thinker. He internalised. By adolescence, internalising was so embedded, I believe he had no idea how to express his innermost feelings – and at the time, I was not aware enough. Upon reflection, perhaps by observing my actions- my beloved son learnt that the way to live forward after the loss of his father through divorce, was to be stoic.*

Life-altering changes such as separation and divorce ripple through families, affecting family members in different ways and activating vulnerabilities. From the conversation with Abigail, and from my own understandings, I interpret that the influence of stoicism transmits to children through the eurocentric patriarchal socio-cultural expectation that such an approach is an appropriate means of dealing with adversity. While a mother can feel guilty for not recognising signs, she also feels guilty that her child is not alive:

> ...and umm ...yeah so part of me kind of feels guilty that life goes on without him ...that he's like somehow left behind way back there (A, 18.17)

From the above extract, I interpret that by not being able to gain help for your child, in their battle with depression, a mother's guilt feelings may be compounded - in the sense that your child was being left behind before they committed the act of suicide. Yet in the same extract is an echo of the vulnerability mentioned by Lexie - do they stay the same age as the age they died? There is the potential when a child is suffering from depression and struggling to 'live forward', and after they have died from suicide, for your child to be positioned as being held in time.

When Luke was about 18, he went to live with his father until his father went overseas for work. Luke then stayed on in the family home in a flatting situation with one of his brothers and his sister. During our conversation, Abigail positioned her daughter as the caregiver. She speaks of that time in the excerpt below:

> ...umm ...so she [daughter] was an amazing support and ...I guess I found it helpful to know that she was in the house ...umm with him and looking out for him (A, 13.25)

There is a gendered social and moral expectation that daughters, who are seen to possess privileged insight, are to shoulder the responsibility to care for other family members when a mother is absent (Lawler, 2000). Gendered positioning has the potential to relieve a mother of her responsibility as a mother. From the conversation, I interpret that lying beneath Abigail's acknowledgement of her daughter's ability to 'step up' is a sense of finding solace from her own failure to be physically present.

c. Questioning of her sense of self

Abigail questioned her sense of self when her first marriage broke down. The excerpt below is her explanation of the influence of the break-up of her marriage on her understanding of herself. According to Abigail, these understandings are influential on her 'walking backwards to live forward' after the loss of Luke to suicide:

> What ...choices do I have ...um ...as to how much somebody else's decisions are gonna impact me and what really matters to me and where am I gonna go from here ...and it was in that I guess, in that whole processing of ...going from there ...shellshocked to ...um ...to trying to work through all of the issues to ultimately realising that it wasn't gonna work ...that...um ...I came to realise that I could function as a person in my own right, that I did have choices even if they weren't the choices that I wanted to make ...umm that I could still survive (A, 1.20)

Undergoing an 'event', such as the break-up of a marriage provides an opportunity to reflect and grow understandings. I interpret that with the loss of her first marriage Abigail felt a 'failure' as a mother and a wife. Therefore, with the loss of her son to suicide she is now feeling a sense of 'failure' as a mother. However when another 'event' occurs, understandings gained from earlier losses can then potentially be utilised as a framework for further personal growth. According to Coombes and Morgan (2001) psychological understandings such as authenticity, personal values and beliefs are associated with personal growth. They enable a mother to interpret her behaviour and permit a mother to move beyond those behaviours.

Three years on from the loss of Luke, wondering what else she could have done to help Luke is still with Abigail. She talks of living with conflicting feelings:

> ...that you don't have to be worrying about them any more ...you know they're alright ...you know constantly battling is there something else I could've done ...you know ...I felt that I had done everything that I knew how to do (A, 16.11)

Dee and Whina both spoke of a sense of failure as mothers. All four of the mothers wondered 'what else they could have done or changed'. From an interpretive perspective, I understand the good/bad mother socio-cultural narratives to be influential in the experience of 'thought' conflict. Dominant culture defines a 'good' mother as "selfless, nurturing, and true" (Ladd-Taylor, 2004, p. 7). From my conversation with Abigail, I interpret that having conflicting feelings could be elemental when questioning your sense of self after the loss of your child to suicide, particularly when you have seen your child suffering from depression for a number of years prior to committing suicide. Questioning yourself as a mother – wondering what you could have done differently to have kept your child alive is a process that appears intrinsic to a mother's grief process as she attempts to gain some level of understanding after the loss of her child to suicide. Yet it is an aspect that seems driven by the influence of the dominant eurocentric gendered socio-cultural narratives.

Abigail's Family's Woundedness

The loss of Luke to suicide rippled through Abigail's family with the result that, in their woundedness, each family member retreated to separate spaces/places.

a. Their pain

In the following excerpt, Abigail rationalises her children's reaction to the loss of their brother:

> The hardest part probably at that time ...umm was in the subsequent weeks afterwards ...I actually felt like I'd lost all my children ...because they all withdrew...ummmm ...I guess they didn't wanna dump on me because they thought that I was struggling in my own way to come to grips with what had happened (A, 17.36)

I interpret the disconnection that can occur between family members as a social response to the silence surrounding suicide. Silence not only engenders feelings of shame, it also leaves people without knowledge of how to support each other. In the eurocentric socio-cultural world of the nuclear family, where a person is expected to take care of themselves, in times of need – when people are broken, instead of drawing close, they withdraw from each other, exacerbating the sense of loss. To have people withdraw their support is to experience yet another layer of loss. Yet the stigma that surrounds suicide leaves little space or place, to explicitly render support.

> *...and I remember...*
>
> *My surviving son did not share his grief with me. In retrospect, I realise we did not share our grief with each other. Yet we hung together – he moved back home and lived with me for a long while, and for us there was meaning in the 'hanging out'.*

An effect of stigma and the silencing of suicide, is that people are constrained. They do not know what to say, how to share their grief, or how to offer comfort to each other, or to themselves. It is little wonder that at a time when social support is of the utmost importance - that families rupture.

b. Dealing with their loss

Viewing the loss of Luke to suicide in the context of living apart families provides another perspective. Not only did Luke's brother find Luke, both siblings (brother and sister) had to deal with their discovery (and loss) in their father's space - producing an exclusion for Abigail who was unable to share the actual experience. The marriage relationship break down also meant a break in the relationship of sharing. Abigail was a visitor to the space - the father's space. In the following excerpts, Abigail speaks about her surviving children:

> I did at one point wonder if I was gonna lose both of my other boys as well ...and [daughter] took it very hard, she probably ...where are we at, 3 years down the track, she's just now, this year ...umm ...laying aside the guilt that she has carried ...umm ...she felt a 'huuuge' amount of responsibility ...that she could've done more ummm ...and yeah ...so that's been hard to watch her try to process that as a mother umm there's only so much you can do it's something that they have to ...work through in their time (A, 22.23)

In Abigail's fear of losing her boys, is her worry for her other children. She recognises she cannot fix it for them, for in the eurocentric socio-cultural context of the nuclear family each child is rendered individually responsible. This understanding constrains feelings of being able to 'step up' and help as a mother 'should', and increases feelings of ineptitude and self-doubt.

In the excerpt below, Abigail speaks of the son who found his brother. This son protected his sister from the sight of their brother, and to Abigail's knowledge has never spoken of what he found:

> [son] ...I find it hard to ...get him to talk ...ummm ...but ...yeah ...I think he is ...is perhaps in a better space ...ummm the last time I saw him I thought he was in a better space than he had been for a while as far as work life balance and he appears to be ...more settled in himself ...in a fairly stable relationship and ...ummm ...yeah perhaps not ...drinking to excess to ...the extent that he was although I guess I wouldn't really know 'cause I don't really see him day to day but I just kinda felt that perhaps he ...was in a better space (A, 21.14)

From this conversation emerged the understanding that experiencing loss through suicide opens up a vulnerability in a person and the process of recovery can be isolating. For the first couple of years after Luke's suicide, this brother and sister stayed on in the family home, living and processing their grief under the same roof.

> *...and I remember...*
>
> *I was aware that coming home allowed my surviving son a safe place to process his grief. It seemed everyone in town knew of our loss. My son used to walk in the door smiling, and say he'd seen one or two of his brother's friends uptown and had a bit of a yarn. He seemed to be happy to have that sense of familiarity.*

From my conversation with Abigail and my own experience, I interpret that even with the passing of time, that the silence engendered by the stigma of suicide continues to constrain a mother, as she seeks to assess the space her other children are at in their grief process. It encourages feelings of uselessness, guilt and shame to continue to be experienced, by a mother.

Dealing with Others

a. Everyday relationships – family and friends

Three years on, Abigail speaks of the change in family dynamics since the suicide of Luke:

> ...and I guess the fact that we all live separately now ...umm ...it's ...when we come together it's like the elephant in the room that nobody talks about in a certain sense (A, 20.30)

Abigail mentioned that when she and her other children get together if Luke is mentioned it is in the context of something he would have liked, or found humorous. However, the actual suicide is not talked about. By referring to 'the elephant in the room' there is a sense that Abigail recognises that the situation is deliberately ignored. Upon further reflection, there is a saying 'that an elephant never forgets', therefore to refer to suicide as the 'elephant in the room' is to perhaps recognise that although your child's suicide is not spoken about - it is never forgotten. The loss of your child to suicide is always present. It changes the family – there will always be that empty space at the table. The 'missing of', the silence - they are not there. I interpret the 'missing' as representative of the act of suicide. It is the cut – the fissure that will heal but the family will never be as it was before, the scar is there for all time.

b. The wider network

As Abigail reflects there is a sense of her (re)negotiating a space that feels a comfortable 'fit' when speaking about Luke.

> ...one of the things I really struggle with is when people ask me if I have children ...and I feel it ...find it really really hard to say that I only have three children because in my own mind I have four (A, 18.19)

> ...but my [new] husband who is in the same situation, different circumstances in that in that his son didn't really suicide, but he still has lost a son as well ...yeah ...I just notice that he doesn't ...he just says he has three children and ummm ...and so ...I think oh well maybe that's ...maybe that's just how you have to handle it because it's easier for other people ...I don't know... (A, 18.35)

While at three years, it is now less of an area of vulnerability - speaking of how many children we have after the loss of one is still a complex space for mothers to negotiate. Not to speak of your child denies their existence and as a mother, you do not want to do that, yet to speak of them can create a sense of awkwardness for others. The missing space that connects to social relations produces tensions in how those spaces are negotiated. I interpret that Abigail is negotiating a way to incorporate her new husband's worldview into her understandings, rather than 'allowing' it to become a site of contestation. On deeper reflection, I interpret this need as being connected to some kind of 'rule' (dominant narrative) connected to a faith based patriarchal moral code.

> *...and I remember...*
>
> *I found not speaking of my son left me with a sense of guilt – it felt I was devaluing him and his life, and in doing so devaluing my own sense of self.*

Part Two: Social Support

After her Loss

Abigail was aware that Luke had been struggling with depression since he was 16 or 17. Luke was 21 when he died. Abigail found Luke's death to be a bit of a shock, but she had realised it was a possibility therefore she felt it was not such a shock as if it had been unexpected.

a. Family

Abigail and her three surviving children supported each other. Her ex-husband came back from overseas for the funeral, then left the following day. Abigail stayed on with her children for over a week to help them with practicalities. She did not speak of familial support for herself. Instead, she was supporting her children. In the excerpt below, Abigail speaks of how it felt, leaving her two eldest after the loss of their brother:

> ...that was hard for me to ...leave [son] and [daughter] on their own ...umm still living in that house where it happened ...umm ...but I had to return to [town] because ...[other son] was not on holiday from school ...and I had to be back so he could go to school ...and I felt terrible ...umm sort of leaving the other two ...to

> cope on their own umm ...so yes as a mother I felt very much divided loyalties which was umm ...hard (A, 22.15)

Out of this conversation, emerged the understanding that to leave your children alone in the home where their brother had committed suicide can cause a mother to experience a great deal of grief, over and above the grief you feel for the loss of your child to suicide. Upon reflection, I interpret that there could be a sense of shame lying beneath the grief - that your children have been left to deal with the fall out of decisions you and your ex-husband have made. Yet in circumstances where there is another child to care for, such a choice may be forced on a mother, compounding feelings of guilt, exacerbating a sense of uselessness and feelings of failure as a mother.

b. Outside sources

Abigail valued the support of her church family, who kept an eye on her two children when she had leave them in their family home:

> ...so they were just incredible as far as ...practical help... (A, 22.13)

Abigail's church family 'stepped up' and provided support for Abigail's children in her absence. From my conversation with Abigail, I understand this support took the form of practical help around the home as well as providing wise counsel when asked – particularly for the daughter.

Abigail then speaks of her experience of Victim Support:

> ...when support was offered through Victim Support umm ...I didn't actually want it ...ummmm in fact they kept ringing so regularly it bugged me umm ...and I think they couldn't understand that I was actually okay (A, 22.37)

There is a resonance between Abigail's and Lexie's experiences of Victim Support. In both mothers' accounts, there is a sense that they felt the contact to be intrusive. Outside sources of help can present themselves at a time when we are not necessarily ready, creating a sense of being under surveillance by the authorities. It appears the social support we are most comfortable with, when we first experience loss of a child to suicide, is that which comes from those to whom we are close.

Part Three: Building Resilience

Rebuilding her Life

Building resilience is more than passive strength or resistance to trauma or tragedy. It is an active process, which opens up space for growth. As Abigail adjusts to life without Luke, her awareness of a higher purpose in life is providing her with the determination to do all she can to establish her own purpose in life.

a. Vulnerabilities

When a mother negotiates the empty space in her life after the loss of her child to suicide, vulnerabilities can be exposed during the process:

> Umm ...ummmmm ...it seems to get harder ...it seems to get harder with time in the sense of ...life is moving on ...we're all doing things ...I mean I've remarried ...I live in a totally different city now ...totally different space ...there are people in my life that ...never knew him ...and he didn't know them ...and ...I struggle with that ...sometimes I feel weird ...that we're getting on with life (A, 18.8)

As you live forward there can be a sense of a widening gap between yourself and your dead child, producing feelings of guilt for moving on. How can you live forward, when your child is not alive? They are held in time. From the excerpt above, I interpret that Abigail is in the process of negotiating another aspect of loss. Occupying a new space peopled by others who did not know your child can (re)produce a sense of isolation, with the potentiality to (re)silence a mother's grief. At three years, there is a sense of vulnerability surrounding Abigail. Just prior to leaving her after the interview, Abigail told me that she feels the 'missing of' Luke has become worse as time passes exacerbated by the gap in connectedness.

> *...and I remember...*
>
> *There are times when I too have felt the struggle with now being in a very different space/place. In order to be at peace with this aspect, I believe my son is along on the journey with his brother and me. He sees and knows what we are doing - and helps where he is able. We are happy and so is he.*

b. Re-shaping of her sense of self

Re-shaping your sense of self can occur by walking backward - remembering. Three years on Abigail has become more aware of taking pleasure in the small moments, small beauties. As she lives forward, Abigail wants to improve the world in some small way during the rest of her lifetime, because Luke wanted the world to be a better place:

> ...make his life matter by changing the world in some way ...making the world a better place ...because that's what he wanted ...and ummm so I guess ...for me that's part of my motivation to keep going, is to live for him, to see beauty in things that he would've appreciated (A, 19.33)

From the conversation with Abigail, I interpret that with her 'missing of' Luke, in conjunction with negotiating the intricacies of a new marriage, leaves her with little energy. Taking a moment to enjoy small beauties provides contemplation time - a moment for herself that with the passing of time assists in the re-shaping of her sense of self and how she continues to connect with her son.

Resiliencies

a. Spirituality

Out of the conversation with Abigail emerged her understanding that her faith has been strengthened through her experience of loss of Luke to suicide:

> ...I believe the bible says that ...when people die they go to sleep and ...so for me I have no problem with my son sleeping because that was one of the things he found hardest (A, 23.33)

I interpret that Abigail's faith has provided her with a source of comfort and that from a psychological perspective, 'sleep' becomes a metaphor not only for death, but also for escape. According to Coombes and Morgan (2001) 'escape' narratives co-articulate to spirituality and that which is beyond the self. They argue that these narratives represent a movement between self-knowledge and other processes of knowing. On another level, psychological understandings acknowledge that having trouble sleeping can be a physical symptom experienced by a person

suffering from depression (American Psychiatric Association, 2013). The combination of these understandings can result in providing comfort to a mother who has lost a child to suicide.

b. Sense making and/or making meaning

With time passing, Abigail has made sense of her loss of Luke through utilising her understandings of depression. She has made meaning from her Christian faith understandings. This is her perspective:

> He understands what it is like to lose a son. He gave up his only son to die for us, just on the off chance that we might accept that gift and I ...was blown away ...that ...he considered ...me worthy to experience that ...It does take your faith to a whole different level (A, 23.17)

Abigail positions her experience of loss as a gift from God. My interpretation, from this conversation, is that lying beneath this understanding is the concept of sacrifice. In Christian belief, God sacrificed his son for us – therefore Abigail understands the loss of Luke as providing her the opportunity to experience the woundedness that God experienced when his son died. There is a sense that this is another layer, albeit a complicating one, to the loss of Luke as Abigail's 'cross to bear' that further positions her suffering within the faith narratives.

Three years on, while Abigail has made sense and made the loss of her beloved son Luke meaningful, the 'missing of' has worsened for her. Abigail's story is a reminder that lineal time is not necessarily the 'true' indicator of where a mother is 'at' in the grief process. Even though three years have passed, for this mother (and perhaps for others), it can still feel like early days.

As evidenced by the mothers' stories in this analysis, the socio-cultural context in which a mother lives influences their understandings of the loss of their beloved children from suicide in negotiating looking backwards to live forward. While Whina and Abigail are negotiating the loss of their beloved child to suicide in their own way, both mothers have found a purpose to live forward - Whina in providing counsel to others who have lost a child through suicide, and Abigail through her desire to improve the world in some small way. In both purposes, there is the potential to leave a legacy - a factor in the (re)building of resilience.

As experiential experts on loss of a child to suicide, the presentation of the mothers' stories 'case by case' have provided an appreciation of the influence of time on the processing

of grief and the ability to articulate the effect of the suicide of their child on their lives and on their relationships. While each mother's story conveyed her lived experience of loss of her child to suicide, and her personal view of that loss on herself and her family – each narrative held multiple meanings. Examination of the embeddedness of the broader eurocentric and Māori historical socio-cultural understandings that frame the production of discourse on suicide and mothering in Aotearoa, has illustrated their influence on the understandings of mothers as they negotiate their lived experience in a relentless process of 'looking backwards and living forward'. The 'case by case' method of analysis has highlighted and attended to the complexity and multiply determined nature of the culturally diverse environment of Aotearoa on mothers' experiences and understandings of living with loss through suicide. This method has also enabled me, as the researcher, to fulfil my desire to honour the mothers' stories while illustrating the diffusion of concepts and understandings between the Māori and Pākehā worlds.

Chapter Six: Discussion

Emerging Voice

Turn wounds into wisdom.
(Winfrey, n.d.)

In Aotearoa in 2011, 478 people committed suicide (Ministry of Health, 2014). Informed by my lived experience, I understand that loss to suicide affects mothers and other family members, influencing their health and ability to function for many years. The unseen cost of suicide on our nation's health and productivity is immeasurable.

Motivated by my own loss of a beloved son to suicide in 2005, I began this research as a means of understanding how other mothers negotiate and rebuild their lives after the experience of living daily with a suicidal child who they lost to suicide. As a postgraduate student of psychology, I was interested in how their understandings could inform psychological practice when working with mothers and their families after the experience of loss of a child to suicide. The main objective of this research was to provide a space to enable the previously silent voices of mothers who have lost a child to suicide in Aotearoa to emerge. A secondary objective was to illustrate how socio-cultural context informs a mother's understandings as she negotiates her experience of loss and in doing so, provide an insight into their shared understandings and diversities. There were two reasons for these objectives. The first was that as a mother who had lost an adolescent son to suicide, I was interested in how other mothers, who had lived with a suicidal child and lost that child to suicide, made sense of their loss and built resilience. Secondly as a researcher, I wanted to provide space where through their own voice, how mothers negotiate the meaning of the loss could emerge.

The sensitive nature of this research influenced the decision to engage with an organisation working with suicide bereaved and who were able to hold the mothers and myself, during and after the interviews, if necessary. Hearing the call of my ancestors to go home, prior to beginning the study I discussed the potential for this research to be undertaken utilising a Māori centered approach under the umbrella of Te Runanga o Ngāti Pikiao Trust. Te Runanga of Ngāti Pikiao Trust has succeeded in substantially reducing the level of completed suicides in the Rotorua rohe. Although interested, approaches by a number of other parties (including two

from major organisations) who also wished to conduct research through the Trust, drove home the realisation to the Trust that they needed to develop and put in place a research policy. Constrained by the university timeframe for research at Masterate level, I decided to approach other organisations with a community focus. Ultimately, the research was undertaken with the help and support of ACROSS Te Kotahitanga o te Wairua. Embarking on this research through ACROSS opened up space to consider two changes. The first, which occurred on the advice of the support group co-ordinator, was the incorporation of mothers whose children were young adults, so their child was not necessarily living with their mother when they committed suicide. The second enabled me to explore the potential of filling a gap in research literature – hearing the stories of mothers living in a bi-cultural society who have lost an adolescent or young adult child to suicide.

Due to my insider knowledge, I was aware that it would be important for the mothers to set the tone and pace of the interview. While I had areas that I hoped to explore during the *kanohi ki te kanohi* semi-structured conversational interviews, as the interviews took place, I became acutely aware that other than utilising gentle prompts - I needed to let the mothers talk. I had to trust that I would be able to elicit their understandings, from the transcripts, as they pertained to the areas that interested me. This heightened awareness came from recognising not only their absolute need to talk, but also of competing and complicating narratives in each mothers lived experience. The mothers wanted to participate in this research. It provided them with an opportunity to talk of their child, and their experience of loss to suicide, with another mother who has experienced the same type of loss. More importantly, they wanted their stories told, to awaken understanding of the ongoing effects of suicide on those left behind - to end the silence.

To open up space for the mothers' voices to emerge, I utilised a phenomenological epistemology to facilitate locating the mothers in their own understandings and enable the influence of the historical and socio-cultural context of Aotearoa on their experience to be explored. Understanding this research from a phenomenological epistemology and employing IPA as the method of analysis has enabled the layers of meaning to emerge from the mothers descriptive accounts of loss to suicide. The use of IPA in conjunction with presentation of the analysis on a 'case by case' basis kept the mothers stories at the heart of this research. The decision to take this approach evolved through recognition of the influence of time on how mothers arranged the telling of their stories.

The mothers' narratives illustrate the rupture loss of a child to suicide creates in the lives of mothers and their families. Existing fissures in family relations may widen, giving rise to mothers and other family members becoming isolated in their grief – from each other and the wider community. The mothers navigated their loss experience through a number of different and at times contradictory narratives. The mothers' narratives gave rise to the main insight in learning to live with loss, of 'walking backwards and living forward', recognition of the 'betwixt space' and to the understanding that in Aotearoa some mothers 'walk between two worlds', Māori and Pākehā, as they navigate the loss of their child to suicide. The emergence of the analysis themes, 'walking zombie' and 'elephant in the room' from the mothers' stories were indicators of the influence of time on mothers' ability to articulate their understandings, and the development of sense making and meaning making as a process.

Examining the mothers' stories has enabled awareness that personal understandings of loss to suicide, are shaped by historical and current socio-cultural context, and community understandings of psychological health, suicide, grief, mourning, and mothering. The encouragement of individual responsibility through the practice of stoicism during stressful times, eurocentric socio-cultural 'mother deficit' narratives, and the influence of religious beliefs in holding a mother's woundedness emerged during the process of analysis. It became apparent throughout the analysis that each mother navigates her journey through loss in her way, at her pace, within the personal and interpersonal socio-cultural context that informs and textures her life, and that in time resilience does build.

The analysis is consistent with the circularity and interpretive nature of phenomenological research. It brings meaning and understanding to how mothers' views of themselves and their experience of loss of their child to suicide are influenced by and intersect at the ideological, personal and interpersonal levels as they negotiate their relationships and social support, and in the building of resiliencies. The combination of IPA and the 'case by case' presentation allowed for an understanding of the influence of the complexities of mothers' lives on their negotiation of loss of their child to suicide. What became evident through the process of analysis was that mothers were attempting to balance the need to keep memories of their dead child close while at the same time negotiating their understandings and sense making within the framework of biomedical understandings of psychological health and suicide embedded in their socio-cultural contexts. This entails a relentless process of walking backwards, remembering and sifting through memories (attempting to gain understandings, to make sense and/or meaning) that helps a mother to live forward and encourages the building of resilience.

Another aspect to emerge was that as mothers negotiate their own grief, they have little energy to deal with the grief of other family members. However, from a socio-cultural perspective, mothers in Aotearoa are positioned as the family/children's caregiver (Ritchie, 2007), so when a mother's energy is depleted through loss of a child to suicide, the tension between 'deficit mother', 'mother blame' and 'good mother' narratives emerge and can place them at risk of psychological health issues. The mothers are vulnerable to the contradictions and complexities of socio-cultural understandings of suicide, psychological health and mothering.

While not all of the mothers in this study were aware their child was potentially suicidal, when there were signs they were not always straightforward. This was illustrated in the case of Lexie, who thought her daughter had recovered from an anxiety attack six months earlier. At times assurances from biomedical professionals of the extent of their child's level of wellness may lull a mother into a false sense of security - for not all mothers whose children commit suicide have an understanding of psychological processes as they pertain to suicide. This understanding opens space for recognition that the very nature of a biomedical clinician's position can create a distance between a professional and a mother, as a mother may dismiss a clinician's understandings by viewing those understandings as psychological positioning. For example, when a clinician, in an effort to alleviate a mother's guilt feelings, gently explains that committing suicide was her child's choice it could potentially reinforce guilt if social-cultural context is not explored.

The research also illustrated that when mothers are under extreme stress over a period of time, and responding to other complexities in the family, they could miss and/or misread signs that a child of theirs is contemplating suicide. The stories of Whina and Abigail provide insight into the toll ongoing stress from complex 'life events' takes on a mother. Yet there is a eurocentric socio-cultural assumption that mothers should know when their child is contemplating suicide, therefore to lose a child to suicide means a mother has failed her responsibility as a mother. During the research process the effect of gendered eurocentric blame narratives resulting from this assumption manifested in the guilt mothers experience over not noticing, or of brushing over, warning signs that their child was in despair.

A feature that emerged during analysis was the difference in the initial processing of loss of your child to suicide, between a mother who 'finds' her child and a mother who is 'told' of her child's suicide. Being 'told' engages a response of disbelief that is not possible to mothers who 'find' their child. After the 'finding' or the 'telling', all the mothers then experience a

maelstrom of emotions and begin to analyse and/or wonder why their child chose to commit suicide.

The mothers' stories offer two challenges to psychological research and practice. Firstly, they provide an insight of the power of gendered 'deficit' narratives to exacerbate the burden of responsibility experienced by mothers through historical socio-cultural constructions of mothering and suicide. This study has brought forth an understanding of the influence of gendered morality on mothers' understandings and on their psychological health and well-being. The mothers' stories have opened a space for psychology to negotiate the effect of loss of a child to suicide on the psychological health of mothers by including understanding the influence of gendered socio-cultural narratives that hold mothers responsible for the well-being of their children. The combination of these understandings with psychological understandings of pathology enables the potential for psychological treatment to be more efficacious.

Secondly, the voice that emerged during the course of this research challenges the code of silence that surrounds suicide. The mothers' narratives powerfully illustrate the harm 'silence' perpetuates intergenerationally, in families touched by the experience of loss of a child through suicide. Psychological practice in Aotearoa is ethically bound to uphold four principles: respect for the dignity of persons and peoples, responsible caring, integrity of relationships, social justice and responsibility to society (Seymour, 2007). If these principles are to be adhered to, then psychologists must seriously consider whether continuation of the 'silence' is truly in the best interests of the welfare of mothers and families bereaved by suicide.

The limitations of this research are bounded by the epistemological assumptions of phenomenology and the Māori principles and values that have guided the ethical and methodological conduct of this study, for these conditions both enable and constrain what can be said. Therefore, what becomes important is the co-relationship enabled by insider research, and the reflexivity of the researcher, hence the inclusion of my story along the way *...and I remember....* In addition, the research has been shaped by both my own personal assumptions and my story as an insider, in conjunction with the influence of the wider socio-cultural context that has produced my framework of understanding. The mothers' stories were themselves shaped by their trust in me as an insider, in the tensions that exist between the mothers' socio-cultural understandings and my own, and my desire to do justice to their stories. However, the analysis is consistent with a phenomenological epistemological ideology, and IPA was utilised as a means to listen for the potential beyond the individual level and speak to a wider socio-

cultural construction of the experience of loss of a child to suicide. The analysis then suggests a set of experiences that could be experienced by any mother bereaved by suicide in Aotearoa.

Future research could specifically focus on the experiences of siblings and/or fathers. Rather than a generalist account of 'family' response, there may be important gender differences in responses between mothers and fathers that are embedded in dominant cultural narratives, and among siblings that are contextual and gender influenced. Such research could take into account the way they position themselves in the stories, and/or the influence of socio-cultural understandings of suicide on their sense making, meaning making, and building of resilience. The experiences of mothers who have 'lived forward' for more than three years could be explored to gain a greater depth of understanding of the dynamic process of building resilience after the loss of a child to suicide. There is potential for this research to open spaces for psychology, community organisations and the community itself, to inform and help each other as they take care of mothers and their families in the aftermath of loss of a child to suicide. It may open spaces that help to normalise talking about suicide and loss through suicide, and therefore help shift conversational constraints associated with feelings of stigma and shame.

The loss of a child to suicide is an ongoing lived experience that forever textures a mother's way of seeing and being in the world. The complicating and competing narratives, and the ways mothers negotiated their experience represents the diversity of the experience of loss of a child to suicide, illustrates how socio-cultural 'mother deficit' narratives compound the devastating nature of the resulting grief. For me, the realisation of the importance of social support and understanding, for mothers and their families, by central and local government and within the community itself, as they 'walk backwards and live forward' in helping to build resilience, along with insight into the intergenerational harm perpetuated by the 'silence' were the most important factors to emerge from this research. From the conversations with the mothers, I interpreted that for social support from psychologists, counsellors and community organisations to be most effective, and to moderate the guilt and shame experienced by mothers after loss of a child to suicide – it is important that conversations on suicide and its' effects are not silenced.

As mentioned earlier, my interest in undertaking this research was motivated by my own lived experience of loss to suicide. While the journey has not always been easy, it has provided me with a depth of understanding that I would not have necessarily gained through a different means. Along the way I became aware that the very act of grieving helps us to heal. Yet how we

journey through our grief, the length of time it takes, and what we choose to do with the space(s) grief opens up, is for us to decide and this can be achieved by speaking against the 'silence'.

Finally, during the research process, I came to the understanding that suicide is a barometer of the health of our nation. In reflecting on this realisation, I wonder if the high level of suicide in Aotearoa relates to the degree a person(s) feels valued not just by their family, but by their community, and the society in which they live. In this respect, I interpret that the intergenerational effect of dislocation, and subsequent experience of devaluation of Māori ways of knowing and being in the world, resulting from the process of colonisation has produced a cavernous wound that has exerted a greater influence on the prevalence of suicide amongst Māori youth than our eurocentric society chooses to acknowledge. So perhaps it is time to recognise that the encouragement of a positive self-image and the provision of purposeful activities for all could instil a sense of being valued and provide hope for the future in a person(s). They may not only build resilience but may effectively reduce the number of suicides and the subsequent lived experience of loss of our beloved children to suicide.

He aha te mea nui o te ao?
He tangata! He tangata! He tangata!
What is the most important thing in the world?
It is people! It is people! It is people![6]

[6] Whakataukī sourced from - http://www.korero.maori.nz/forlearners/proverbs

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Appendix A: Information Sheet

Mothers' Voices: Mothers' stories of living with their suicidal adolescent who eventually committed suicide

PARTICIPANT INFORMATION SHEET

Researcher: Diane Lee Conway: School of Psychology, Massey University

Introduction:

I am a Masters student in Psychology at Massey University. I am inviting you to take part in some research that I am undertaking which is looking at how mothers make sense of their experience of living with their suicidal adolescent who eventually committed suicide and any personal strengths that may have arisen from this experience.

The University requires that ethics approval be obtained for research involving human participants. This research is being supported by ACROSS and is supervised by Dr Leigh Coombes from the School of Psychology at Massey University.

I am inviting mothers who have experienced living with a suicidal adolescent who eventually committed suicide to participate in this study. You will not be expected to travel and interviews will be conducted at a private location that you feel comfortable in.

What you would have to do:

You are invited to complete an interview with myself, which involves talking about your experiences and feelings of living with your suicidal adolescent who eventually committed suicide, the effects of your loss on you, and the personal strengths you have found that are enabling you to build your life again.

I will ask some open ended questions but I am mainly concerned about the effects of your loss on you and the personal strengths you have found which are enabling you to rebuild your life along with your experiences and feelings towards your story of living with a suicidal adolescent who eventually committed suicide. The interview may take between 1 to 2 hours. Interviews will be voice recorded so that they can be transcribed after the interview. You have the right as the participant to ask that the voice recorder be turned off at any time during the interview. All written records of the interview will be returned to you to ensure that what has been transcribed reflects your story. You will have the opportunity to make any suitable changes to your telling if you feel they are necessary.

If at any stage you feel discomfort or distress during the interview process, ACROSS has agreed to provide ongoing support through their counselling service. If I have concerns for your safety, with your permission, I would report my concerns to ACROSS.

Extracts of the conversation from the interview will form the basis of the research and will be put into the written report. It will not be possible for you to be personally identified, no names or family names will be used throughout the written documents. Audio recordings will be destroyed once they have been transcribed. All material collected will be kept confidential and separate from any identifying data and placed in a secure location. Only my supervisor Dr Leigh Coombes and I shall have access to the data collected. All data collected for this research will be safely destroyed after 5 years. Should you choose to take part in this research, we welcome any questions you may have, and it is important for you to understand that you are welcome to withdraw from the study at any point prior to return of the transcript. At the completion of this research, everyone who has taken part will be sent a summary of the research findings.

Your rights:

You are under no obligation to accept this invitation. If you decide to participate you have the right to:

- have a support person with you during the interview process
- decline to answer any particular question
- withdraw from the study at any given point prior to the return of the transcript
- ask any questions about the study at any time during participation
- provide information on the understanding that your name will not be used unless you give permission to the researcher
- be given access to a summary of the project findings when it is concluded

While the researcher will make every endeavour to protect the confidentiality of you, the participant, this cannot be guaranteed. Should you have a support person accompany you, to protect your privacy, they will be requested to sign a confidentiality agreement.

It is important to contact myself as the researcher if you choose to withdraw or if you have any questions regarding the research.

The thesis will be submitted for marking to the School of Psychology and deposited within the University Library. It is intended that the research may be submitted for publication in scholarly journals.

Please consider this information carefully before deciding whether or not you would like to participate, and ensure that you understand fully your rights as the participant. If you have any questions or would like to receive further information regarding this research, please feel free to contact me.

Diane Lee Conway (Researcher)
School of Psychology
Massey University
Palmerston North
Phone: 027 245 2702
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Dr Leigh Coombes (Supervisor)
School of Psychology
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Thank you for your time

Kind regards

Lee Conway

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/39. If you have any concerns about the conduct of this research, please contact Dr Nathan Matthews, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 80877, email humanethicsouthb@massey.ac.nz.

Appendix B: Participant Consent Form

Mothers' Voices: Mothers' stories of living with their suicidal adolescent who eventually committed suicide

PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my transcript returned to me.

I agree to participate in the study under the conditions set out in the Information Sheet.

Signature: .....

Date: .....

Full Name - Printed: .....

Appendix C: Authority for Release of Transcripts

Mothers' Voices: Mothers' stories of living with their suicidal adolescent who eventually committed suicide

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature: ..... Date: .....

Full Name - printed: .....