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Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide: Interim Findings

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# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide: Interim Findings

John Whitebrook



*Alex Whitebrook*

*03-Feb-1991 ~ 01-May-2017*



Survivors of  
Bereavement  
*by Suicide*



UNIVERSITY OF  
WEST LONDON

Doctoral Organisation Research  
Seminar 11-Sep-2024



# Suicide postvention uptake and effectiveness in UK & Ireland adult male survivors

## Whitebrook Ph.D. Research Programme Graphic

Male suicide bereavement, trauma, men & help-seeking, postvention & peer support etc.

Lived experiences of men bereaved by suicide: impact, coping, support sought / taken up etc.

Exploring barriers and facilitators to postvention uptake & effectiveness; including providers & non-participatory men

Exploring the factors that may determine postvention uptake & effectiveness in men, including non-participatory men (demographics, loss, stigma, attitudes, wellness etc.)

Literature

M.Sc.

Library, Google Scholar

Protocol

Interviews

Survey

Thesis

**Broad Literature Review:**  
Cross-sectional overview of postvention in male context

**Meta-ethnography:**  
Review of male postvention qualitative research

**Qualitative Study:**  
Identification of key drivers regarding male postvention

**Quantitative Study:**  
Contribution of main drivers for male postvention uptake & effectiveness

### Unique Contribution:

- Essential insights into the factors impacting UK & Ireland adult males bereaved by suicide, and how postvention approaches require modification to meet their needs

### Possible Impacts:

- Greater awareness and understanding, facilitating a more unified approach to suicide postvention
- Description, and enablement, of a key role for male survivors in determining the approach to postvention

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Presented at the 15-Jun-2023 7<sup>th</sup> Suicide & Self-Harm Early and Mid-Career Researchers' Forum and the 14-Jul-2023 UWL Doctoral Students Conference

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Thesis

& effectiveness

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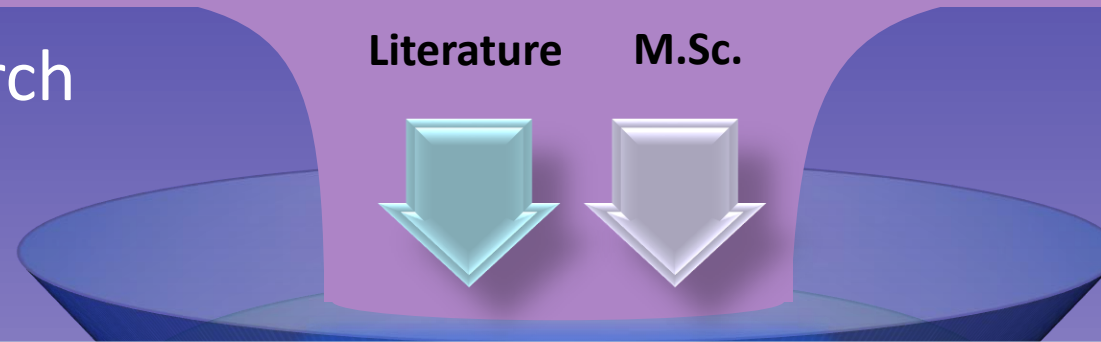
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# Suicide postvention uptake and effectiveness in UK & Ireland adult male survivors

## Whitebrook Ph.D. Research Programme Graphic



# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

Male suicide bereavement, trauma, men & help-seeking, postvention & peer support

Lived experience

Exploring bereavement postvention including peer support

**Broad Literature Review:**  
Cross-sectional overview of male context

**Ethnography:**  
Qualitative research

**Qualitative Study:**  
of key drivers of postvention

Presented at the 17-Jun-2024 8th Suicide & Self-harm Early & Mid-Career Researchers' Forum (Poster) and the 12-Jul-2024 UWL Doctoral Conference (short version) and herein

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# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

What is postvention?

*"Since the seminal publications of Shneidman (1969) and Cain (1972), postvention, that is, the 'activities developed by, with or for suicide survivors, in order to facilitate recovery after suicide and to prevent adverse outcomes including suicidal behaviour'...has attracted increased clinical and research interest."* (Andriessen, 2014)

Suicide & bereavement rates?

- c. 760k annual suicide deaths globally – 69% male (Ilic & Ilic, 2022)
- Exposure to suicide c. 48 million p.a. (Quayle et al., 2023<sup>\*</sup>)
- Others estimate 135 exposed per suicide (Cerel, 2019<sup>†</sup>)
- UK & Ireland annual suicides c. 7,000 (Govt. stats.)
- Implies c. 442k<sup>\*</sup> – 945k<sup>†</sup> people exposed p.a. in UK & Ireland
- Suicide loss survivors 65% ↑ risk of suicide (Pitman et al., 2016)

Why Men?

- Studies of bereavement support services are dominated (80-91%) by female participation (Andriessen, 2014)

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

What is postvention?

*Since the seminal publications of Shneidman (1969) and Cain (1972), postvention, that is, the “activities developed by, with or for suicide survivors, in order to facilitate recovery after suicide and to prevent adverse outcomes including suicidal behaviour”*

*Postvention is prevention (Jordon, 2017)*

- UK & Ireland annual suicides c. 7,000 (Govt. stats.)
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Why Men?



# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

Semi-structured, online (MS Teams) interviews with:

- Service providers – incl. female participants to get perspective on male behaviour
- Service users – males actively participating in postvention activities
- Service (potential) users – males never participated or have but withdrawn
- Service users – females to get independent perspective on male behaviour
- Academic experts in the field of suicide bereavement (likely female!)

UK						Ireland					
Provider		User			Ex.	Provider		User			Ex.
Male	Female	Male↑	Male↓	Female↑		Male	Female	Male↑	Male↓	Female↑	
1	1	2	6	2	1	1	1	2	6	2	1

Key: ↑ does participate in postvention, ↓ does not participate in postvention, Ex. = Academic Expert, N = 26

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

Demographic information						
Pseudonym	Age	Sex	Relationship	Age of person lost	Sex of the person lost	Years since loss
Angela	57	F	Daughter	11	F	8
Emily	N/A	F	N/A	N/A	N/A	N/A
Brian	58	M	Cousin	30	M	45
Adam	57	M	Wife	48	F	4
James	62	M	Partner	59	F	2
Stephen	55	M	Son	15	M	2
Damon	68	M	Daughter	33	F	2
Margaret	N/A	F	N/A	N/A	N/A	N/A
Edwin	39	M	Brother	24	M	19
Graham	50	M	Son	18	M	1
Mark †			Friend	54	M	4
	59	M	Neighbour	63	M	5
Jane	64	F	Son	30	M	<1
Gareth	47	M	Mother	40	F	27
Anthony	45	M	Brother	39	M	4
Paul	32	M	Wife	32	F	2
Geraldine	53	F	Son	18	M	2
Anna	54	F	Sister	53	F	10
Kevin	56	M	Son	18	M	2

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

Demographic information						
Pseudonym	Age	Sex	Relationship	Age of person lost	Sex of the person lost	Years since loss
Rebecca	25	F	Father	57	M	2
Graham	66	M	Brother	58	M	2
Keith	65	M	Sister	53	F	10
William	20	M	Brother	18	M	2
Tim	64	M	Son	15	M	6
Christopher	26	M	Father	52	M	11
Charles	59	M	Son	21	M	4
Simone †	54	F	Father	54	M	40
			Son	23	M	10

- Mother, father and brother of the same 18-year-old man lost
- Brother and sister of the same female 53-year-old female sibling lost
- 26 interviews conducted 28-Feb-2024 to 06-Sep-2024 (a little over six months)
  - Mean age of participants\* 51.5 (range 20 – 68)
  - Mean age of person lost 39 † (range 11 – 63)
  - Mean time since loss 9.4 † (range <1 – 45)

† Two participants has each lost two people to suicide

\* Providers had experienced loss, but academics had not, so N = 24

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Pseudonym	Age	Sex	Relationship	Age of person lost	Sex of the person lost	Years since loss
Rebecca	25	F	Father	57	M	2
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- Participants M = 18, F = 8: F includes two academics, no suicide loss
- Those lost M = 18 (70%), F = 8 (30%): two participants each lost two males
- Statistical loss ratios are 3 – 4 M: 1 F for UK & Ireland (Samaritans, 2024)
  - Sample close to typical statistical M:F ratios
  - Statistics show that regional socio-economic factors impact rates
  - Sample atypical (by design) in terms of largely male participation

➤ Mean age of participants ~ 51.5 (range 20 – 66)

➤ Mean age of person lost 39<sup>†</sup> (range 11 – 63)

➤ Mean time since loss 9.4<sup>†</sup> (range <1 – 45)

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# A meta-ethnography of male suicide bereavement qualitative research (Study 1)

Meta-Ethnography: Synthesizing Qualitative studies (Noblit & Hare, 1988):

- The synthesis of interpretive research
- Involves the translation of studies into one another
- The translation of studies takes the form of an analogy between and/or among the studies
- 'making a whole into something more than the parts alone imply'

Improving reporting of meta-ethnography: The eMERGe reporting guidance (France et al., 2019):

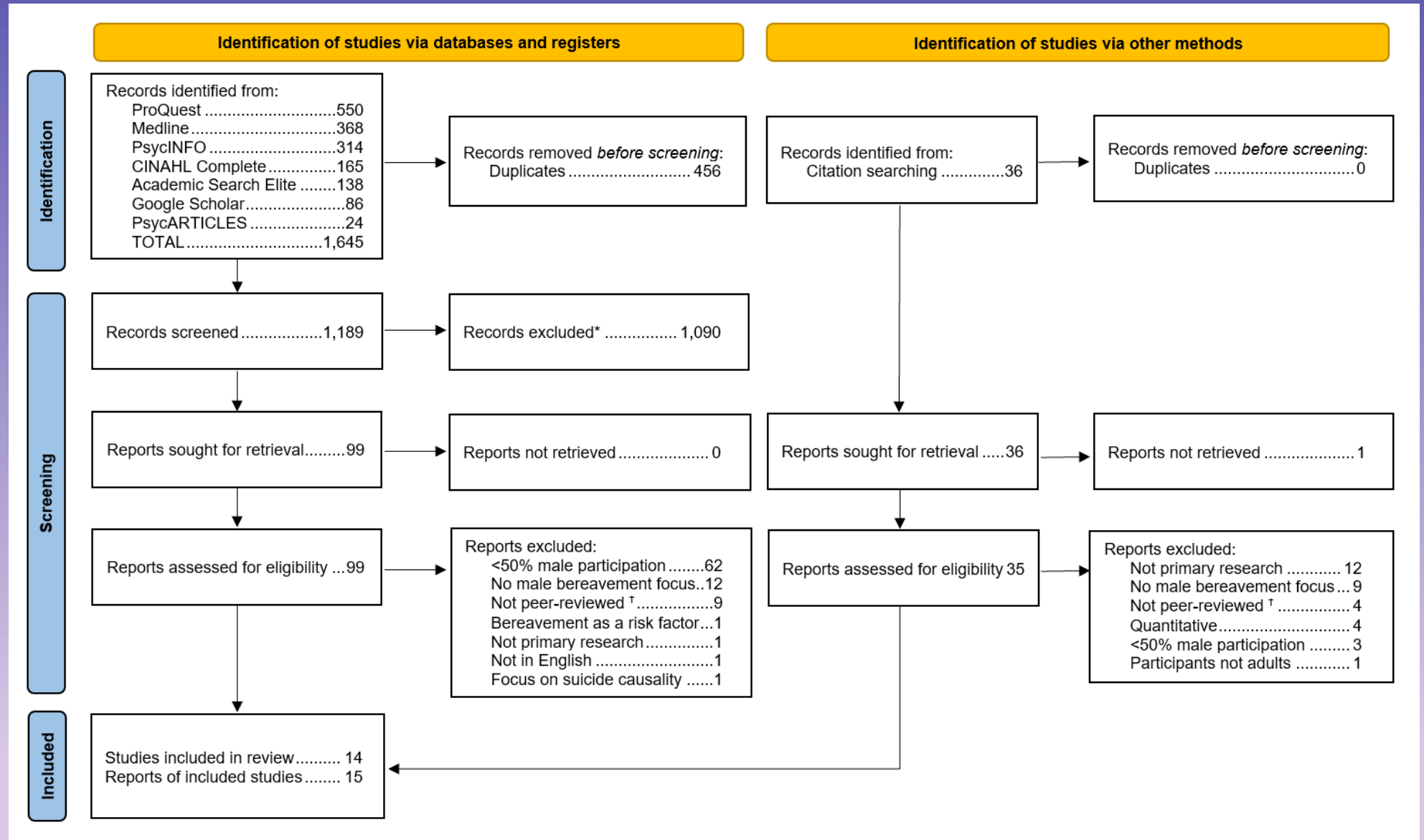
- To provide guidance to improve the completeness and clarity of meta-ethnography reporting
- Recommendations and good practice for all seven phases of meta-ethnography conduct and reporting were newly identified leading to 19 reporting criteria and accompanying detailed guidance

# A meta-ethnography of male suicide bereavement qualitative research (Study 1)

## PRISMA Flowchart

*Preferred Reporting Items for Systematic reviews and Meta-Analyses*

PRISMA 2020 explanation and elaboration: updated guidance and exemplars for reporting systematic reviews (Page et al., 2021)



# Meta-ethnography Synthesis:

**IMPACT:** questioning of own existence and purpose (including suicidal ideation); searching for answers...

**BLAME:** judgement, disrespect, low empathy, religious dogma; self-blame leading to withdrawal...

**HEALTHCARE & SUPPORT:** deceased's mental health / self-harm or suicide attempts; let down by healthcare system...

**DISTRESS:** shock, anger, fear, guilt, agony, grief, anxiety, denial, depression, injustice...

**RESPONSIBILITY:** failure to keep the deceased safe; protective towards other survivors...

**CULTURE:** taboo regarding suicide and mourning; systemic broad and long-term denial...

**MEMORIALISATION:** lost futures, pride and personal growth, spirituality; relief...

**INNER CONFLICTS:** e.g., emotional pain but fear of losing the connection if it fades; guilty of keeping secrets...

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**EIGHT CONCEPTS**



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**Changed Forever:** the impacts of suicide are not transitional but life-changing and permanent...

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**Protector:** sense of failure to protect those lost; feel responsible for subsequently keeping others safe from suicide...

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MEMORIALISATION:

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HEALTHCARE & SUPPORT: deceased's...

**Lost in plain sight:** millions significantly affected but not recognised in terms of their losses, trauma and support needs...

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BLAME: judgement, disres...

**Stigmatisation:** mental health and suicide, frowned upon; survivors are frequently judged...

RESPONSIBILITY: failure...

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CULTURE: taboo...

**Societal norms:** losses within framework of culture and society; constrained by acceptable customs...

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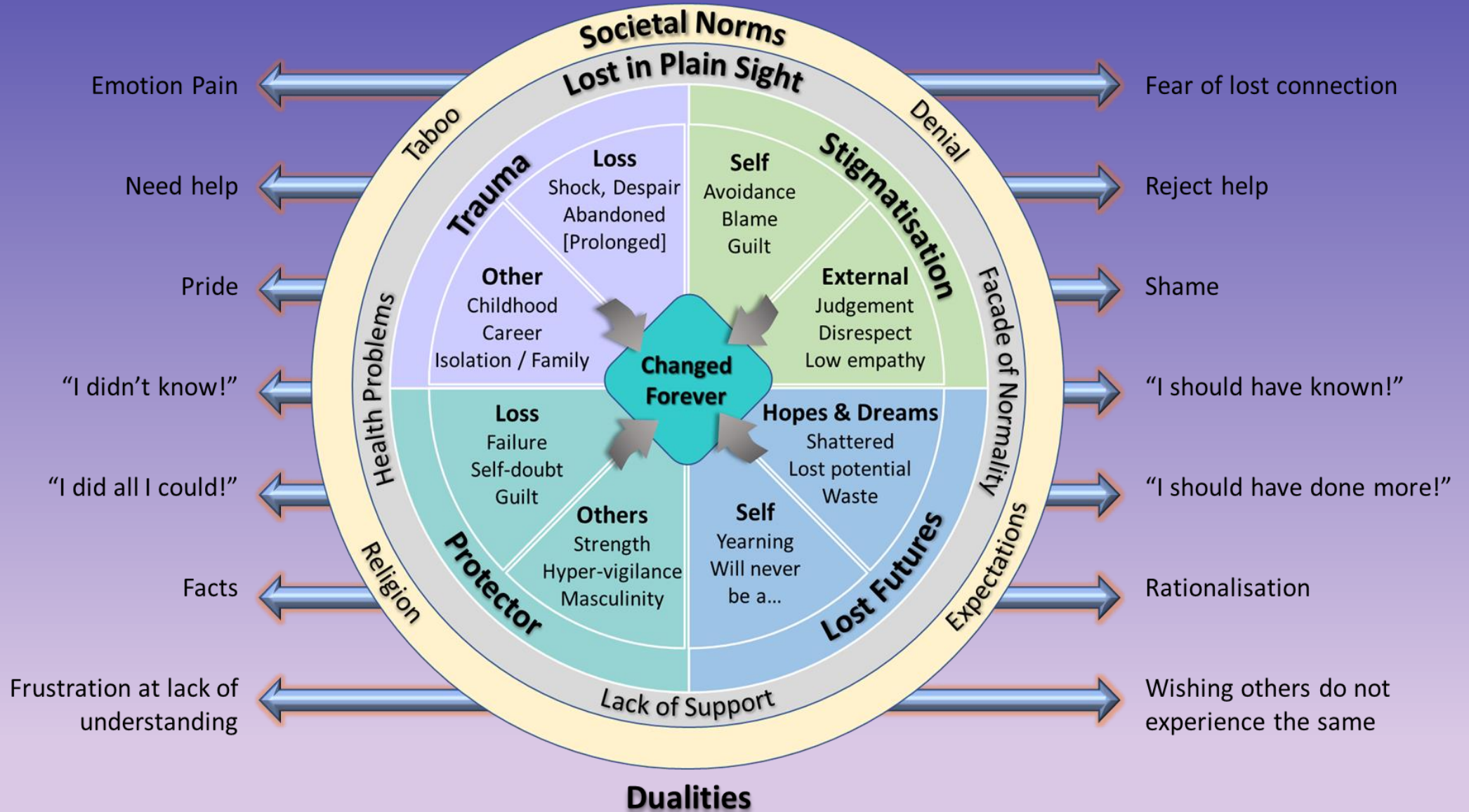
INNER CONFLICTS: e.g., emoti...

**Dualities:** constantly face conflicting emotions, pressures, expectations, needs etc.; cognitive dissonance...

## ➔ EIGHT CONCEPTS



# Proposed Suicide Bereavement Model



# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Participant Quotes

*"It's a taboo! So, when I...go out with my friends, it's like the elephant in the room..."* User (M)

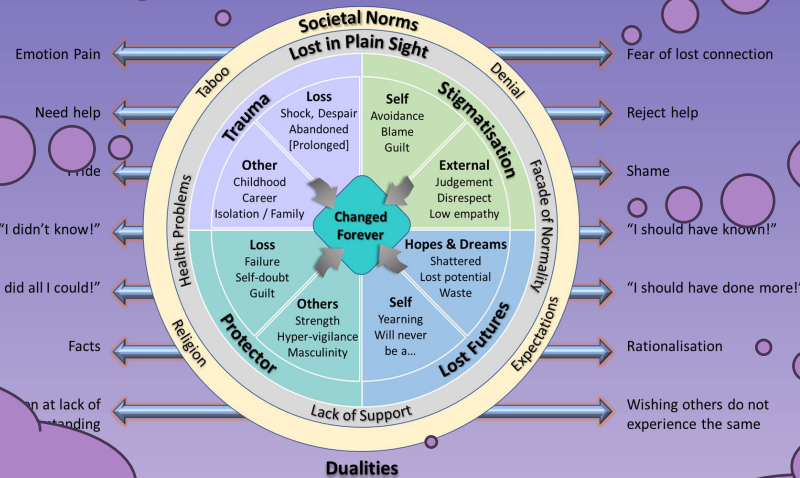
*"...men tend to feel...they're supposed to be the...provider, the big, strong person who looks after everybody else."* Provider (M)

*"...coming with a female supporter...there's a togetherness in it, and there's no expectation of you having to speak."* Provider (F)

*"...the fact that you're...male, you're older, you just don't [get] the...same level of empathy or understanding."* User (M)

*"...in secondary schools, why wouldn't you have a weekly therapy class for everybody...and get people talking and connecting with their emotions and teasing out issues...and talking."* User (M)

*"Everyone would, quiet correctly and understandably, ask my wife how she was, but no one...asked me."* User (M)



*"I just work now. That's all I do, I...don't plan for anything. Contemplated suicide myself. But I know the devastation that will cause to the rest of the family."* User (M)

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Enablers

- Provide information men can digest is their own time/'menu' of options
- Activities with implicit suicide bereavement support/ informal support
- Activities with a physical/outdoor component
- Female accompaniment and lack of pressure to speak
- Hybrid meetings (don't have to walk into a room of mainly women)
- Men-only suicide bereavement peer-support groups
- Overt encouragement of men to share their feelings i.e. don't reinforce stereotype by leaving them to internalise emotions
- Involvement in advocacy for bereavement charity
- Realisation that other people can truly help and are strong
- Accepting that multiple approaches are needed
- Peer support – others that 'get it'
- Psychoeducation: understanding suicide bereavement & grieving styles (bereaved & society as a whole, with a start at school age)
- Provision of suicide bereavement support by default
- Metrics on the better outcomes for those that engage\*
- Writing/journaling (more women tend to do this)
- Counsellors/therapists with first-hand suicide bereavement experience

Male specific

Predominately male

General

\* Research needed

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## Emerging Themes

Pressure Reduction

\* Research needed

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### Action Based

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Predominately male

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\* Research needed

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Attitude Shifts

\* Research needed

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- Realisation that other people can truly help and are strong
- Accepting that multiple approaches are needed
- Peer support – others that 'get it'
- **Psychoeducation: understanding suicide bereavement & grieving styles (bereaved & society as a whole, with a start at school age)**
- **Provision of suicide bereavement support by default**
- Metrics on the better outcomes for those that engage\*
- Writing/journaling (more women tend to do this)
- **Counsellors/therapists with first-hand suicide bereavement experience**

Male specific

Predominately male

General

## Emerging Themes

Societal Shifts

\* Research needed

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Enablers

- Provide information men can digest in their own time/'menu' of options
- Activities with implicit suicide bereavement support/informal support
- Activities with a physical/outdoor component
- Female accompaniment and lack of pressure to speak
- Hybrid meetings (don't have to walk into a room of mainly women)
- Men-only suicide bereavement peer-support groups
- Overt encouragement of men to share their feelings i.e. don't reinforce stereotype by leaving them to internalise emotions
- Involvement in advocacy for bereavement charity
- Realisation that other people can truly help and are strong
- Accepting that multiple approaches are needed
- Peer support – others that 'get it'
- Psychoeducation: understanding suicide bereavement & grieving styles (bereaved & society as a whole, with a start at school age)
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- Counsellors/therapists with first-hand suicide bereavement experience

Male specific

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## Emerging Themes

Pressure Reduction

Action Based

Attitude Shifts

Societal Shifts

\* Research needed



# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Barriers

- Pressure (real or perceived) to talk about emotions
- Societal expectations of stoicism/fear of showing weakness
- Avoidance/denial & fatalism
- Feeling a responsibility 'fix' things (in a mixed group)
- Family/friends support directed towards females
- Female dominance in activities (self-fulfilling prophecy)
- Delegation of grieving to females
- Can't match other men e.g. 'Three Dads Walking'
- Men-only MH groups not having suicide bereavement focus
- Financial constraints (prioritise females): breadwinner role
- Lack of workplace bereavement policy: breadwinner role
- Pathologizing suicide bereavement/grief (labelling)
- Lack of support groups focused on specific relationship loss
- Anger focus: person lost/healthcare/coroner etc.
- Hinder post-traumatic growth
- Cultural taboo/religious pressure to deny/ignore the suicide
- Lack of/poor signposting of support available
- Limited geographical coverage of services

### Male specific

### Predominately male

### General

List of Barriers presented in June/July based on the first 10 interviews

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Barriers

List of Barriers based on 26 interviews

- Pressure (real or perceived) to talk about emotions
- Societal expectations of stoicism/fear of showing weakness
- Denial & fatalism
- Feeling a responsibility 'fix' things (in a mixed group)
- Family/friends support directed towards females
- Female dominance in activities (self-fulfilling prophecy)
- Delegation of grieving to females ('park emotions')
- Can't match other men e.g. 'Three Dads Walking'
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- Hinder post-traumatic growth
- Cultural taboo/religious pressure to deny/ignore the suicide
- Fear of triggering/struggle with others pain/imposter syndrome
- Stigmatisation by association/embarrassment
- Lack of awareness of prevalence and others in the same situation
- The 'S' word!
- Perception that others don't want to talk about it
- People don't ask men how they're doing (meaningfully) – disenfranchised grief
- Focus on work (avoidance) and/or substance abuse – typically alcohol
- Admission of failure (esp. if lost a child) – guilt
- Fear of admission of trauma (memory, chronology, mental health issues, PTSD) and consequences (potential cascade effect)
- Macho – cool to be callous! (younger males)
- Struggle with unknowns of loss/comprehend rationale for the act
- Frustrations with 'the system' e.g., GPs and lack of direction
- Fear of being palmed-off with anti-depressants (associated stigma)
- Lack of/poor signposting of support available
- Limited geographical coverage of services

Key: Male specific / Predominately male / General

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Barriers

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## Emerging Themes

- Fear of triggering/struggle with others pain/imposter syndrome
- Stigmatisation by association/embarrassment
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- Struggle with unknowns of loss/comprehend rationale for the act
- Frustrations with 'the system' e.g., GPs and lack of direction
- Fear of being palmed-off with anti-depressants (associated stigma)

## Pressure

Key: Male specific / Predominately male / General

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Barriers

- Pressure (real or perceived) to talk about emotions
- Societal expectations of stoicism/fear of showing weakness
- Denial & fatalism
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## Emerging Themes

- Fear of triggering/struggle with others pain/imposter syndrome
- Stigmatisation by association/embarrassment
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- Struggle with unknowns of loss/comprehend rationale for the act
- Frustrations with 'the system' e.g., GPs and lack of direction
- Fear of being palmed-off with anti-depressants (associated stigma)

## Stereotypes

Key: Male specific / Predominately male / General

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Barriers

- Pressure (real or perceived) to talk about emotions
- Societal expectations of stoicism/fear of showing weakness
- Denial & fatalism
- Feeling a responsibility 'fix' things (in a mixed group)
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- Anger focus: person lost/healthcare/coroner etc.
- Hinder post-traumatic growth
- Cultural taboo/religious pressure to deny/ignore the suicide
- Lack of/poor signposting of support available
- Limited geographical coverage of services

## Family/friends Dynamics

## Emerging Themes

- Fear of triggering/struggle with others pain/imposter syndrome
- Stigmatisation by association/embarrassment
- Lack of awareness of prevalence and others in the same situation
- The 'S' word!
- Perception that others don't want to talk about it
- People don't ask men how they're doing (meaningfully) – disenfranchised grief
- Focus on work (avoidance) and/or substance abuse – typically alcohol
- Admission of failure (esp. if lost a child) – guilt
- Fear of admission of trauma (memory, chronology, mental health issues, PTSD) and consequences (potential cascade effect)
- Macho – cool to be callous! (younger males)
- Struggle with unknowns of loss/comprehend rationale for the act
- Frustrations with 'the system' e.g., GPs and lack of direction
- Fear of being palmed-off with anti-depressants (associated stigma)

Key: Male specific / Predominately male / General

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Barriers

- Pressure (real or perceived) to talk about emotions
- Societal expectations of stoicism/fear of showing weakness
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- Feeling a responsibility 'fix' things (in a mixed group)
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- **Can't match other men e.g. 'Three Dads Walking'**
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- Pathologizing suicide bereavement/grief (labelling)
- Lack of support groups focused on specific relationship loss
- Anger focus: person lost/healthcare/coroner etc.
- **Hinder post-traumatic growth**
- Cultural taboo/religious pressure to deny/ignore the suicide
- Lack of/poor signposting of support available
- Limited geographical coverage of services

## Emerging Themes

- **Fear of triggering/struggle with others pain/imposter syndrome**
- Stigmatisation by association/embarrassment
- Lack of awareness of prevalence and others in the same situation
- The 'S' word!
- Perception that others don't want to talk about it
- People don't ask men how they're doing (meaningfully) – disenfranchised grief
- Focus on work (avoidance) and/or substance abuse – typically alcohol
- **Admission of failure (esp. if lost a child) – guilt**
- **Fear of admission of trauma (memory, chronology, mental health issues, PTSD) and consequences (potential cascade effect)**
- **Mincho – cool to be callous! (younger males)**
- Struggle with unknowns of loss/comprehend rationale for the act
- Frustrations with 'the system' e.g., GPs and lack of direction
- **Fear of being palmed-off with anti-depressants (associated stigma)**

## Anxiety

Key: Male specific / Predominately male / General

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Barriers

- Pressure (real or perceived) to talk about emotions
- Societal expectations of stoicism/fear of showing weakness
- Denial & fatalism
- Feeling a responsibility 'fix' things (in a mixed group)
- Family/friends support directed towards females
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- Lack of support groups focused on specific relationship loss
- Anger focus: person lost/healthcare/coroner etc.
- Hinder post-traumatic growth
- Cultural taboo/religious pressure to deny/ignore the suicide
- Lack of/poor signposting of support available
- Limited geographical coverage of services

by suicide

## Emerging Themes

- Fear of triggering/struggle with others pain/imposter syndrome
- Stigmatisation by association/embarrassment
- Lack of awareness of prevalence and others in the same situation
- The 'S' word!
- Perception that others don't want to talk about it
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- Frustrations with 'the system' e.g., GPs and lack of direction
- Fear of being palmed-off with anti-depressants (associated stigma)

Accessibility

Key: Male specific / Predominately male / General

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Barriers

- Pressure (real or perceived) to talk about emotions
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- Lack of/poor signposting of support available
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## Emerging Themes

- Fear of triggering/struggle with others pain/imposter syndrome
- Stigmatisation by association/embarrassment
- Lack of awareness of prevalence and others in the same situation
- The 'S' word!
- Perception that others don't want to talk about it
- People don't ask men how they're doing (meaningfully) – disenfranchised grief
- Focus on work (avoidance) and/or substance abuse – typically alcohol
- Admission of failure (esp. if lost a child) – guilt
- Fear of admission of trauma (memory, chronology, mental health issues, PTSD) and consequences (potential cascade effect)
- Macho – cool to be callous! (younger males)
- Struggle with unknowns of loss/comprehend rationale for the act
- Frustrations with 'the system' e.g., GPs and lack of direction
- Fear of being palmed-off with anti-depressants (associated stigma)

## Societal Shifts

Key: Male specific / Predominately male / General



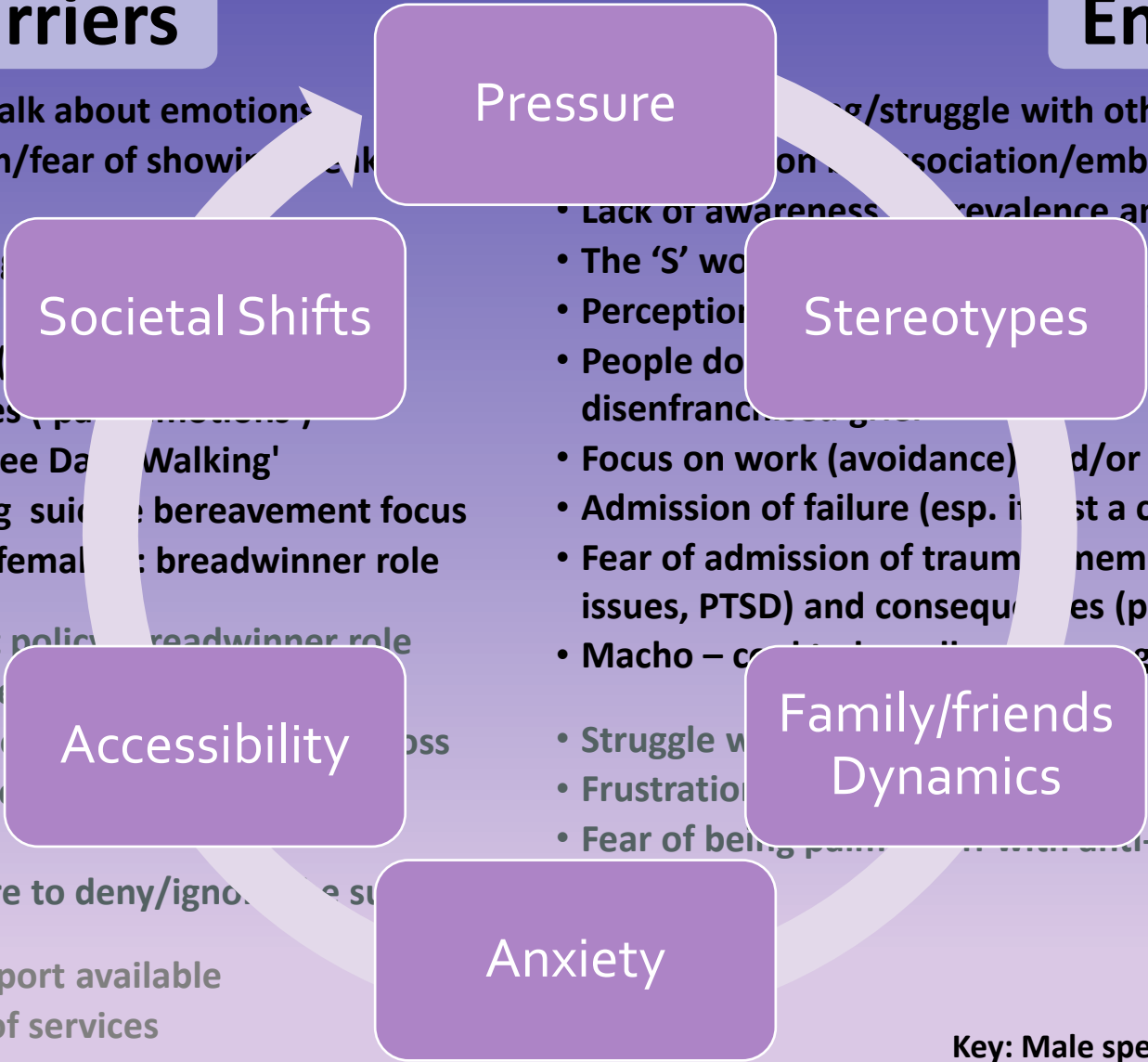
# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Barriers

- Pressure (real or perceived) to talk about emotions
- Societal expectations of stoicism/fear of showing weakness
- Denial & fatalism
- Feeling a responsibility 'fix' things
- Family/friends support directed towards women
- Female dominance in activities (e.g. bereavement support)
- Delegation of grieving to females (e.g. bereavement support)
- Can't match other men e.g. 'Three Days Walking'
- Men-only MH groups not having suicide bereavement focus
- Financial constraints (prioritise female breadwinner role)
- Lack of workplace bereavement policies (breadwinner role)
- Pathologizing suicide bereavement
- Lack of support groups focused on men
- Anger focus: person lost/healthcare system
- Hinder post-traumatic growth
- Cultural taboo/religious pressure to deny/ignore the suicide
- Lack of/poor signposting of support available
- Limited geographical coverage of services

## Emerging Themes

- Struggle with others pain/imposter syndrome
- Loneliness/isolation/association/embarrassment
- Lack of awareness of prevalence and others in the same situation
- The 'S' word
- Perception of stigma to talk about it
- People doing things (meaningfully) – disenfranchised grief
- Focus on work (avoidance) and/or substance abuse – typically alcohol
- Admission of failure (esp. in respect a child) – guilt
- Fear of admission of trauma (memory, chronology, mental health issues, PTSD) and consequences (potential cascade effect)
- Macho – cultural expectations (e.g. older males)
- Struggle with understanding rationale for the act
- Frustration with GPs and lack of direction
- Fear of being perceived as a weak and-depressants (associated stigma)



Key: Male specific / Predominately male / General

# Qualitative study of the postvention issues faced by UK & Ireland adult males bereaved by suicide

## Postvention Barriers

- Pressure (real or perceived) to talk about emotions

Pressure

## Emerging Themes

- Struggle with others pain/imposter syndrome

### What's next?

- Process the remaining interview transcripts (10 of 26)
- Thematic Analysis (Braun & Clarke, 2026, 2022) of transcripts
  - Write-up and journal paper
- Use output to inform a large-scale quantitative study

- Cultural taboos/religious pressure to deny/ignore

Anxiety

- Lack of/poor signposting of support available
- Limited geographical coverage of services

Key: Male specific / Predominately male / General

# THANK YOU

John Whitebrook

[21412615@student.uwl.ac.uk](mailto:21412615@student.uwl.ac.uk)

[john.whitebrook@research.uwl.ac.uk](mailto:john.whitebrook@research.uwl.ac.uk)

- X (Twitter): @JohnWhitebrook
- Discord: johnwhitebrook

<https://netecr.org/2022/03/13/john-whitebrook/>

<https://www.linkedin.com/in/john-whitebrook-864bo4/>



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