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

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

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Survivors of Bereavement *by* Suicide

UNIVERSITY OF WEST LONDON

HUGG

HEALING UNTOLD GRIEF GROUPS

Qualitative study of the 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*)
- Others estimate 135 exposed per suicide (Cerel, 2019†)
- UK & Ireland annual suicides c. 7,000 (Govt. stats. / Samaritans, 2024)
- Implies c. 442k* – 945k† 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)

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RESEARCH QUESTION:

- What are the barriers and enablers to UK & Ireland adult males bereaved by suicide participating in suicide postvention activities?

bereavement rates?

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- Others estimate 135 exposed per suicide (Cerel, 2019†)
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- Implies c. 442k* – 945k† people exposed p.a. in UK & Ireland
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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- Service (potential) users – males never participated or have but withdrawn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

UK						Ireland					
Provider		User			Ex.	Provider		User			Ex.
Male	Female	Male↑	Male↓	Female↑	F	Male	Female	Male↑	Male↓	Female↑	F
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

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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 †	59	M	Friend	54	M	4
			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

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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)

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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 rations are 3 – 4 M: 1 F for UK and 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

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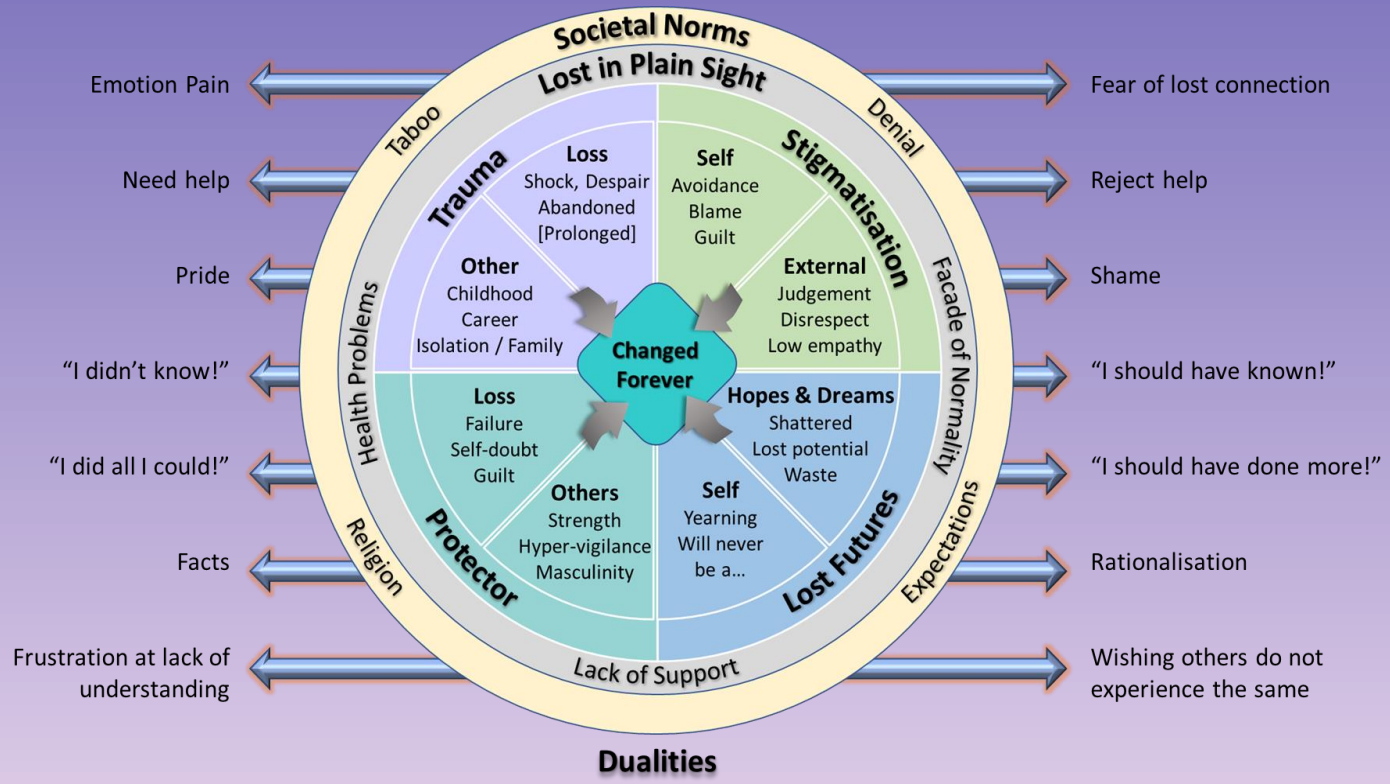
Reflexive Thematic Analysis

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology.
- Braun, V., & Clarke, V. (2022). *Thematic analysis : a practical guide* (2022).
- Braun, V., & Clarke, V. Conceptual and design thinking for thematic analysis.

Proposed Suicide Bereavement Model



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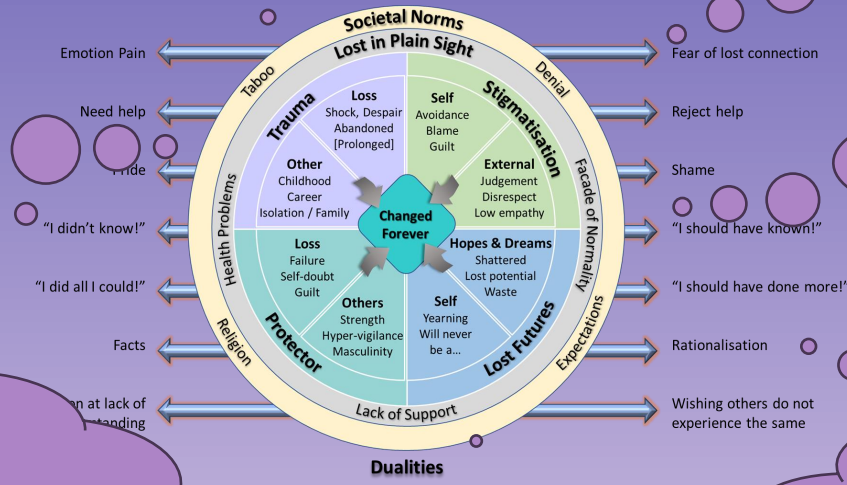
Participant Quotes

"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)



"…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)

"…the fact that you're…male, you're older, you just don't [get] the…same level of empathy or understanding." 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 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**
- **Female dominance in activities (self-fulfilling prophecy)**
- **Delegation of grieving to females ('park emotions')**
- **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**

- **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)**

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Anxiety

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Stigma

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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'**

Male dominated

- **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/journalling (more women tend to do this)**

Mostly male

- **Counsellors/therapists with first-hand suicide bereavement experience**

General

*** Research needed**

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→ **Pressure Reduction**

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Emerging Themes

Action Based

* Research needed

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Emerging Themes

Male dominated

Attitude Shifts

Mostly male

General

*** Research needed**

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Male dominated

Mostly male

General

Societal Shifts

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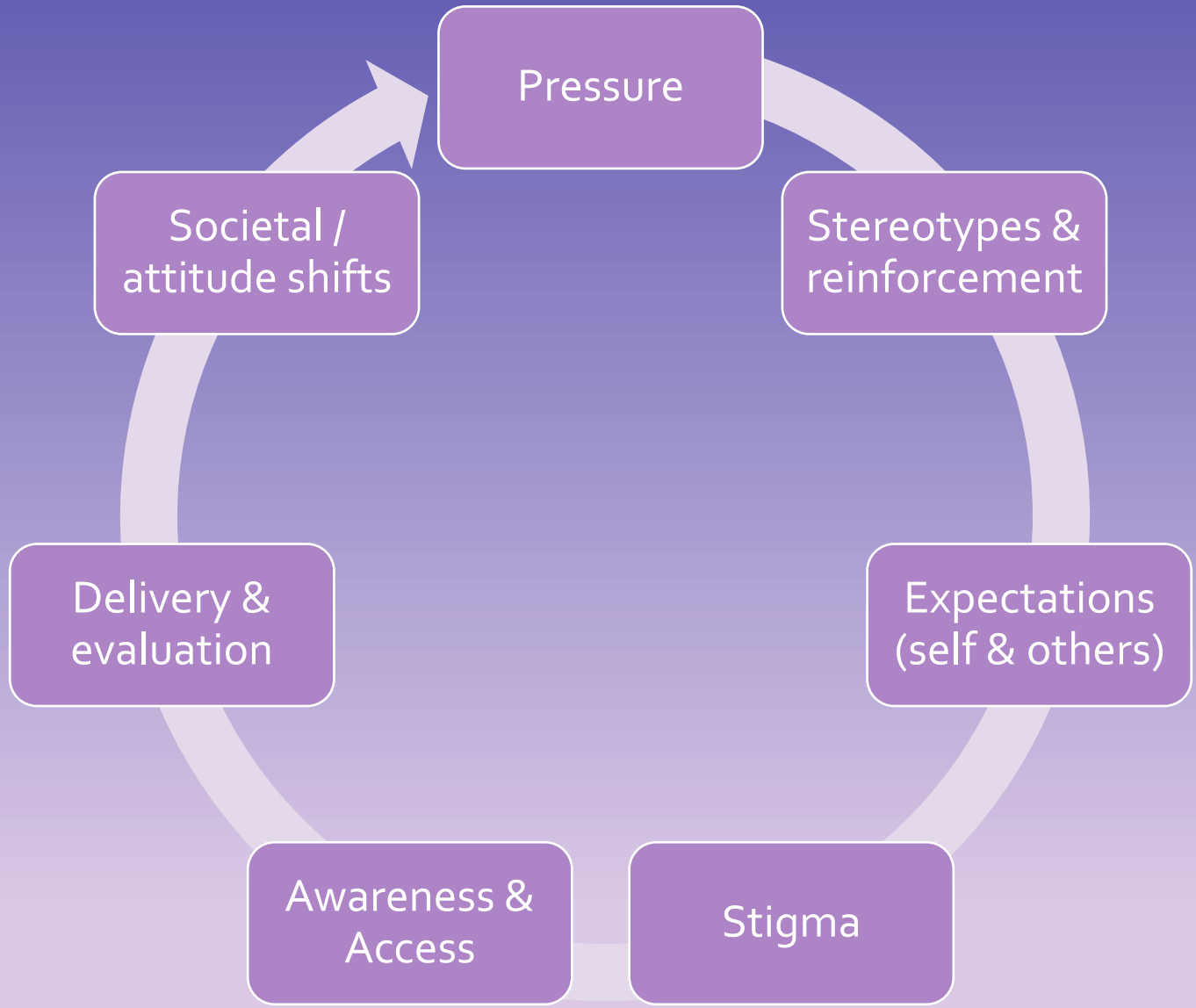

THANK YOU

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