An Interpretative Phenomenological Analysis of Second Level School Guidance Counsellors' Experiences of the aftermath of Student Suicide in Ireland

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Declaration

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of Doctor of Psychotherapy (DPsych), is entirely my own work and that I have exercised reasonable care to ensure that the work is original and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

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Acknowledgments

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Key Terms Used

PET   Personal Experiential Theme

GET   Group Experiential Theme

GC   Guidance Counsellor

STS   Secondary Traumatic Stress

VT   Vicarious Traumatisation

CF   Compassion Fatigue

Abstract

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An Interpretative Phenomenological Analysis of Secondary Level School Guidance Counsellors' Experiences of the aftermath of Student Suicide in Ireland

Irish school guidance counsellors (GCs) are at the forefront of student pastoral care during critical incidents in schools and are highly likely to encounter the loss of a student to suicide and deal with the aftermath. There is an abundance of qualitative research exploring the impact of suicide on mental health professionals, however there is a paucity of qualitative research exploring this in relation to second-level school guidance counsellors in Ireland. This qualitative Interpretative Phenomenological Analysis (IPA) study aimed to explore and give voice to this group of frontline professionals. Semi-structured interviews were used to gather in-depth descriptions of this phenomenon, and data were analysed using the stages and process of the IPA analytic method.

Data analysis identified three significant Group Experiential themes (GETs): (1) *Managing Emotions "You have to keep it together". (2) Feeling Disempowered - Organisational Context "A Tsunami of Students", and (3) Relying on Personal Resources "Scars are on My Back".* The first GET reflects the significant emotional impact and felt responsibility on participants as frontline carers to respond to high numbers of traumatised bereaved students, frequently exacerbated by a dissonance with the current suicide postvention protocols, which left them feeling disempowered in their role. GET 2 highlights how participants were further burdened by unhelpful organisational responses such as systemic disconnect, ambiguity and organisational double-bind. GET 3 identifies the experience of relying on personal resources following the formal postvention response to ensure student care and attend to professional self-care.

The implications for GCs are far-reaching and involve attention to on-going professional training support, supervision and self-care in a demanding and often under-resourced role. Implications at an organisational level include acknowledgement of the suicide trauma on the whole school system. The study indicates that enhanced trauma training for school managers would bring attention to the school system's needs. Also suggested is research to explore systemic disconnect reported in the findings and examine suicide postvention frameworks to inform future practice and policy

CHAPTER 1

Introduction

This chapter outlines the background and the rationale for carrying out this research study, a summary of the methodology used synopsis of the research aims and objectives, and an overview of the thesis.

Study Background

The focus of this in-depth study is to reveal the unique experiences of the guidance counsellor (GC) post a student suicide in the Irish second-level school context. It is hoped that voicing these experiences will enhance understanding of the GC's role and the impact of suicide on them, thus informing practice in this area. The researcher's own experience of dealing with the aftermath of a number of school student suicides and of the adverse impact of these on her, her guidance colleagues and supervisees prompted the interest in addressing this specific gap in existing research in Ireland.

Second-level GCs are in a unique position to impact suicide prevention; however, they are also responsible for managing responses within the school in the aftermath of a student suicide (Granello & Granello, 2007; Katz et al., 2013). While many will experience the loss of a student to suicide, training for this and support in the aftermath of suicide is lacking (Allen et al., 2002; Berman, 2011; Cerel et al., 2014; Christianson & Everall, 2008; Christianson & Everall, 2009; Granello & Granello, 2007; Joe & Bryant, 2007; Katz et al., 2013; Nichols, 2018; Tillman, 2006).

Methodology

The methodology chosen for this study is Interpretive Phenomenological Analysis (IPA). Semi-structured, in-depth one-to-one interviews were conducted with eleven school GCs working in Irish post-primary schools (Smith et al., 2009). The adoption of IPA as a research approach and its systematic and rigorous analysis process facilitated rich data to emerge in the interviews, as reflected in the findings of this study. IPA involves an interpretative process described as a dual interpretation or a 'double hermeneutic', referring to the researcher making sense of the participant making sense of their experiences (Smith, 1996). Given the acknowledgement of the influence of the researcher in IPA, some reflective comments are incorporated into the thesis.

Outline of Thesis

Chapter two provides a literature review that examines relevant research on youth suicide and school counsellors' experiences of dealing with it in the school context, as well as relevant research on the personal and professional impact of suicide exposure on counselling professionals. The chapter concludes with a discussion on training and supervision support that may benefit the school counsellor personally and in their clinical role.

Chapter three outlines the objectives of the study and explains the rationale for using IPA as the chosen methodology. It highlights the key philosophical underpinnings of IPA: phenomenology, hermeneutics and idiography. The chapter also outlines the research design and discusses the processes of sampling,

recruitment, data collection, and data analysis. Ethical considerations and the quality criteria used to assess the quality of the study are also outlined.

In Chapter four, the findings of the study are presented. In this chapter, the experiences of the participants are described in their own words through direct quotations, accompanied by the researcher's interpretations of the data. The personal experiential themes (PETs) and related sub-themes that emerged from data analyses are introduced, clustered, and analysed to reveal the group experiential themes (GETs) and their related sub-themes.

Chapter five discusses the research findings and positions the findings in relation to existing literature.

Chapter six discusses the implications of the findings for practice and future research and suggests recommendations for school counsellors, psychotherapists, and relevant stakeholders. The strengths and limitations of the study are explored. The chapter concludes with concluding thoughts and a final reflection by the researcher on the study, the contributions of the participants and the wealth of insight gained during the research.

Reflection – The inspiration for this research study

Each experience of student suicide, five in total, in my professional working life as a GC imprinted on me the importance of making sense of these deaths. Having experienced the embodied knowing of what losing a student to suicide was like and having lived the experience of student suicide through others who intimately shared their experiences, it was impossible not to be somehow instrumental in giving this

'phenomenon' of suicide experience a voice. Like others, I had the opportunity of knowing the deceased more intimately through counselling those closest to them during the suicide aftermath.

I have worked in a number of different schools, and have had varied experiences of student suicide. On reflection, this is partly due to very different experiences of how the suicide postventions were approached and managed by different principals. In my first experience, there was a team approach, and as the GC, I was given a leadership role by the CIMT. It was a small school community, and the child was well known to all-year groups. Both staff and students were traumatised by the suicide. The school community gathered together to allow time for all to absorb what had happened. I remember it as comforting and helpful to the bereaved when the school routine stopped in respect to allow all time to accept and process the shocking reality. The opportunity to sit in quiet reflection was welcomed by me too, to acknowledge what had happened and plan the steps that needed to be taken. It felt surreal and calm. I had invited five school guidance counsellors from the locality to assist in debriefing or to sit with bereaved students and staff over the ensuing days. The school community expressed enormous gratitude to them for their time and to me for organising this support. I remember I still felt guilty and powerless at not having known the student was at risk and not being able to bring consolation to the bereaved parents and the many siblings of the deceased. Being validated in my role and having made some small difference appeased this sense of powerlessness. I appreciated the autonomy, trust and opportunity given to me by the principal and the CIMT to lead the management of the postvention. In hindsight, I feel the decisions made then were the correct ones for the whole school community, allowing

due time for the organisation to grieve and allowing an unspoken consensus when it was time to return to normal school life.

Several critical incidents and suicides occurred years later in my career under different management. Unfortunately, I had a very different experience. I was no longer part of the management team and was not informed or consulted about what preceded the suicides or how I could have given some input as a GC. This lack of consultation upset me greatly. Rather than having an open and inclusive approach to the events surrounding the suicide, management tried to contain them inside the school walls and return to normality prematurely. The family's upset at management's defensive handling of the events was palpable. There was no felt sense of emotional safety, time or space to reflect on the awful reality of the loss of this child. I felt that a sense of silent shame descended on the school. I had the difficult task of pastorally containing bereaved students and a sibling of the deceased student who returned to school some weeks later. As the details of events unfolded to staff members, they sought to bring comfort to the sibling in difficult circumstances. All were distressed for a long time after these events. I found one-to-one professional supervision beneficial to me personally and professionally, as I felt heavily burdened, professionally compromised, disillusioned and disempowered.

A further experience of suicide was similar to the second, as school management took full ownership of the suicide postvention protocols in the hope that it would attract as little attention as possible. The absence of a defined critical incident team, collaboration with staff, and a visible lack of external services support drew considerable negative attention. The outcome of what appeared as an impaired judgement of what students and staff needed was a lack of a safe, compassionate

holding environment for the community to release the trauma. Frustration and hostility permeated the school, and the atmosphere was heavy and the morale low. It seemed like the layers of silence and grief around student death had accumulated and finally caught up over the years, leaving many staff members and students appearing numb and passive. I carried a discomfort with me, like a school bag on my back, which I later understood to be irrational guilt and anger at the fact that the deceased had not been referred to me for counselling, denying any potential opportunity to help them. Bearing witness to a sibling's and parents' horror and turmoil remained dormant in me until I was ready to channel its energy into something that could make sense. Looking back now, I think I may have been unconsciously processing the more profound impact, even after the de-briefing and clinical supervision, which thankfully allowed healing. Something unique in each consecutive experience of student suicide left an indelible scar on me. It would now seem that the energy driving my research study was a 'phenomenon' that needed to be voiced and given meaning through collaboration with those participants who came forward to share their experiences.

CHAPTER 2: LITERATURE REVIEW

Introduction

This chapter will explore literature relating to the impact of a student suicide on second-level school GCs. A lack of literature on the school counsellors' experience of suicide was noted; therefore, this review also draws on literature relating to other counselling professionals who work with suicide. It examines the various concerns, challenges and dilemmas that working with suicide aftermath poses in counselling practice both in Ireland and internationally. It also outlines implications and recommendations for addressing these.

Defining Terminology

The term "psychotherapist" is used interchangeably with "counsellor" in this thesis. Likewise, "counselling", "therapy" and "psychotherapy" are regarded as interchangeable terms in this thesis. School counsellors, school guidance counsellors and school psychologists will be referred to as 'school counsellors', given their similar roles within schools. The term counsellor is spelt with one 'L' in American literature, so some references and citations retain that spelling.

Literature Search Strategy

The object of the search was to find as much relevant and focused literature as possible that informed and contributed to this study's background. Consistent with previous studies in the field, the author found that there was a lack of research on the Irish GCs' perspectives on coping with school suicide aftermath. This was taken into account in the design of this search strategy, outlined below.

- A broad search was undertaken on youth suicide.

- A broad search was conducted on school counsellors' experiences of coping with student suicide in English-speaking post-primary schools internationally. This led to a focused search on the roles of school counsellors internationally when dealing with suicide postvention.

- This was followed by a focused search on the role and experiences of the Irish school GC during suicide aftermath in the context of the Irish postvention guidelines. This confirmed a lack of published research on the GC experiences.

- A wider search followed, this time on other non-school professionals' experiences of being at the frontline and dealing with suicide postvention. The findings of international research studies were drawn upon for this study for background information and later for comparative purposes.

- A search of international literature highlighting the personal and professional impact on frontline professionals when coping with suicide aftermath was undertaken to inform the literature review and discussion.

In view of the study findings, a further comprehensive search was undertaken, focusing on the impact of suicide on organisations. This informed the discussion in relation to organisational trauma, systems theory and double-bind theory, role ambiguity and organisational double-bind. Relevant articles were sourced from the

reference lists from previous studies

Research studies, journal articles and theoretical literature were searched and accessed primarily online, using databases such as APA PsycINFO, PubMed, Taylor & Francis Online, Nursing/Academic Edition, ResearchGate and Academia.edu. Specific document searches were facilitated by using Google Scholar. Typical terms used in online database searches included 'school guidance and suicidality', 'school counselling/counseling and student suicide', 'school suicide postvention', 'school suicide impact qualitative studies', 'suicide impact and psychotherapy clinicians / 'mental health professionals', 'professionals' responses to suicide', 'dealing with suicide risk factors', 'evidence-based suicide postvention' and 'suicide interventions in schools'.

Context

Youth Suicide is the fourth leading cause of death worldwide among 15–19 year-olds (World Health Organisation, 2021). UNICEF reported that in 2017 the suicide rate among young Irish people aged 15-19 years was the fourth highest in the European Union (UNICEF Office of Research, 2017). In their 2020 Report Card, they stated that more than 6 in 100,000 Irish adolescents between the ages of 15-19 years die by suicide (UNICEF Innocenti, 2020). In their 2016 Annual Report, the National Office for Suicide Prevention (NOSP) reported that, on average, 131 "young people under the age of 30 years" die by suicide in Ireland each year (NOSP, 2017, p. 23). The more recent NOSP annual report indicates a small reduction in suicide numbers (NOSP, 2021). These figures represent some progress for the vision of 'Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024'. However, it is hypothesised that these figures may be influenced by the impact of Covid-19

restrictions on the number of deaths registered.

The Organisation for Economic Co-operation and Development (OECD) reported that Ireland had one of the highest rates of mental illness in Europe in 2016, with 18.5% of the population reported to have had mental health disorders, such as depression, schizophrenia, anxiety, or alcohol misuse (OECD & Union, 2018). In 2021 Ireland ranked 3rd highest for rates of mental illness out of 36 countries (OECD & Union, 2021). It was noted in the recent Higher Education Authority (HEA) report, National Student Mental Health and Suicide Prevention Framework, that increased levels of student mental illness were reported in 2019 (Fox et al., 2020). My World-2: National Study of Youth Mental Health in Ireland (Dooley et al., 2019) and in the Union of Students in Ireland National Report on Student Mental Health in Third Level Education (Price et al., 2019). It was also noted that this was an international trend, evident from the findings of the World Health Organisation's (WHO) World Mental Health International College Student [WMH-ICS] Initiative that surveyed students from eight countries worldwide, including Australia and the USA (Fox et al., 2020). The AHEAD report shows a 127% increase in students registered with mental health disability support services over the past five years (AHEAD, 2019). These figures are reflected in health services. For example, a recent report based on Temple Street Children's Hospital statistics reported an unprecedented increase in the presentation of mental health issues in children and adolescents in the last decade (Fitzgerald et al., 2020). Considering the prevalence of mental health concerns and suicide among young people and adolescents in particular, it is not surprising that many school counsellors will encounter a student death by suicide during their career (Hedegaard et al., 2018; Levkovich & Vigdor, 2021).

Suicide-Safer Universities (Universities UK, 2018) and My World Survey-2 (Dooley et al., 2019) have identified some of the factors that lead to increased mental distress and risk. They recognise the influence of psychological and biological changes during transition from childhood to early adulthood when many new behaviours begin, such as sexual activity, experimentation with alcohol or drugs and changes in diet or physical exercise. "Good mental health in adolescence is a requirement for optimal psychological development" (Dooley & Fitzgerald, 2012, p. 6). They reported the top stressors for young adults in Ireland to be life transitions, social media, relationships, academic pressure, alcohol and drug misuse, psychological factors, and sexual identity issues. They found an increased risk of suicide among those who self-harm, misuse alcohol and drugs, struggle with their sexual identity, are unemployed, and have experienced trauma and bereavement by suicide. They suggest that alcohol use is a leading risk factor for the high suicide rates among males aged 15-24 years in Ireland (Dooley et al., 2019).

Researchers have investigated the impact of suicide and exposure to trauma on mental health professionals, including psychologists, nurses, and social workers (Manning-Jones et al., 2017; Wagaman et al., 2015), while others have investigated the impact of this on school counsellors (Christianson & Everall, 2009; Fox & Cooper, 1998; Nichols, 2018; Rumsey et al., 2020; Rycroft, 2004; Tillman, 2006). It has been shown that school counsellors encounter client suicide as frequently as mental health professionals (Allen et al., 2002; Lyra et al., 2021).

Unique Positioning of the School Counsellor in Dealing with Suicide

School counsellors are in a unique position in relation to student suicide because of their role in the school setting in which they work (Lambie & Williamson, 2004). They are in a powerful and privileged position to impact student mental health every day while in a uniquely vulnerable position to the impact of school distress (Granello & Granello, 2007; Katz et al., 2013). Often, they are the first counselling professionals with whom traumatised students come into contact, and they are a critically crucial first line of intervention (Chambers et al., 2010). It is the Irish GC who leads the suicide aftermath protocol delivery, dealing first-hand with siblings, student peers and affected members of the school community. Professional counsellors working in school settings and mental health providers working in other clinical settings require a similar skillset (Lambie & Williamson, 2004), which suggests that they require similar training as it is inevitable that many school GCs will become suicide survivors at some stage in their careers. Their need for training in this respect is perhaps better defined than other mental health professionals, yet they receive little preparation for this in their training and not enough support in the aftermath of a suicide (Allen et al., 2002; Berman, 2011; Cerel et al., 2014; Christianson & Everall, 2008; Christianson & Everall, 2009; Granello & Granello, 2007; Joe & Bryant, 2007; Katz et al., 2013; Nichols, 2018; Tillman, 2006). As school counsellors are most frequently and consistently first available to deal with a student suicide and the postvention, a lack of focused trauma training would seem to leave a counsellor vulnerable and exposed. School counsellors are also often on the front lines also of identifying students at risk for emotional issues and possible suicidal ideation and are advised to have additional training to help assess these risks (American School Counselor Association, 2009).

As noted above, the GC is also in a vulnerable position regarding the impact of student suicide, which can impact them on a personal and professional level (Berman et al., 2006). This impact on the school GC will maintain or increase and intensify if suicide and mental health issues among second-level students remain on the increase. This leaves the school counsellor very exposed to the potential for adverse impacts, just as it does other mental health professionals working with suicide postvention and aftermath. Working with distressed clients can be traumatic due to empathic engagement (Dunkley & Whelan, 2006). The Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) lists exposure to actual or threatened death as a traumatic event (American Psychiatric Association, 2013). Trauma is defined by Rumsey et al., (2020) as an event that is "extremely upsetting, at least temporarily overwhelms an individual's internal resources, and produces lasting psychological symptoms" (Briere & Scott, 2015, as cited in Rumsey et al., 2020, p. 2). It could be expected then that the school counsellor could potentially suffer symptoms of stress, fatigue and emotional exhaustion, having to consistently show empathy to distressed students (Kolves et al., 2017; Maslach, 2003; Mullen & Crowe, 2017; Stebnicki, 2018; Young & Lambie, 2007). This adds to the existing stress that the GC may incur from numerous responsibilities, role ambiguity, high student numbers coupled with lack of resources and limited or less than timely clinical supervision (DeMato & Curcio, 2004; Lambie, 2007; McCarthy et al., 2010). "Exposure to students who have experienced trauma puts school counsellors at particular risk of internalising students' emotions associated with traumatic events. This process of internalization is otherwise known as vicarious trauma (VT), which is associated with professionals developing harmful changes in their view of themselves, others and the world" (Baird & Kracen, 2006, as cited in

Parker & Henfield, 2012, p. 134). Allen et al. (2002) stated that suicide interrupts safety and stability in schools and highlights the school counsellor as the lead person to be impacted professionally.

There is a general lack of research on the school counsellors' experiences of dealing with suicide. Even more limited is the available research on the Irish school counsellors' experiences of suicide. However, parallels can be drawn from research conducted on school counsellors' experiences in other countries, which could provide some insight into the Irish GC's experiences. There is also a wealth of literature on other mental health professionals' experiences of working with suicide, and these could share some commonalities regarding the clinical therapeutic experience. This research literature is reviewed and drawn on to help inform the background of this study.

The role of the school guidance counsellor in Ireland
This overview examines the role of the GC in Ireland and describes training requirements, governance structures, supervision, professional relations with parents and external services. The challenges and constraints of their role when dealing with suicide prevention and postvention are explored.

The term 'school guidance counsellor' is used in Ireland and the UK, while the term 'school counsellor' is used in the USA, Israel, South Africa, Canada, and Australia. School counselling in New South Wales in Australia is undertaken by school psychologists and school counsellors. While the role has similar elements, both names are used and denote similar but not identical training and academic

qualifications (Australian Psychological Society, 2016). In Ireland, school counsellors must hold the qualification of a post-primary school teacher as well as a specific qualification in guidance counselling. Some will have additional training such as counselling/psychotherapy. The 'school guidance counsellor' and the 'school counsellor' have the same pastoral role regarding counselling, even if they have varied qualifications in adolescent psychology or psychotherapy and counselling training. The Irish whole-school model of guidance counselling currently promoted by the National Centre for Guidance in Education (NCGE) aligns closely with the humanistic approach to guidance developed in the American school system (NCGE, 2017). The Irish guidance counsellor, like the American model, focuses on personal counselling as a vital aspect of the guidance counselling programme, whereas in Europe, guidance counselling and the nature of its provision varies from country to country, with the emphasis on either student career development or a more social and personal model of guidance counselling (Volmari et al., 2009). The guidance counsellor in the Irish education system may also have a dual role comprising both guidance counselling and subject specialist classroom teaching (Hayes & Morgan, 2011; Hearne et al., 2018). Hayes and Morgan (2011) described the Irish guidance counselling system as being a compromise between the American system, which focuses on therapeutic counselling, and the European system, which focuses on careers. The Department of Education and Science (DES), in its 2005a report, confirmed that counselling was a key part of the school guidance programme. The National Guidance Forum publication "Competency Framework for Guidance Practitioners" noted that guidance counsellors had the skills to provide counselling and to engage in supervision (NGF, 2007). In their 2017 publication, the NCGE introduced a whole school approach to wellbeing and a whole school approach to

guidance counselling. The GC would balance guidance time between therapeutic, social, educational and career guidance. Schools should ensure that the GC allocates sufficient one-to-one time for students in difficulty or crisis. The needs of the overall student body must be balanced against the needs of the individual student. The dilemma for the GC is that every student who self-refers due to a particular need is potentially at risk.

Guidance clinical supervision is important in supporting the GC within the Irish school context to optimise client-student care outcomes. Guidance Supervision is under the chairmanship of the Teacher Education Section (TES) of the DES (Monaghan Education Centre, n.d.). In 2009 the Institute of Guidance Counsellors (IGC) published The Code of Ethics and Practice for Supervisors of Guidance Counsellors, defining supervision as an "effective means of assisting guidance counsellors in maintaining and enhancing their competence". Supervision should provide continuous clinical skill development and "ongoing consultation regarding legal and ethical issues and a professional support system that can mitigate stress and burnout" (IGC, 2009, p. 1)

The fundamental values underpinning counselling supervision are integrity, responsibility, impartiality and respect, as asserted by the IGC Code of Ethics. This IGC Code informs guidance counselling practice. There is an expectation that the GC continuously engages in skills acquisition and competency development through Continued Professional Development (CPD) and Supervision. This expectation is made explicit in the 'Competency Framework for Guidance Practitioners' published

by the National Guidance Forum (NGF) under the heading 'Professionalism' (NGF, 2007).

Physical and practical constraints in clinical counselling in schools

It can be challenging for the GC to engage in the counselling process when there are limits and constraints from the outset in a school environment. The exploration of feelings around suicide ideation or completed suicide can be difficult to initiate in a school context where noise, lack of privacy, lack of time and the likelihood of interruptions can interfere with establishing an environment conducive to creating a safe therapeutic alliance and space to talk and reflect. King et al. (2013) maintained that counsellors could struggle to establish a rapport and create a therapeutic environment while trying to manage student safety.

School counsellors must inform parents/guardians of student suicidal risk and emotional and psychological vulnerability. Sometimes parents/guardians may not agree with the counsellors' assessment and refuse to cooperate in seeking medical or psychological services. Erickson and Abel (2013) note that parents can resist seeking services because of the negative stigmatisation attached to seeking help from mental health services. Equally, students themselves may feel the same constraints and refuse to engage for the same reason.

The challenge for the school counsellor to manage their ethical and legal duties in a sensitive, appropriate manner can take its toll, especially if they do not get support or agreement from parents, students, school colleagues and school authorities. Enforcing policy to ensure that a student receives help can compel a

school counsellor to seek legal and emotional support (Capuzzi, 2002). Juhnke, et al. (2010) suggest that many stakeholders are critical of the school being an appropriate place to deal with issues relating to suicide. King et al. (2013) found that when a school counsellor fails to engage in therapeutic work or refers a student for medical care out of fear of a crisis when it may not be warranted, this can negatively impact the therapeutic relationship, leaving the student without support.

The Irish GC is advised to follow the advice of the DES, 'In cases where a student requires specialist support, the guidance counsellor should become involved in assessing his/her needs and where necessary, arrange a referral to an appropriate outside agency' (Department of Education and Science, 2005b, p. 10). Acting as a mediator and gatekeeper for external service referrals can be frustrating. Limited access to mental health agencies or delays in providing the necessary mental health resources leaves the child relying on the school counsellor once again. This has the potential to contribute to compassion fatigue and the impact of this on the counsellor (Reeves & Mintz, 2001).

The importance of referral to specialised professionals was again highlighted "in cases where the degree of disturbance to the mental wellbeing of the individual is significant" (NGF, 2007, as cited in Hayes & Morgan, 2011, p. 16). The inadequacies of the mental health service provision in Ireland were identified by the United Nations in its early 2016 review of the Irish Government's progress toward implementation of the UN Convention on the Rights of the Child (Committee on the Rights of the Child, 2016). The need to refer a student to mental health services presents a dilemma for the GC, given the known delayed availability and sometimes inadequate nature of

these services for young people. Even when successfully referred to an external support service, the referred student frequently returns to the Irish GC for follow-up care without any feedback. The student is sent on a path that circles back to the starting point due to an already overburdened external mental healthcare service.

Irish school postvention policy/guidelines

When responding to a critical incident such as a suicide, Irish Schools follow the 'Responding to Critical Incidents' guidelines published in 2016 by the National Educational Psychological Service (NEPS). "A critical incident is any incident or sequence of events which overwhelms the normal coping mechanism of the school" (National Educational Psychological Service, 2016, p. 12). These guidelines incorporate supporting resource documents that include sample templates and action plans, in particular resources R19, R20 and R21, which inform critical incident management policy. NEPS encourages schools to develop a Critical Incident Management Plan (CIMP), and the templates aid schools in drawing up a critical incident policy and plan. Schools are advised to establish a Critical Incident Management Team (CIMT) to take responsibility for developing the policy and plan. The CIMT constitutes a group of individuals from school staff who know the community, the students, and each other well enough to make the necessary decisions when an incident occurs. Typically, this team includes the GC and is led by the Principal. The emphasis of the NEPS guidelines is to return the school to the pre-incident, normal state as soon as possible and mitigate against long-term impact (National Educational Psychological Service, 2016).

Suicide Intervention Training

The GC can avail of a number of relevant training programmes provided by the

NOSP. These include; ASIST (Applied Suicide Intervention Skills Training), a two-day interactive workshop in suicide first-aid (NOSP, 2019); 'Suicide Bereavement', a one-day workshop for professionals and key contact people providing support for those bereaved by suicide; and SafeTALK, 'suicide alertness for everyone', a half-day "training programme that supports participants to recognise and engage persons who might be having thoughts of suicide and connect them with community resources" (NOSP, 2022, p. 12). In their 2016 Guidelines, NEPS provide a general interview guide for GCs to assess students at risk (Resource R14). The GC's role is to clinically assess, support and refer to emergency services students who may be traumatically impacted or vulnerable. These 2016 guidelines for the Irish school GC were delivered via a Zoom workshop at the 2021 annual IGC conference.

The potential personal and professional impact of working with suicide

Orbach (2001) posits that working with those who express suicide ideation can impact the counsellor due to the intensity of the work. The counsellor can feel overwhelmed by the intensity of the client's emotions, such as anger, ambivalence, and hopelessness, making the therapeutic relationship challenging to maintain (Firestone, 2014; Schechter & Goldblatt, 2011). Therapeutic work with people in general who express suicide ideation can have an adverse impact on the counsellor (Jobes et al., 2018; Reeves, 2010; Reeves & Mintz, 2001; Weinberg et al., 2011), as transference and countertransference can be activated. Transference is described by Merry and Tudor as a re-direcction or 'displacement' of emotions or attitudes from one person to another person. In psychotherapy it describes the displacement of feelings towards others onto the therapist. Countertransference is the same process in reverse (Merry & Tudor, 2006). Countertransference can be exemplified in

reactions such as mistrust, self-blame, powerlessness and hopelessness, which then impact the counsellor further if a suicide happens (Jobes et al., 2018). A suicide attempt can then potentially rupture the alliance leaving both the counsellor and the client with feelings of shame, guilt and anger. Awareness of the countertransference process is therefore important for the counsellor (Cureton & Clemens, 2015); otherwise, potential negative feelings and attitudes could affect counsellor competence (Hendin et al., 2004; Jobes & Ballard, 2011).

Fear of malpractice litigation or clinical incompetence after a suicide is noted in Irish and international literature (Gaffney et al., 2009; Jobes et al., 2018). Reeves and Mintz (2001) found that once clients expressed suicide ideation, it had a disabling effect on the counsellor resulting in their questioning their competence to keep the client safe and also withdrawing or losing professional perspective. In their studies, they identified the predominant feelings counsellors reported when faced with a potential suicide, such as anxiety, fear, panic, impotence and doubts about their ability to practice (Reeves & Mintz, 2001, p. 174). Rudd and Brown (2011) note that counsellors can have personal reactions to a client, such as fear and dread, which can lead to avoidant or fear-based treatment, putting the client at risk. Fears can compromise the therapeutic relationship and induce defensive clinical practice (Jobes, 2016). In his 2016 book, Jobes expands on the suicide-specific intervention methodology that addresses these challenges, the 'Collaborative Assessment and Management of Suicidality' (CAMS) model.

This fear of malpractice liability could discourage school counsellors from assuming their full role as outlined in the guidance code of ethics governing their

practice. It is suggested by the IGC that student clients should be referred to more specialised professionals if they become 'significantly distressed' or are at serious risk (IGC, 2016, p. 20). The critical issue is that the counsellor must rely on his/her own judgement to evaluate the student's level of distress and to assess the response needed. Referral onward may be the easier option, even if not needed, as carrying the responsibility for the student's welfare is a risk and burden that could adversely impact the GC. Counselling a student who then attempts suicide has the potential to impact the school counsellor profoundly. Emotions for any counselling professional following a suicide can include complex feelings of shock, disbelief, grief, loss, fear, anger, guilt, shame, insecurity, and fatigue (Awenat et al., 2017; Christianson & Everall, 2009; Cox, 2018; Takahashi et al., 2011; Wurst et al., 2010; Yaseen et al., 2013). The loss of a client to suicide can potentially impact therapists' response and clinical practice (Landers et al., 2010; McGann et al., 2011), as some counsellors have been described as burdened by responsibility and a sense of guilt from not having prevented the suicide (Awenat et al., 2017; Landers et al., 2010; van Manen, 1990).

Fear of a recurring suicide has been noted as a typical reaction. It is not uncommon for therapists to believe that colleagues and supervisors are silently critical of them for their role in the client's death. This can add to the personal and professional sense of isolation often experienced, potentially contributing to burnout (Campbell & Fahy, 2002; Courtenay & Stephens, 2001; Dowd, 2012; Gaffney et al., 2009; Ting et al., 2006).

Moerman (2011) reported fear among counsellors on many levels. Her study

on the emotional impact on the person-centred counsellor describes the emotional

and psychological cost to counsellors when dealing with suicide assessment. She

highlights how counsellors can lose their professional confidence as a result of

working with suicide ideation. Her study reported fears such as fear of getting it

wrong and failing the client, fear of litigation, fear of death itself, fear of the

unpredictable nature of suicide, fear of the unknown, fear of the impact of their own

perceived feelings in the aftermath of a suicide, all of which she suggests adds to the

stress the counsellor experiences when with a suicidal client. Moerman resolved that

personal impact needed to be addressed so that counsellors could preserve their

dignity and resilience in the workplace. The participants in her study commented on

the importance of and need for clinical supervision and spoke of supervision as

essential, useful, a safe place to explore, to gain guidance, comfort, trust, and

reassurance, "…the supervisor needed to be able to stay with difficult and

challenging processes" (p. 88). The training recommendations from her study include

that the counsellor and their practice work would benefit from "being made aware of

the high potential incidence of vicarious traumatisation and being able to recognize

the early signs…as well as having knowledge of the ensuing holistic coping

strategies available…." (Moerman, 2011, p. 158).

Potential for longer-term trauma-related impacts

A feature of the existing literature is the focus on the traumatic impact of suicide.

Research indicates that both trauma and dealing with those affected by trauma can

affect school counsellors. Compassion Fatigue (CF), Secondary Traumatic Stress

(STS) with Secondary Traumatic Stress Disorder (STSD), and Vicarious

Traumatization (VT) are all potential responses to empathic working with those affected by the trauma of suicide.

Compassion Fatigue: In 1995, Figley developed the concept of Compassion Fatigue, meaning the type of trauma-related emotional stress reaction professionals experience while caring empathically for people who have experienced trauma. According to Bride et al. (2007), compassion fatigue is identified as "the negative effects on clinicians due to work with traumatized clients" (p. 156).

Secondary Trauma: Secondary trauma results from an experience of witnessing or bearing witness to a traumatic event. It is similar to post-traumatic stress as the subsequent symptoms of secondary trauma are similar, even though the trauma was not directly experienced. Secondary traumatic stress (STS) is described as the symptoms or stress experienced by an individual who is indirectly exposed to a traumatic event (Bride, 2007; Ortlepp & Friedman, 2002).

Vicarious traumatization is more than just indirect trauma experienced by trauma therapists. The therapist may vicariously experience aspects or psychological effects of a client's trauma as if it had happened to themselves. The symptoms of vicarious trauma are comparable to those of direct trauma. Vicarious trauma was a term developed by McCann & Pearlman in 1990 in their book 'Vicarious Traumatization' and is commonly identified among those who provide services to traumatized populations such as mental health workers (Manning-Jones et al., 2017; Shoji et al., 2015; Wagaman et al., 2015), and medical professionals (Peltzer et al., 2014; Shakespeare-Finch et al., 2015).

Mental health professionals can be affected by suicide to varying degrees. Some professionals have trauma-related symptoms. Chemtob et al. (1989) referred to suicide as "an occupational hazard" for clinicians (p. 294) and contend that suicide is certainly not an uncommon phenomenon, and its traumatic nature will therefore have a profound impact on the therapist, personally and professionally, "Those who were psychologically close to the person who has died are likely to be more strongly affected than those whose relationships were more distant". Those "bereaved by suicide may experience more shock or trauma related to the unexpected or violent nature of the death…they may also experience feelings of abandonment, rejection, shame, and struggles with meaning-making" (Andriessen et al., 2019b, p. 2). A school counsellor could be expected to be equally affected to varying degrees by a student's suicide.

The School Context

A qualitative study on the impact of a student suicide on the school staff was undertaken by Christianson and Everall. They interviewed seven counsellors (four males and three females) who had experienced the suicide of a student. They found that many school counsellors received inadequate professional support and no personal support to deal with the emotional impact. Many reported a lack of awareness of the potential professional and personal effects, a lack of preparation training and a lack of knowledge on how to access resources to assist the grieving process for both students and themselves (Christianson & Everall, 2008, 2009).

In 2015, Shilubane et al. reported similar findings regarding the lack of training, preparation and support resources for the school students, staff and

counsellors. Nichols (2018) described the lived experiences of school counsellors in the USA who had been impacted by student suicide. In her study, the data collection consisted of semi-structured interviews with 11 school counsellors. The findings showed that school counsellors "exhibited high impact from the student suicide regardless of having a relationship with the student, experienced prolonged grief, and demonstrated problem-focused coping" (Nichols, 2018). Recommendations were made for professional training and future research. A study by Bowman (2010) also explored school counsellors' experiences of student suicide in the US and Canada, and both commented on the lack of research studies on the impact on school counsellors. What was found was that school counsellors will often suppress emotions so they can continue to function in work and actively engage with members of the school community (Bachta & Schwartz, 2007; Christianson & Everall, 2008; Christianson & Everall, 2009; McLeod, 2014). This felt pressure to contain emotions while having to deal with those affected by trauma can leave the counsellor vulnerable and exposed to secondary trauma (Basol, 2013; Bowman, 2010; Christianson & Everall, 2009; Cieslak et al., 2014; Fein & Isaacson, 2009).

A qualitative study by Parker and Henfield in 2012 examined school counsellors' perceptions of vicarious trauma. Six school counsellors were interviewed. Three primary themes emerged from the analysis: a vague understanding of vicarious trauma, the importance of a support system, and the importance of life or work experience in helping to avoid VT. The participants had between 3 and 14 years of counselling experience. Five out of six participants discussed the importance of more training. Three out of six counsellors shared that they had no instruction related to trauma or the risk of VT during their school

counselling training. Lack of trauma training and lack of experience was found to have left participants open to the risk of VT. "Little if any published research literature has examined this phenomenon among school counselling professionals" (Parker & Henfield, 2012). Parker and Henfield's research indicated that school counsellors were not familiar with the phenomenon of secondary trauma or VT and could be oblivious to developing symptoms of secondary trauma (Parker & Henfield, 2012). As school counsellors intervene and hear about traumatic events in the lives of students, they are at risk of experiencing secondary traumatisation (Parker & Henfield, 2012). STSD is a term used to describe the psychological effects of experiencing trauma through interacting with a victim of trauma, not by actually experiencing the trauma first-hand. Researchers have investigated STS among many helping professionals including but not limited to educators (Hydon et al., 2015), health care professionals (Manning-Jones et al., 2017), trauma researchers (Shannonhouse et al., 2016), and social workers (Wagaman et al., 2015). However, no studies are evident that have explored STS specific to school counsellors.

The purpose of the research study by Rumsey et al. (2020) in the USA was to gather data about secondary exposure to trauma among a sample of 361 school counsellors and to investigate the relationships between secondary exposure to trauma, burnout, STS, and professional quality of life. Participants were certified or licensed school counsellors and were currently practising in the role of the school counsellor. The researchers measured secondary exposure to trauma using a modified version of the Secondary Trauma Exposure Scale (STES), (Cieslak et al., 2013). They also measured the professional quality of life of the participants using the Professional Quality of Life Scale, Version 5 (ProQOL-5), a self-report measure

that assesses both positive and negative aspects of helping others who have experienced extremely stressful events (Stamm, 2010). Findings reported that school counsellors who are frequently exposed to students who have experienced traumatic events might be at greater risk of experiencing STS. Results revealed that "secondary exposure to trauma predicted secondary traumatic stress" (p. 1). Increased school-wide awareness and implementation of support for students impacted by trauma were recommended to support the professional quality of life of school counsellors (Rumsey et al., 2020).

While some attention has been given to the individual impact on the school GC, there was less focus found on organisational factors. These factors were also found to have impacted the school counsellor. Counsellors' burnout has been linked to organisational variables such as higher caseloads, performing non-school-counselling duties, and lack of supervision (Moyer, 2011, Coll & Freeman, 1997, as cited in Rumsey et al., 2020). Symptoms associated with burnout include emotional and physical exhaustion, insomnia, nightmares, physical problems, poor job performance, reduced self-efficacy, and absenteeism from work (Maslach, 2003).

The 2011 report by Hayes and Morgan pointed to the lack of support felt by the guidance counsellor in Irish post-primary schools. In their survey of over 100 counsellors, a great deal of stress was reported by the GCs, particularly in relation to other teacher expectations and dual teaching/counselling roles. The GC's main issues were regarding the allocation of time and resources, and they expressed a need for a ratio of one counsellor (full-time) to every 200 students. It was recommended in the 2011 report that the DES maintain and strengthen the guidance

counsellor's pastoral role through additional support such as providing regular supervision and Continuing Professional Development (CPD). However, in a later study, school guidance counsellors in many schools were found to be "struggling to meet the demands of young people in distress with far less time to devote to them" (McGuckin & O'Brien, 2013, as cited in Dowling & Doyle, 2017, p. 584). Recent research by Hearne et al. (2018) supported these findings noting that "the developmental and personal counselling aspects of the guidance counsellors' role have become particularly vulnerable where resources have been reduced, and other areas of the curriculum are deemed more privileged" (Hearne et al., 2018, p. 319). Similar findings of a lack of time and resources available to the GC are discussed in a study by Donnellan, and the adverse impact, personally and professionally, on the counsellor is a common feature in all these Irish studies (Donnellan, 2020).

Postvention and trauma-informed practice

Postvention can be described as those activities, planned or otherwise, that take place after a suicide occurs to provide "suicide bereavement support" for survivors (Andriessen et al., 2019). The literature indicates postvention guidelines and programs have become more available in an increasing number of countries (Cox, 2018; Maples et al., 2005; Mauk et al., 1994; Parsons, 1996).

Interventions in the aftermath of a suicide can lessen long-term negative impacts on survivors (Laux, 2002; Westefeld et al., 2000). The aims of suicide postvention in a school are to provide support to the bereaved, the survivors and those supporting and enabling the school to return to normal routines and to prevent a further suicide or contagion effect (Kerr et al., 2006). In the past twenty years,

several programs that address suicide prevention, intervention, and postvention are now offered in schools in the US (Crook, 2003).

In Australia, Cox (2018) conducted a study to create a set of postvention guidelines for schools. An interesting feature of the study is that it used the Delphi methodology, based on the expert consensus opinion of both professionals and researchers who were experienced and working in the area of suicide aftermath intervention and support. Cox claimed it was the first time that postvention guidelines had been produced based on this method, although it was predated by the 2016 NEPS guidelines. It is understandable that there are many parallels in the postvention guidelines set out in both documents, adding to the integrity of both. Cox pointed out a lack of research regarding the effectiveness of various school postvention approaches. She reported that no formal suicide postvention interventions had been evaluated for effectiveness regarding their impact on suicidal behaviour or other indicators of distress such as depression, anxiety, or trauma. Her claim then that her guidelines represent a best practice approach is perhaps premature, as it will only be with an evaluation that this claim can be supported (Cox, 2018). However, Robinson et al. (2013) suggested that even if evaluations existed, they are not necessarily applicable to all populations, but agreed that there was a lack of research and lack of adequate investment in postvention services to support those impacted by suicide.

Schools are challenged with becoming more trauma-informed (Overstreet & Chafouleas, 2016) and responding to student trauma (Cook, 2015; Phifer & Hull, 2016), and trauma-informed practice continues to be promoted in the US (Maynard

et al., 2019) and in Australia (Centre for Education Statistics and Evaluation, 2020). The Phifer and Hull programmes are multi-tiered, and their goal is to create awareness and 'Realisation' of the pervasive effects of trauma. There is an increasing international awareness of the neurobiological, psychological and relational impacts of trauma on students and how secondary exposure to those traumatic events impacts the professional quality of life for the school counsellors who support these students. "Like direct exposure to trauma, providers' indirect exposure to trauma impacts their neurobiology, with the effects emerging cumulatively over time" (Rosenzweig et al., 2017, p. 6). Trauma-informed schools aspire to create educational environments responsive to the needs of trauma-exposed youth through implementing effective practices and systems-change strategies (Chafouleas et al., 2016; Cole et al., 2013).

"Despite five decades of research there is still a lack of evidence as to which interventions are effective for suicide bereavement and its associated outcomes" (Andriessen et al., 2019, p. 13). In Ireland and other countries, there is advice that schools should return to the normal routine as soon as possible after a critical incident (National Educational Psychological Service, 2016). If due attention is not given to postvention, this can be counterproductive, "In the case of suicide, proceeding as 'normal' is not only abnormal but potentially quite damaging for the survivors. Counsellors need to assist the school community in pushing through such denial and in implementing a proactive, preventive, postvention response aimed at helping all survivors work through their grief" (Parsons, 1996, p. 78). A report by the National Suicide Research Foundation in 2019 emphasised that timely and adequate services for the bereaved required a good understanding of the bereavement needs

of any particular group (Griffin & McMahon, 2019). This would imply that it would be necessary for school counsellors to be conscious of individual and group bereavement needs in their schools.

Research has found that counsellors who are new to the role and may not have trauma training may be more vulnerable to experiencing VT. Adams and Riggs (2008) conducted a study with 129 therapist trainees. Their purpose was to examine the relationship between vicarious traumatisation among trainees and variables recognised as potentially influential, such as a personal history of trauma, clinical experience, and trauma-specific training. They found that "self-sacrificing defence styles, which are likely to be common among many trainees, are associated with higher levels of vicarious trauma symptoms" (Adams & Riggs, 2008, p. 32).

Freedenthal and Breslin (2010) explored schoolteachers' experiences of suicide in the US and found that training in suicide prevention for teachers was lacking. Specific suicide prevention training for this cohort of teachers during their careers was minimal. They struggled to find evidence of research in this area. More than half the teachers in their study reported having had a student disclose suicide ideation to them. Risk assessment training on counselling courses in the UK was found lacking in a study by Wheeler, who commented that there is "little UK evidence" of training in suicide risk assessment (Wheeler et al., 2004, p. 236). More literature reviewed confirmed similar findings. A study by Westefeld et al. (2007) found that a considerable number of the teaching staff were uninformed regarding high school suicide. Their study identified the need for suicide prevention training for teachers. An earlier study by Foster and McAdams III (1999) reported a lack of

postvention training programmes for counselling professionals. Professional training would provide a platform for counsellors to address and "explore their shared fears about suicide" (Reeves & Nelson, 2006, p. 17) and to work competently with suicidal ideation (Moerman, 2011; Neimeyer et al., 2001).

Nichols' study findings revealed a need for school counsellors and administrators to be fully trained in suicide crisis response and recovery. She found that school counsellors needed more preparation and more support from mental health professionals to deal with their personal responses to the suicide and their grief. Her suggestions included regular planning meetings and debriefings in the aftermath of student suicide (Nichols, 2018). This recommendation for suicide training resonates with the other studies, which also reported that mental health professionals are poorly trained in dealing with the aftermath of such a tragedy (Christianson & Everall, 2009; Dexter-Mazza & Freeman, 2003). Most findings yielded that preparation for client suicide is an essential requirement for the benefit of both the carer and the client.

Professional supports

Provision of support and supervision has been found in the literature to mitigate prolonged stress and symptoms of VT (McCann & Pearlman, 1990; Meyers & Cornille, 2002). Harrison and Westwood (2009) argued for organisations to create policies around self-care for practitioners because of the "impact of traumatic work on clinicians", and they held that "self-care provides balance, and at times closure" (Harrison & Westwood, 2009, p. 211). Similarly, supervision and peer support were deemed necessary for the school counsellor in the Nichols (2015) study and had been noted in earlier studies by Moerman in 2011 and Reeves and Mintz (2001).

Rossouw et al. found in their hermeneutic phenomenological exploration of mental health experiences of working with suicidal clients in New Zealand that there was pressure to meet the expectation of the institution to keep the client safe and keep themselves protected from litigation. Their powerlessness to assume this responsibility caused turmoil for the therapists (Rossouw et al., 2011). In many studies, the agreed way of protecting oneself when working with suicide was organisational support, peer support, personal therapy and supervision (Moerman, 2011; Nichols, 2015; Reeves, 2010; Rossouw et al., 2011). However, the provision of support for school counsellors to process adverse impacts, such as loss of confidence in their professional competence, appeared to be lacking, "resources have not been made available for school counsellors to create an atmosphere of learning and processing" (Christianson & Everall, 2009, p. 164). Results of their study indicate the need for these debriefings as several of their participants displayed frustration with their lack of control within the school system to help students both before and after a student's suicide.

Rudd and Brown (2011) recommended that counsellors "monitor and respond to countertransference reactions to the suicidal client and routinely seek professional consultation, supervision and support for difficult cases" (p. 443). If this is recommended for professional mental health counsellors, then it implies that the same recommendations should apply to school counsellors dealing with student suicide ideation. Sommer and Cox (2005) stressed the importance of self-care and the benefit of specific, trauma-sensitive supervision in minimising the effects of vicarious exposure to trauma among counsellors.

Conclusion

This review provides an overview of literature about school counsellors' and other professionals' experiences of working with suicide and highlights the potentially traumatic impact this can have on them personally and professionally. It also highlights the often felt need for additional support and training among professionals when dealing with suicide prevention and intervention to enhance resilience and coping strategies for clinicians. Interestingly, most studies also agree that there is a lack of published research into schools' experiences of suicide aftermath. Further research that examines the impact of trauma-informed interventions on individual-level and system-level outcomes would appear to be needed.

This Irish research study aims to add to the current knowledge base regarding the impact of adolescent suicide on school guidance counsellors in Ireland and to inform practice in this critical area.

CHAPTER 3: METHODOLOGY

Introduction

This chapter presents the study aims and outlines the rationale for why a qualitative, Interpretative Phenomenological Analysis (IPA) methodological approach was selected to explore how the Irish second-level school GCs experience a student completed suicide. The philosophical underpinnings of IPA are described, along with the study procedures, participant recruitment strategy, and data gathering and analysis methods. Ethical considerations and trustworthiness criteria are also outlined (Smith et al., 2009).

Aim

The overall aim of this study is to qualitatively explore how the second-level GC experiences and makes sense of their experience of the death of a student by suicide.

Objectives:

- Illuminate the personal impact on the GC in the aftermath of the student suicide

- Illuminate the professional impact on the GC in the aftermath of the student suicide

- Identify what the GC finds challenging in working with the aftermath of student suicide

- Identify what supports the GC needs in this work

Methodological Approach Rationale

"Why Qualitative and not Quantitative?"

From the outset, the researcher deliberately avoided the choice of a quantitative

research method because quantitative paradigms and methodologies seek objective,

universal, generalisable "truths". They focus on numerical data gathering and

empirical measurements designed to test theories (Creswell, 2013). This positivist

epistemological approach would fail to reveal the experiential world of the participant,

thereby failing to address the research question. On the other hand, qualitative

methodologies focus on capturing lived experience and understanding the social

world as the participant experiences and interprets it (Bryman, 2012), which is fitting

for the current study. A qualitative inquiry is inductive and conducive to generating

new understandings and meanings. Qualitative research explores and seeks to

understand the meanings assigned to peoples' lived experiences (Creswell, 2013).

In this study, it is this understanding of the Irish guidance counsellors' experiences of

student suicide that is sought.

Why Phenomenology?

The researcher could have chosen different qualitative methodologies, such as a

case study or a grounded theory approach. However, to meet the aim and objectives

of this research study, phenomenology was deemed most appropriate. While

grounded theory methodology and phenomenology have much in common, a

grounded theory approach seeks to develop a theory, generating theory from data

and giving explanations about a phenomenon by formulating hypotheses based on

conceptual ideas (Creswell, 2013). However, this was not the aim of this research

study.

Phenomenology is a philosophical paradigm that intensively examines the human lived experience. It has the potential to describe in depth the experiences of several participants impacted by a single phenomenon, in this case, the Irish GC's experience of student suicide. The key element is the experience *in itself* of the GCs and the interpretation they draw from the experience. The researcher was drawn to adopting a Phenomenological approach as it is primarily concerned with the exploration of subjective human experience as it appears to the individual through their unique individual perspective.

Why IPA?

Two phenomenological approaches could have been used for this qualitative research, descriptive or "pure" phenomenology, as described by Husserl (2001, 2012), or interpretive phenomenology, as defined by Heidegger (1996). Husserl's descriptive phenomenology demanded that the researcher describe the essence of the phenomena from the participant's perspective without interference from the researcher's pre-understanding or interpretation. Husserl advocated that one must bracket out the outer world and individual biases to see the phenomenon clearly. This philosophical position would not focus on the meaning attributed to the phenomena or consider the researcher's position in that interpretation and was deemed unsuitable, given the researcher has had personal experience of the phenomenon under study and therefore has insights into this, which can inform the analysis. Hermeneutics is the practice of interpretation. In hermeneutic tradition, understanding and interpreting experience is never simply a process of seeing it, grasping it, or decoding it. It is fundamentally ambiguous. Fragments of experience are understood through a process that organises them, selects what is salient and

assigns meaning and significance. Interpretative phenomenology includes aspects of both description and interpretation. Heidegger (1962) stressed that every encounter involves an interpretation influenced by an individual's background 'historicality' and believed that bracketing was impossible, as one cannot stand outside the pre-understandings of one's experience (Heidegger, 1962). Heidegger's understanding of pre-understanding and the greater focus on interpretation led to a re-evaluation of the role of bracketing (Smith et al., 2009). He maintained that one could only be conscious of one's presuppositions and pre-understandings through analysis and interpretation of a phenomenon. We can only become aware of what Heidegger names 'fore-understandings' through analysis of things or phenomena. In the case of this research study, the fore-understandings, and presuppositions, would be revealed to the researcher through engagement with the participant, the transcript text and during reflection upon what prejudiced the interpretation.

Interpretative Phenomenological Analysis (IPA) is a methodology in keeping with Heidegger's paradigm and was chosen for this research. This involved being critically self-aware of her position and perspective, given her particular personal, cultural, and historical location as an insider researcher (Finlay, 2008, 2011). McLeod (2014) describes reflexivity as "the way that the researcher takes account of his or her personal and subjective involvement in the process of carrying out a study" (p. 97). "It is all about managing subjectivity—the participants' and the researchers'—rather than seeking to eliminate it", asserts Finlay 2011 (p. 125). The researcher, who is a collaborative psychotherapist, habitually sets aside presumptions and assessments in order to genuinely understand the client's world. This enabled an understanding of the need to maintain critical awareness of her own

subjective and experiential interactions during the research process and minimise their impact (Smith et al., 2009). Goldspink and Engward (2019) refer to the reflexive echoes in IPA research. The "echoes" are a mixture of the participant's and researcher's words and experiences resonating with each other during the research process. They purport that exploring the echoes acknowledges them as the researcher's own presuppositions and enables the researcher to work with them as opposed to dismissing them.

The Fundamental Philosophical underpinnings of IPA

IPA is suggested to have three key theoretical underpinnings, or 'pillars', namely phenomenology, hermeneutics (interpretation) and ideography (Smith, 2004, 2007; Smith et al., 2009).

The first pillar is phenomenology, which is "committed to the examination of how people make sense of their major life experiences" (Smith et al., 2009, p. 1), thus allowing the person to explore and reflect upon their experiences. In practice, this means understanding the experiences of the person who is experiencing and giving meaning to that experience. It tries to understand and describe a phenomenon by exploring the everyday experiences of participants while suspending the researchers' bias, preconceptions or prejudices.

The second pillar is hermeneutics, or the art of meaning-making via interpretation (Willig, 2013). Martin Heidegger incorporated Husserl's ideas into the development of hermeneutic phenomenology. The term 'hermeneutic' comes from the Greek word 'to interpret', and hermeneutics is generally defined as the

interpretation of language, written or spoken. Language, or talking about it, brings the phenomenon into the open, offering new possibilities for understanding the phenomenon and interpreting its meaning. Interpretative phenomenology can give voice to the participant's experiences of the phenomenon. It can access their underlying cognitions, such as beliefs and attitudes, explicit and implicit, and allows a focus on meanings and interpretation of experience. The participant strives to understand, make sense and interpret their experience and the researcher also becomes part of the meaning-making, consciously and subconsciously using prior knowledge, experience and preconceptions. Willig (2013) asserts that the language one uses to describe and interpret experience is embedded in prior knowledge, prejudices, assumptions, unique context and prior experiences. The researcher is consistently engaged in a reciprocal dialogue of interpretation with the participant. This involves a process of interpretation, a 'double hermeneutic' process, as the researcher makes second-order sense of what the participant made first-order sense of in their own experiences (Smith et al., 2009). The researcher, from the outset, has a pre-understanding, and in order to uncover something new, this understanding is revised, allowing for a new interpretation and a deeper understanding of the phenomenon to emerge (Finlay, 2011). This iterative process is central to IPA analysis with a dynamic relationship between preconceptions and interpretation, described as "the dialogue between what we bring to the text, and what the text brings to us." (Smith et al., 2009, p. 26). Hermeneutic 'circling' is a crucial part of the Hermeneutic process, where the researcher moves back and forth, examining the data in parts and the whole, interpreting the whole with reference to the parts and the parts with reference to the whole. This process continued through all the stages of analysis. The readers of this research will perform a critical role within the

hermeneutic dialogue, as will the researcher, in making their own sense of the participants' sense-making.

The third pillar of IPA is the ideographic commitment to valuing each unique contextualised experience of the phenomenon shared by the participant, paying attention to the individual participant's unique particular situated context. IPA tries to understand the stories as they are experienced by the participant and, in addition, interpret and understand the interaction and context that the participant is part of (Smith & Osborn, 2003, as cited in Davidsen, 2013).

Therefore in IPA, a detailed analysis of each individual participant's case is conducted before moving to a general cross-case analysis for convergence and divergence between the participants' experiences (Smith et al., 2009). IPA's analytic procedure and experiential statements emerge from a single case analysis before generating patterns across participant experiences (Smith et al., 2009).

Procedures

Sample Recruitment

A purposeful homogeneous sample was sought, consistent with the IPA orientation, which prefers to focus on a small sample to allow for a depth of experience, interpretation and meaning to emerge (Smith et al., 2009). The participants needed were Irish school GCs who had experienced student suicide, and the recruitment of the purposeful sample was enabled through a gatekeeper, the IGC. The recruitment process was designed so that data about a particular phenomenon (the research question) in a particular context (the Irish second-level school) could be obtained to reveal a depth of experience and a depth of meaning. Inclusion and exclusion criteria

for participation were adopted to help ensure homogeneity and maximise the relevance of the experiences sought.

The inclusion and exclusion criteria applied were as follows.

*Inclusion criteria***:**

- Qualified counsellors registered with the IGC.

- Employed as a second-level GC.

- Experienced a student suicide more than one month and less than five years prior to participating in the study. (This ensured reflective recall ability and sufficient processing time).

- Fluent in the English language to enable participation.

- Gender non-specific.

Exclusion criteria:

- Any GC who was personally known to the researcher to avoid any concerns about coercion, confidentiality, or conflict of interest. Any GC who was professionally known to the researcher was eligible.

It was expected that the target group selected, from which the purposeful sample was recruited, would have an interest in the research and make up some of the potential readers of this research study. While a sample size of 10 participants was planned, 11 participants volunteered, and 11 interviews were held. This proved ideal and large enough to contain variations within the group without being overwhelming, with important contributions from all.

The stages of recruitment were as follows.

1. When ethical approval from the Dublin City University Research Ethics Committee was granted, the researcher then communicated the research to the IGC.

2. A short account of the nature, purpose, procedures and inclusion and exclusion criteria of the study and the researcher's contact details were emailed by the IGC to all registered guidance members on behalf of the researcher (Appendix A). Candidates were informed that their experiences would be represented in the context of an academic research forum.

3. Those interested self-identified by email directly to the researcher. They were then sent the participant information sheet (Appendix B) and consent form (Appendix C) and were given one week to read the material.

4. They were given time to reflect on the detailed information about what to expect from the interview, the research study aims, the topics being explored, the consent process and ethical issues such as commitment to anonymity and confidentiality.

5. The researcher then contacted each one to clarify any questions they may have had before arranging an interview.

6. When 11 participants had been recruited, an email was sent by IGC to inform members that recruitment had ceased (Appendix D).

7. All who had expressed an interest in taking part were contacted by email to arrange a suitable date and time to conduct the interviews.

8. Participants were again asked if they had any questions about the research before the interview began. Written consent was obtained from all participants prior to the interview, and verbal consent was recorded.

Data Collection

Covid-19 constraints meant that interviews had to be conducted online using Zoom. Oral permission to record the interviews was given prior to the live interview.

This study used semi-structured interviews to gather data consistent with IPA, with the objective of obtaining rich, detailed and first-person descriptions of experiences (Pietkiewicz & Smith, 2014). These interviews allow the researcher to create a rapport and an open environment and stay as close to the lived experience of the participant as possible (Koch, 1999; Willig, 2013; van Manen, 1990). It also gives flexibility for participants to describe events in detail, expand on these when needed and allow for unexpected concerns to emerge. Although other methods of qualitative data collection were available, such as focus groups or participant observation, semi-structured interviews were considered to be the most suitable approach for this research study, given the personal and sensitive nature of the study topic. A pilot interview was conducted by the researcher with a colleague volunteer to appraise the quality of the proposed interview schedule, the pacing of the questions, the effect of questions and prompts, the responses, and the impact on the volunteer. The interview questions were evaluated and revised with the supervisors to include more open-ended facilitative and evaluative questions, which would encourage the participant to describe what their experience was like in more detail (Appendix E).

The researcher underwent a reflexive interview with a colleague prior to interviewing the participants in the hope that the reflective analysis during and after the interview would identify the researcher's preconceptions, prejudices, values, prior knowledge, position and interpretations. The researcher's thoughts, feelings, and interpretations were then discussed with the supervisors as a strategic approach to further identify the researcher's biases before conducting any interviews with participants. The researcher's experience of undergoing the pilot interview was recorded in notes in her reflexive journal. An extract of these notes is shown in Appendix F.

After each meeting with the supervisors, a reflective account was written. Each consultation documented the thoughts and experiences of the researcher and the feedback from the supervisors. This account included themes and recurring themes, recurring comments or phrases, comments on the researcher's descriptions of experiences of the phenomenon, emotions expressed, and the interpretative perspective. This reflective journal which documented the researcher's experience of the phenomenon, her pre-understandings, biases, and assumptions, and how they related to the research question, was essential to the overall interpretive process. The researcher was able to construct meaning by referring to this. Heidegger claimed that nothing can be encountered without reference to a person's background understanding (Heidegger, 1962).

Following participant interviews, a pseudonym was assigned to each participant. Written transcriptions of the audio recordings were created. Only the researcher had access to a password-protected document that listed the

pseudonyms allocated to the participants. The researcher used the 'Transcribe' option in Microsoft Word to produce transcriptions and then played and replayed the recordings to check and correct the transcriptions verbatim. Electronic versions of the transcriptions were saved on the DCU Google drive to ensure access was only available to the principal researcher and supervisors. The transcripts were de-personalised by removing the names of students, school staff members and any other school community members or locations mentioned.

As recommended by Smith et al. (2009), the transcripts were divided into three columns, the middle column containing the original transcript, the right-hand column containing a space designated for exploratory comments, linguistic, descriptive and conceptual and the left-hand column containing space to list emerging themes. Exploratory comments were differentiated by type using a specific set of font colours as recommended by Smith and Shinebourne (2012). An example of the transcript layout with exploratory comments and themes is provided in (Appendix G).

Data Analysis

The researcher analysed the interview transcripts in accordance with the principles of IPA outlined by Smith et al. (2009). During the analysis phase, new IPA terminology was introduced by Smith et al. (2022), which was a significant development. This meant that a body of the work was already completed, including charts, tables, spreadsheets, diagrams and written work, all using the previous terminology. However, the new terminology was welcomed, as it offers better clarity and retains a better focus on the experience of the phenomenon. The principal

change is the renaming of emerging themes, now referred to as experiential statements. A group or cluster of related experiential statements now forms a Personal Experiential Theme (PETs). Further analysis and clustering of the PETs yield what is now termed Group Experiential Themes (GETs). It was decided to keep the old terminology where it had been used and move to the new terminology at the analysis stage. This move is evident in the thesis, with some deliberate overlap to provide an understanding of the change.

The researcher's interpretative engagement and analysis were carried out with each interview transcript in turn, as IPA is interested in 'idiographic' analysis, meaning engagement with the detail of individual lived experiences, before moving to the next interview. The process followed for each interview transcript was as follows:

1. The transcript was divided into three columns, with the body of the transcript in the central column, exploratory comments made on the right and emerging themes noted on the left. The researcher read the text closely, annotating it (coding) with exploratory comments, revealing insights into the participants' experience and the potential meaning attributed to it, and interpreting the significance of this as it relates to the core research question. Any patterns in thoughts, feelings expressed, meanings conveyed, language used, and any observations and reflections that occurred were noted. These comments were written in the right-hand column of the transcript, using colours to differentiate between conceptual, descriptive and linguistic observations. In an iterative process, the exploratory comments were then reviewed and re-read to understand and

reveal emerging themes. These were catalogued in the left-hand column of the transcript (Appendix G).

2. When the transcript coding was complete, a clustering process was undertaken to condense and combine themes, reducing them to coherent emerging themes with underpinning examples of experiential participant comments (Appendix H).

3. These clusters were then further refined to produce a final 'Themes Table' of participant Personal Experiential Themes (PETs) with subordinate themes and illustrative participant experiential statements, capturing the essential nature of the experience of the phenomenon (Appendix I).

4. Finally, a pictorial representation was produced to illustrate the phenomenological superordinate themes (PETs) for the participant and their related subordinate themes (Appendix J).

5. A narrative summary of the participants' rich and meaningful experiences of the phenomenon was then written, illustrated by the most compelling PETs in the transcript, representing the participant's 'voice' and researcher's 'positionality' to make sense of the phenomenon in unique ways (Smith et al., 2009).

6. The researcher then commenced the same process for the next interview transcript, and this procedure was repeated in turn for all 11 transcripts.

7. A cross-case analysis was undertaken, leading to emerging GETs. During the iterative 'Hermeneutic circling' process, the researcher referred to the PETs themes tables and the interview transcripts, repeatedly reviewing the experiential statements of each participant to reveal their most

representative experiences. The cross-case analysis of all themes was divided into five stages, as outlined below.

GETs Analysis Stages

1st analysis

1st analysis

A spreadsheet was used to cluster the list of Superordinate themes that emerged from each participant to reveal the core shared experiences of the 11 participants. These are now also known as the Personal Experiential Themes (PETs). A risk associated with this method, or any method where clustering begins with the PETs presented in a list format, is of losing 'equivalence', or the preferred initial equal weighting of each theme. The themes at the top of the list "…are in danger of being privileged as one looks for other statements similar to the early ones" (Smith & Nizza, 2022). There is some potential that this could misdirect the outcome of the clustering.

To mitigate this tendency and to prevent the early PETs from gaining a significance they possibly did not merit, the list was approached in a number of ways, each independent of the other. In each process, reference to the original participant PETs tables was made to revisit the individual's unique experience.

Initially, an idiographic cross-case analysis of the PETs on the list was carried out from the top down, and clustering was carried out in that sequence, as illustrated by colour-coding in the spreadsheet. A second 'top-down' clustering was carried out a day later and provided very similar results. Both 'top-down' processes show results that could be interpreted as confirming the tendency to add significance to the

early themes. A third clustering exercise was carried out, this time from the bottom up. This unsettled the patterns and naming of the dominant PETs compared to the earlier results but did not contradict them. A fourth process was carried out another day later using a top-down analysis of a randomised version of the list. This further unsettled the prior patterns and dominant theme descriptors but again did not contradict the earlier findings (Appendix K).

In fact, two dominant GETs emerging from all four analyses of the list were clearly consistent and the remaining themes distilled meaningfully into a third supporting GETs cluster. The results of the clustering process adopted were considered balanced and valid.

2nd analysis

In this 2nd spreadsheet, the SUPERordinate themes, or PETs, were reviewed again and clustered a 5th time. The results were again similar to the previous 4 clusters and validated the revealed GETs. The SUBordinate themes for each participant were then attached in corresponding rows with the SUPERordinate themes. The checking of total themes was kept primarily for this purpose and to ensure all themes were included at each of the early stages of analysis. In column I of the spreadsheet ('Sequence'), a tracking number was maintained to allow easy reference back to each participant's 'Themes Table' and their experiential statements. The focus of this analysis was the range of significant individual experiences for each participant, how these were interwoven between participants and the patterns and resonances that emerged. This analysis and clustering of individual experiences brought more emphasis to the Group Experiential Themes 'Holding Emotions', which was

nonetheless, in many cases, heavily interwoven with their feeling of being

'disempowered'. This clustering was the basis for subsequent analysis (Appendix L).

3rd analysis

This spreadsheet was used to sort the themes by Group Experiential Themes in

column C. The three sections were colour-coded for ease of reading (Appendix M).

4th analysis

There are three tabs in this spreadsheet, one for each Group Experiential Theme.

The format and purpose of each tab page are the same, as follows (Appendix N).

1. In the first section of each page, the SUBordinate themes for the related

   GETs were listed in rows.

2. In the second section of the page, these SUBordinate themes were

   transposed into columns. An idiographic approach was important to reveal

   the phenomenon and the unique experience of each participant. Experiential

   statements from participants were then added to more fully describe the

   SUBordinate themes. These were drawn from the individual experiential

   statements of the participants. This analysis process allowed an in-depth

   understanding of each theme, and statements were chosen to best represent

   the participant experience. If cross-case analysis revealed that experiences

   resonated between participants, then similar wording was used to describe

   the experience.

3. In the third and bottom sections of each page, the SUBordinate themes for the

   related GETs were clustered and revealed dominant recurring experiences.

5th analysis

On this 5th analysis spreadsheet, further analysis of the similarities of the grouped themes revealed common patterns of experience, with some individual differences within these patterns, and distilled them to key experiential statements. These were colour-coded and clustered to capture the overarching experiential messages of the participants, which became the final SUBordinate themes for each of the three GETs. The iterative nature of the analysis led to a change in the GETs descriptors. These were reconsidered and re-named to better capture the emerging sense and meaning (Appendix O). The three GETs and their emerged associated SUBordinate themes form the basis for the findings outlined in Chapter 4.

Ethical Considerations

Key ethical considerations centred around the private and sensitive nature of the study topic. Each required management protocol is outlined below.

<u>Data management</u>

Participants were advised of confidentiality measures and limitations and the procedures that were in place to protect their anonymity prior to written consent. The consent covered all study protocols as outlined in the information sheet. Signed consent forms were stored in a locked filing cabinet designated for project use only. All participants were assigned a pseudonym, and only the researcher was able to identify the individual participants, as no corresponding codes were kept connecting the participant with the data provided in the interviews. The interview recordings and transcripts were stored on a google drive file with access limited to the researcher. No details of participant cases, clients or 3rd parties that could inadvertently identify

the participant, a school or a student were included in the transcripts or subsequent reports. If for any reason, names, place names or school names were needed for clarity in a report, pseudonyms were used to ensure data protection and privacy.

While participants were informed about confidentiality measures in the information sheet or Plain Language Statement, it was also explained that the researcher would not be able to maintain confidentiality if a participant disclosed a breach of ethical codes in their work, made a disclosure or allegation about the risk of harm to a student client, or if a participant disclosed that they intended to harm themselves (e.g., take their own life) or another person. The researcher would have had an obligation to report this to the authorities: e.g., professional body, social services or the Gardai.

Distress

Participant vulnerability was not considered to be an issue, and no significant distress was anticipated; certainly, no more than would be encountered in the course of their regular work and within guidance counselling supervision. The participant GCs would already have been familiar with reporting cases from their clinical casework. Their professional awareness of the duty to attend further supervision or personal counselling should their work caseload negatively impact them professionally or emotionally gave the researcher as much assurance as could realistically be expected. The participants were made aware of available support in case recalling the event of a student suicide caused any distress. It was emphasised before each interview that if the participant became upset, the researcher would pause and discuss if there was a need to take a break or postpone

the interview or indeed withdraw from the study. Participants were assured that they could refuse to answer any question, that they could pause or postpone the interview at any time or withdraw personal material at their own discretion for up to five days after the interview. None of these contingencies was needed as the interviews proceeded without interruption.

A short debrief followed each interview where the researcher checked how the participant experienced the interview. If support was indicated, it was discussed, and the participant was advised to avail of the GC support structures. If a participant needed to process any issue that had arisen in the interview, they were reminded of the availability of free counselling through the GC employee assistance programme. The researcher contacted each participant within one week of the interview to offer assistance if any follow-up was needed. No participant reported a need for follow-up support. Approval for the research was granted by the DCU Ethics Committee (Appendix P).

Quality Criteria

In her 2000 article, Yardley (2000) discussed the need for a method for assessing the value and validity of qualitative research. Her suggestions have since become a benchmark for evaluation, and consisted of four principles, Sensitivity to Context, Commitment and Rigour, Transparency and Coherencne, and Impact and Importance. This researcher used these principles to appraise this study, as demonstrated below.

Yardley asserts that to achieve good data, one must engage empathically with the participant and be sensitive to context and the ideographic dimension (Yardley, 2000). The researcher understood the need for sensitivity to context when drawing out from each participant their individual unique perspective, experience and interpretation. The researcher was also mindful that ethical issues of balance of power or the potential for mutual influence during interviews should not arise. The continuous commitment to understanding the individual contextual experiences demands that the researcher be meticulous in the attention paid to the detail of every nuance, metaphor, pause, sigh, intonation, and emotional reaction expressed in an interview. It was important that analytic claims were only made following the exploration and examination of ideographic experiences and close engagement with the data.

Commitment and Rigour

The researcher committed to the methods inherent in IPA. It was expected that deep involvement with the subject of the research question would prevail during interviews, and the use of Hermeneutic circling would be important to repeatedly examine the parts and the whole, making sense of the phenomenon and understanding the participants' accounts and the researcher's interpretations and biases. A commitment to an iterative process and attention to detail would be essential in the data collection and analysis process to ensure the participants' voices and the researcher's contributions to meanings would be included. Data would have to be validated rigorously, re-visited and re-written many times. Experiential evidence and quotations would be essential to support interpretations.

The importance of reflexivity and supervision in the process was understood by the researcher. The researcher was committed to maintaining a regular meeting schedule with supervisors, providing a forum where issues surrounding the interview process could be discussed, where critical analysis of the data and the researcher's interpretations could take place and where reflective notes could be reviewed. Similarly, attendance at other academic forums and discussion groups would be maintained to provide ongoing perspective to the study.

The multiple stages of interpretation that allowed patterns to emerge, the discussion of how interpretations arose from the data, and the interpretive process itself are what Koch asserts as critical elements (Koch, 1999). The researcher was committed to demonstrating rigour at all stages of interpretation and analysis by maintaining a clearly documented record of the process.

Reflection

There were so many layers of meaning, and every time I looked back at the transcripts or the clusters of meanings, I found new ones. I took some reassurance from the fact that I explored everything through the hermeneutic circle. I systematically considered the whole experience whenever I found a more illuminating example of an experiential theme that might better capture the overall sense of the participant's interpretation of something of importance to them.

I continuously circulate the parts and the whole to ensure interpretations are warranted and reflected in the texts to respect participants' voicing of their experiences. The interpretation of the data continues to deepen and evolve into narrative summaries. I find solace in the supervisors' expertise who review

plausibility, coherence, and comprehensiveness. It sometimes feels like an impossible task to continue, but as often prompted by my supervisor, I keep coming back to trusting in the process. My confidence in the IPA methodology has grown.

Transparency and Coherence

The importance of transparency in this study was understood at an early stage in the research. The researcher presented a clear rationale of why IPA was selected as a methodology and set out to demonstrate adherence to the principles of IPA in a transparent and coherent manner. It would be essential that the reader could easily see and understand all steps in the data collection and analysis process with a coherent progression to implications and recommendations. The researcher was committed to providing this clarity so that the importance of the data, its evidential underpinnings and the interpretations of the phenomena could be understood and valued. Again, regular meetings with supervisors play a significant role in challenging the aims and understandings of the researcher in her resolve to adhere to all four quality criteria.

Impact and Importance

The researcher expects that the findings of this research study will address a gap in the literature and contribute to the existing international research on the professional and personal impact of youth suicide on school counsellors. It is believed that the outcome of the research will have the potential to inform professional practice, training and supervision support for the Irish GC as well as advance further research in this topic area. The researcher plans to disseminate the findings in relevant journals and publications.

Conclusion

The methodology chapter has outlined a detailed description of the methodological approach and study design, procedures, protocols and analysis, which consistently followed the underlying theoretical principles of IPA.

CHAPTER 4: FINDINGS

Introduction

This chapter will present and discuss the three superordinate experiential themes and subordinate themes that emerged from the analysis of the 11 interviews, describing the participants' experiences of the death of a student by suicide and dealing with the aftermath. The GCs who participated in the study are a diverse group of individuals working in second-level schools, some in urban areas and some in rural areas. Their individual experiences are collectively interwoven to answer the research question, and verbatim quotations are used to illustrate themes.

Participants

The participants are identified in the study under pseudonyms, and their interviews are numbered Int 01 to Int 11. The pseudonyms are used to reference direct quotations from their interview transcripts in the format (Name, Page No.). The number of suicides and years of experience for each participant are listed in Table 1 on the following page.

Table 1: Participant profile

Pseudonym	Gender	Number of suicides experienced	Years in role of GC
Lenny	Male	1	Five or more
Tamlyn	Female	2	Five or more
Ted	Male	1	Five or more
Connie	Female	1	Five or more
Mandy	Female	1	Five or more
Tina	Female	1	Five or more
Nessa	Female	2	Five or more
Mona	Female	2	Five or more
Fran	Male	1	Less than five
Sue	Female	1	Five or more
Ellen	Female	2	Five or more

All participants had several years of experience teaching before training to be a GC, and they were all part of their school's CIMT. All suicides occurred within five years of doing the interviews.

Experiential Themes

The experiential themes will be discussed as overlapping experiences with extracts from the interviews, providing a narrative account and an interpretation to support each theme and giving an understanding of how the participants experienced the suicide and its aftermath. The **super**ordinate themes, or PETs, for each participant are represented in a master table, an example of which is shown in Appendix I. Direct quotations from the participant's narratives are provided to support the

interpretations made. Any directly or indirectly identifying data has been either deleted or anonymised. The PETs and supporting **sub**ordinate themes for each participant are then extracted to keyword descriptions and presented pictorially (Appendix J). Three **super**ordinate themes were identified for the group of participants, the GETs. These GETs and their related sub-themes are listed below in Table 2.

Table 2: GETs and related sub-themes

GET 1. Managing Emotions *"You have to keep it together."*	
Sub Theme 01	Appearing Resilient, *"No…script for that.*"
Sub Theme 02	Fear of a Repeat *"On alert physically and mentally."*
Sub Theme 03	Feeling the pressure- the impact *of the Organisational Context* *"You have to put on your armour and just go…."*
GET 2. Feeling Disempowered - **Organisational context** "A Tsunami of Students"	
Sub Theme 01	Needing Support *"Grasping at Straws"*
Sub Theme 02	Accountable but Powerless *"At the Mercy of Management"*
GET 3. Relying on Personal Resources *"Scars are on my Back"*	
Sub Theme 01	Still Feeling it. *"I don't think I'm over it all."*
Sub Theme 02	Relying on self-compassion and self-care *"Doing the best you can do."*

Group Experiential Theme (GET) 1 - Managing Emotions

"*You have to keep it together*"

This theme captures the participant's strong and sometimes confusing emotional responses to the student suicide from the time they hear the news, throughout the postvention and long after the initial aftermath. It illuminates all the micro experiences of the GC around engaging and coping with, processing and giving meaning to complex emotions such as shock, horror, disbelief, empathy, secondary distress, anger, guilt and regret. It incorporates the associated physical, cognitive and behavioural responses. Many participants struggled with managing their own grief while under pressure to perform their duties, such as alternating between teaching, managing and counselling. Some felt under pressure to conceal their emotions, while others felt a form of dissociation and a sense of operating 'on autopilot'. The related subordinate themes support the GET by further describing and making sense of these micro-experiences. The extracted quotations give a glimpse of the personal and emotional inner narratives. An interpretative narrative of the interwoven experiences of all participants summarizes the overall sense of this GET.

Subordinate theme 01 – Appearing Resilient

"*No script for this*"

The initial shock and trauma

The first subordinate theme encapsulates the myriad of strong and sometimes conflicting responses that were triggered by the suicide and the immediate and delayed traumatic impact it had on the GCs. When Tamlyn remarked, "Just show up

with the fullness of your humanity…there's no word…I don't think there's a script for

that", she was relating how no words could describe or prepare one for how one

might feel, respond or operate when confronted with the reality of the student's death

by suicide. All participants relied on their endurance to appear resilient while

managing to remain present and available to support affected students and staff,

despite the enormity of the personal impact just suffered.

"It's just the most horrific thing", Connie repeated with a blank stare, as if she

was reliving the moment. The word "horrific" could be interpreted as Connie's acute

shock at hearing of the death of her student, but also the shock that it was by

suicide. Many participants shared a similar first reaction, and the impact was such

that they could still recall what they were doing the moment the news broke. Some

shared details of their embodied visceral responses: "Panic, anxiety, going into fifth

gear, running" (Lenny, p. 7) as well as "flashbacks" using words like "creepy…evil" to

depict "disturbing images…disturbed me, frightened me" (Ellen, p. 3). Sue's mental

health was impacted "I had quite a bit of anxiety… trouble sleeping and waking up

early… it would have been in my head … All I could think of was [him] …" (Sue, p.

17). This conveys her close bond to the student and the sense of personal loss she

suffered at his death. Ellen and Tamlyn described their ongoing visceral responses

every time they see a tree or ropes which remind them of the hanging body "When

you look at a particular kind of tree and kind of think 'yuck' or ropes that kind of stuff

just triggering it. That bad feeling that that sinking feeling" (Ellen, p. 10); "I just have

that vision and I see him, I still just think of it, from that tree…" (Tamlyn, p. 13).

In all cases, the GCs endured the shock and pain at the moment and held their emotion, trying to "hold it together" while trying their best to support others (Tamlyn, p. 15). All displayed much resilience despite ongoing evidence of traumatic stress and fear of repeat events. "It's the vigilance not to miss someone else ...It's more about not letting the ball drop … God, I hope I don't miss somebody else, you know, and there's another tragedy" (Ted, p. 10).

Grief

The level of grief and enduring regret felt by the participants following the event is evident, particularly if the student involved was known to them. Ted continues to 'see' his student in other students, again suggesting continued adverse impact, especially when having known the student involved so well from clinical work "There are boys who I see who would walk like him…the paleness in the face like him. …I find when I think of that I take a sharp intake of breath" (Ted, p. 9). Other participants who clinically worked with their student prior to the incident also seemed to have been deeply distressed "It was horrible…the fact that he had come to me, and I did what I could for him. Yea, the fact that I knew him personally" (Mandy, p. 2). Mandy reflected on how she tried to do all she could to help the student but ultimately felt powerless to prevent suicide. Both Ted and Mandy had not been informed about the student and grieved the lack of an opportunity to have helped the vulnerable student. This is evoked in words "If only…".

Sue described the added personal impact of having worked clinically with the student and not having had closure of a kind. "I would have loved to have seen him that day" (Sue, p. 6) infers the heavy regret "…felt it personally because I knew him. I

felt like I had a connection … that I would have loved to have had that better … it just wasn't meant to be" (Sue, p. 7). These lingering feelings of regret of not having had the opportunity to work longer with him, to make a difference, were followed by a reactive pledge to rescue the best friend of the deceased boy. Her success in this endeavour seemed to comfort her when she says, "…maybe I wasn't able to help him, I wasn't able to help him, but I was able to help his friends, and to me like that was something" (Sue, p. 15). Sue expresses a need to regain some control following her sense of helplessness and inability to prevent suicide.

The metaphor of the young boy as a butterfly conveyed how connected Sue was to the student she had clinically worked with shortly before his suicide "I obviously haven't known him very long, but I knew him (Sue, p. 7). "…I remember at the time there was a butterfly came into the church and landed on his coffin and then flew out… it was really a vivid sign" (Sue, p. 10). The vivid sign could be interpreted as suggestive of her feeling his presence and the associated loss and regret.

The participants needed inner strength to carry the weight of the emotional impact of regret and helplessness, and it is clear this challenge continues for some.

Bolt out of the Blue

The suddenness and unexpectedness of the events seemed to add to the shock and impact on the participant GCs. The disbelief that the person in question could take their own life and the fact that there was no warning, suggestive of no opportunity to save the student, was portrayed as being traumatic. Mandy described it as having shaken her to the core, "just a moment of madness …there was no sign of him being upset or anything…it's like a bolt out of the blue has rocked your world forever, and

you never can undo that learning you know" (Mandy, p. 9). The suddenness and unexpectedness of it resonated too with Nessa, "Oh God, it was horrible, and it came from nowhere" (Nessa, p. 29). Connie still remembers the sound of the immediate impact "You could hear it actually, as the news broke, just the wall of grief. It definitely …took it's… I'm brought right back to it" (Connie, p. 9).

The shock of the news of the suicide rendered Ellen temporarily incapable of functioning "absolutely floored. They [students] couldn't function. Nobody could function. Time stood still" (Ellen, p. 4). She reported being in so much shock that she could not process it and was rendered powerless to it, "I'd never actually got upset about that student; I'd been in shock ...You can't move physically and that kind of stuff, flashbacks and all of that stuff". It was several months later when she was away from school on holiday before she felt able to express the distress it caused her, "… that was the first time I cried, and I cried. And I cried, and I cried" (Ellen, p. 11). This outpouring of emotion, grief and trauma that came in its own readiness, in a place she experienced as safe, impresses how traumatized, unsupported and unsafe she had felt in the school. One example of traumatization is given by Ellen, while other participants had similar experiences, as will be shown later in this chapter, "I was having nightmares then because I was very anxious about the students. I couldn't get to them because I was flat out" (Ellen, p. 5).

While Ellen and the other GCs tried to diligently and resiliently press on with their work despite the shock and impact of the news, they commented on the lack of acknowledgement and support they received. They are seen as unaffected, and Tina reflects this in her comment, "I just think this impression that is out there of

guidance counsellors is that we just don't feel and that we're able to just bounce back, and it's very misleading" (Tina, p. 6).

Witnessing Distress – ongoing impact

Secondary distress was reported on witnessing affected students. For example, Connie describes it as "the moment when I found it really tough, as they came out...I remember a couple of them just looking over to me, just reaching out ….you were just there, and like they were just there..… I think it's just that overwhelming sense of powerlessness for the adults" (Connie, p. 10). Impacted by witnessing distressed staff members, disarmed and lacking words to comfort affected students, Sue could only offer an equally emotional response "Just show up with the fullness of your humanity…there's no word…I don't think there's a script for that" (Connie, p. 10). Being physically present to those suffering while suffering themselves was too much of an ordeal for some. Ted talked about "the helplessness, of them and us. And the not knowing what to say", so he suggested "rattle off a few prayers to get them speaking … You don't have to think when you're praying, it does something to your unconscious". The "rhyming off things" served to pacify, but for some students he believed it allowed them to process "…that kind of stuff that's going on inside you comes more and more to the fore" (Ted, p. 6).

Having avoided the wake, Sue attended the funeral of a student, sharing how difficult it was to endure while simultaneously witnessing the distress of her students, "… kids everywhere crying and you didn't have a chance to process your own grief because it was everyone else's" (Sue, p. 10). Nessa also avoided the wake, which made sense for her as she was vulnerable to having prior trauma re-awakened. She

related her experience at the funeral, describing how a close relative had died during that year, and it had triggered her prior experience of the 'guard of honour, "When [the relative] died, the guard of honour surprised me so much. When you do a guard of honour now, I find, I still find it very tough" (Nessa, p. 28). Fran recalled, "Walking back from that [the funeral] thinking that was surreal…. I feel very blocked up" (Fran, p. 5). He reported feeling afraid for the students because of the distress he witnessed from overseeing them at the funeral "I was actually terrified that day, like where were all the adults?…there were so many kids there unsupervised" (Fran, p. 4). Likewise, Connie felt overwhelmed from witnessing the brokenness of her students who "… were so broken and so shattered…these girls will never be the same again…this level of trauma…it [the trauma] was so now…you are kind of dipping in and out of being present, but then I was totally overwhelmed" (Connie, p. 12).

<u>Subordinate theme 02 - Fear of a Repeat</u>

"On alert physically and mentally."

This theme gives an insight into how participants were gripped by a sense of terror and fear of potential fallout from the suicide, such as a repeat suicide or contagion. Fran, having suffered the loss of his best friend to suicide, believed that "[suicide] it's the worst thing that could happen to a school" (Fran, p. 18). He shared how he came to this conclusion. The suicide had triggered the memory and personal impact of this earlier suicide and how he struggled with feelings of responsibility "Not that I felt responsible, but like I just knew if I wasn't there, if I was there, I would have been, I don't think it would have happened ……I can see how ridiculous that is. I feel so

guilty for being away. I wasn't there immediately. It's always been with me" (Fran, p. 6). He was motivated to be endlessly available to his students in the weeks and months after the suicide, driven by the need to protect and the need to resolve the feelings of guilt and regret that he carried for not being there for his friend, "You wanted to be there. I wanted everything to be safe" (Fran, p. 5). The personal toll on him of overworking and shouldering responsibility is evident "…[working] 22/32 hours a week like what you're supposed to do, but instead, you're doing 40 hours … just because you wanted to be there. I wanted everything to be safe" (Fran, p. 5). This desire to rescue and protect the students and overworking had become routine.

The reawakening of prior trauma also emerged during other interviews. Mona related how the prior trauma was triggered every Monday morning "Being fearful walking in, that I would walk into that news again cause it's quite distressing" (Mona, p. 6). She described it as an "illogical fear that you know it did take me a few weeks … to pass to one side" (Mona, p. 9). The traumatic distress was reactivated again a year later when a student went missing. "The emotion was that 'nervous pitch in your stomach' feeling until we knew that child was safe, and I would have said that I don't think if that had ended in tragedy, I would have been as well placed to deal with the situation" (Mona, p. 7). The impact was such that she feared a repeat suicide, potentially rendering her powerless to its impact. She was still holding the impact of the first suicide as she was dealing with the second. The deceased student was still present in her mind, "…when I was dealing with this [the student suicide] in this school, that was always in the back of my head", [the prior suicide]" (Nessa, p. 30).

Mandy resonated with the fear of repeat occurrences and how this increased her level of vigilance around vulnerable students "And with the first suicide, anyone

that came into me that was anyway down or up, I was ever so vigilant after that….it did stay in my head for a long time ……You are on alert physically and mentally" (Mandy, p. 10/11).

<u>Subordinate theme 03 – Feeling pressure – the impact *of the Organisational*</u>

Context

"You have to put on your armour and just go."

This subtheme refers to the pressure participants describe when having to operate as normal in a 'not normal situation. They struggled with the expectation to act incongruently with how they felt. Some participants felt emotionally unsafe in their school, unable to show emotions or find space to feel and process them. Showing signs of vulnerability was sensed as unwanted, and it added a further layer of pressure: "You have to be there for other people, and you have to solve problems, not create them, so there's no space for a guidance counsellor in a school setting to actually be processing your own emotions or be feeling your own emotions" (Ellen, p. 13). Tamlyn felt pressure to be "…a service that's for students and I should always be on …and available to them" (Tamlyn, p. 5). She shared her struggle to conceal her upset, but when greeting a group of affected students, she describes how "we all just burst into tears, and we were just in this kind of big group hug" (Tamlyn, p. 16). She was then reprimanded and requested to exit the scene and tidy herself "…you can't be like this" (Tamlyn, p. 16). She provided an insight into her inner conflict, "I just found it really difficult to kind of hold it together emotionally myself… like what is wrong with them seeing me upset? Of course, I'm upset, like he's a student in our school that I worked very closely with… like, give me a minute, like! I wasn't hysterical, I was upset, and so I just channelled it back into work. Our mission

became, let's try and get these students back on their straight and narrow, as opposed to allow them to connect with their grief" (Tamlyn, p. 18).

Likewise, Tina felt under pressure to appear 'invincible', "A lot of people think that just because you're a guidance counsellor, you're invincible" (Tina, p. 20). Even staff members said to her, "'You're so strong, and you're great, and I felt like screaming at them and thinking, saying, I, I'm actually not, but I have no choice right now" (Tina, p. 4). Nessa shared how she had succumbed under pressure to display her upset but felt bad about this, having tried to conceal this so as to appear resilient, "I actually cried …I'd say the boys didn't know what to do with me …it was awful … it was just horrible". (Nessa, p. 15). She describes facing the suicide aftermath as going into battle, needing 'armour' to survive: "…You have to put on your armour and just go…you don't have time to dwell on it …when you're facing it" (Nessa, p. 9, 10). Being self-protective was her response.

For some participants' grief and distress were accompanied by a pervading sense of anger. Ellen felt anger towards the deceased student as "like she left scarred, a number of us". (Ellen, p. 4). Fear and concern for the well-being of the student's friends were at the root of her anger "I was just so angry with what she had done and the chaos that she had actually unleashed" (Ellen, p. 11). Ted resonated with this sense of unfairness, conveying his anger and deep grief "the sadness of a life lost … totally unnecessary, totally futile and the pain and the permission that it released into our society to do something similar" (Ted, p. 13).

For many, not being consulted or informed with feedback from external agencies or, indeed, the parent was a cause of frustration and anger. Ted recalled the anger he felt at not being informed by the parent before the suicide about issues that could have been resolved, denying him the opportunity to save the student, "If someone had told me … Why didn't they let us know? I was angry... I believe that if I had of been told, he [the boy] wouldn't have died" (Ted, p. 3). Expressing the personal pain at the root of the anger, he shares, "…there's a lot of pain in that, to have to carry that … loss of an opportunity, as well as loss of a child" (Ted, p. 9). Mandy felt similar anger at not being informed and afforded the time to make a difference "If somebody had come to me, had briefly mentioned something" (Mandy, p. 7). "If I could have spoken to him [the student] and they could get intervention, we could have prevented it" (Mandy, p. 19). Tamlyn felt equally powerless when not consulted, "…how a parent could get a phone call from their child's school…and then …don't do anything with that…it makes me angry and guilty in equal measure because I don't really know, really know what's going on" (Tamlyn, p. 25). On the other hand, a few participants felt angry as they sensed they themselves were being blamed for not preventing the suicide; "blood on your hands in some people's eyes", or put themselves under unrealistic pressure "to make sure that no one ends up doing this and that it's my fault" (Tamlyn, p. 20). Anger surfaced as an emotional response to what was perceived as systemic organisational failings concerning the suicide postvention. This will be dealt with under 'GET' 2.

Group Experiential Theme (GET) 2 - Feeling Disempowered -

organisational context

"A Tsunami of Students"

All participants recalled how they were further impacted by organisational challenges when dealing with the suicide aftermath. A feeling of being disempowered was the common theme when referring to challenges relating to negotiating support from management and external support agencies. The issues included a lack of time to attend to vulnerable students, lack of resources and feedback, lack of external support to attend to the overwhelming demand for counselling from "a Tsunami of students" during the aftermath, and a lack of time for personal post-traumatic restorative care, CPD and supervision. With the benefit of individual experience and hindsight, all participants made or referred to recommendations on how they could have been better equipped and supported to deal with suicide aftermath.

Two dominant subordinate themes emerged, carrying with them a narrative of anger and frustration for most participants.

Subordinate theme 01 – Needing Support

"Grasping at Straws"

This first subordinate theme stems from how participants felt overburdened by the lack of personal and professional support to deal with the suicide aftermath. For most, the burden was psychological, as they were working with a level of trauma that

they had never experienced before, and they felt unprepared. For some, the impact of the trauma was exacerbated by prior trauma.

They were shouldering responsibility for at-risk students without having time to see them, the skills to deal with them or the resources to assist them. The sheer volume of counselling work that continued long after the postvention was overwhelming for all participants, regardless of experience. This was due mainly to the lack of management support or proactive intervention from the critical incident support service. In some cases, the service or management was described as positively unhelpful and undermining, leaving the GC powerless and 'grasping at straws, "[the external support service] came that time ...what did they do? Nothing". (Nessa, p. 30). She captures the contempt held by many for the representative of the external support service, "He was all suited and booted, and he arrived in the door… like, whatever he looked like, he was beyond useless" (Nessa, p. 13). The result of the burden of empathic concern and lack of support was also made evident by Tina, "… I just feel exhausted over a few different things that have happened, and I don't think that's acknowledged by management or by anybody really". (Tina, p. 5).

The seriousness of issues presented in relation to the suicide was unsettling as they were dealing with the potential for repeat suicides. The anecdotes and comments from participants give a glimpse of the intense stress they were under to continue to attend to students while also needing to "keep the rest safe". It was not difficult to sense the fear and anxiety that pervaded their work. Some participants reported feelings of incompetency from their lack of professional training or experience in implementing the school's critical plan. Tamlyn highlighted a lack of formal preparation for guidance counsellors and shared that her only understanding

of dealing with suicide aftermath was from her previous experience of suicide when she was a young teacher; "I wish I had been more prepared…some sort of areas of CPD…" (Tamlyn, p. 21).

Similar sentiments were recounted by Nessa, who also felt unprepared, "We only learn how to deal with it when we're stuck in the middle of it" (Nessa, p. 32). The frustration and powerlessness Nessa felt regarding the lack of training for the reality of what is needed and the intense responsibility expected is very evident in her interview, "there's a gap there in training for the realities of what actually happens in a school. I mean, you can read all the psychotherapy in the world. It's all words. These things do happen, and you're just lucky if it's not in your school. There is call for and need for more proper official support, not just grasping at straws and hoping that your friends have some ideas cause that's ridiculous" (Nessa, p. 30).

To compound this, the pressure of expectation to show professionalism while feeling inadequate and ill-equipped impacted some participants' self-esteem, self-worth and integrity. In an effort to be perceived as professional, Connie spoke of putting on a brave face until she could share the emotional impact at home and at peer supervision, as; "school is not the place where you let out" (Connie, p. 15). The unrealistic, unsustainable expectation to ensure student safety during suicide aftermath added to the pressure on the participants. Tina reflected the powerlessness many others felt too, when stating, "There is no prescriptive way to handle it. How are we going to get it right? How are we going to make sure that everyone else stays safe?" followed by, "I couldn't make everything ok" (Tina, p. 19). She described feeling a sense of failure at not meeting this unrealistic expectation.

<u>Subordinate theme 02 – Accountable but Powerless</u>

"At the Mercy of Management"

School System

This subordinate theme portrays participants' expressed contempt at feeling ethically compromised and rendered powerless to support the many students who queued outside their office for support. This sense of anger arose because of the felt lack of support, time and other resources provided by managers resulting in compromised professional autonomy to deliver the service needed. "…you're absolutely at the mercy of whether school management value guidance counseling, see a value in it and will free you up to do the job" (Mandy, p. 18). It left them feeling conflicted, powerless, and accountable for student safety, yet somewhat hand-cuffed in terms of action. The expectation that all guidance counsellors would have training and expertise to deal with the unexpected level of individual and systemic trauma seemed hugely unrealistic to Tamlyn. "I wish I had been more prepared and I wish that there was some sort of areas of CPD that are mandatory, like" (Tamlyn, p. 21). As she stated, "…no one should ever die in school like that's not supposed to happen" (Tamlyn, p. 28). The words used reveal a strong sense of protest at the injustice of an unrealistic expectation to deal with student suicide when inappropriately prepared for its reality. Tamlyn had expressed being unaware of the potential for personal adverse impact. She described feeling helpless in the face of such an overpowering experience "…. I was learning what to do for these kids while I was supposed to be doing something for them. It would have rattled me for a more elongated amount of time if we hadn't had the following death [a second suicide]" (Tamlyn, p. 22). The words chosen, "I was supposed to", highlight the bewilderment at being entrusted with student safety with no resources. She described how

distressed she felt having to deny queues of students who needed personal counselling so she could teach her classes. "…office was like jammed with like as many people as I could cram in here. And there's people outside going like, Can I talk to you later and I'm like I'm booked up for the next 10 days…" (Tamlyn, p. 22). She was burdened with feelings of guilt and shame for failing to rescue every affected student while expected to attend to other duties simultaneously, and this led to enormous fatigue, as it did for many others. Mandy described feeling split and heart-wrenched: "700 students to one guidance counsellor… to try and keep following those kinds of cases and to try and quantify the amount of time…" (Mandy, p. 11). Ellen described being under enormous pressure and "very anxious about the students, I couldn't get to them because I was flat out" (Ellen, p. 5), the lack of access, time and agency evidently burdening them to exhaustion. All participants expressed feeling 'at the mercy' of an ineffective system that failed to support them and provide resourcing when it was most required. "What I learned from this experience is that you have no control…how vulnerable we are in this role…you are under the principal…at the mercy of your manager", Mandy expressing here a strong sense of powerlessness in her role. This was exacerbated for many by a perceived management disconnect with what was happening, a disconnect with the support that was actually needed, and an unrealistic expectation of what the GC could achieve, leaving the GC to work with contradictory messages.

Disconnect

Many participants experienced what seemed to them to be a management disconnect and a lack of empathic understanding of the need for an effective supportive recovery effort. Moving on with normal school routine "when it was anything but normal" left participants "still picking up pieces for much, much longer afterwards...when it feels like management can very often move on" (Tina, p. 6). She highlighted a lack of support for affected students and staff "You know there was no real follow up, but there were two members of staff on the scene that morning, and they were never, they were never cared for by anyone" (Tina, p. 23). To counteract the perceived lack of support for students and staff, Nessa employed outside private support and charged it to their school. For one participant, this was met with a reprimand because even though the cost was minimal, it was felt that the school had already been seen to do what was needed and had moved on. "…he felt that he was covered, and the school was covered because I had tried to get someone to talk to the students, which I still felt wasn't enough. (Nessa, p. 23).

Tina expressed contempt for the suicide postvention efforts by management. Her metaphor leaves this derogatory depiction: "this is a show, a power show, and I remember thinking none of this is real, that was just a show, and I was just part of the performance. Once there is a guidance counsellor in the school that, that's grand as we've got that box ticked, you know" (Tina, p. 11). She seems to feel betrayed by management's lack of professional integrity. The wider message from the GC participants is the lack of understanding of the need for an effective and supportive school recovery effort following a suicide.

Management and the Critical Incident Support Service

All participants commented on the lack of support from the support service crisis intervention team. While the role of this service is to advise management on all matters concerning the postvention, all participants felt a need for more proactive engagement, regardless of what should or can be expected. The following from Nessa gave a clear insight into the feelings shared by many others: "…the follow up afterwards, there was never any, you know, disaster… They provided us with absolutely nothing. They were shocking …, but Lord saves us, a child had died". (Nessa, p. 14). Sue describes "a tsunami" of students needing support and her experience, "All very difficult … it all came to my door … [the service] came, they came and went. … I would have liked more support …there they were [students] all lined up…" (Sue, p. 9). She used a powerful metaphor to describe her response to the lack of support, "It's like someone pouring overflow in a cup, and you're taking all their emotions on and where do you go with it? …The effects of it are far-reaching" (Sue, p. 18). The burden of empathic concern is tangible. Ellen concurred with the lack of support "… the only support I felt was from my colleague who was having the same, the same situation" (Ellen, p. 6).

Mona felt let down and exposed: "We were very much told; you're the professionals, and you have to get on with it … but not everyone is able to do that if you don't know what it triggers for certain people" (Mona, p. 5). She believed in relying on the internal care team and a well-prepared critical incident plan. Ted concurred with this, as did Lenny, adding, "[the service] will hand you a pamphlet, they will hand you a link on a website, it's practical support. They do not provide that emotional support …" (Lenny, p. 16). He recommended upskilling, finding support

elsewhere and at the least having a second guidance counsellor. Mandy resonated with this, "While you could ring this one and ring that one, there wasn't an awful lot of help there … the kids, they were depending on us, just lending a listening ear was the best I could do" (Mandy, p. 5). She believed that "lives could be saved", but that one was dependent on being granted time and resources, "if we had time and if we had resources" (Mandy, p. 19), inferring powerlessness, "you're powerless… you can't make ten of yourself, and you can only do what you're allowed to do in a school. You are absolutely at the mercy of whether school management value guidance counselling, see a value in it and will free you up to do the job" (Mandy, p. 18).

A lack of professional autonomy and a lack of trust in the school management was reported and alluded to repeatedly by many participants. Ellen felt no trust in her management, "when the **** hits the fan, and there's no loyalty. …It, it shattered my trust in my manager" (Ellen, p. 7). She followed with a derogatory comment about being silenced "You don't want to lose the student on your watch, and what I learned from this experience is that you have no control…You're muzzled" (Ellen, p. 10).

The stress of negotiating support compounded the adverse impact, according to Connie and Mandy, as they described feeling constrained professionally to make a difference in student safety, "They [management] are the people setting out the parameters in which you can work" (Connie, p. 21). "You can only do what you are allowed to do…You are under the principal, the school has the autonomy" (Mandy, p. 20).

Tina expressed her contempt at the lack of support from management for affected students and staff and how the postvention was a "tick box exercise", "…once there is a guidance counsellor in the school that, that's grand as we've got that box ticked, you know" (Tina, p. 11). She also expressed concern about how this might impact the principal "I do wonder how many senior managers in schools will ever go to a counselling session, will ever acknowledge the impact of that tragedy in their school has on them" (Tina, p. 22). She was concerned about two staff members who she had witnessed as being traumatized after they found the deceased student and lamented that they had not received follow-up support from management. The carrying of conflicting emotions, balancing contempt and empathy towards management, left her confused and pulled in different directions.

A few participants commented on what made a positive difference in helping them to cope with the suicide aftermath impact. Mona felt supported by the strength of her CIMT in her first school during her first experience of school suicide. She felt consoled by having clear, practical steps to act on, even if she felt she was acting on "autopilot". She enjoyed some sense of autonomy as the CIMT implemented the plan themselves as they saw fit in this particular school. This sense of autonomy proved an important part of the aftermath recovery process for them, she reported. She, however, still stressed the need for external support as she still had unresolved feelings long after the personal trauma of the suicide. Mona described, "Having the real strong team helped in terms of supporting" (Mona, p. 2). "…I just remember it towards the end of that year going God, within myself … I think I need something ... I was aware that I was probably carrying stuff … and I needed a few sessions to air this out and that [counselling] was the place I felt best to do that" (Mona, p. 8). Lenny

and Ted also felt a strong CIMT was important. However, Lenny stressed "a team

approach … requires the other members of the team to have those skills" (Lenny, p.

16). Both agreed that there was a huge advantage in having a second guidance

counsellor and promoted this. Lenny stressed that a primary resource could be

found in one's self-awareness around what one can and cannot achieve during a

critical incident "the first support should be in themselves" Lenny, p. 12). He

believed that it was important to own one's feelings and limitations to be able to ask

for the necessary and appropriate support.

Group Experiential Theme (GET) 3 - 'Relying on Personal Resources'
"*Scars are on my Back*"

This final superordinate theme encapsulates the thoughts and feelings

participants shared around personal coping. All participants reported that the trauma

stayed with them long after the initial impact of the suicide. While many, with the

benefit of hindsight, felt armed with new knowledge, skills, insight and

understanding, all participants reported the need for support, training, self-protection,

self-compassion and self-care. Being personally resilient to survive the experience

was not enough for the future. Being relied upon by management and the school

system to continue to show resilience without effective support protocols was

reported as being unrealistic.

Subordinate Theme 01 – Still Feeling it

"I don't think I'm over it all".

This final superordinate theme encapsulates the thoughts and feelings participants shared around coming to terms with the longer-term emotional impact they felt they endured and how they described feeling left to rely on their own personal resources to move forward.

Ellen expressed how she felt scarred: "…she [the deceased] left scarred, a number of us …its scarred me profoundly…because I've lived those experiences now and the scars are on my back …**"** (Ellen, p. 14). This is suggestive of ongoing/lingering damage endured by the GCs. She expresses being enlightened to the need for self-care and self-protection going forward, "It changed how I work in that I would now add a layer of minding myself" (Ellen, p. 14). Her sentiment is echoed by Sue, "Self-care is so important … it did teach me that…I felt [counselling] really helped me because I nearly felt like I was going crazy" (Sue, p. 14). Mona realised the impact; "I just remember it towards the end of that year going ", God, within myself … I think I need something ... I was aware that I was probably carrying stuff … and I needed a few sessions to air this out and that [counselling] was the place I felt best to do that" (Mona, p. 8). She reported having "indulged self- care…to keep me on the straight and narrow …I definitely would have made use of that [employee assistance] later on that year … because of the suicide" (Mona, p. 8). Fran had a similar realisation about the impact long after the suicide "I felt I could weather it no bother, that I could take on the emotion, that I could just absorb everything" (Fran, p. 18). He continues then and describes what many other

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participants also felt "…until it [death] affects you directly… you can easily put the shield up. You can easily let it bounce off you". Fran specified that professional counselling support was helpful but that it had taken a long-term toll, "I don't think I'm over it all. I've just kind of been able to get on as best I can" (Fran, p. 18). Nessa predicted that there would be different levels of need even a year later when "some people will be stuck, some people will have moved on, there's an impact" (Nessa, p. 31). Ted repeated that he was changed by the experience "it does change you, it has changed me…it's become like a formula in my head…not another death" (Ted, p. 20).

Subordinate theme 02 - Relying on self-compassion and self-care
"Doing the best you can do."

Relying on self-care and self-compassion facilitated participants to move forward. Other than taking the initiative to self-help through seeking interpersonal resources from professional counselling and support from family, friends and peers, some participants described using other coping mechanisms such as self-affirmation mantras and deliberate focusing on the positive outcomes and affirming their good work and accomplishments in the face of adversity. For example, Ted remarked on the importance of having a plan "…a plan that as soon as it triggered everybody who is part of the team knows what's going to happen" (Ted, p. 18). Ted also took solace in knowing he did his best: "We do our best with the skill set we have…If you believe in personal autonomy, this death had nothing to do with you" (Ted, p. 17). He trusted in the importance of 'presence' with the bereaved "you don't try to sort the people out, just be there with them" (Ted, p. 18).

Sue likewise took comfort in being able to make a difference "To be able to make a difference, however small … something good came out of something awful" (Sue, p. 16). Likewise, Nessa reflected on having relied on her own resilience and that she had appreciated how she learnt from the experience, "you gain a lot of life skills …life experience …perseverance, my own personality in my own sheer stubbornness. This gets me through a lot of stuff" (Nessa, p. 30).

Mandy also focused on the positive by reflecting on her input "When you're powerless, you can only do the best that you can do…you can't make ten of yourself…you have to say to yourself that I could only do what I was allowed …what was within my power to do" (Mandy, p. 20). Connie felt that management could be a potential resource even if it had not been for her: "It's a moment that you really need your management to wrap themselves around you and support you" (Connie, p. 25). She decided that at least recognising where the potential support could be, even if it was not her experience, was a step forward in being hopeful. Mona had decided that the support needed to be resided in effective communication, open sharing and collaborative teamwork, something she had only experienced in one school but not the other. She was resolved to share her insight and knowledge from that one positive experience. She firmly trusted in support of other peers GCs, "it's important to share our knowledge and support each other as professionals (Mona, p. 14).

Likewise, Tamlyn acknowledged that she had done her best for her students "I'm doing everything I possibly can within my remit". She felt, after much reflection, that it was just "par for the course", carrying conflicting emotions and left questioning if it was her fault that her client passed away (Tamlyn, p. 29). Self-questioning was

par for the course of what came with the job, as tough as it was. Lenny expressed similar acceptance and self-affirmation, "Let yourself off the hook, nothing to be guilty of because you did your best with two things, the information you had and the skills that you had…you might acquire a skill later on that you could have used, but if you hadn't got it first time round, let yourself off the hook" (Lenny, p. 11).

Fran took consolation from how he had helped the bereaved students, and his gratitude is evident in this comment "To be able to give that space where a child can acknowledge the death" (Fran, p. 22). He was reaffirmed in his career choice, taking pride in the support he could give to students. Likewise, Tina felt a renewed strong self-belief that, as tough as it was, it was what she loved doing, and she had something special to offer students. "It doesn't matter what management thinks of you, it is all about the kids, the students, and that's the important part, and a lot of it is out of your control. The job is a privilege. I really do feel incredibly lucky to work in the job" (Tina, p. 22).

Conclusion

The findings which emerged from the analysis of the interview data give an insight into how participants understood their experiences of dealing with a student suicide aftermath. The overall sense is that the experience took a heavy toll on the professional and personal lives of most participants, which was exacerbated by the often absence of or inadequate organisational support, training preparation, resources and restorative after-care. Over time all gained perspective and insight, which influenced their self-perception, professional identity and future outlook for both themselves and the profession.

Reflection

IPA acknowledges and explores the influence of the researcher. My thoughts and feelings, biases and preferences, needed to be made explicit as they are legitimate components of the IPA enquiry process, and their congruence or divergence from those of the participants was essential for me to note. I chose IPA because I like the dynamic position in which IPA places me as a researcher. It allows me to use personal and professional self-awareness as a reflexive tool. As both researcher and a member of the guidance counselling community being studied, I had already recognised that being an "insider researcher" would influence how I conduct this research.

It was, therefore, imperative that I examined my own lived experiences of five student suicides. In spite of having followed up with professional supervision after each suicide, the reflexive interview undertaken before interviewing participants offered an opportunity to gain perspective with the added benefit of hindsight. I was able to expand my understanding, interpretations, and meaning-making of these events. How I would have constructed my personal experiences and made sense of each participant's experiences would have influenced how I conducted the interviews. It sustained me in my efforts to reveal the participants' various experiences and their sense-making of multiple suicides, and this energy met with the participants' energy to do likewise. This synergy sustained the drive to gain further and deeper insight and draw from them the depth and detail needed to inform the research.

I journalled my reflections after each interview and discussed them with my supervisors. I benefited each time I was directly challenged about my interview questions, my rationale, my motivations, biases and expectations.

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CHAPTER 5: DISCUSSION

Introduction

To fully contextualize and situate the study findings, the researcher sourced literature not directly related to school guidance counselling research, such as from psychology, sociology, philosophy, psychiatry and mental health. In this chapter, I will discuss the key themes and relate them to this and the literature discussed in the literature review chapter. I will consider the personal context where the participants provide insight into the emotional impact on them that could be said to reflect trauma, secondary traumatic distress (STS) and vicarious traumatization (VT).

Secondly, I will consider the relational and systemic organisational context that impacted the participants, such as constraints, pressures, protocols and relational dynamics that contributed to collective organisational trauma. I will discuss how this may have intensified the personal trauma of individual participants to a greater or lesser extent.

Thirdly, despite adverse impacts experienced personally and professionally by each participant, all remained working in their role as a GC. All spoke about or alluded to gaining personal insight and perspective, which guided their thinking about professional direction, self-protection and self-care, indicating the importance of personal resources and relational resilience.

GET 1 - Managing Emotions – (The Personal Context)

Secondary Traumatic Stress (STS) and Vicarious Traumatization (VT)

The researcher was conscious of the multiple terms appearing in the literature describing the phenomenon of secondary trauma. Dana Branson addressed the issue of numerous terminologies and "what to call the phenomena of clinicians being affected by bearing witness to other's trauma", pointing to the risk of different terms leading to inconsistencies in research and less effective prevention measures (Branson, 2019). The personal impact on the participants is considered consistent with the developed definitions given for Secondary Traumatic Stress (STS) and Vicarious Traumatization (VT) by the U.S. Department of Justice in their Vicarious Trauma "Glossary".

STS refers to the natural consequent behaviours and emotions that often result from knowing about a traumatising event experienced by another and the stress resulting from helping or wanting to help a traumatized or suffering person. Its symptoms can mimic those of post-traumatic stress.

VT is an adver*se* reaction to trauma exposure. It includes a range of psychosocial symptoms that providers and responders may experience through their intervention with those who are experiencing or have experienced trauma. It can include disruptions in thinking and changes in beliefs about one's sense of self, safety in the world, and the goodness and trustworthiness of others. Individuals may also exhibit symptoms that can have detrimental effects, both professionally and personally (U.S. Department of Justice, n.d.).

From the moment the participants heard of the student suicide, the findings indicate that participants suffered an emotional upheaval, confronted with various emotional and physical reactions. In some cases, managing their overwhelming emotions was very challenging when they felt the need to address the emotions of students and staff affected by the trauma. Some suppressed their feelings to stay on task and acknowledged that this created inner turmoil. The additional pressure of attending to the implementation of the School Critical Incident Management Plan (CIMP) and their other daily school and organisational duties may have exacerbated their primary and secondary symptoms of trauma.

The findings indicate that all participants experienced secondary trauma's physical, emotional, psychological and relational effects, such as sleep disturbance and flashbacks. Secondary Traumatic Stress (STS) and Vicarious Traumatization (VT) are described by Baird & Kracen as 'occupational hazards' for therapists and other professionals working in empathic engagement with their clients, occurring "as a result of exposure to the traumatic experiences of others" (Baird & Kracen, 2006). The "psychological distress following exposure to a traumatic or stressful event" and the "variable expressions" of this distress are recognised and grouped in the Diagnostic and Statistical Manual of Mental Disorders-V (American Psychiatric Association, 2013), section 'Trauma and Stressor Related Disorders', p. 265.

Figley defines Secondary Traumatic Stress Disorder (STSD) as "the natural consequent behaviours and emotions resulting from knowing about a traumatising event suffered by a significant other". While in Post-Traumatic Stress Disorder, the trauma is experienced first-hand, the impact and symptoms are very similar, "STSD

is a syndrome of symptoms nearly identical to PTSD" (Figley, 1995, p. 8). Stamm

(1995) focuses on the need and strategies for the prevention and treatment of STSD

in therapists. She compares STSD and PTSD as "an extension of the post-traumatic

stress disorder diagnosis" (Stamm, 1995, p. 20). Other researchers have also

concurred and observed that the symptoms of STSD and PTSD are nearly identical

(Dominguez-Gomez & Rutledge, 2009).

Vicarious traumatization (VT) results from caring for and empathizing with

traumatised people while simultaneously feeling personal grief, anger, shock, and

other strong emotional reactions (McCann & Pearlman, 1990). Working with

traumatized children has been documented as increasing vicarious distress in health

professionals indirectly affected by involvement or exposure (Estacio, 2019; Newell

& Nelson-Gardell, 2014). It is not surprising that in the findings of this study, the most

common symptoms of STS and VT were cited by all participants, including intrusive

imagery, anxiety, shock, disbelief, anger, depression, loneliness, and feelings of

betrayal. Lynch (2017) points to the physical and psychological side effects that

secondary trauma can create. For those who witnessed the scene of the suicide or

viewed the intimate belongings of the deceased student, these reactions seemed to

be even more intense. There are vivid illustrations of traumatic distress's physical

impact, which presents as embodied, visceral reactions and emotional disturbances.

Participants reported feeling horrified, shocked, overwhelmed with grief and unable

to stay focused. Some reported sleep disturbance, with trouble sleeping and waking

up early. Many participants had nightmares and recurring flashbacks using words

like 'creepy' and 'evil' to depict 'disturbing images of the deceased student. Some

recalled not being able to get the images out of their head. Pompili et al. (2013)

report that seeing the deceased's body can result in recurring nightmares or flashbacks.

All participants reported being affected as they were the first line of pastoral intervention to students and staff who were in shock. This is consistent with the findings from previous studies showing STS is developed in a person who works with those affected by a traumatic event, or more particularly, working with students in trauma (Jenkins & Baird, 2002; Koenig et al., 2018). Most research regarding exposure to indirect trauma has been conducted using samples of mental health professionals who worked with victims of direct trauma (Adams et al., 2001; Eriksson et al., 2001; Lind, 2000; Lugris, 2000; Pearlman & Mac Ian, 1995; Sexton, 1999). Like other mental health professionals, all participants in this study had to manage the immediate impact of the news of suicide reported and the added effect of witnessing traumatised students while responding with pastoral first aid. Participants' emotional reactions and personal experiences are in keeping with other mental health professionals who also reported feeling shock, guilt and shame and being traumatized following other suicides (Darden & Rutter, 2011; Ting et al., 2006; Wurst et al., 2010). Common to all was having no time to process "You have to keep it together" (Ellen, p. 13). Unlike mental health workers, the participant GCs had to simultaneously manage the educational aspects of their role when dealing with the aftermath protocols. In this regard, coping with suicide aftermath in a school organisational context is different. In the participants' experience in this study, counselling the distressed students led to a heavy mental strain, accompanied by burdensome feelings of fear, threat, anger, guilt, and insecurity. These emotional responses when working during the aftermath of a suicide are consistent with the

literature (Takahashi et al., 2011; Wurst et al., 2010; Yaseen et al., 2013). To cope with the distress, they contained it and emotionally distanced themselves to allow them to focus and be present to the affected students as far as possible. Grief is consistent with findings in the literature concerning mental health professionals who distance themselves from their patients to protect themselves from painful feelings and stress (Blomberg & Sahlberg-Blom, 2007, as cited by Levkovich & Vigdor, 2021).

All participants suffered a degree of emotional distress when they heard the news of the suicide. They described their sense of loss. Participants who personally knew the student from clinical counselling work seemed to have been more impacted than those who would have known them as a student in the class setting. Regular contact with the family when working with siblings sustained the impact and even intensified it for some, as did long-term counselling work with the deceased's friends. There was a clear desire to help the friends and fend off a repeat suicide.

Prior Trauma – Coping with Fear of a Repeat

Prior traumas notably impacted the way some participants experienced student suicide. For those who had experienced a previous suicide, it was reported to have triggered distressing memories. Some avoided rituals such as funerals and wakes and avoided personal debriefing or counselling until long after the event. Other characteristics of post-traumatic stress include avoiding reminders of the event and increased social withdrawal (Lugris, 2000; Orbach et al., 2001; Resick, 2001). People who have experienced a prior trauma may find it challenging to cope with a recent critical incident if they have recurring distressing memories of the past

traumatic event (Adams et al., 2001; Pearlman & Mac Ian, 1995). Repeated

exposure can lead to vicarious traumatization and can persist for years after working

with traumatized persons (Gibbons et al., 2011; McCann & Pearlman, 1990).

What followed the initial impact for participants was a pervasive fear of repeat

suicide, hypervigilance and an overburden of responsibility to keep 'the rest of the

students safe' by being "… on alert physically and mentally". Participants were left

depleted and exhausted by being endlessly available to a "tsunami of students".

Counsellors often take on the heavy responsibility of caring for others while thinking

that they are immune to stressors (Lent & Schwartz, 2012; Shallcross, 2011). One

participant spoke of double the working hours to be available to others "… to be

there...I wanted everything to be safe" (Fran, p. 5). Some who reported shouldering

responsibility and feeling the need to rescue while ignoring self-care acknowledged

that they wanted to appear resilient and hardworking. They tried to conceal their

emotional strain. It is not uncommon for mental health professionals to suppress or

deny emotion in the aftermath of a client's suicide (Hendin et al., 2004).   As

described by some participants, the expectation to show strength can reinforce an

intense work ethic, denial of impact, lack of self-care and susceptibility to the

development of secondary trauma (Figley, 1995). Finklestein et al., 2015 found that

there is a negative association between professionals' perceived professional

competence or efficacy and the development of secondary trauma (Finklestein et al.,

2015).

Similarly, other studies have found that counsellors exposed to incidents of

suicide have a lower sense of professional self-efficacy (Christianson & Everall,

2008). Carpenter (2018) pointed out that school counsellors who experienced personal trauma and loss may be even more vulnerable when dealing with adolescents' suicide attempts. This reasoning was also the case for some participants in this study who had lost friends to suicide. The student suicide reactivated their prior traumas, and they reported being unaware of unresolved trauma and unprepared for how it might manifest when a new suicide trauma would happen.

Risk of Compassion Fatigue

Before having an opportunity to process the trauma by, for example, attending supervision, a few participants suffered the impact of a further student death. Prolonged posttraumatic stress symptoms are reliable indicators of additional impairment and PTSD (Griffin et al., 1997; Marmar et al., 2006; Steed & Downing, 1998). The lack of professional de-briefing resources and the participant's personal lack of self-care put many at risk of STS and CF. Most feared a repeat experience of suicide because of witnessing the adverse impact on the deceased's friends, whom they were counselling on an ongoing basis. They described being under colossal strain to attend to the number of students needing attention and not being able to get to them because of feeling "flat out". They described being burdened by the lack of access and time and felt the lack of agency to deal with the issues. This burden is comparable to how Figley (1995, p. 253) defines CF as a "state of exhaustion and dysfunction, biologically, psychologically, and socially, as a result of continued exposure to compassion stress". The potential for CF seems to be evidenced in some of the participants' accounts as they described contributing factors and various levels of being overwhelmed by fatigue and fear affecting their overall well-being.

Coping Strategies

<u>Trauma Training</u>

The school counsellors interviewed in this study reported feeling insecure and lacking situation-specific skills for coping with suicide attempts, despite having received basic training: "We only learn to deal with it when we're stuck in the middle of it", describing how they learned on the job. This resonates with studies which report that educators felt they had insufficient experience, skills, knowledge and ability to provide care for students who had tried to commit suicide (Christianson & Everall, 2008, 2009). Studies found that counsellors lack professional training and need the support of a 'crisis team' of suicide prevention professionals (Christianson & Everall, 2008, 2009; Cureton, & Clemens, 2015; Robinson et al., 2013). Studies on the training of school counsellors found that the focus is typically on suicide prevention, with very little guidance about dealing with the aftermath (Darden & Rutter, 2011). All the participating school counsellors indicated they had received some suicide training but that it was inadequate to deal with the complexities of dealing with suicide aftermath. Similarly, in the US, it was found that most graduates of counselling programs received little or no training in suicide prevention, intervention, or postvention (Dexter-Mazza & Freeman, 2003; Westefeld et al., 2000). Specific training in suicide postvention was described as a 'gap in the training for the realities of what happens in a school' by a participant in this study, reflecting many other participants' feelings. The pressure for the participants to show professionalism while reporting feeling inadequate and ill-equipped, with 'no prescriptive way to handle it …to get it right…to make sure everyone else stays safe', suggested that it impacted their self-confidence to do their job.

Improved suicide-focused training is supported in the literature as enhancing mental health professionals' knowledge about suicide, comfort with supporting colleagues, and comfort and skills when working with clients with suicidal ideation (Jahn et al., 2016; Lerner et al., 2012). Social workers have also identified the need for better training on suicide assessment and intervention (Sanders et al., 2008).

School guidance counsellors feel they are not always aware that they may be experiencing secondary trauma (O'Neil, 2015). "The symptoms of secondary trauma can develop in professionals without their conscious awareness" (Parker & Henfield, 2012, as cited in Archer Ed, 2020, p. 15). Parker and Henfield's qualitative study explored the nature of secondary trauma in school guidance counsellors. Six school counsellors, ranging in age from 27 to 54, were recruited from schools located in a Midwestern US State (three females and three males). The participants had 3 to 14 years of counselling experience. The data indicated that school staff had a vague understanding of secondary trauma. Training to identify and cope with secondary traumatic stress has been highlighted as needed, as they are common responses among those working with traumatised students (Hydon et al., 2015; Maynard et al., 2019; Takahashi et al., 2011).

One participant in this study noted that dealing with student suicide is not a regular occurrence. However, the lack of self-care and self-preservation strategies due to the lack of trauma training ahead of a critical incident puts caregivers at risk of exhaustion and inability to manage unexpected events (Abendroth et al., 2012). All of the participants in this study described the unpredictable nature of the suicide regardless of prior experiences or specific suicide postvention training. This

unpredictability left participants shocked and helpless to prevent further suicides, adding to their fear and anxiety of repeat suicide. A few participants felt angry toward the deceased student. For some, not being kept informed or consulted by external mental health organisations left them feeling a lack of agency to prevent suicide. For others, it was anger at the parent or the management for denying them an opportunity to prevent suicide through their intervention. There were many expressions of similar heartfelt pain, regret, loss, or guilt for not being aware that the student was in crisis, which corresponded with experiences reported by Awenat et al., (2017). With trauma training, some unpredictability and shock could be mitigated, and the GC would be better equipped to deal with the aftermath.

Supervision

Research studies indicate that it is essential for school counsellors to receive professional support after dealing with student suicide. For professional counsellors, psychologists, and psychiatrists working through their experience of loss, supervisory support has been cited as the most helpful resource (Hendin et al., 2000; McAdams III & Foster, 2000; Richards, 2000). Participants in this study reported the support from supervision as being too limited to deal with the trauma and their professional concerns. Perhaps this reflects supervision practices that address STS and VT that have been encouraged (Meyers & Cornille, 2002). "Specifically, trauma-sensitive supervision helps minimize the effects of vicarious exposure to trauma" (Sommer & Cox, 2005). The participants reported inconsistent professional supervision standards, and the lack of the opportunity to avail of timely and effective supervision impacted their experiences. For many participants, group supervision did not allow enough time to process their experiences or discuss

recovery strategies. "Developing strategies for self-care is an essential component of ongoing professional development that can sustain counsellors and help them to avoid Compassion Fatigue (CF), or burn-out" (Walsh-Burke, 2006, p. 96).

<u>Self-care</u>

Some participants in this study shared that they did not realise the psychological and physical toll of student suicide until long after the event. They spoke of intense mental exhaustion, which rendered them mentally and physically incapable of availing of counselling at the time, variables that contribute to burnout (Maslach et al., 2001). Arvay reports that research into self-care for trauma clinicians was lacking. Some of the few studies claimed that personal therapy "was not a buffer against the effects of secondary trauma" (Arvay, 2001). Not having an opportunity to replenish, one can experience burnout and exhaustion (Shallcross, 2011). Many participants shared the need to distance themselves from their family members lest they burdened their children with the traumatic stress they were carrying. This pressure is again an example of emotional and physical distancing to protect others. Tyson states that prolonged empathic engagement interferes with the clinician's ability to be fully conscious in their own life leading to "dissociation from … self-identity, and personal relationships" (Tyson, 2007, p. 188).

GET 2 - Feeling Disempowered – The Organisational Context

Introduction

One of this study's three Group Experiential Themes, 'Feeling Disempowered', emerged from a dominant reaction experienced by most participants to organisational factors that arose after the suicide. They described feeling unsupported, undermined, vulnerable, inadequate, and confused regarding operating in response to contradictory messages (double-bind) and lacking trust. The emotional impacts of the suicide and aftermath have been discussed, and how this in itself had disempowered many participants, leaving them "floored", "stuck", and "unable to function". The participants reported feeling a lack of practical and emotional support, a lack of trust, a disconnect with management, with the critical incident service and with parents, and a lack of feedback from external support and referral agencies, as contributing to feeling disempowered. All of the above influenced the GC's perceived ability to cope with the suicide aftermath.

Coping with School Organisational Double-bind

A phenomenon emerging from this study is what could be coined 'Coping with school organisational Double-Bind'. One could draw on Gregory Bateson's concept of 'double-binds' to explain the GCs' emotional responses to the suicide postvention guidelines and to many of their leader's responses. GCs' accounts highlighted experiences of role conflict and ambiguous directives by leadership, which they found challenging and stressful. Feelings of intense anxiety and contempt emerged as a result of being placed in the compromising position of trying to meet implicit incompatible expectations (keep everything normal while dealing with the

abnormality of the aftermath) as a way of moving forward. Bateson et al. (1956, p. 3) defined the double-bind as an "unresolvable sequence of experiences" where the external experiences are responsible for inner conflicts. This predicament leaves the subject pulled in opposite directions, "a situation in which no matter what a person does, he can't win" (Bateson et al., 1956, p. 1). Bateson's definition of double-bind impresses that it differentiates itself from a simple contradiction to a more inexpressible internal conflict as subjects may express extreme anxiety in such a situation but feel unable to act to influence the situation. In response to management's instruction to return to normal school routine, the GC is caught between their sense of duty of care to grieving students and their lack of readiness, and the school management's apparent pressure to ignore this and move forward. This tension threatens their sense of equilibrium, sense of professional self-differentiation and professional autonomy.

Most participants reported that they either went into overdrive or emotionally detached in order to function, or at least to appear to function. In attempting to meet incompatible expectations to attend to the tsunami of students who were distressed while also expected to return to the normal routine of classes, some participants suffered in silence. They felt compromised by the urgency expressed by management and the external critical incident support service to return to normal while their duty of care and intuition moved them to attend to the grief and suffering. The contempt held by many for the external support service representative was explicit, "suited and booted" and "beyond useless". Systemic disconnect led to a chasm of misunderstanding of what was needed.

Power-dependent relationships perpetuated the double-bind some participants experienced. This forced a sense of denial of their authentic reactions and true feelings while the school tried to move on, and it appeared to prolong their connection to psychologically dysfunctional work conditions. This was the case for many who went beyond the call of duty to carry out what was ambiguously communicated and implicitly expected from them. Contemporary research increasingly acknowledges double-binds as a workplace reality (Visser, 2010, and Tracy, 2004 as cited by Hornung et al., 2016) in 'Dealing with Organizational Double-Binds'. Hornung et al. (2016) assert that role conflict and ambiguity are associated with undesirable personal and organisational outcomes, such as lowered performance, satisfaction, and commitment, as well as increased turnover intentions, psycho-physical strain, and impaired mental health.

Strategic Ambiguity, Self-Differentiation and Moral Injury

This concept of Double-bind resonates with the concept of 'Strategic Ambiguity' as defined by Eric Eisenberg in 1984. Eisenberg (1984) discusses the value of ambiguity in organisational communication and leadership and its importance in fostering 'Unified Diversity'. He also alludes to the risk of ethical problems and constraints among individuals in the organisation and how further research into these issues is indicated. Subsequent literature has developed the concept of 'Moral Injury' in this context. In his 2020 paper, Cullen discusses 'Ethical Leadership' and the challenge of recovering from Moral Injury (Cullen, 2020). Moral Injury results from "feelings of guilt and shame that arise after one has transgressed one's ethical norms" (Alford, 2016, as cited in Cullen, 2020, p. 3). The description of moral injury and its symptoms, as described in this paper, resonates with some of the

participants' emotional experiences in the aftermath of suicide. Some participants

expressed and repeatedly alluded to feeling compromised and guilty of potentially

reneging on their ethical standards of what constitutes adequate caregiving.

Organisational Double-Bind and Strategic Ambiguity can both result in the individual

feeling compromised. The difference for the participants in this study was that the

cause was less about Strategic Ambiguity in communication from management and

more about a systemic disconnect. Working in accordance with the critical incident

postvention guidelines did not serve students inclusively and consequently did not

serve the participants, leaving them with feelings of regret and powerlessness.

Cullen's paper concerns itself with the impact of Moral Injury on one's character (in

this case, leaders in organisations) and the anguish resulting from violating one's

moral framework, which speaks to how many participants in this study felt.

These participants' expression of 'reneging' [on their ethical standards] could

also be understood as a sense of 'de-selfing'. In 1978, 'differentiation of self' (DoS)

was the key concept in Bowen's (1978) renowned book '*Family Therapy in The*

Clinical Practice'. "Differentiation of self (DoS) involves the capacity to maintain

emotional objectivity amidst high levels of anxiety in a system while concurrently

relating to key people in the system" (Calatrava, 2022, p. 2). De-selfing denies self-

differentiation and autonomy from others, particularly when under pressure. This

resonated in this study when participants appeared to de-self in order to

operationalise implicitly ambiguous or contradictory expectations.

Organisational Trauma

> *"In order to thrive in the workplace, it is crucial for caregivers to*
>
> *feel supported by their organizations"* (Sutton et al., 2022).

To further understand the participants' experiences of the traumatic event, the researcher linked the suicide with the relational world context of the participant (Fig.1).

Fig. 1: The Irish Second-Level School Ecological System
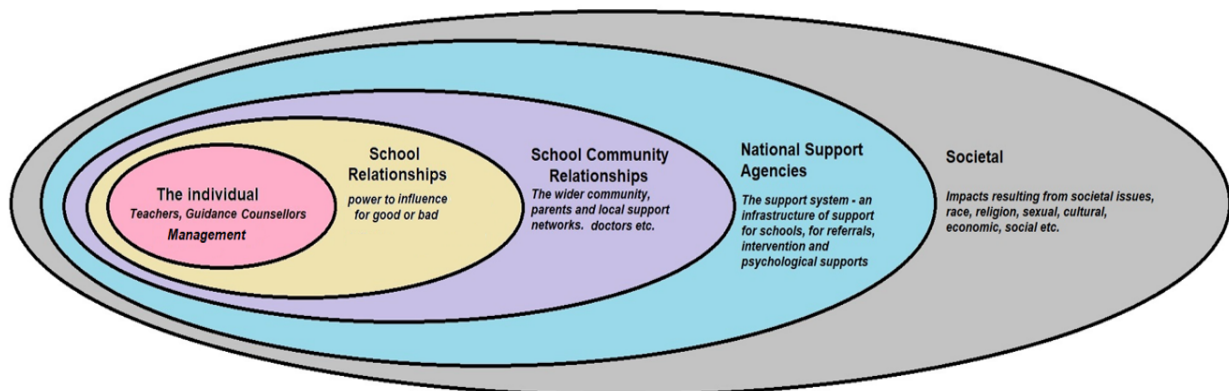
The school as an organisation has a culture, collective identity and psyche which can generate collective feelings. "Organizational culture is to a group what personality or character is to an individual" (Schein, 2010, p. 14). Whenever trauma affects the individual, it impacts individuals collectively within the organisation, and similarly, the traumatised organisation affects the individual. Trauma can affect not only individual members (Stein, 1991; Weick, 1988) but also an entire organization (Amabile & Conti, 1999; Kahn, 2003). Research has shown that organizational trauma might negatively affect individual and organizational performance (Fischer, 2012; Mias deKlerk, 2007).

The term 'Organisational Trauma' first appeared in studies by Brown (1997), Stein (1991) and Kahn (2003) among others. Every change in part of a system affects the larger system, and similarly, the whole affects the parts, and the impact on the individual should be interpreted in relation to their organisational environment (Bronfenbrenner, 2005). In this study, it emerged that a systemic lens was required to view and make some further meaning of the personal internal psychological world and external professional world to which the participant belongs. The interrelationships between managerial support, psychological support, relational support, training support, supervision support and the participants' sense of psychological resilience, competency, efficacy and agency were what defined their overall experiences. They existed in relation to others in their school organisation or ecological system (Bronfenbrenner, 2005). The individual psyche and the collective psyche needed to be understood. Within a system, there is a process of ongoing interrelationships influenced by the interaction between the individual and the environment (Bronfenbrenner, 2005).

The trauma of a suicide event highlighted existing undesirable organisational factors which contributed to exacerbating the adverse impact experienced by the participants. Individual and group relations were challenged, and weaknesses or vulnerabilities in the school system were exposed. Participants described being "muzzled", being a "cog in the wheel", and feeling a " lack of trust". The system impacted the individuals, and in Organisational Trauma, the overall system is impacted as a result. Some experienced contradictory messages. The message to the participants from management and the external critical incident team was to

operate as normal while the situation they found themselves in was anything but normal. This could be interpreted as placing the participants in a double bind.

While Irish schools have standard Critical Incident Management Plans that detail operational responses, how each of the Participant's individual school organisational systems responded to the suicide and operated the CIMP varied as it appeared to have been influenced by the level of reported impact on the whole and the individual parts of the system. It could be viewed that they were functioning at a less than optimal or even dysfunctional level because individual parts of the system, the participants and individual staff members, were experiencing their own level of traumatic distress. This particular participant's description gives an example of how she viewed the system's response to the suicide impact, and this perspective reflected other participants' comments: "…They couldn't function. Nobody could function. Time stood still". Many participants pointed to the lack of a collaborative approach because of a disconnect by management with the reality of the impact experienced and what was needed to address it.

The external critical incident support service, described as "shocking" by one, was reported by all participants to lack understanding of the reality of what the GC must deal with during suicide aftermath, citing a lack of communication, consultation and support. In reaction, some participants behaved the way they felt was expected in the school organisational culture, such as distancing themselves from the emotion or concealing their tears while intently focusing on the implementation of the CIMP and attempting to move the school back to a normal routine in abnormal circumstances. Many reported that they felt unsafe within their school organisation

about sharing emotions, appearing vulnerable and asking for help. The suppression

of their emotions, whether it was because of a need to model strength at the behest

of management or feeling unsafe because of the lack of trust and support, may have

hampered their recovery or interrupted and complicated the grief responses.

Complicated grief can have significant, lasting implications as the normal grief

processes go unmet (Walsh-Burke, 2006; Worden, 2018). The demands of the

school system imposed an expectation on the participant as a 'cultural norm' to

display professional resilience, which could have delayed the grief response

(Bronfenbrenner, 2005).

A few participants described responses similar to 'dissociation' and being

overactive, operating on 'auto-pilot' while implementing the CIMP as a way of

combating their fear of repeat suicide. The term 'dissociation' refers to a feeling of

disconnection from oneself and the world. This disconnection can be a between an

individual's sensory experience, sense of self, thought or history and can be a

response to trauma. Bloom (2013) proposes that organisations respond to trauma in

the same way as people, operating in survival mode. When this happens, she

claims that unacknowledged pain, stress, dissociation and anxiety increase, resulting

in a trauma-driven culture, nervousness and excessive vigilance. These emotional

responses are in accord with how the participants in this study felt. They described

feeling distressed, detached at times or dysregulated, lacking in trust, and angry at

the system, which rendered them helpless, "when the *** hits the fan, there's no

loyalty", "They [management] are the people setting out the parameters in which you

can work" "…made me realize how vulnerable we are in this role…you're at the

mercy of your manager" are just a few of the many comments made reflecting the

powerlessness and the contempt for the lack of support and undermining of autonomy. Shohet and Shohet (2020) contend that without reflection and processing, trauma can be experienced by the organisation as 'badly ingested food', swallowed but not going away. Kahn (2003) compared organisational trauma to individual trauma, suggesting that both constitute a serious threat to the life of the individual and to the integrity of the organisation. Even people who do not experience the traumatic event directly may still show symptoms of trauma by observing others who are affected by the event (Kahn, 2003; Pearlman & Mac Ian, 1995). Each participant's experience was very personal to them, but in their experience of organisational trauma, it can be said that each participant was impacted in very similar ways by the school organisation and the whole educational system.

Like individuals, organisations can have their own historical 'prior' trauma (Fraiberg et al., 2003), and some schools have experienced several student suicides. The impact of painful memories of prior traumas which had been left unprocessed and unaddressed, as reported by some, was triggered and relived. A lack of learning and reflection on the past can facilitate 'organisational learning disabilities, as a repeat critical incident visits the same difficult experiences in the school, and the same ineffective recommendations are repeated over and again. Bloom describes this as a traumatised organisation (Bloom, 2013). She defines the term 'trauma-organised' as an individual or an organisation which unconsciously organises itself around the impact of chronic and toxic stress, which then undermines its adaptive ability. This toxic organisational dynamic was clear and evident in participants' accounts of emotional trauma and feeling disempowered.

However, there was some divergence in the participants' reports about their organisation's response to the suicide and their response to the school management's responses. One participant reported her concern about "the impact that death has on management" and suggested that counselling could be needed as a follow-up. Concern for management expressed by one participant points not just to the impact of the suicide, but to the finding of double-bind evident also at management level, where the scope for more empathic management is perhaps also limited by prescriptive postvention guidelines. Some participants expressed how they felt fortunate to have a second GC in their school and elaborated on their support potential. Lenny, who relied on his resources, was adamant that a second GC should be in all schools: "…ideal that you have two guidance counsellors in every school, and one with 20 years experience" (Lenny, p. 15). Mona compared what it was like being supported by a strong team and not being supported by a strong team in her two schools. It made a positive difference to her to have the support as it gave her a sense of autonomy. Ted also felt that he had a sense of autonomy, supported by having a second GC. He, like Lenny, had the autonomy in his school to lead the implementation of the CIMP. He gave the impression that this made a small positive difference as being in a leadership role seemed to have provided a sense of agency. They both commented on having implemented the CIMP to their satisfaction. It must be noted that they took little consolation in this as they would have preferred having had the support to save the child in the first place. Ted's sense of autonomy and agency co-exist with his felt powerlessness before the suicide, feeling he was denied the opportunity to save the child through lack of communication from management, parents, and external services. This stark contrast of felt support and agency before and after the suicide is noteworthy because what remained long after the suicide

was the felt loss of opportunity, the sense of powerlessness and the lack of agency to save the child. The grief remained.

The influence of Leadership on Organisational Trauma

Schein studied the role of leaders during crisis events and found that good communication and making meaning of the event can make a significant difference in progressing a resolution (Schein, 2010). Other studies demonstrate that the leader in a traumatised organisation is at risk of emotional impacts and personal trauma, rendering it difficult to bring into effect the very qualities needed in a time of crisis. Studies suggest that feeling pressure to suppress emotions at work can also make school leaders more vulnerable to secondary trauma (Archer Ed, 2020; Basol, 2013; Cieslak et al., 2014; Fein & Isaacson, 2009; Oplatka, 2017). "Secondary trauma can create symptoms of depersonalization, detachment and irritability in school leaders… These symptoms can serve as a barrier to effective leadership" (Szempruch, 2018, Rath and Conchie, 2008, as cited in Archer Ed, 2020). This can negatively influence their capacity to create organisational conditions for trust, openness, collective responsibility and empathic collaboration, which in turn can negatively impact other staff and the guidance counsellor as a responsible caregiver or first responder. This sentiment concurs with how many participants described a disconnect with their school principals.

One participant in the study related her concern for the principal of the school. The fact that he seemed alone in his grief at the loss of the student impacted her. She was equally concerned about other members of staff, especially those who had witnessed the scene of the suicide and who she believed would most likely not get

the support they needed, which she had described with contempt as a "charade" and "tick box exercise". Research indicates how secondary trauma and secondary traumatic stress can affect school leaders. Berkovich and Eyal (2017) found that the isolation evident in the role of school principals can cause relational difficulties and that the emotional trials of school leadership may present an increased risk of secondary traumatic stress.

The presence of empathetic and compassionate leadership in a time of crisis is highlighted as being important in order to deal with the adverse impact of a critical incident (Schein, 2010). He proposes a three-step process as a frame of reference when trying to understand participants' experiences of dealing with the suicide aftermath.

1. The grief work process
2. Compassion (authenticity) to be demonstrated by executive management
3. An explanation, a story to provide meaning for what has happened and why

The grief work process by Owen (2008) describes six process steps:
1. Shock and anger
2. Denial
3. Memories phase: remembering the situation before the event, what one could have done, or might of, or didn't do.
4. The phase of despair.
5. The open space and looking forward, reframing and making sense of the experience.

6. The vision phase.

The experiences of all participants concurred with and validated Owen's process steps.

Compassion and meaning-making: Schein, 2010 sees the role of management as having an integral part to play in how an organisation and its individuals can resolve a traumatic event. Dutton & Frost, 2002 state that "trauma leads to pain, confusion and disruption of daily routines which has a huge impact on the level of anxiety of the organisation" p. 55. They maintain that leaders (management) need to "demonstrate compassion, thereby unleashing a compassionate response throughout the whole organisation" (Dutton et al., 2002, p. 55). Steinkamp and de Vries posit that compassion must go beyond empathy and provide context for meaning and context for action. He elaborates on Dutton and Frost's thinking:

- "Context for meaning": By this is meant that leaders use communication to establish an environment for free expression and open discussion of the event. They have to provide a story of what and why, and what next.
- "Context of action": refers to allowing and facilitating employees and management to go into grief mode (Steinkamp & de Vries, 2014).

The recommendations from these studies do not align with how this study's participants experienced their management's responses to the suicide incident in their respective school organisations or the responses from the external critical incident support service team. For the majority of participants, the direction they

experienced from both leadership teams was reported as unhelpful, overcontrolling, defensive and, for a few, harmful. Many participant experiences already cited show that this led to confusion, defensive silence, further frustration and anxieties, which, when 'swallowed', allowed for the trauma within the organisation to deepen and further develop over time (Shohet & Shohet, 2020).

Individual Competence of leaders or guidance counsellors was considered inappropriate to this study's focus and its methodological approach. While attention has been given to this in other studies that suggested an association between perceived competence and the development of STS (Finklestein et al., 2015), no such comparison was examined as this would require a quantitative study. While accepting that different skill levels, training and experience in different areas may have existed among the participants, what is important for this study is that all participants reported being psychologically impacted at some level. The participants also reported similar key organisational factors that exacerbated the overall impact, such as responsibility overload, operating with contradictory messages and lack of autonomy. Clinicians' mental and physical well-being can be impacted if working in stressful contexts (Arvay, 2001; Arvay & Uhlemann, 1996). Factors such as counselling overload and experiencing a lack of autonomy contribute to burnout (Arvay & Uhlemann, 1996). One could interpret that the disconnect experienced and the lack of support from leadership could have aggravated matters for the GC and undermined their ability to cope. Likewise, this could also point to a solution where a positive experience of leadership could play a critical role in minimising impacts on GCs and providing a path for diffusing and healing organisational trauma.

Crisis in Context Theory

A phenomenological study in the United States by Suzanne Nichols described the lived experiences of school counsellors who were impacted by student suicide (Nichols, 2018). The findings corresponded with many of the findings in this study, particularly the emotional impact on school counsellors, exhibiting high impact from student suicide, prolonged grief, and demonstrating problem-focused coping. Divergence would be the differing level of organisational and systemic impacts on the participants. Recommendations were provided for professional training programmes for school counsellors, administrators, and clinical mental health professionals.

The theory guiding Nichol's study was the 'Crisis in Context Theory', as this theory explained the grief experiences of an unexpected 'crisis' event within the context of the school environment (Nichols, 2018). This theory could be applied equally to help understand how the participants in this study experienced the impact of student suicide and the impact of organisational trauma. Like other studies, it contends that a reciprocal relationship exists between an individual and their environment, including proximity, personal influences, and reactions (Nichols, 2018). Myer & Moore base their Crisis in Context theory on three principles, or premises (Myer & Moore, 2006).

Their first premise is that the individual's level of impact is related to the physical distance from the crisis and their perception of and reaction to the crisis. This makes sense of why the guidance counsellor, and perhaps the principal, being closest to the traumatic incident, seemed most affected. The GCs who personally

knew the student from clinical counselling work seemed to have been more impacted than those who would have only known the deceased as a student in the class setting, "…felt it personally because I knew him…I had a connection".

The second premise is that a reciprocal effect exists between the individual and the organisation and that to understand the impact of a crisis, a focus on relational interactions and the change the crisis has brought to these is necessary. The reciprocal effect occurs through relational interactions between each member of the critical incident team, each teacher, the participant as GC and the principal, all the individual parties in the school organisation. Nichols adds that "the more change that an individual or system experiences post-crisis, such as disruption in daily routines, the higher the impact" (Nichols, 2018).

The third premise is that the level of impact carried by the individual or the organisation is related to the time that has passed since the crisis, with the inference that the passing of time would moderate the impact of a crisis for both individuals and organisations. There is no qualification of how much time. Some participants in this study described an enduring sense of historical proximity to the deceased and were still dealing with the fallout from a suicide that had happened several years prior to the interview. It appeared that it was still very alive for many from the somatic reactions they described "I would meet maybe a student who reminds me of him … and I would see him". And, "When I think of that, I take a sharp intake of breath".

Systemic Disconnect

As previously discussed, the personal impact on caregivers of suicide has been well documented, but there has been little investigation into the Irish school guidance counsellors' particular experiences of student suicide. It was not unexpected then that there was little research found that identified the contributing systemic organisational factors which influence the experiences of the same group. The negative experiences could be interpreted as pointing to a systemic disconnect.

GET 3 - Relying on Personal Resources

Relational and Contextual Factors

Predominantly highlighted in this study were the felt vulnerability and sense of powerlessness of the participants, but all recognised their resilience, their limitations, and the limitations of the school organisational system. They expressed a need to address the professional challenges this presented, such as the need for timely, effective professional support, and the personal challenges presented, such as the need for self-compassion, self-protection and self-care. For some, however, they were clearly interlinked. Self-care infers that the responsibility is on the self; however, from some of the participants' perspectives, it proved difficult to self-care without permission, opportunity, time out, autonomy, and professional support. Self-care that is integrated into the system, with particular protocols for times of critical incidents, would appear to be necessary. As many reported long-term impacts, then longer-term professional and personal support would appear necessary to address the need appropriately. The findings indicated that participants relied on their own resources, such as self-awareness, stamina and inner resilience, to deal with organisational deficiencies which challenged them. Self-care from interpersonal

support such as supervision and personal counselling was attended privately by many, even long after the suicide. It is a school's duty of care to their GCs to facilitate and prioritize supervision, as documented by the DES and cited earlier. Participants made strong comments about what they lacked and what supports should have been there for them but equally made very forthright suggestions about what could make a difference, understanding that attending to their core concerns would resolve the longer-term fallout for the GCs. The problems seem to point toward the system, implying that the solution can be found there too.

There is much evidence in the literature that teachers and staff are positively influenced in their enthusiasm and professional growth by effective school leadership. Motivation and resilience are fostered by trust in leadership and positive feedback (Castro et al., 2010; Leithwood et al., 2020). "Successful principals have commitment and resilience and promote these positive qualities and dispositions in others" (Day, 2007). Some of the participants in this study reported a lack of management support, and some described fear-based leadership and a bullying or controlling culture. This lacking impacted the participant's motivation and resilience. "Resilience is the process of negotiating, managing and adapting to significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and "bouncing back" in the face of adversity" (Windle, 2011). Tiêt and Huizinga (2002) refer to resilience as an individual's ability to adapt and adjust to adverse situations to achieve a favourable outcome. The frustration of being denied the ability to adapt and adjust at every step challenged the most resilient of the participants, and a favourable outcome was out of the control of many. Connors (2006) states in her article that "The impact of

posttraumatic symptoms on coping is unknown". Many participants exhibited PST/STS symptoms, and many struggled to cope, but it can be argued that the systemic influences undermine possible correlations in this regard. Connors also argues that resilience can be enhanced through awareness and training. One participant emphasised how vital the regular practice of self-awareness was to him as a coping strategy. It reminded him of what was in his power and not in his ability to control. His message resonates with other participant accounts and illustrates the need for further support to survive systemic challenges. Participants' accounts of needing resources in this study echo the findings of Cox (2018) and Kolves et al., (2017), who put forward recommendations for schools to support staff, including the provision of on-site counselling, school cover for duties if needed, and actively engaging with staff regarding their need for additional support.

Convergence and Divergence with other Study Findings

Convergence

The findings of this study converge with elements of many broadly related studies cited here and in the literature review. These studies often relate to non-school professionals in non-school settings. However, they reinforce similar critical messages concerning the emotional impacts for survivors surrounding suicide and suicide aftermath. For counselling professionals, there are common findings of STS and VT in many studies, including the risk of long-term disorders and the importance of supervision and self-care. Studies in school settings primarily focused on prevention rather than postvention, but nonetheless, some offer similarities in their

recommendations for improved training in crisis management and suicide aftermath. Some also report a lack of research in this focused area.

Divergence

A source of variation was in the principals' responses in the different schools in which the suicide occurred. There are a few main components of this that were reported to have rendered participants more vulnerable to the effects of the suicide trauma: 1) the level of felt support from school principals and 2) the level of felt support from personal and interpersonal resources. While there was a divergence in the experience of management for a few participants, this appears to be related to their having a sense of autonomy and a leadership role, which seems to influence their sense of positivity.

The existent literature on school suicide has predominantly focused on training for suicide prevention and postvention with an emphasis on technical professional skills. Little attention has been given to studying trauma from a school systemic perspective to understanding the intrapersonal struggles of the GC when fulfilling their role during the suicide aftermath. This is something novel in the Irish context as, to date, there has been no investigation into the level of intrapersonal distress on the school GC when dealing with students who are trauma survivors while themselves experiencing the death of a student by suicide, while also dealing with interpersonal relational distress and organisational trauma and while experiencing the overall systemic effects of trauma on the system at large.

As discussed earlier, the phenomenon of 'Coping with school organisational Double-Bind' emerged in the findings as participants spoke about dealing with role ambiguity, role conflict and 'double-binds'. The concept of double-bind (Bateson et al., 1956) resonates with the participants' reports of imposed contradictory or incongruous demands. This is largely overlooked in existing research on the experience of suicide in a school context.

Participants' experiences of a disconnect with what was needed to support staff and students, the lack of support and the lack of resources needed to carry out their guidance role all left many participants disappointed and distressed. Double-bind as an organisational phenomenon led to some participants feeling incapable of acting authentically, expressing their emotions and pointing out the paradox in the directive to return to normal when the circumstances were anything but normal. Participants shared how they contained or hid feelings of pressure, frustration and contempt because of their experience of unequal power relations and lack of consultation. Power-dependent relationships can frustrate attempts to resolve the contradictions, encouraging behaviour that perpetuates the competing demands (Bateson et al., 1956).

Another divergence from the literature reviewed on school suicides was the impact of governing guidelines, experienced as unhelpful in this study. The guidelines published by the external critical incident support service fail to recognise the potential for a student suicide to impact so many students as it refers to just a 'few'. This prediction appears to be an underestimation in light of what was related by all participants in this study. The tsunami of students needing support and

counselling turns these guidelines into conflicting messages and an unsolvable

problem, a double-bind for the GC. It is worth quoting Parsons again, "In the case of

suicide, proceeding as 'normal' is not only abnormal but potentially quite damaging

for the survivors" (Parsons, 1996). This seems to be more than ambiguity, more than

conflicting messages that accompany organisational trauma in the aftermath of a

critical incident. This suggests an inbuilt systemic double-bind that has affected all

participants and may continue to affect GCs until it is highlighted. No amount of

postvention training can answer this systemic problem. Perhaps this phenomenon is

peculiar to the Irish second-level school system, or perhaps not, but it prompts the

need for further exploration of what constitutes adequate systemic support. This has

implications for policy.

Conclusion

This chapter situates the findings in the extant literature. The GETs were discussed

in turn, and salient points were outlined. They highlighted the numerous impacts on

the GC in the aftermath of a school suicide at a personal and professional level.

Among these were the secondary experiences of trauma described by the

participants, the long-term nature of the trauma and the direct experiences of what

they perceived as insufficiencies within the management and the support systems.

The experience of organisational trauma and its effects on the GCs was highlighted.

The fact that there were considerable commonalities between participants in the

study regarding the inbuilt systemic double-bind coupled with long-term traumatic

impact is significant. If this presented as an unsolvable problem for the GC during

the suicide aftermath, it could explain the long-term adverse effects experienced by

many. If it could be addressed, it could be a step toward minimising their potential risk of burnout in managing a suicide aftermath.

Reflection

I have found an increasing amount of literature on suicidality, particularly on suicide prevention, suicide trauma and suicide postvention. I tried to keep up with reading the latest articles and research studies but inevitably experienced frustration as the research volume increased as I tried to keep track. I have a mini library of literature devoted to this study. I hope to continue to use it as a reference source when writing articles on my findings and related topics. I have learned how important it is to situate my findings in the literature. I had to review the literature repeatedly, even though I thought I had already completed my Literature Review chapter. This iterative process reminded me of a lesson learnt in my early student days, the more you learn, the more you realise, the less you know. However, reading research articles on my subject has become a source of enjoyment.

CHAPTER 6: CONCLUSIONS

Introduction

The implications and recommendations emerging from the research study are presented in this chapter. It is felt that they have significance for counselling practice, school management, school counsellor supervision, training, critical incident support service management, policymaking and future research. This will be followed by a discussion on the strengths and limitations of the study. A reflexive account by the researcher will bring a conclusion to this chapter.

Implications

Implications for Clinical Training

The participants, like their counterparts in other mental health professions, stressed the need for suicide postvention training as many stated being unprepared and shocked by the adverse personal, professional and organisational impact that ensued. Some reported being unprepared despite having already had initial training in suicide postvention. This would imply that existing formal professional training needs to be reviewed. Having little personal preparation to deal with the trauma impact implies a need to have more regular, focused training and integrated trauma self-care. "At the time of crisis, it is too late to discover the best way of coping, and protocol needs to be in place before the event" Crook (2003). In addition, it emerges that guidance counsellors should continue to assess the adequacy of their training and engage in CPD after dealing with each suicide aftermath.

Implications for Clinical Guidance Practice

- In-service training on dealing with suicide aftermath with the focus on the importance of self-care and self-protection so that guidance counsellors and management feel prepared and competent in their clinical practice. There may be a role for universities in the delivery of comprehensive trauma-specific training.

- Regular critical incident training and procedure practice, or drills, for the CIMT could raise GC confidence and perhaps define leadership roles for GCs and roles for those who support them. This could address what some participants reported about feeling a lack of autonomy and agency regarding the consultation and delivery of the CIMP.

- Protective measures for GCs at risk of overload and fatigue, such as the assistance of a second guidance counsellor, or a minimum of two for all post-primary schools, more for large schools.

- Mandatory integration of self-care within the timetable for the GC to ensure time for on-site debriefing after critical incidents and after difficult clinical sessions and time for individual professional supervision.

- Communication and feedback accountability in the school system could be stressed. Some participants shared their experiences of grief and regret at being denied an opportunity to have prevented the suicide because they had

"not been told" that the student was in crisis when the information regarding potential risk was already known.

Implications for Supervision

As there is high dependency and high vulnerability associated with supervision, specialised supervision is essential for successful debriefing and processing. Perhaps the availability of Trauma-Informed supervision could be integrated for all GCs at a time of critical incidents. Concerns emerged in the findings around the lack of access to supervision when needed most and the lack of session time and privacy needed to explore the impacts of the suicide. Participants commented that group supervision session does not have the time to address each individual's professional and personal issues. One-to-one supervision could give adequate time.

Implications for Management

Some participants reported that decision-making and management of the postvention plan had been negatively impacted by poor existing dynamics and management leadership. One participant commented on how management may also have been adversely affected and needed help and support. Their collective opinions of school management during the suicide postvention carry implications for the review of protocols and further suicide postvention training for management, including trauma-informed practice.

- Suggested is specialised trauma-informed training for school principals on organisational trauma and, in particular, secondary trauma to raise awareness of this phenomenon for the benefit of both the management personnel and the GC. It could provide coping strategies and a framework to understand the

effects of organisational trauma. It could open opportunities for developing a

preventative approach to suicide impact risk in the school organisation.

Research literature indicates that a supportive organisational culture is

essential to maintaining the professional and personal well-being of every

individual in an organisation.

- The lack of feedback and consultancy experienced with management which

    emerged in the findings highlights a need to address the importance of open

    communication and collaboration.

Implications for Research

The nature of the issues revealed by the participants points to many avenues for

future research. Their individual reactions were influenced by the broader

environment in which they exist, the 'Ecological Model' that is the Irish School

Organisational System (Bronfenbrenner, 2005; Myer & Moore, 2006). The bigger

contextual issues surrounding the crisis they experienced cannot be resolved by one

person in an 'ecological' system. There is considerable scope and a need for further

study into the individual experiences and the complexity of the organisational trauma

and systemic disconnect revealed. An openness to researching the school

organisation as a particular site of trauma may bring a more detailed understanding

of the complexity of traumatic experiences

Supervisor's experience: Research could be recommended on the

supervisor's experience of dealing with suicide and perhaps to elucidate the

supervisor's perspective on working with school counsellors dealing with suicide.

This could inform them on how best to support the school guidance counsellors and could be broadened to include other critical incidents they deal with as part of their clinical practice.

Principal's experience: Research on the Irish school principal's experience of dealing with student suicide would be very worthwhile. As most participants described being impacted by management's leadership, the leadership dynamics of a school in a crisis situation warrants investigation to inform best practice and support for the wellbeing of the principal, the organisation and the GC.

The critical incident support service team's experience: There appears to be no research on the experience of the Irish school's critical incident support service when dealing specifically with the needs of the GC. Comparable recent international studies reveal some experience of a lack of efficacy of their respective support services, while none report the extent of GC discontent revealed in this Irish study.

Implications for Policy and Guidelines

Improvements and restructuring of intervention support could benefit the GC in their clinical role in times of crisis. It is worth quoting Parsons again, "In the case of suicide, proceeding as 'normal' is not only abnormal but potentially quite damaging for the survivors (Parsons, 1996). The critical incident support service guidelines and intervention policy appeared to have been a mismatch and a contributory factor in creating a systemic double-bind, bringing contradictory messages to the GC during acute stress.

Reviewing the guidelines could bring an improved understanding of what is needed to support GCs to support students during the aftermath of a suicide. The guidelines are needed to mitigate possible counterproductive approaches by management. However, their efficacy has been shown to be undermined by an apparent lack of understanding of and connect to the extent and depth of impact of suicide on the school community, the supports required, and the need to balance due time for bereavement with the need to return to school routine.

Study Strengths and Limitations

Strengths and Limitations

This study aimed to gather and present detailed, in-depth descriptions of the phenomenon being studied, student suicide and its aftermath from the perspective of the GC. One of its strengths is the data gathering method used, one-to-one interviews and the interview process and engaging dynamic. This was successful in drawing from this professional group vivid and expressive accounts and interpretations of their experiences, providing rich experiential data for analysis.

The study offers a novel contextual perspective from which to view and understand the experiences of this particular professional group. The findings should help increase the understanding of how GCs experience student suicide, which will have implications for future clinical practice. It highlights interventions they found helpful and what impeded the progress of aftermath recovery for themselves and their students. Importantly, it highlights the occupational risk of STS, VT and CF from recurring experiences of dealing with suicide and the professional challenges that accompany this endeavour. It suggests the usefulness of a systemic lens to

consider the school context in which the GC operates to address relational and organisational factors which have the potential to impact clinical practice.

Another strength of this study is that it will help close a gap in the qualitative literature on Irish school counsellors' experiences of student suicide. This study should help grow the body of research on this specific topic, and I hope it will contribute to informing national policy on suicide prevention and postvention.

The fact that there were many commonalities in the study is significant. Firstly, regardless of age, experience, qualifications and training, all GCs described aspects of trauma effects and systemic impacts on themselves and the wider system. Considering that the schools would vary in how management operates, how guidance is valued, and the autonomy given to the role, the shared experiences indicate rigour in the analysis.

Due to the small sample size of 11 participants, one will normally avoid making generalisations, so tentative suggestions are made and implications for further research are outlined. There is always the possibility of sampling bias. For example, other potential participants may not have responded to the study invitation for a number of reasons that could be relevant to the current outcomes, such as being too traumatised by their own experience to take part.

As an insider researcher, there are strengths and limitations in terms of lived experience and potential bias. There is a risk that the researcher's preconceptions, assumptions and interests could impact the research process and interpretation of

the data. Noble and Smith (2015, p. 34) list some criticisms made of qualitative

research that it lacks "scientific rigour" or has been referred to as "merely a collection

of personal opinions subject to researcher bias". This does seem to ignore the value

of 'opinions', or in this case, the opinions of experienced professionals. However,

how the research data is obtained, organised and analysed does depend on the

judgment of the researcher. Every possible precaution was taken to prepare for and

objectively manage the interview and analysis processes.

Theoretical Transferability

This research helps illuminate school GCs suicide postvention experiences. As

there are many different issues involved regarding personal and professional impact,

it is imperative to continue to listen to the expert voices of those who have lived

these experiences to understand how one can make a difference in supporting the

personal and professional development of the GC. All the implications based on the

rich research findings have applicability potential, which is a positive outcome. The

effect of trauma on an organisation will resonate with other research contexts and

offer valid comparisons and findings. Concerning the participant experiences of

adverse impact, there are findings which would be relevant and readily transferable

to other frontline caregivers dealing with suicide in different contexts, such as clinical

settings and work contexts.

Reflexivity

Journal reflexivity was central to the research work. Smith et al. (2009) posit that

observable reflexivity is a critical part of the iterative process of IPA research.

Monthly supervision with the DCU supervisors was noted and reported, weekly peer

group reflections and a reflexive journal were maintained throughout, providing a

record of the thinking and rationale for decisions made throughout the process (Appendix 06).

Heidegger (1996) focuses on "Being", suggesting that we are linked to the world that we have to make sense of (hermeneutics). However, the researcher can "be with" and simultaneously apart from the data. I drew on my own perceptions and understandings to sound out the meaning of key events and processes for the participants. I used this same 'sounding out' process in my analysis to explore and reflect on subjective bias and decision-making throughout the research. This reflexivity tool provided a frame of reference which facilitated a deeper interpretation of the interview data while maintaining subjectivity.

The IPA iterative process was consistently noted in the reflexive journaling. This exercise enabled acknowledgement of immediate reactions and feelings which were withheld during the interview but noted immediately afterwards and again each time the data was revisited. Memories of my experiences of student suicide were recorded, enabling new perspectives and sense-making.

Concluding Remarks

The aim of the study was to explore the GC's experience in the aftermath of student suicide in Irish secondary-level schools. The choice of using IPA was justified as the study produced robust findings following eleven in-depth interviews. The deeply reflexive and intuitive capacity of the participants was a significant contribution to the richness of the data. They engaged in the interview process unreservedly in the hope and optimism that the sharing and sense-making of their experiences would make a difference. It is evident following the analysis that the voicing of their

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experiences will make a difference and will contribute to the knowledge base of school counsellors' experiences of student suicide. Attention was given to the challenges they faced and how intractable these can be, both personally and professionally. Each participant expressed their personal views and assessment of what they felt they lacked regarding support in terms of training, de-briefing, and supervision and what they consider would make a positive difference to them in their GC role and personally. Self-care was stressed by participants as essential to mitigate long-term psychological and emotional adverse impacts.

The findings suggest that while the participants understood some of the issues and challenges at a micro level, this study uncovered systemic issues that appeared to have caused or contributed to the impacts at a macro level. The study suggests that these systemic issues need to be addressed in the best interest of students, SGs, teaching staff and managerial staff.

The outcome of the research can inform clinical training, practice, supervision, and policy for the Irish GC. At this year's annual IGC conference held in 2022, the researcher put forward and spoke for a motion, based on this research, for professional one-to-one supervision for the GC to be funded by the Department of Education throughout the academic year and particularly after a suicide incident. This motion was unanimously passed by all members present at that AGM. Unfortunately, it has not yet become a reality.

Reflection

*When trying to make sense of the suicide impact I witnessed in the participants'
accounts, I was initially drawn to focusing on the individual personal trauma. It was
difficult not to be drawn into the detail of their particular experiences. Nonetheless,
the immersion in the detail brought with it an insight into what remained a consistent
phenomenon in each of the participant's experiences, namely, the impact of the
organisational environment in which they experienced the suicide trauma. For all of
the participants, the overall impact on the organisation featured in how they each
were, to a greater or lesser extent, personally impacted. I shifted my focus, and in
doing so, organisational Double-Bind emerged as a phenomenon within their school
organisational trauma response. It seemed so central and overwhelming. Too narrow
a focus on participant impact could have prevented me from viewing the bigger
organisational picture and what this researcher has coined 'Coping with school
organisational Double-Bind'.*

*In contrast, much literature highlights the emotional impact of suicide on the
individual within a system. It also highlights the individual characteristics that
contribute to the severity of the impact on the individual. This narrow focus releases
the management systems within the overall organisational system free of its duty of
care to its individual members. In a school context, a problem for one is a problem
for all, suggesting that the answers are the responsibility of all and in the interest of
the well-being of all. This perspective puts the solutions in the hands of all, which is
a positive outcome of the study. Without this positive outlook, this organisational
system would have little hope of change.*

I believe I was able to remain focused when needed on the larger systemic context while still highlighting the particular, and this helped me stay objective when trying to understand the relationships and dynamics within each particular school system and across school organisations. My background and experience in systemic therapy were unexpectedly valuable for me in conducting the analysis and facilitating the IPA tasks of finding multiple perspectives and multiple potential interpretations.

Undertaking this research was all-consuming and wearying, but it has allowed me to contribute to this body of research and open the door to further dialogue. The 11 guidance counsellors interviewed were all extraordinarily resilient, caring, committed and passionate practitioners. The experience of interviewing each one on such a sensitive, complex topic was an enormous privilege. The energy in the participant's words, which encapsulated many essences of their unique experience, moved me and filled me with gratitude and anxiety to do justice to the meaningful expression of their experiences. This sense of responsibility kept me inspired and committed to staying at pace with this project. Going through the IPA processes of deep immersion in the participants' stories, continuously explicating hidden layers of unexpected implicit meanings in the many evocative quotes, nuances, and metaphors that continued to offer something new on each iterative immersion, was humbling, frustrating, and exhilarating. I found that a Hermeneutic phenomenological approach facilitates intimate openness to another human being, rendering you responsive to sitting with not knowing and ambiguousness, yet caring enough to persist with waiting for a moment of new meaning to emerge. It called upon the participant and me to succumb to being 'disrupted' in what I, as researcher, and the

participant as the expert of their story, had 'taken for granted', allowing something new to 'show itself'.

Finally, I am in awe of my guidance counselling colleagues, who continue to cope with critical incidents and show enormous resilience as they go from one experience of suicide to another. While I fear that a lack of responsive suicide postvention support will continue to leave them at risk physically and mentally, I trust in the overall leadership of the IGC. The IGC executive team continuously and wholeheartedly support their members.

I thank my supervisors from DCU, Dr Evelyn Gordon and Dr Mary Farrelly, who have been a source of continuous support throughout my years of study.

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Appendix A

Email inviting potential participants

(To be circulated by the Institute of Guidance Counsellors)

To all School Guidance Counsellors,

You are invited to participate in a research study entitled *'The Irish School Guidance Counsellors' Experience of a Student Suicide'.* This research will examine the professional and personal impact on the Irish school guidance counsellor of dealing with a student suicide. Volunteers will be invited to participate in a Zoom interview. If you are interested in participating, please email a positive response to the researcher who will contact you with further details. The email address is clare.finegan2@mail.dcu.ie and all correspondence will be treated with strict confidence.

Appendix B

<u>Participant information sheet - Page 1</u>   (Plain Language Statement)

Study Title: The Irish school guidance counsellors' experience of a student suicide.

This research is being conducted by Ms. Clare Finegan, a doctoral student in The School of Nursing and Human Sciences, at Dublin City University (DCU). This study will satisfy the thesis requirement for the Doctorate in Psychotherapy at DCU and will be supervised by Dr. Evelyn Gordon and Dr. Mary Farrelly.

What is this research about?

The research will draw on the experiences of school guidance counsellors in relation to the suicide of a student. The overall aim of this study is to explore how the Guidance Counsellor makes sense of the experience of the death of a student by suicide. The objectives are:

- To explore the personal impact on the Guidance Counsellor in the aftermath of a student suicide
- To explore the professional impact on the Guidance Counsellor in the aftermath of a student suicide
- To identify what the Guidance Counsellor finds challenging in working with the aftermath of student suicide
- To identify what supports the Guidance Counsellor in this work
- To generate insight to inform professional practice.

Why is it being conducted?

The school Guidance Counsellor (GC) is in a unique position to impact suicide prevention. However, he/she is also responsible for attending to suicide postvention. While many will experience the loss of a student to suicide, they receive little preparation for this in their training and often do not get sufficient support in the aftermath of suicide. International studies have found that GCs experienced prolonged grief, regardless of the existence or otherwise of any prior relationship with the student, repressed feelings and a sense of loss

of competence. They also demonstrated considerable coping skills. Recommendations were made that professional training be offered to assist in personal self-care and professional

Participant information sheet - Page 2

recovery for the GC and that further research be undertaken with counsellors who are impacted by suicide in the workplace. While there is some qualitative research on the impact of suicide on Irish counselling practitioners, there is a lack of research on the impact of suicide on the Irish School GC. This research study will illuminate a phenomenon which will inform the profession.

What does participation involve?

There is no obligation on you to participate in this study. If you agree to participate the researcher will invite you to take part in a recorded Zoom interview of one-hour duration at an agreed time. It is important that you have a quiet office and privacy for the duration of the interview.   During the interview you will be asked to discuss your experiences in relation to student/s who have died by suicide. Ideally this experience will have occurred within the last 5 years. If you have initially decided to take part, you can still change your mind at any stage. If you prefer to be just audio recorded, this will also be acceptable.

What data will be required and why?

As part of the research we will need some information about you (age, gender, years of experience for example) and your experiences of students who have died by suicide. This will inform the research study and contribute to an understanding of how the Guidance Counsellor makes sense of the experience of the death of a student by suicide.

How will my privacy be protected?

All interview material collected (digital and hard copy data) will be securely stored using either locked cabinets to which only the researcher will have access or on encrypted/password protected digital devices. There will be no corresponding codes to link your details with data provided in the interviews. Zoom recorded material will be transferred for storage in an encrypted/password protected folder on the researcher's computer. Any data recorded that might identify you, a child or any other third party, will

be anonymised or removed. Similarly, anonymisation or generalisations will be used to protect identities if any potentially identifiable circumstances or information are referenced in a report.

Participant information sheet - Page 3

How will my data be used and disposed of?

Your information will be used to inform this research study. Video recordings will be deleted following initial transcription, audio will be retained and securely stored. On completion of the research and publication of the findings, all interview audio recordings will be deleted by the researcher. Transcripts of interviews and forms will be destroyed using the Dublin City University secure and confidential paper shredding services.

Are there any legal limitations to confidentiality?

The study data may be subject to subpoena, a freedom of information claim or mandated reporting if you the participant are assessed as being at risk of harm to yourself, or if you disclosed information that indicated that you presented a potential risk of harm, or had inflicted actual harm to another person.

Can I access my data?

You may access the information held by the project at any stage by contacting the Prinicpal Investigator (Clare Finegan) or by contacting the DCU Data Protection Unit (DCU Data Protection Officer – Mr. Martin Ward (data.protection@dcu.ie Ph: 7005118 / 7008257)

Are there benefits and risks to taking part in the research?

There are no direct benefits to participation, but sharing your experience and adding to the knowledge base will be an important contribution to the study, and will bring improved focus to these important issues.

Are there any risks involved in participating?

This study will be of minimal risk to participants. There is a chance that you may feel upset as a result of recounting your experiences. If this happens the interview can be paused, postponed or terminated. A short de-briefing session will be offered if there is a need to

process any issue that has arisen in the interview and the researcher will discuss with you any further support you may need to avail of.

Participant information sheet - Page 4

What happens if I do not agree to participate?

If you do not wish to participate, you do not need to do anything further.

Can I change my mind about participating?

You are free to withdraw from the study at any time without explanation.

Will I be informed about the findings of the study?

Participants will be given initial feedback on completion of the interview during de-briefing. When the study has been completed, a written report outlining the findings of the study will be made available to you. The researcher will be in contact with you at that time.

Has this study been reviewed by an Ethics Committee?

Yes, the study has been approved by Dublin City University Ethics Committee

If you have questions or concerns:

You can contact the researcher by email or by phone (Tel: 086 3288037). If you have any concerns about this study and wish to contact the supervisors, please contact:

Dr. Evelyn Gordon (evelyn.gordon@dcu.ie) or Dr. Mary Farrelly (mary.farrelly@dcu.ie)

If you have concerns about this study and wish to contact an independent person, please contact:
The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9. Tel 01-7008000, e-mail **rec@dcu.ie**

If you have a complaint relating to data protection you may lodge a complaint with the Irish Data Protection Commission https://www.dataprotection.ie/

Appendix C

Consent Form

Research Study Title: The Irish school guidance counsellors' experience of a student suicide.

You are invited to participate in a research interview. The interview will last an hour and will be recorded. You will be asked about your experience of a student suicide. You can decide on the nature and depth of information you share, and you may terminate the interview at any time without explanation. If you choose to withdraw at any time in the study you will be supported in your decision and given the opportunity to have a short de-briefing if you so wish.

Researchers: Clare Finegan, Dr Evelyn Gordon, Dr Mary Farrelly

Purpose of the research: The aim of this study is to explore how the Guidance Counsellor experiences and makes sense of the death of a student by suicide.

Confirmation of particular requirements as highlighted in the Plain Language Statement

Participant – please complete the following (Circle Yes or No for each question)
I have read the Plain Language Statement (or had it read to me)   *Yes/No*
I understand the information provided   *Yes/No*
I have had an opportunity to ask questions and discuss this study   *Yes/No*
I have received satisfactory answers to all my questions   *Yes/No*
I am aware that my interview will be videotaped   *Yes/No*
I am aware that (Principal Investigator) will control all data collected   *Yes/No*
I understand that I may withdraw from the Research Study at any point.   *Yes/No*
I understand the information provided in relation to data protection   *Yes/No*
I understand that my data contained in paper files will be stored in a locked
cabinet in the researcher's home with access only by the Principal Investigator   *Yes/No*
I understand that all electronic data files will be password protected and stored on
an encrypted password-protected laptop. The password will only be known
to the Principal Investigator   .   *Yes/No*
I understand that all stored digital and hard copies of the data will be securely
destroyed by the principal investigator. Hard copies will be confidentially
shredded and all digital copies of both audio and text files will be irrevocably erased. Yes/No

Signature:

I have read and understood the information in this form. My questions and concerns have been answered by the researchers, and I have a copy of this consent form. Therefore, I consent to take part in this research project

Participant Signature: _____

Name in Block Capitals: _____

Witness:_____

Date:_____

Appendix D

Email to IGC members to say recruitment has ceased

(To be circulated by the Institute of Guidance Counsellors)

Dear Guidance Counsellor,

Just a note to inform you that recruitment has now closed for the research study 'The Irish Guidance Counsellors' experience of a student suicide'. The researcher thanks you for your interest.

Yours,

IGC.

Appendix E

Interview Schedule

Section 1- Introduction/Preamble

1. Welcome participant
2. Discuss the research
3. Clarify if there are any questions arising

Section 2- Participant profile

1. Interview Date
2. Gender
3. Years practicing as a Guidance Counsellor

Section 3- Interview Schedule

1. How many student suicides have you experienced?
   a. Prompt on level of involvement in each
2. Can you tell me about one that stands out?
3. How did it impact on your professional life at the time?
4. How did it affect you in your personal life at the time?
5. What did you find most helpful to you in dealing with the situation?
6. Looking back how did you understand your response at the time
7. How do you understand your response now looking back?
8. What was your biggest learning form the experience?
9. How did you find talking about your experience in this interview?

Section 4 – Debrief

1. How did you experience the interview?
2. Did anything arise that you might like to discuss further with someone?
3. If so, who might be the best person to address this with?

Appendix F

Research Clare Finegan   **February 2021**

Pilot Interview Field notes - Extract

Rationale for a Pilot Interview

I conducted a pilot interview with a Guidance Counsellor (GC) to familiarise myself with the interview questions. It provided an opportunity to reflect on and evaluate my interview structure, questions, style, and pacing. I wanted to learn from the interview process and evaluate how useful and effective my interview questions and prompts would be in obtaining rich data to answer the research question. I wanted to use the proposed interview questions to test if they would answer the phenomenological questions: what was it like for you, can you tell me more about that, can you remember what you were thinking at the time? This will be the phenomenological level, or first level.

It also served the purpose of obtaining feedback on the nature of the questions and their potential to trigger reflective thinking, emotional reactivity and abstract conceptual processing. My experience was that it did all of the above.

The challenge of Bracketing

I wanted to become actively aware of the phenomenological concept of 'bracketing' and attempt to suspend my own experience, in order to become totally present to the participant's account of his/her unique experience, uninterrupted by my own. Bracketing, which originates from Husserl's descriptive phenomenology, prompts researchers to set aside their own understandings and assumptions in an effort to allow the phenomenon under investigation to speak (Crotty, 1996). Bracketing allows the researcher to "hold the tension of the dialectic process of investigating the nature of the participant's experience, at the same time as holding her own experience" (Rolls & Relf, 2006, p. 286).

The research topic is of great interest to me because of my direct experience with the phenomenon. This places me in an insider position which may make it challenging, but very important, to exercise bracketing when questioning and prompting. I am acutely aware of the danger of leading the participant. I will need to balance giving the participant the scope to explore their concerns while not giving so much that they stray from the research question. The researcher is obliged to self-reflect explaining how his/her own experiences, values, beliefs, and perceptions have or have not influenced the research process (Koch & Harrington, 1998). Etherington (1996) affirmed that researchers are intimately involved in both the process and the outcomes of research, but to maintain credibility and objectivity, the researcher is required to be reflexive and aware of influences on the researcher's internal and external responses as well as the relationship to participants and the research topic.

My Duty of Care to the Participant

I am anxious about how the interview process might evolve. I am aware that there is the potential to be drawn into a therapeutic engagement as I elicit reflections on what may have been a painful experience. The challenge of maintaining a balance between fostering empathy while maintaining a degree of social distance has been a topic of interest to Osafo et

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al., 2011 and Scott et al., 2008 as they hold that while researchers must be empathic to the participants' needs, they should remember that they are researchers. I have the awareness that it can challenge the best researcher to maintain appropriate distance whenever distressful emotions are expressed. The moral complexities of the research relationship need to be addressed and sensitivity shown for participants' needs throughout the research process (Hewitt, 2007). While empathic distance is recommended Ashton (2014) suggests that a researcher who is a health professional can draw on their experience to alert one to signs of distress, to facilitate space for reflection and to facilitate discussion around meanings to experience. I take consolation in this. I also know how to refer and can be effective as a researcher as long as I am aware, remain aware, and show integrity to my epistemological stance as researcher. Murray, 2003 insists that one should have a good understanding of the appropriate boundaries of the researcher-participant relationship and the ethical issues that may arise in order to have a mutually beneficial experience for both parties (Murray, 2003). Hofmann (2007), Dowling (2006) and Etherington (1996) all concur that the emotions expressed during an interview enhance our understanding of the participant's experience and the increased sensitivity has the potential to yield more meaningful interpretations of data.

Appendix G

<table>
<tr><td>

Experiential Statements

</td><td>

00:04:17 Participant 09
But I recognize her and seen on social media that she was missing and then on Sunday rumors are going around amongst teaching staff that that Guy had died by suicide and I text management to let them know that this is what I'd heard an update hurting us and they confirmed like yes. There was rumors and yes, they heard about it all, but nothing was. Official. And then it was the next day an emergency meeting took place beforehand. For for the school, for our school staff, and that the. That the student was that she could pass by suicide, and then we kinda like straightaway guidance Council we can set up rooms you know for for pastoral care, for shooting to go if they felt comfortable for for then we kind of contacted the families of the like the intertwined families. Like you know Cousins family close friends. That were in the school or I got in contact with all the guidance counsellors 'cause the girl would have been very, very popular and. There was just. Kind of having this onslaught of emotion come from like some teachers were very, very upset and then some and a lot of students were very very upset and it was just...

00:05:33 It was horrible. It was your. It was my first time going through a in a in a in a professional capacity and it was. You were just kind of learning on the bounce, almost like you read all the literature like and I was up the night before going through like the the staff and like asking another guidance counselor. Listen what you do in this situation and. Like you didn't. You didn't sleep for a week, you were just kind of worried about absolutely everything you're worried like about copycats. You're worried about students who are coming in who'd never opened up about how they were feeling, and then because the girl herself was such a popular, gorgeous looking young young thing. Who was? She seemed to have the whole world at her feet. There are students coming in as young as first year all the way to sixth year, like they couldn't believe that someone who had looked like they had it all could do something like this and like there's such a feeling of questioning then like the ripple effect just happened and is still happening now in the school. Where you know she had a ex-boyfriend who was, you know, friendly with other people and then she had close friends and I would still see some of them in for counseling to just check in and I could just, it never Like it never kind of really hit home in some ways that it was just, you were learning on the bounce and you're taking on everyones emotion yourself and trying to remain professional and trying to just

</td><td>

PETS

Sunday rumours
Monday confirmed.

CIP implemented
rooms set up for
Pastoral care for
students
families contacted

other GC^s contacted

Teachers v v upset
Students " " "
horrible

Learning on the bounce
Literature not helpful
— what was helpful
— asking another GC

Didnt sleep for a week
Worried about copycats
Worried about
            everything.

Girl, gorgous,
popular, world at
her feet

Ripple effect →
questioning — still
Describes the
victim — her friends
who attended him
for counselling

</td></tr>
</table>

Left margin codes:
- Experiential Statements
- Learning on the bounce
- What was helpful was the help from a GC.
- Being Anxious about copycats
- Being Worried about everything
- The Ripple effect

Learning on its Bounce.

3

Cluster Table of Personal Experiential Themes
PETS

x Learning on the Job   p 1
    "   "   " Bounce   'scary'
Feeling overwhelmed by fear
Trial by Fire

Feeling overwhelmed by worry   p 3
Worried about everything   'No sleep'
x Learning on the Bounce x2   recurring
Being panicked about copycats
Taking on everyone's emotions
Trying to remain Professional

Wanting to be there to make safe
Being on hyper alert to doing   p 4
everything by the book   'letter of the law'
Worried about getting it wrong

Feeling terrified
Feeling onerous responsibility
Feeling isolated   'where are Parents'
Projecting feelings
Transferring emotions
Identifying ones own emotions
    "   "   " needs
Feeling Wrecked — 2 months on   p 5
Overdoing
Revisiting Personal Prior Experiences

Extract from clustering of themes (PETs), interview 09 (Fran)

Appendix I

Themes	Description	Substantiating PETS Examples
(01) Feeling Terrified	Being new to guidance, participant 09 felt unprepared for this first-time experience of suicide, thrown in the deep end, finding it 'scary' and 'horrible'. He felt under constant fear of making a mistake, so was doing everything to avoid another potential suicide, leaving him 'terrified', vigilant, over conscientious and in a constant state of anxiety, fuelled by the media, staff and student talk around suicide and external pressures. He was full of anxiety of it happening again.	"Trial by fire" (Int 09, P.1) "Learning on the bounce", "Worried about copycats, worried about everything",…"There's such a feeling of questioning, a ripple effect just happened and is still happening now in school" (Int 09, P.3). "Doing everything to the letter of the law". On the day of the funeral 09 reports "I was actually terrified that day, like where were all the adults", "There were so many kids there unsupervised" (Int 09, P.4). "Feeling terrified of missing [something]" (Int 09, P.12). "[Suicide] it's the worst thing that could happen a school" (Int 09, P.18).
(02) Impact of prior trauma	Memories of earlier trauma were shared by participant 09 as his way of making sense of his need to be there always for others. Not being there for his friend who had made a	Participant 09 shared the aftermath of his friend's suicide attempt in their shared home "Not that I felt responsible, but like I just knew if I wasn't there, if I was there, I would have been, I don't think it would have happened ……I can see how ridiculous that is…. I feel so guilty for being away…. I wasn't there immediately…It's always been with me" (Int 09, P.6).

	suicide attempt had deeply impacted him. It has become his mission to 'be there' to "make everything safe" inferring that it meets some need in him. Over identifying with others emotions, transferring emotion, looking to rescue, rescuing, overdoing while ignoring self-care and avoiding personal pain has become routine. The recent death of his dad reactivated and amplified the sense of loss.	After the student suicide 09 felt a need to provide a safe place for students to open up about suicide "Suicide is never explored much deeper. I wanted to be there to help to think that my office was a safe space that you could … speak about your feelings … you knew there was support there, because maybe … I didn't feel that support was there for me" (Int 09, P.7). During the suicide aftermath 09 describes feeling "wrecked", and how he didn't sleep for a week. "… 22/32 hours a week like what you're supposed to do, but instead you're doing 40 hours … just because you wanted to be there. I wanted everything to be safe" (Int 09, P.5). "Walking back from that [the funeral] thinking that was surreal…. I feel very blocked up … like I was going through the motions and doing everything I was supposed to do, but I was wrecked. I was emotionally wrecked … for like two months after" (Int 09, P.5). After losing his dad, "that was horrible … he was my friend … he'd be the person I would ring to talk about stuff. He'd a great way of making me feel like I could do anything" (Int 09, P.19). "I haven't been to therapy since he passed…. I don't think I'm over it all. I've just kind of been able to get on as best I can" (Int 09, P.21).
(03) Needing for resilience /self-care	Participant 09 acknowledges the personal and professional impact of suicide death and loss on him. Throughout the interview he moves	He remembers older guidance counsellors saying to him how he needed to manage himself, and his time, "… and I didn't. I was … like I need to be here. I need to do this, and when I look back … I wasn't taking care of myself …" (Int 09, P.5).

Extract from Themes Table (PETs), interview 09 (Fran)

Appendix J

Interview 09   28th Nov '21   Clare Finegan

Hierarchy of Master Experiential Themes

Superordinate Theme

Feeling Terrified

→ Fear of second suicide
→ Over conscientious   Subordinate Themes
→ Fear of lack of control

Superordinate Theme

Impact of prior trauma

→ Need to rescue others
→ Need to make everything safe   Subordinate Themes
→ Impact amplified

Superordinate Theme

Resilience and self-care

→ Importance of resilience
→ Understanding own needs   Subordinate Themes
→ Therapy and Supervision
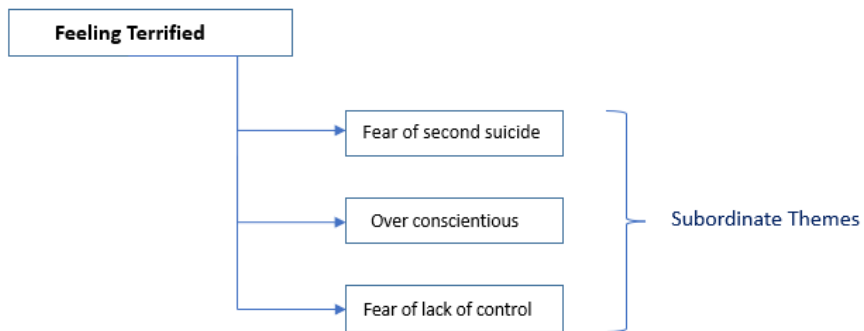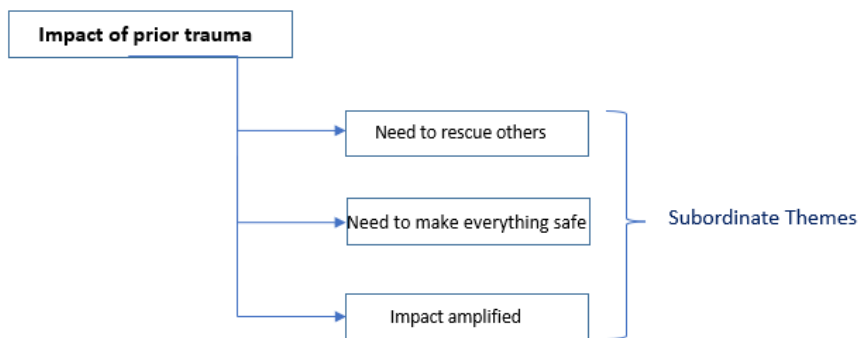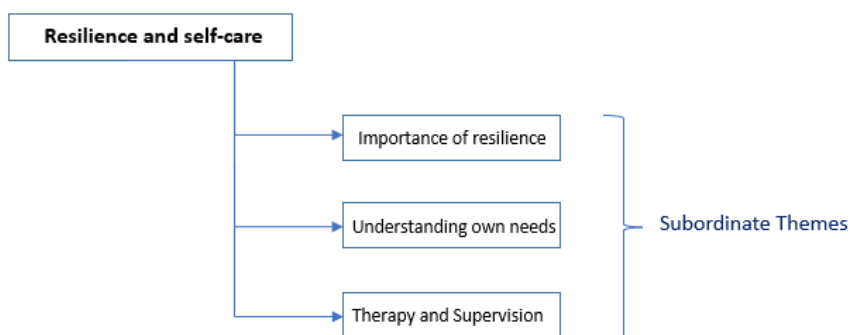
Interview 09 (Fran) superordinate experiential themes (PETs) and supporting subordinate themes.

Appendix K

Analysis sheet

Analysis sheet 02 sho...

with pers

Interview No.	Superordinate Themes (PETS)	Disempowered/Emotions/Temporal Best	Subordinate Theme A	Subordinate Theme B	Subordinate Theme C	Subordinate Theme D
1	Managing emotions	E	Panic and anxiety	Processing emotions		
1	Needing support	D	Self awareness	Need for a second GC	Needing support	
1	Doing your best	T	Managing Regret	Self affirmation		
2	Managing emotional response	E	Empathic burden	Burying pain	Powerless to feeling guilty	
2	Powerlessness	D	Powerless when overstretched	Powerless after referral	Had done her best	
2	Regret and temporal best	T	Fear and self protection	Regret		
3	Regret	T	Anger	Frustration	Powerless	Loss
3	Traumatic Distress	E	Distressed	Post traumatic stress		
3	Hampered by fear	E	Fear of repeat suicide	Distracted	Sadness	
4	Overwhelming distress	E	Horrific trauma	Overwhelmed	Witnessing but powerless	Took a toll
4	Holding difficult emotions	E	Burden of empathic response	Unsupported at work	Need for supervision	
4	Hampered by management	D	Management fearful	Therapeutic process undermined	Guarding emotions	
5	Powerlessness	D	Working in the dark	Regret	Lack of support	
5	Fear of repeat incident	E	Stress of always being alert	At mercy of management	Lack of feedback re student	
5	Doing her temporal best	T	Regret	Accepts she did her best	Lack of autonomy	
6	Being powerless	D	Feeling unsupported	Sense of inadequacy	Pressure of expectation	
6	Feeling contempt, betrayed	D	Feeling used, manipulated	Lack of trust	Burden of empathic concern	
6	Feeling vulnerable	E	Need to self-protect	New sense of resilience		
7	Secondary traumatic stress	E	Constant fear of recurrance	Transference and rescuing	Avoidance and distraction	
7	Burden of anger/contempt	E	Contempt for NEPS	Autonomy undermined	Anger at principal	
7	Fear of vulnerability	E	Need to self-protect	Lack of trust in school coping culture	Personal resilience growth	
7	Covid	E	Empathic risk	Strategies compromised		
7	Feeling conflicted/inadequate	D	Needing support	Feeling a gap in training	Confidence undermined	
8	Prior trauma impact	E	Reliving	Fear of another suicide	Panic attacks	
8	Need to control emotions	E	Empowering support	Autonomy and confidence	Working by rote	
8	Fear of isolation	E	Need for connection	Need for second GC	Improve GC induction	
8	Need to self protect	D	Need to use supports	Need for second GC		
9	Feeling terrified	E	Fear of second suicide	Over conscientious	Fear of lack of control	
9	Impact of prior trauma	E	Need to rescue others	Need to make everything safe	Impact amplified	
9	Resilience and self-care	T	Importance of resilience	Understanding own needs	Therapy and supervision	
10	Regret	T	Lost opportunity	Transference	Need to compensate	
10	Drowning in emotion	E	Overwhelmed	Unsupported	Powerless	
10	Distressed	E	Traumatised	Long term impact	Importance of self care	
11	Left feeling scarred/damaged	E	Traumatic shock	Unsupported	Vicarious trauma	Over-rescuing
11	Managing powerlessness	D	Managing emotions	Vulnerability		
11	Overwhelmed with contempt	E	Undermined by NEPS	Undermined by manager	Neglected	
11	Need to self-protect	D	Self-support	The vulnerability of a GC	Confidentiality muzzle	

Disempowered	10	
Emotions	21	
Temporal Best	6	

Appendix M

Sequence: 102, 202, 403, 501, 601, 602, 705, 804, 1102, 1104, 101, 201, 302, 303, 401, 402, 502, 603, 701, 702, 703, 704, 801, 802, 803, 901, 902, 1002, 1003, 1101, 1103, 103, 203, 301, 503, 903, 1001

Group Experiential Theme (GET)

TEMPORAL BEST

Subordinate themes by row

Interview No.	Superordinate Themes	Disempowered/Emotions/Temporal Best	Subordinate Theme A	Subordinate Theme B	Subordinate Theme C	Subordinate Theme D	Sequence
1	Doing your best	T	Managing Regret	Self affirmation			103
2	Regret and temporal best	T	Fear and self protection	Regret	Had done her best		203
3	Regret	T	Anger	Frustration	Powerless	Loss	301
5	Doing her temporal best	T	Regret	Accepts she did her best	Lack of autonomy		503
9	Resilience and self-care	T	Importance of resilience	Understanding own needs	Therapy and supervision		903
10	Regret	T	Lost opportunity	Transference	Need to compensate		1001

Subordinate themes by column with analysis

Interview No.	Final Superordinate Theme	Phenomenological description	Associated Subordinate Themes	Experiential statements				Sequence
1		Managing Regret	Managing Regret	Can't undo it				103
1		Self affirmation	Self affirmation	Need to accept				103
2		Protocol	Fear and self protection	Nothing more I should have done..				203
2		Regret, not guilt	Regret	Need to accept				203
2		Self affirmation	Had done her best	Need to accept				203
3			Anger					301
3			Frustration	(Researcher omitting these,				301
3			Powerless	already covered)				301
3			Loss					301
5		Regret, not guilt	Regret	Need to accept				503
5		Self affirmation	Accepts she did her best	Need to accept				503
5		Undermined	Lack of autonomy	If I had autonomy				503
9		Self-care	Importance of resilience	I felt I could weather it				903
9		Self-care	Understanding own needs	I felt I could weather it				903
9		Self-care	Therapy and supervision	I felt I could weather it				903
10		Managing Regret	Lost opportunity	Can't undo it				1001
10		Self affirmation	Transference	Need to accept				1001
10		Self affirmation	Need to compensate	Need to accept				1001

Subordinate themes clustered

Interview No.		Phenomenological description	Associated Subordinate Themes	Experiential statements - grouped				Sequence
1		Managing Regret	Managing Regret	Can't undo it				103
10		Managing Regret	Lost opportunity	Can't undo it				1001
9		Self-care	Importance of resilience	I felt I could weather it				903
9		Self-care	Understanding own needs	I felt I could weather it				903
9		Self-care	Therapy and supervision	I felt I could weather it				903
5		Undermined	Lack of autonomy	If I had autonomy				503
1		Self affirmation	Self affirmation	Need to accept				103
2		Regret, not guilt	Regret	Need to accept				203
2		Self affirmation	Had done her best	Need to accept				203
5		Regret, not guilt	Regret	Need to accept				503
5		Self affirmation	Accepts she did her best	Need to accept				503
10		Self affirmation	Transference	Need to accept				1001
10		Self affirmation	Need to compensate	Need to accept				1001
2		Protocol	Fear and self protection	Nothing more I should have done..				203

Feeling Disempowered | Holding Emotions | **Temporal Best** | ⊕

Interview No.	Superordinate Themes																															
	Needing support	Powerlessness	Hampered by management	Powerlessness	Being powerless	Feeling contempt, betrayed	Feeling conflicted/inadequate	Need to self protect	Managing powerlessness	Need to self-protect	Managing emotions	Managing emotional response	Traumatic Distress	Hampered by fear	Overwhelming distress	Holding difficult emotions	Fear of repeat incident	Feeling vulnerable	Secondary traumatic stress	Burden of anger/contempt	Fear of vulnerability	Covid	Prior trauma impact	Need to control emotions	Fear of isolation	Feeling terrified	Impact of prior trauma	Drowning in emotion	Distressed	Left feeling scarred/damaged	Overwhelmed with contempt	Doing your best / Regret and temporal best / Regret / Doing her temporal best / Resilience and self-care / Regret
	1	2	4	5	6	6	7	8	11	11	1	2	3	3	4	4	5	6	7	7	7	7	8	8	8	9	9	10	10	11	11	1 / 2 / 3 / 5 / 9 / 10

Note 1. Group experiential theme (GETS) descriptions have been reconsidered and re-worded to better capture the emerging sense and meaning.

Note 2. A further analysis and clustering of the grouped subordinate themes captures the overarching experiential messages, which then become the SUBordinate themes of each GET

Previous Superordinate theme description (GETS)

New Superordinate theme description (GETS)

No.1	FEELING DISEMPOWERED		FEELING DISEMPOWERED - ORGANISATIONAL CONTEXT
			"a tsunami of students"

Extract from 5th analysis s...

Organisationa...

Interview Number	Phenomenological descriptions - grouped	Subordinate Themes	Experiential statements - grouped
5	Disempowered by emotional impact	Lack of support	a bolt out of the blue, overwhelmed
6	Disempowered by emotional impact	Feeling unsupported	a bolt out of the blue, overwhelmed
6	Disempowered by emotional impact	Burden of empathic concern	a bolt out of the blue, overwhelmed
7	Disempowered by emotional impact	Confidence undermined	a bolt out of the blue, overwhelmed
4	Feeling undermined by management	Management fearful	anger, frustration, at the mercy of mgmt
4	Feeling undermined by management	Therapeutic process undermine	anger, frustration, at the mercy of mgmt
6	Feeling undermined by management	Guarding emotions	anger, frustration, at the mercy of mgmt
6	Feeling undermined by management	Feeling used, manipulated	anger, frustration, at the mercy of mgmt
11	Feeling undermined by management	Lack of trust	anger, frustration, at the mercy of mgmt
11	Feeling undermined by management	Self-support	anger, frustration, at the mercy of mgmt
11	Feeling undermined by management	Confidentiality muzzle	anger, frustration, at the mercy of mgmt
1	Lack of practical support	Need for a second GC	anger, frustration, grasping at straws
2	Lack of practical support	Powerless when overstretched	anger, frustration, grasping at straws
2	Disempowered when student referred	Powerless after referral	anger, frustration, grasping at straws
5	Disempowered when student referred	Working in the dark	anger, frustration, grasping at straws
7	Lack of practical support	Needing support	anger, frustration, grasping at straws
7	Lack of practical support	Feeling a gap in training	anger, frustration, grasping at straws
6	Lack of emotional support	Sense of inadequacy	anger, frustration, overwhelmed
6	Lack of emotional support	Pressure of expectation	anger, frustration, overwhelmed
11	Lack of emotional support	Vulnerability	anger, frustration, overwhelmed
8	Lack of practical support	Need to use supports	grasping at straws
8	Lack of emotional support	Need for second GC	grasping at straws
2	Lack of emotional support	Powerless to feeling guilty	guilty
1	Disempowered by emotional impact	Self awareness	overwhelmed, a tsunami of students
5	Lack of emotional support	Regret	overwhelmed, a tsunami of students
11	Disempowered by emotional impact	Managing emotions	overwhelmed, a tsunami of students
11	Lack of emotional support	The vulnerability of a GC	vulnerable, at the mercy of management...

Emerging Group SUBordinate themes

1 **Needing Support** *"Grasping at Straws"*

2 **Feeling Vulnerable** *"At the Mercy of Management"*

Sheet1

Appendix P

Ollscoil Chathair Bhaile Átha Cliath
Dublin City University

DCU

Ms. Clare Finegan
School of Nursing, Psychotherapy and Community Health

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Dr. Mary Farrelly
School of Nursing, Psychotherapy and Community Health

9th December 2020

REC Reference: **DCUREC/2020/233**

Proposal Title: **The Irish school Guidance Counsellors' experience of a student suicide.**

Applicant(s):   **Ms. Clare Finegan, Dr. Evelyn Gordon, and Dr. Mary Farrelly**

Dear Colleagues,

Further to expedited review, the DCU Research Ethics Committee approves this research proposal.

Materials used to recruit participants should note that ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee.

Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made to the REC.

Yours sincerely,

Geraldine Scanlon

Dr Geraldine Scanlon
Chairperson
DCU Research Ethics Committee

DCU
Research & Innovation

Letter of approval from DCU Research Ethics Committee