A violation of coherence: A narrative inquiry study of firefighters' experiences of exposure to suicide

Tara Jane Lal

Bachelor of Science Honours (Physiology), University of Edinburgh, UK

Bachelor of Applied Science Physiotherapy, University of Sydney, Australia

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Abstract

Emergency service workers are routinely exposed to potentially traumatic events involving sudden violent deaths, including suicide, in fulfilling their occupational roles. Yet, firefighters are a unique population of emergency service workers whose primary purpose is to protect life. How, then, do they experience the intentional act to end life when a person has died by suicide? The profound impact of exposure to suicide is well documented in the empirical literature, particularly in light of close relationships. However, exploration of the breadth and complexity of exposure in an occupational context is limited, particularly in those without an attachment relationship to the deceased, such as the experience of firefighters.

This doctoral study explores the experiences of firefighters exposed to suicide situated within the unique cultural and organisational context of firefighting, examining how firefighters live with and through the experience of exposure to suicide in their personal and professional lives. The study is grounded in narrative inquiry methodology, using a qualitative reflexive paradigm with an insider researcher perspective. In-depth semi-structured interviews elicited the stories of 20 firefighters based in Australia who had been exposed to suicide occupationally and personally. A reflexive thematic analysis was used to draw out meanings across and within the shared stories of firefighters.

The results of the analysis generated four themes collectively describing the lived experiences of firefighters exposed to suicide. The first two themes tell of the experience of exposure to suicide and how that exposure poses a threat to firefighters' understanding of the world. This details the conflicts and discrepancies in the truth about the expectations and realities of the world firefighters exist within. The results show how exposure to suicide occurs in a liminal space triggered by not knowing why a person has died by suicide and the uncertainty this creates about the world around them, given the cultural nuances of control associated with firefighting as a profession. The final two themes reflect firefighters' internal experience of exposure to suicide brought about by disruptions to temporality. 'Fears for the future' identifies how suicide is experienced as a threat to firefighters' sense of safety, whilst 'Reflections of the past' captures how suicide is experienced as a retrospective reckoning, which is interpreted as a failure to protect life and an ultimate threat to a firefighter's identity.

The study concludes that firefighters' experiences of exposure to suicide can be understood as a violation of coherence that disrupts their familiar ways of understanding and being in the world. The results of the study situate a discussion about the philosophical and psychological theories that may better inform firefighter suicide exposure preparedness. Strategies are highlighted to better support those working within the field and enhance ways to offer postvention support to these first responders.

Certification

I certify that the ideas, results, analyses, and conclusions reported in this thesis are entirely my own effort, except where otherwise acknowledged. I also certify that the work is original and has not been previously submitted for any other award, degree, or qualification.
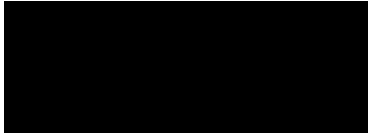
Tara Jane Lal   Date

Dedication

To every firefighter or first responder who has been impacted by suicide. This is for you because your voice matters. Keep telling your stories. The world needs to hear them for they hold the authentic wisdom of the voice of lived experience that allows us to understand. Only then can we protect you, as you protect us.

Acknowledgements

To all my wonderful friends. There are too many to mention. It has been you who have afforded an ecosystem in which I and this work could grow.

As I said, it takes a community to bring a PhD into the world, and a part of that community was my dog, Nelson, who was the beating heart next to mine throughout the last 18 months of this ever-so-challenging journey. He kept me sane, he caught my tears, and he brought joy when it all seemed dark.

Most importantly of all, I want to thank every single firefighter who had the courage to tell me their story. They were my teachers. It was, and always will be, a privilege to be entrusted with what was personal and often painful to them. I hope that this work and what lies beyond it does justice to their stories.

Trigger Warning

This thesis is grounded in firefighters' stories of exposure to suicide and my interpretation of those stories. There are instances where, to clearly articulate the significance and meaning of the narratives, the details surrounding a suicide death have been retained. For any reader, regardless of your professional background, there is potential for some of the content to trigger memories and cause distress. Please be kind to yourselves; take time to process what these words mean to you beyond the academic meaning. Reach out for trusted non-judgemental support and a safe space to be seen, heard, and cared for. If you are highly distressed and have thoughts of suicide, no matter where you are in the world, please go to the international association of suicide prevention website (https://www.iasp.info/suicidalthoughts/). Here you can search for a crisis helpline near you. Go gently as you walk this journey with me and my participants.

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Glossary of Terms

Term	Definition
Exposure to suicide	An inclusive term that captures not only family members, friends, and colleagues but also community members, acquaintances, first responders, and those exposed to the scene of a suicide.
Suicide survivor	Describes those who are impacted by the suicide death of someone known to them. A term predominantly used in North America.
First responder	An inclusive term that captures any individual or organisation that may be first on scene at a crisis or an emergency situation.
Emergency service worker	Refers to firefighters, police officers (law enforcement officers), and paramedics (ambulance personnel), and may include paid and volunteer workers. In the United States, police officers are referred to as law enforcement officers and the term emergency medical technician (EMT) is used to denote emergency service workers providing emergency medical care, which can include firefighters.
Peer support officer (PSO)	A permanent or on-call firefighter who volunteers their time to support their peers who may have been impacted by exposure to trauma or who are struggling with their mental health. PSOs have basic training in group and individual crisis intervention and mental health first aid. Some also have training in suicide prevention.
Permanent firefighter	An employee of Fire and Rescue NSW whose main employment is as a professional firefighter. Predominantly based in urban areas.
On-call firefighter	An employee of Fire and Rescue NSW for whom firefighting is a secondary role. On-call firefighters are predominantly based in regional areas and respond from their homes via pager to emergency incidents.
Senior firefighter	A firefighter with a minimum of seven years' experience as a permanent firefighter.
Station officer	The officer in command of a permanent crew at a fire station. The number of firefighters under their command will vary from three to five.

Captain	The officer in command of an on-call crew at a regional fire station that is not staffed on a 24-hour basis.
Leading station officer	A rank between station officer and inspector that can only be filled by a permanent firefighter in training to become an inspector.
Inspector	A permanent firefighter rank above that of a station officer. Operationally, an inspector may be in a duty commander role with several stations coming under their command.
Duty commander	An inspector level role who fulfils an operational role commanding a designated area with oversight over several stations. Will take command at large scale incidents.
Superintendent	A permanent firefighter rank above inspector. May fulfil many predominantly non-operational roles within Fire and Rescue New South Wales (NSW).
Community first response	A fire station in a regional area that fulfils primary medical response capabilities.
Rescue operator	A firefighter who has received additional training in rescue operations that increases the likelihood of attending the scene of suicides.

Chapter 1.
An Untold Story

A firefighter's role is dedicated to saving and protecting life. So, what does it mean to a firefighter when they are confronted with the intentional act to end life?

A survey of 800 professional firefighters in Fire and Rescue NSW, Australia, found that more than 7% reported an incident involving suicide, self-harm, or murder as the most distressing event they had attended during their career (Paterson et al., 2012) even though such incidents represent only a small proportion of critical or traumatic incidents they attend.

1.1.   Statement of the Problem

Globally, over 700,000 people take their own lives every year (World Health Organization, 2021). Based on current research, up to 135 people are directly impacted by every suicide death (Cerel et al., 2013; Cerel et al., 2019). Therefore, over 95 million people worldwide are impacted by suicide every year. The adverse effects of exposure to suicide on psychological and social wellbeing, as well as subsequent risk of suicide, are well documented and known to extend beyond those with a close relationship to the deceased, significantly affecting those who are exposed in an occupational context (McDonnell et al., 2022).

First responders, including firefighters, police officers, and paramedics, are routinely exposed to high levels of trauma, such as sudden, violent, unexpected deaths and suicide. Firefighters represent a culturally unique vulnerable population due to high rates of exposure to trauma (Geuzinge et al., 2020), high levels of occupational and organisational stress (Bolzon & Nalmasy, 2021; Carleton et al., 2020), and mental ill health (Lawrence et al., 2018), as well as high levels of exposure to suicide (Kimbrel et al., 2016; Stanley et al., 2015). There is evidence that cumulative exposure to suicide is associated with adverse psychological, behavioural, and social outcomes (Aldrich & Cerel, 2022; Maple et al., 2019). In addition, evidence suggests that the impact of exposure to suicide is qualitatively different to other sudden, violent, and unexpected modes of death (Jordan, 2017; Kõlves & de Leo, 2018). However, little is understood about the nature of these experiences in specific occupational groups.

Research suggests that following exposure to suicide, there is a complex interplay of grief, shame, and trauma reactions that interact within the social, cultural, and experiential world of the individual to influence the unique experience of the individual exposed (Dyregrov, 2011). The need for culturally situated research (Colucci, 2006; Colucci & Lester, 2012) that seeks to understand reactions to suicide death in vulnerable populations (Hjelmeland & Knizek, 2010; Maple et al., 2017) in those who do not seek help, and where there is a non-familial relationship (Maple et al., 2018) has been clearly identified. A 2021 narrative scoping review of research into the impact of occupational exposure to suicide highlighted the current lack of research in first responder populations and the need for qualitative, in-depth investigations in these populations to enable a better understanding of how individuals subjectively make meaning from these experiences (Lyra et al., 2021).

The way that people make meaning from their experiences can provide important in-depth understanding as to why some people are deeply affected by these experiences whilst others are not (Park, 2010), offering insight into the origins of resilience as well as illness, distress, and growth in response to trauma and suicide. There is, however, no research that is situated within and informed by the unique cultural and organisational world of firefighters that explores their individual, interpersonal, and collective experiences of exposure to suicide both occupationally and personally.

1.2. Significance

Suicide postvention is prevention (Jordan, 2017). It is the support offered to individuals and communities impacted by suicide that aims to mitigate and minimise its deleterious effects on health and wellbeing. Postvention is recognised as an essential part of any suicide prevention strategy (World Health Organization, 2014). In Australia, it has been recommended that every first responder organisation has clear guidelines and specific resources for the provision of services in the wake of suicide exposure (Beyond Blue, 2016). However, there remains a lack of culturally situated resources for firefighters to support them following exposure to suicide, with no high-quality evidence for postvention programs in this unique population. If we are to design and implement effective suicide postvention services for firefighters, it is essential to understand the nature of their experiences and what exposure to suicide means to them.

To do this, we must explore the complex and interconnected nature of cultural, organisational, social, relational, and individual factors that influence the impact of exposure to suicide on

firefighters. Only with this understanding can we develop effective services to support firefighters and other first responders in the wake of exposure to suicide and develop truly comprehensive suicide prevention strategies.

This research, therefore, aims to address the need for high-quality qualitative research in this distinctive at-risk population.

1.3. Purpose

The purpose of this research is to:

1. Explore firefighters' experience of exposure to suicide from an insider perspective.
2. Contribute to an enhanced understanding of how suicide differs from other traumatic deaths.
3. Provide insight into how the cultural and organisational context influences experiences of exposure to suicide.
4. Use the findings to develop suicide postvention resources, guidelines, and programs for firefighters.

1.4. A Qualitative Paradigm

A qualitative research paradigm encompasses a whole of world 'big question' philosophical and methodological approach that seeks to understand the complex and context-bound nature of human experiences, behaviours, and social phenomena (Creswell & Poth, 2016). It emphasises in-depth exploration, interpretation, and subjective meaning making using methods such as interviews to gather rich and nuanced data (Liamputtong & Ezzy, 2005). Such qualitative methodologies represent a 'bottom-up' research approach driven and directed by an understanding of lived experience. The need to prioritise an increase in knowledge from those with lived experience of exposure to suicide has consistently been acknowledged in the literature (Andriessen et al., 2017; Dyregrov, 2011; Maple et al., 2016).

The qualitative paradigm is best suited to research such as this, which aims to explore intricate aspects of human emotions, motivations, cultural dynamics, and social interactions that cannot be captured by quantitative measures. It enables us to make sense of the complexity of human lives by bringing together layers of understanding about culture and context, individual embodiment, and experience related to emotions, thoughts, attitudes, ideas, and relations to

other people (Etherington, 2020). Such an approach helps to uncover complex insights into the psychological, emotional, and social toll that exposure to suicide can have on firefighters, contributing to a more holistic and nuanced understanding of this critical issue. Qualitative methodologies are particularly useful in exploratory research where little is known about the phenomenon or experience under investigation, as is the case for firefighters exposed to suicide.

Firefighters often navigate emotionally intense and unique situations, including exposure to suicide, and their response to such incidents encompasses a range of emotions, coping mechanisms, and psychological dynamics that quantitative methods alone cannot adequately capture. Historically, research in the field of exposure to suicide has been dominated by quantitative studies that seek to explain events in terms of cause and effect, to predict and control reality, and to create an objective truth that can be proven or disproved. There has been little focus on the sociocultural aspects of exposure to suicide (Colucci, 2006). Explanatory research based on a biomedical model does not help us make sense of the complexity of human lives (Etherington, 2020) or capture the rich texture and depth of human experience (Hjelmeland & Knizek, 2010).

Quantitative methodologies that emphasise group differences ignore individual variances and, thus, do not afford respect for the heterogeneity and diversity of experience within those exposed to suicide. This issue is highlighted in the suicide exposure research that has consistently found no difference between groups of people exposed to suicide loss compared to those exposed to other forms of violent or unexpected death when quantitative outcome measures are used (Sveen & Walby, 2008). However, research using qualitative methodologies has consistently reported subtle yet significant differences between the experience of exposure to suicide and exposure to other forms of violent or unexpected death (Jordan, 2017; Jordan & McIntosh, 2011; Kõlves & de Leo, 2018). This is largely because quantitative methodologies cannot explain the interplay between multiple factors or the influence of social, historical, and cultural context (White et al., 2015, pp. 20–21).

The need for a better understanding of cultural and social factors specific to vulnerable groups in the suicide literature is now well documented (Colucci, 2006) and would enable more targeted intervention (Dyregrov, 2011). Whilst the most valuable approach combines both qualitative and quantitative research, given the significant imbalance in the research literature on suicidology to date, there is a distinct need for purely qualitative research studies

(Hjelmeland & Knizek, 2010) such as this to address the lack of understanding of suicide exposure from a humanistic and person-centred perspective (Hjelmeland & Knizek, 2010).

1.5. Research Question

Considering the significance of this research and the value of a qualitative paradigm for addressing the research problem that has been identified, the overarching research question guiding this project is:

> How do firefighters live with and through the experience of exposure
> to suicide in their personal and professional lives?

At the heart of the research question is an exploration of human experience grounded in epistemological and ontological principles that depict the existence of multiple realities and 'shifting truths' (Hunter, 2010). Knowledge and meaning are derived through the interaction of humans with objects in the world via a subjective and complex combination of individual, organisational, societal, historical, and cultural experiences. Thus, reality and epistemological knowledge are co-constructed between the researcher and those being researched and shaped by individual experiences. Hence, I, as the researcher, and the research participants cannot be separated from an objective reality. We are in it – subjectively creating, interpreting, and influencing it. I, as the researcher, am inside the field being studied, influencing it (Etherington, 2017, 2020). An insider researcher is defined as someone who conducts studies with populations and communities of which they are also members (Kanuha, 2000) and, therefore, possesses an a priori intimate knowledge of the community and its members (Wilkinson & Kitzinger, 2013). My positioning as an insider researcher brings a unique lens to this research, revealing subjective truths of participants within their social context (Wang & Geale, 2015) and facilitating a rich understanding of firefighters' experiences of exposure to suicide.

To respect and acknowledge my position as an insider researcher (Dwyer & Buckle, 2009) and to stay true to myself and my way of being in the world, I use the terms 'we' and 'our' throughout this work to denote myself as a firefighter who has been exposed to suicide both personally and professionally, and to acknowledge that I am embedded within the research process (Wilkinson & Kitzinger, 2013).

1.6. Positioning of Myself as an Insider Researcher

My own life narrative guided me to this research and shaped the lens through which I chose to approach it. My story reflects and informs every step of this research, from the intention and desire to conduct the research, to the research question and design, the ontological and epistemological underpinnings, and the knowledge generated. From the outset, then, it is essential that I tell you my story – that I open my world to you so you can come to know me. In so doing, I invite you to step into the co-creation of this story between myself and my participants and travel with us as trusty companions on this journey.

As I sit at home writing this, in my study on the southern beaches of Sydney, Australia, I reflect on my life and the convoluted journey that led me here and to this research. There is a deep sense of unity and alignment, a coming together of all my personal, occupational, and academic experience to generate the knowledge that has come from this work.

To start at the beginning, I was born in London, England, in 1971 to a White British mother and an Indian father, the youngest of three children. My sister, Jo, was the bossy, dominant, eldest child. My brother, Adam, was in the middle. He was smart, handsome, and gifted in every way, a deep thinker with a huge social conscience. I was a shy and sensitive child, always keen to please. I did not realise it at the time, but my childhood was scarred by grief and trauma. It is only now that I can see how much my childhood experiences impacted my ability to form healthy relationships and have a family of my own. I have never married and do not have any children, not of the human variety, anyway, just a furry Labrador named Nelson. My father, Shivaji, also had a traumatic childhood and suffered lifelong mental ill health, which involved severe depression, episodes of psychosis, and recurrent suicidal ideation, requiring several hospital admissions. He was an academic, a senior lecturer in physiology at Kings College, London, retiring early due to his ill health. My mother was a social worker and the backbone of our family. When I was 8, she was diagnosed with cancer. She passed away when I was 13, triggering my father to have a psychotic episode that required a lengthy hospital admission. My brother (15), my sister (17), and I remained in our family home trying to process our grief. I held on to my brother, avidly loving him and clinging to him to give me some semblance of safety. We developed a unique and special bond, supporting, nurturing, caring. When I was 17, he took his own life whilst in his first term at Oxford University. The scaffolding that held my

life together was obliterated. It was my brother's death that defined a 'before and after' in the way I experienced the world, who I was as a person, and who I became.

Following his death, the world no longer felt safe or trusted. I became anxious, grief-stricken, fearful, and lost, and I was haunted by the question, 'Why?' I desperately sought safety, solidity, and wholeness. I wrote to a friend, 'I don't want to die, but I don't know how to live.' I would spend the next 15 years in survival mode, trying to outrun the pain and grief that lay within.

My academic journey, in many ways, mirrored my personal journey. As a young, fresh-faced undergraduate, I was awarded a place at Edinburgh University in Scotland to study physiology. I held a fascination for the human body and was intent on 'finding answers' to how the body worked. I liked what I perceived to be the absoluteness of science, the certainty, the black and white, and the sense of security that came with it. It suited my way of 'being' in the world. Ambiguity was not an option I had any desire to entertain, for I experienced uncertainty as a threat to my safety and ability to function in the world. After completing my degree, I travelled and moved to Australia in 1995, trying to get away from the pain of my past. I wanted to help people, for that was what gave me a sense of self-worth. I went back and studied physiotherapy at Sydney University. Whilst working as a physiotherapist, I began to question the absoluteness of the Western scientific approach to health and a cartesian model as a basis for treatment in the allied health professions. My patients would talk to me whilst I treated them. They would tell me their stories. They were not an 'object', an isolated body part. They were a whole person, deeply embedded in their physical, emotional, and cultural environment. Their experience of pain and recovery was influenced by the therapeutic relationship I had with them, by their emotional landscape, and by their own history, to name just a few. I started to question and see the limitations of an approach that relied almost entirely on randomised control trials as a valid basis for treatment in physiotherapy. I started working in chronic pain, and it became obvious that to be effective, there could be no cartesian mind-body split. It *was* and *is* complex and messy. Whilst there were elements of sameness, there were also immense differences in the experiences of everyone I treated. There was so much that could not be explained by a modern scientific approach to health that privileges empirical, quantitative evidence and actively denies the humanness of our experience within the world. I needed and wanted to understand my patients' experiences from a multidimensional holistic perspective.

It was whilst working as a physiotherapist in my early 30s, and triggered by the ending of another dysfunctional relationship, that I began my own personal journey of healing. A

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convoluted path that would weave its way through the next two decades of my life as I tried to make sense of myself and my story. With the support of a psychologist, and later a psychotherapist, I revisited my childhood, peeling back the layers of myself that I had created in an unconscious attempt to keep myself safe. It was effortful, painful, and challenging, and it involved me writing my entire life story as well as engaging in many other creative and diverse ways to better understand myself and my life.

Several years into my own therapeutic journey, in 2009, I sat on my psychologist's couch in Avalon on the northern beaches of Sydney. Sue, my psychologist, commented, 'You're very sword-like, Tara. You need to learn to sit in the soup, the soup of uncertainty.' I did not meet this with a large degree of enthusiasm at the time. I recall an inwardly directed eye roll and a sense of 'Really? Do I have to?' I would spend the next decade and beyond learning to 'sit in the soup' and the associated discomfort. I came to understand how the 'sword' gave me some fragile semblance of control and certainty. Positivism, science, and answers were my sword in my academic and professional life.

It was only through my time working as a physiotherapist and in tandem with my own personal journey to healing that I loosened my grip on the sword, and my entire worldview shifted. I started to perceive the world from a place of 'knowingness' of myself and my truth, which afforded a gentle solidity and grounding, a knowingness from within as opposed to any attachment or need for a knowingness from without. I could let go of the sword and embrace the soup.

As I did so, my world opened. No longer constrained by the chains of my past, I could feel my true self emerging, my natural curiosity and thirst for adventure. I recalled a careers survey I had taken back in 1994 that suggested I become a firefighter. I craved working in a team, within a community, and I felt disillusioned with the rigidity and limitations of working within the physiotherapy profession. Into the soup of the unknown I dived, changing the course of my professional life. In 2005, I became a permanent firefighter with Fire and Rescue NSW, joining the critical incident and peer support team in 2011. In my role as a peer, and through working with firefighters for many years, I repeatedly heard their stories of trauma and suicide. I saw their distress and pain, how it both mirrored and differed from my own. The challenges they faced with understanding and making sense of suicide were, at times, palpable, and they would turn to me for answers. During this time, I was myself exposed to suicide occupationally as a firefighter, and I experienced a visceral reaction that unravelled further layers of trauma. These

occupational experiences not only led me to want to conduct this research but also significantly influenced the derivation of the research question.

They also contributed to me embarking, in 2009, on writing what began as an ode to my brother and his life but morphed into my own life story and a journey to try to make sense of myself, my life, and my experiences. It later became an autobiographical book, which was published in 2015, translated into French and Mandarin, and went into a second edition in 2021. It tracks my own experiences of grief, trauma, and suicide. In many ways, it led me to rescript the story of my own life. It has been said that trauma can destroy the substance of the self-narrative and that healing evolves through narrative reconstruction in search of coherence (Levi-Belz, 2015; Neimeyer, 2014). I knew nothing about narrative theory and trauma when I wrote my book, but these words, which I only came to when conducting this research, resonated with my own experience at a fundamental level. Perhaps that is why coming across narrative methodology was like putting on my most trusted old pair of walking boots to travel with and support me as I navigated the rocky terrain of qualitative research.

My professional life also evolved during this time, building academic understanding and knowledge in the fields of mental health and trauma. I managed the psychological wellbeing program at Fire and Rescue NSW in 2014 and became a Mental Health First Aid instructor in 2015. I assisted a doctoral student with a randomised control trial on the use of an online mindfulness program to build resilience in firefighters, which reinforced how this approach did not 'fit' with the way I perceived the world. I also participated in several postgraduate research programs, the co-design of the NSW post-suicide support initiative, and the development of a suicide postvention resource for Fire and Rescue NSW.

All aspects of my personal, professional, and academic growth contributed to a fundamental shift in my own worldview and my epistemological and ontological beliefs. It saw me shift perspective from science, positivism, and a desire (verging on a need) for absolute truth towards an intuitive 'sniffing out' of narrative qualitative research, finding joy rather than fear, in the inherent 'messiness' and ambiguity of it. I had now let go of the sword and embraced the soup.

At the start of 2018, after an 18-year hiatus from formal academic study, I embarked on my PhD as a complete novice to qualitative research. The very fact that I was an insider led me intuitively to my research question, for it lit the candle of passion. There was a deep desire to

know more, to look beyond my own truth, to really understand how it was for others, to hear firefighters' voices and to co-create new knowledge.

The notion that any research that I undertook could *not* be influenced by me as a researcher sat deeply at odds with my own worldview. To me, it seemed obvious that being an insider in my research would shape, sculpt, and influence every step of the research process. I am an insider on two levels in my research, being a professional firefighter employed by Fire and Rescue NSW with 18 years of experience at the time of writing and having attended incidents involving suicide and, as previously mentioned, I lost my brother to suicide, when I was 17. In short, I am a part of the population group I am studying.

1.7. Thesis Overview

I hope this thesis takes the reader on a journey that begins with the origin and need for this research, moving then to what is already known, how it is oriented, planned, and conducted, and finally to what I found and what it all means. The following summarises each chapter to provide a snapshot of what to expect: a route planner for the journey ahead.

Chapter 1: An Untold Story

This chapter introduces the thesis, the problem, why it is important, its significance, and its purpose. It begins by outlining that exposure to suicide has a profound impact on our health and wellbeing. Firefighters are a vulnerable population with high levels of exposure. It is not known what this means or how it impacts them. This sets the scene for the purpose of this research. It is then explained why qualitative research best addresses the problem. The chapter concludes by introducing me and my positioning as an insider researcher. It tells the story of where and why it all began and how my own worldviews influence every aspect of this research.

Chapter 2: Literature Review – The Story so Far

This chapter locates the research within the current evidence base. It summarises empirical and theoretical literature currently available to answer the research question. It is split into three sections. The first focuses on what we know about firefighters, their organisations, culture, and identity. The second presents the evidence base, which depicts the current understanding of exposure to suicide and its impact, with a focus on military and first responder populations. The third outlines some theoretical concepts related to meaning making and trauma, which can be

used to explore and understand firefighters' experiences of exposure to suicide. The chapter concludes with a summary framing the current understanding and the gap in the research literature regarding the impact of suicide on firefighters.

Chapter 3: Methodology and Research Design

This chapter begins by outlining the research problem identified through the literature review and how it has led to the research question. I then describe the landscape upon which this exploratory journey was taken, depicting this study's ontological, epistemological, and methodological underpinnings. This is followed by the study design, the context or study setting, the data set (i.e., narratives of firefighters exposed to suicide), and my own positionality within this research, how I navigated the challenges, and how my insider researcher positioning influences the knowledge produced.

Chapter 4: Data Analysis – Co-creation of a New Story

This chapter explores the 'why' and 'how to' of my approach to analysing my data (the narratives of 20 firefighters). It begins by introducing reflexive thematic analysis as a way of capturing meanings across the data, which aligns with the ontological, epistemological, and methodological underpinnings of this research. It then takes the reader on the analytic journey, outlining the six-phase analytic process in detail.

Chapter 5: Introducing the Study Results and the Characters in the Story

This chapter begins with a brief narrative demographic description of the participants. It then presents a demographic table of participants followed by narrative profiles of each of the 20 firefighters who participated in the study. The chapter concludes by presenting the results from the data analysis, which reveal what it means to be in the world as a firefighter. The chapter provides a context for understanding the themes generated from the interviews depicted in Chapters 6 and 7.

Chapter 6: Results of Analysis– Threats to Firefighters' Understanding of the World

This chapter introduces two central themes that describe how the experience of exposure to suicide poses a threat to firefighters' understanding of the world. Theme one, 'Conflicting truths – What I thought I knew', depicts the incomprehensibility and perceived discrepancy that firefighters experience between their expectations of life, the world, a person, or a relationship,

and what the experience of suicide means for them. Theme two, 'The liminal space triggered by suicide', captures how firefighters experience the ambiguity and unknowns associated with suicide and how this challenges their worldviews related to control and certainty.

Chapter 7: Results of Analysis – Internal Threats to the Self

This chapter introduces the final two themes generated from the narratives, which describe how the experience of exposure to suicide presents an internal threat to firefighters. The theme 'Fears for the future – it could be me' captures how firefighters can perceive exposure to suicide as an internal threat to themselves and their own future. It depicts a projection out of the present and forward into the future. The theme 'A reflection of the past – Could I have?' captures how firefighters interpret the ambiguity associated with suicide as a failure to protect life, posing a threat to their identity. It portrays how the experience draws firefighters out of the present and into the past. The chapter concludes with a summary of the results of the thematic analysis and each of the four themes that were generated, highlighting how they inform the study aims.

Chapter 8: Discussion – The Meaning of the Story

This chapter explores the evidence analysis prompted by the results. It synthesises the analytic results with existing empirical and theoretical literature to depict the central findings of this doctoral study. Four central findings are presented. 1) The cultural and occupational context defines how firefighters live with and through the experience of exposure to suicide. 2) Exposure to suicide elicits meaning violations that pose fundamental challenges to firefighter worldviews. 3) Exposure to suicide is a traumatic stressor for firefighters. 4) Exposure to suicide is a violation of coherence. The chapter concludes by summarising the central findings and demonstrating how the research question has been answered.

Chapter 9: Implications – Why this Story Matters

This chapter begins by outlining the strengths and limitations of this research. It then outlines how it contributes to existing knowledge and the implications for future research. It then identifies the ways in which the outcomes of this study can lead to knowledge translation specific to firefighter training and postvention support. The chapter concludes with a postscript, which brings the story to a close.

Chapter 2.
Literature Review – The Story So Far

This chapter locates the research within the current evidence base. It summarises the current empirical literature to answer the research question and introduces relevant theoretical concepts. The chapter is split into three sections. The first focuses on what we know about firefighters, their organisations, culture, and identity. The second is about understanding exposure to suicide and its impact, and the third examines concepts related to trauma and understanding the world. The chapter concludes with a summary that frames the gap in the research literature to date regarding the impact of suicide on firefighters and sets up the methodological chapter that follows.

I begin by outlining the process by which the existing literature was searched. Due to the broad nature of the research question and limited evidence within the field of study, a narrative literature review was conducted. A preliminary search was undertaken in 2018 prior to data collection with the aim of capturing the literature across the three broad areas requiring investigation (suicide, exposure, and firefighters). The use of the ProQuest database as well as Google Scholar enabled the identification of grey literature, as these databases are not limited to peer reviewed journal articles. The database CINAHL was also searched to ensure relevant literature was not missed. In addition, hand searching was employed to ensure the most pertinent broader literature was captured. The search strategy was developed in conjunction with a health information expert from the University of New England. The following search string was used: (Firefight* OR Police* OR Paramedic* OR Ambulance OR "first responder*" OR "emergency service" OR Military OR "law enforcement officer*" OR veteran*) AND (Suicid* OR "suicide attempt") AND (Expos*). The first 200 records were screened for relevant papers. The search was repeated on completion of data analysis and was limited to studies published between 1 December 2018 and 30 January 2023 to capture literature published during the term of this research project. An additional search was conducted to the current date (September 2023) to check any further literature. An automated alert was also set up in 2018 through the Fire and Rescue NSW library, which notified me of any new resources published, including books, journal articles and online documents related to suicide, trauma, and firefighters.

The review sought current understanding in the fields of suicide exposure, firefighter culture, and worldviews. During the analysis phase of this research, a more expansive and inclusive

search of the grey literature related to theoretical concepts such as meaning making, narrative meaning, coherence, worldviews, trauma, and suicide was conducted using Google Scholar. Where relevant literature and information were found, specific search terms were then applied to other databases such as ProQuest.

Reviewing the literature was an iterative and evolving process that sought to provide a theoretically informed and located rationale for the research question and design, as well as being informed by the data analysis itself and the themes that were subsequently generated. This process for developing the literature review is integral to reflexive thematic analysis (Braun & Clarke, 2022). It sets the scene for the research by comprehensively summarising what is currently known about firefighters and exposure to suicide to establish a gap in the existing knowledge, as well as to situate and contextualise it within existing knowledge and theory.

The first section of the literature review ('2.1. Getting to Know Firefighters') explores the cultural, organisational, and occupational world of firefighters. The second section ('2.2. Understanding Suicide Exposure and its Impact') explores the current research base on suicide exposure and impact with a focus on military and first responder populations. The third section ('2.3. Conceptual Literature Review') introduces theoretical concepts related to trauma and understanding the world. All these areas of knowledge are crucial to providing a background to this research, enabling the reader to understand why the research question was generated and how it was answered.

2.1.   Getting to Know Firefighters

The first part of this literature review depicts the landscape and culture within which firefighters live. This is integral to setting the scene for this research because culture becomes incorporated into personality, identity, and the fundamental way of being in the world (Colucci, 2006). Therefore, it is essential to afford the reader an understanding of the unique cultural world of firefighters. In this section, I describe the nature of fire service organisations and culture, as well as the similarities and differences between fire services, military, and other emergency services. I then describe how a firefighter's occupation and the organisations they work in shape their worldviews, identity, and ways of 'being'. It is through this unique cultural lens and within this context that the ways in which firefighters live with and through the experience of exposure to suicide can be richly explored.

2.1.1.   Fire Service Organisations and Culture

Fire services in Australia and throughout the Western world are paramilitary organisations, defined as organisations having a military structure and used as a supplementary force to regular troops (Macquarie Dictionary Online, 2023). For this reason, references to research in military populations are made throughout this review, particularly where scant literature exists on emergency services populations. The similarities of fire services with the military are at least in part related to military style management, which relies on a clear chain of command, hierarchy, directives, and orders to protect property and save lives (Moran & Roth, 2013). There is a sense of military preparedness within fire services that necessitates discipline and hardness (Perrott, 2019), and firefighter culture has often been compared to the military as well as other emergency services (Moran & Roth, 2013; Yarnal et al., 2004). Like military populations, firefighter culture is characterised by heroism, courage, bravery, morality, rationality, and a commitment to community welfare (Yarnal et al., 2004). However, there are also significant differences between military and fire services, which relate to differing roles (Van Scotter & Leonard, 2022). Fire services are similar to other emergency services, such as police and ambulance services. Like police, fire service cultures feature a sense of mission, orientation towards action, and a strong code of solidarity (Koch, 2010). Even within the emergency services, though, cultural differences exist. These were highlighted in a study by Scotter and Leonard (2022), who found that fire service organisations are hierarchical cultures that have a focus on relationships, stability, control, and resistance to change (Van Scotter & Leonard, 2022). In contrast, police organisations are defined by a rational culture, and paramedic organisations by a developmental culture (Van Scotter & Leonard, 2022). Such differences alter the landscape in which experiences occur, influencing and shaping identity, thoughts, feelings, and behaviours in nuanced ways.

Significantly, firefighting is one of the most male-dominated occupations in industrialised countries (Perrott, 2019). In 2018, a national survey of Australian emergency services found that 90% of employees in the fire and rescue sector were male compared to 70% in the police sector (Lawrence et al., 2018). Thus, firefighter culture and worldviews are heavily influenced by traditional masculine norms of stoicism, risk-taking, emotional restraint, self-reliance, independence, and avoidance of negative emotions (Henderson et al., 2016). Traditional ideals of masculine roles that value physical and psychological strength, management of fear, and competence are prevalent (Thurnell-Read & Parker, 2008; Van Scotter & Leonard, 2022).

Firefighting is also unique in the context of first responder occupations in the sense that firefighters are often celebrated and defended by the public (Baigent, 2001; Braedley, 2009). They are rarely the victims of workplace violence by those they protect, which is not the case for paramedics and police officers. Such social expectations inform occupational identity. The following section examines firefighter identity, what shapes it, and how it influences firefighters' ways of being in the world.

2.1.2. Firefighter Identity

Work is recognised as a primary source of identity that becomes a salient aspect of who someone is and how they represent themselves to others. It helps construct a self-narrative and is experienced both cognitively and socially (Richardson & James, 2017). Research suggests that the self-images of military and emergency services personnel are largely characterised by high levels of perceived capability and self-efficacy (Solomon, 1989). Their identity has been characterised as inner-directed and action-oriented, with a need to be needed and a desire to be in control of situations and themselves (Mitchell & Bray, 1990). The hierarchical rank structure of fire services, however, perpetuates a locus of control external to the individual (Lentz et al., 2021). Thus, a tension is created between the desire and need for control and an organisational context that, by its nature, defies that need. This is further compounded by high levels of exposure to potentially traumatic events (Harvey et al., 2016; Jahnke et al., 2016), which challenge firefighters' assumptions that the world is predictable and controllable (Cates & Keim, 2016).

Firefighters' identity and self-image are also heavily influenced by their role as community protectors and through appreciation and respect afforded by the public (Thurnell-Read & Parker, 2008). Public perceptions of firefighters as the 'heroes of society' (Perrott, 2019) are defined by traditional notions of masculinity, which inhibit the expression of emotion for fear it will be seen as a weakness (Yarnal et al., 2004). Richardson and James (2017) used an identity tensions framework to highlight how competing discourses of a firefighter's occupational identity and situations that involve emotional expression, vulnerability, or are futile in nature induce tensions and compound trauma (Richardson & James, 2017).

Emergency service workers are motivated by a desire to help others regardless of the circumstances (Cates & Keim, 2016), which may come at the expense of focusing on personal needs (Stanley et al., 2016b). The strong and pervasive role of the 'rescuer' exacerbates post

traumatic stress reactions and can act as a barrier to seeking formal forms of post-incident support (Hill & Brunsden, 2009). Being largely defined by one's role as a 'helper' also means that feelings of helplessness can be particularly distressing for firefighters (Henderson et al., 2016). A study into the experiences of police officers attending scenes of suicide deaths found that helplessness related to the lack of a defined role and the inability to gain any fulfilment from these incidents, compounded distress, and was central to their experiences (Koch, 2010).

It is unsurprising that firefighters' sense of self-worth and value is intimately related to their occupation and is largely asserted by constructions of technical, emotional, and physical competence (Thurnell-Read & Parker, 2008). Demonstrating an ability to meet the physical demands of the job is a way to be of value to the team and is integral to a firefighter's self-worth due to the strong team ethic that exists (Thurnell-Read & Parker, 2008).

Privileging the masculinised and idealised image and culture links to fear of emotional expression (Richardson & James, 2017). There is a historical and pervasive belief amongst firefighters that mental health problems are a sign of weakness (Auth et al., 2022), vulnerability, and failure, resulting in a reluctance to acknowledge and seek help for mental health problems (Auth et al., 2022; Sharp et al., 2015; Stanley et al., 2016b). A 2018 Australian national survey conducted by Beyond Blue found firefighters experienced high levels of shame and embarrassment regarding their own mental health, with 60% of firefighters believing they should be able to pull themselves together (Lawrence et al., 2018a). Such findings speak to how profoundly embedded masculine norms of stoicism and self-reliance are in firefighter culture. Within firefighter culture, there is a pervasive fear that psychological illness may lead to mistrust within the team because such a diagnosis could pose a risk to the personal safety of others at fire calls (Henderson et al., 2016). It is perhaps for this reason that Australian firefighters equated experiencing a mental illness with being a burden on others and were concerned regarding the perceived negative impact on colleagues (Lawrence et al., 2018a). This is significant as research suggests that for firefighters', perceptions of being a burden are a particularly powerful contributor to suicidal behaviour (Hom et al., 2018).

Given the highly masculinised nature of fire services, it is unsurprising that the emotional culture of firefighting organisations is reflected by emotional suppression and avoidance of negative emotions (O'Neill & Rothbard, 2017). Firefighters place great value on the ability to demonstrate emotional control because this ability to prevent strong emotions from encroaching on work is seen as necessary for saving people, preserving firefighter safety, and maintaining

their rationality at jobs (Scott & Myers, 2005). This feeds the common perception that overt expressions of emotion are a sign of weakness (Auth et al., 2022; Yarnal et al., 2004). The process of controlling feelings is associated with high emotional labour and has been found to be associated with increased suicidal ideation among firefighters (Park et al., 2019). Such behavioural norms, the underlying values and assumptions that guide expression (or suppression) of specific emotions, and the appropriateness of displaying these emotions reflect the emotional culture of fire service organisations (O'Neill & Rothbard, 2017).

2.1.3. Team Bond and Ethic

One of the defining aspects of firefighter culture is the focus on relationships (Van Scotter & Leonard, 2022). There are inherent risks associated with being a firefighter; all firefighters are reliant on each other to stay safe. This mutual exposure to risk and the shared responsibility for each other's safety engenders a strong sense of peer group responsibility, collective obligation, and solidarity (Thurnell-Read & Parker, 2008). These strong team bonds contribute to social cohesion and group unity (Crosby, 2007; Henderson et al., 2016; O'Neill & Rothbard, 2017).

Furthermore, full-time firefighters (but not on-call firefighters, who respond from their place of residence) effectively 'live' with each other for the duration of a 24-hour shift, so the station becomes a second home, contributing to the formation of a strong, cohesive bond with peers (Crosby, 2007; Van Scotter & Leonard, 2022). This may be protective, providing a solid support network and a safe forum for the expression of emotions that firefighters may feel are inappropriate in the outside world (Yarnal et al., 2004). However, this reliance and trust in fellow firefighters can also contribute to an isolating experience from the broader community as firefighters become less likely to talk to anyone outside of the occupation (Henderson et al., 2016). An Australian survey found that 87% of firefighters would turn to a peer in the first instance if they were struggling (Paterson et al., 2012). Emotional disclosure between firefighters serves to further develop strong friendships and bonds (Yarnal et al., 2004).

An important characteristic of the emotional culture of fire services is 'joviality' and 'companionate love' (O'Neill & Rothbard, 2017). Humour aids in the formation of bonds between firefighters (Moran & Roth, 2013; O'Neill & Rothbard, 2017; Scott & Myers, 2005) and is used to help firefighters cope with work-related stress (Moran & Roth, 2013). It has been found that there is an awareness and sensitivity to the confidence of colleagues such that although humour is prevalent, there is a lack of heavy derogation, ridicule, or humiliation, which

is often present in male-dominated occupational settings (Thurnell-Read & Parker, 2008). However, humour can be ostracising for individuals who are vulnerable (Moran & Roth, 2013).

The strong bond within teams also exacerbates the impact of a colleague's death on fellow firefighters compared to the death of a co-worker in other occupational groups (Henderson et al., 2016). Humour cannot be used in such situations, further compounding the impact (Hill & Brunsden, 2009). Whilst close bonds are a characteristic of firefighter culture and are known to be protective against the impact of exposure to workplace stress and traumatic events, there is significant distrust between operational (uniformed) firefighters and management (Thurnell-Read & Parker, 2008). Management includes non-uniformed personnel and those of a higher rank who are not engaged in active firefighting. There is also scepticism related to organisational change (Thurnell-Read & Parker, 2008). A recent systematic review has shown that the sources of supportive relationships differ in different high-risk occupational groups, and some relationships within organisations can generate stress and cancel out the effect of positive social support. This is particularly impactful for firefighters and other high-risk professions where great importance is placed on the conviction that others 'have your back' such that betrayals of trust may be more acutely felt (Geuzinge et al., 2020). However, some research suggests that transformation in fire services is occurring as they shift towards a more management-oriented and community-focused approach with a concurrent de-masculinisation of firefighter culture (Thurnell-Read & Parker, 2008).

2.1.4.   Occupational and Organisational Stress

A firefighter's world, their perceptions (Cates & Keim, 2016), and how they interpret events in their lives (Bryant & Guthrie, 2005) are also significantly influenced by the high levels of occupational and organisational stressors that they are continually exposed to (Carleton et al., 2020). High levels of exposure to potentially traumatic events, known as critical incidents, is one of the most significant occupational stressors for firefighters. These are defined as events that have the potential to cause an individual or group of individuals to feel overwhelmed by and unable to cope effectively with the experience (Mitchell & Bray, 1990). The literature identifies that approximately 95% of firefighters in Fire and Rescue NSW have had exposure to some potentially traumatic event (Harvey et al., 2016), and half of fire and rescue employees in Australia report having experienced a traumatic event at work that deeply affected them (Lawrence et al., 2018a). Research in Australia has demonstrated a positive linear relationship between the total accumulated occupational trauma exposure and the risk of post traumatic

stress disorder (PTSD), depression, and heavy drinking (Harvey et al., 2016). Firefighters who had experienced more than 20 traumatic incidents involving fatalities had four times the rates of PTSD as less exposed firefighters and significantly increased levels of depression and heavy drinking (Harvey et al., 2016). Similarly, another study of firefighters found that repeated trauma was associated with increased risk of PTSD, other mental health disorders, sleep disorders, and substance abuse, as well as decreased fear of death and increased physical pain tolerance (Henderson et al., 2016). The largest-ever survey of emergency service workers' mental health and wellbeing was conducted in Australia in 2018. The results revealed that 33% of Australian emergency services personnel have experienced a diagnosable mental health condition compared to 20 % of the general population (Lawrence et al., 2018a). Within the Australian fire and rescue sector, rates of distress are three times higher than in the general population (Lawrence et al., 2018a), and in Fire and Rescue NSW, 14% of firefighters were found to be suffering from probable PTSD (assessed using a modified version of the PTSD screening scale; Lawrence et al., 2018b). PTSD symptomatology is associated with anger and impulse control issues and binge drinking, all of which were shown to be high in the fire and rescue sector (Lawrence et al., 2018). Furthermore, traumatised firefighters have been shown to display exaggerated negative appraisals about themselves and their world (Bryant & Guthrie, 2005). All these factors likely contribute to high rates of bullying and harassment and other organisational stressors (Bolzon & Nalmasy, 2021) that influence the cultural and organisational context in which firefighters' experiences of exposure to suicide occur.

Another aspect of occupational stress for firefighters is exposure to potentially morally injurious events. Whilst there is no consensus definition of moral injury, Litz and colleagues (2009) define potentially morally injurious events as those that entail 'perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations' (Litz et al., 2009, p. 697). Morally injurious events are known to have a negative impact on mental health and wellbeing (Griffin et al., 2019). Although moral injury has most commonly been associated with military populations, recent research has demonstrated that it is as prevalent for firefighters as it is in military populations (DeMoulin, 2022). A survey of 479 United States firefighters found that 56% had experienced a morally injurious event, such as mass shootings, evidence of abuse, injured children, and a failure to call out colleagues making mistakes on the job (Schimmelpfennig & Anderson-Fletcher, 2023). Additional qualitative results from this survey evidenced themes related to management/leadership

failures, toxic organisational cultures, and department policies that contributed to moral injury for firefighters (Schimmelpfennig & Anderson-Fletcher, 2023).

Increasingly, research suggests that these types of organisational stressors have as much, if not more, impact on the mental health of emergency service workers than exposure to potentially traumatic events (Carleton et al., 2020). High rates of organisational stress related to bullying and harassment, lack of support from leadership, and poor workplace culture have been demonstrated in first responder populations (Bolzon & Nalmasy, 2021). This is combined with high occupational stress related to sleep disturbance (Vargas de Barros et al., 2013) and strain on relationships (Stanley et al., 2018) caused by shift work (Regehr et al., 2005). It is evident from the research literature that there are many stressors that firefighters are exposed to that influence their mental health and wellbeing beyond exposure to potentially traumatic events. For this reason, the term 'cumulative stress overload' has been suggested as a more inclusive term to reflect firefighters' experiences and the impact of their work on mental and spiritual health (Schimmelpfennig & Anderson-Fletcher, 2023). Communal mental health influences organisational culture and the context in which events such as exposure to suicide are experienced.

2.1.5.   Summary of Firefighter Literature

The first section of this chapter has outlined literature that depicts the landscape and culture within which firefighters live and how it shapes their identity and ways of being in the world. In summary, firefighters exist in a paramilitary environment defined by hierarchy, command and control, order, and structure. There is a strong sense of solidarity within teams of firefighters, but this does not extend to management. Firefighters identify as helpers and 'rescuers' and are largely perceived by others as courageous heroes. Their way of being in the world is defined by action and emotional suppression. However, it is also affected by organisational and occupational stressors and high trauma loads that negatively impact their mental health. This definitive and unique cultural context sets the stage for an understanding of the ways in which exposure to suicide can affect firefighters. Section 2.2 reviews the evidence base for current understanding of suicide exposure and its impact. It begins by defining the term 'exposure to suicide' and outlining some definitional and methodological issues involved in studying impact. It then outlines what is currently known from the literature in the general population, with a focus on military and emergency services populations.

2.2. Understanding Exposure to Suicide and Its Impact

Suicide has increasingly been recognised as one of the most ubiquitous public health issues facing the modern world. Globally, over 700,000 people take their own lives every year (World Health Organization, 2021), with suicide rates in Australia rising slowly from 2012 to 2021 (Australian Bureau of Statistics, 2022), consistently remaining at over 3,000 deaths by suicide every year. For every suicide death, it is currently estimated that somewhere between 10 and 135 people are directly impacted (Berman, 2011; Cerel et al., 2013, 2019), including first responders. Substantial empirical evidence demonstrates the negative psychological and, to a lesser extent, social sequelae that result from exposure to suicide in the general population (Jordan, 2017). Significantly less evidence exists, however, in specific occupational groups, particularly first responders, who are commonly exposed to multiple suicides both personally and occupationally (Aldrich & Cerel, 2022). Little is known or understood about the impact of suicide on this unique population (Lyra et al., 2021). The following section explores the current evidence regarding suicide exposure and its impact with a focus on military and first responder populations. It aims to determine what is currently known about firefighters and exposure to suicide, highlighting the significance and need for this research.

2.2.1. Defining Suicide Exposure and Impact

A significant issue that has hampered research efforts in the field of suicide exposure is the lack of standardised terminology and definitions used across the literature (Maple et al., 2018). The term 'suicide survivor' is commonly used in North America to describe those people who have been exposed to and impacted by suicide (Berman, 2011). The term 'survivor', however, has several limitations. It was derived historically from early research that focused on the impact of suicide on those with an attachment relationship to the deceased, where there was a focus on bereavement and grief responses in the wake of exposure (Shneidman, 1973). Furthermore, the term suicide survivor is somewhat ambiguous as it is also used to describe those who have survived a suicide attempt (Andriessen, 2009; Jordan & McIntosh, 2011). The term 'exposure to suicide' is therefore used in this research to denote anyone who has experienced exposure to a suicide death, irrespective of any prior relationship to the deceased, and captures those people who are exposed in an occupational setting, such as first responders where the deceased was not known to them.

The continuum model is the most inclusive, useful, and applicable definitional model that has been developed to date to define suicide exposure and impact (Cerel et al., 2014) as it is not dependent on relationship or closeness to the deceased for recognition of impact. It describes four levels of exposure in a nested model ranging from those exposed to suicide to those affected and those who are bereaved by suicide in the short and long term (see Figure 2.1).

Figure 2.1 Continuum of survivorship – Adapted from Cerel et al., 2014
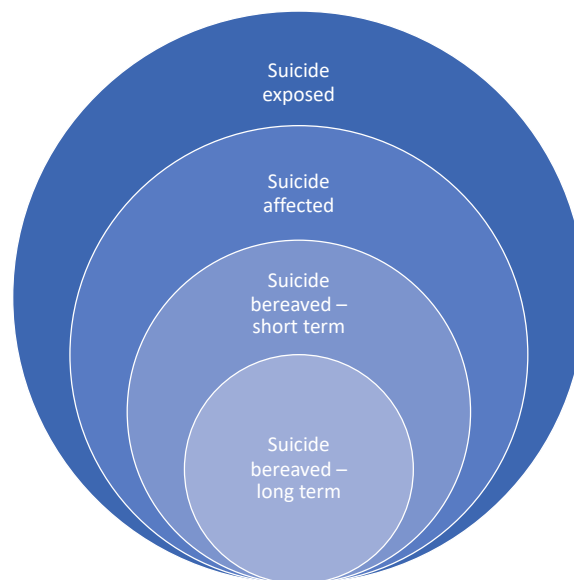
Those exposed are defined as anyone 'who knows or identifies with someone who dies by suicide' but is not affected by it and may include first responders or anyone who discovers the deceased. Those who are 'affected' by suicide are those who experience significant psychological distress such that their life is temporarily disrupted. This group may include first responders, colleagues, community members, and acquaintances for whom there is no attachment relationship to the deceased. Moving along the continuum are those with an attachment relationship to the deceased, such as family members and close friends who are bereaved either in the short term and experiencing a major disruption for a short period of time (less than a year) or in the long term experiencing a major or devastating life disruption with clinically significant responses over a longer period after the death (Cerel et al., 2014). The continuum model, however, does not explain those who do not have an attachment relationship to the deceased, such as first responders, but are significantly impacted in either the short or long term by a suicide death. This group was recently identified by an empirical test of the

continuum model, which mapped suicide exposure risk factors (including time since death, frequency of pre-death contact, reported closeness, and perceived impact) to the continuum of survivorship. Whilst the authors found four profiles of those exposed that broadly aligned with the four levels of 'survivorship' outlined in the model, they also identified a discordant profile that represented those with 'low closeness' to the deceased and high impact (Bhullar et al., 2021). Such a profile may represent firefighters exposed to suicide in an occupational setting. It demonstrates that the impact of exposure to suicide cannot be fully understood or explained through the lens of attachment theory and bereavement responses. It also explains why the perceived impact following exposure to suicide is a better predictor of mental health diagnoses (Cerel et al., 2017) and distress (Maple & Sanford, 2020) than kinship or the perceived closeness of the relationship.

In 2018, Maple and colleagues defined the need for research that seeks to understand reactions to suicide death beyond kinship and those who seek help (Maple et al., 2018). During the 50 years from 1965 to 2015, only 16% of research efforts were dedicated to non-kin (Maple et al., 2018). However, research has consistently demonstrated that one is more likely to be exposed to suicide as a friend or co-worker than as a family member (Feigelman et al., 2018; Maple et al., 2016, 2017, 2019). Furthermore, the presence and extent of adverse responses to suicide deaths are not restricted or confined to relationships categorised by kinship (Maple & Sanford, 2020; Pitman et al., 2016a), with those touched by multiple suicides reporting that the deaths that had the most impact on them were non-kin relationships (Maple & Sanford, 2020). Indeed, research indicates that 40% of suicide-exposed people who had lost a co-worker to suicide reported a significant impact from the death (Cerel et al., 2013). It is also important to note findings that showed that where there was a very close relationship to the deceased, non-kin suffered higher levels of distress than kin (Maple & Sanford, 2020). This is significant for firefighters who experience the loss of a colleague to suicide in the context of this research, given the close nature of the co-worker relationship (Crosby, 2007; Henderson et al., 2016). It also highlights the need to better understand how the nature and quality of the relationship influence people's experiences beyond closeness and kinship. Whilst it has been suggested that how a person identifies with the deceased is an important but complex factor in determining and explaining the impact (Miklin et al., 2019; Pitman et al., 2017; Stack, 2003), there remains a dearth of research that examines the impact of exposure to suicide where there is no prior relationship.

The continuum model also does not explain the impact of cumulative exposure to suicide, which is not only common but also known to have a detrimental effect on mental health and suicidality (Cerel et al., 2016; Feigelman et al., 2018; Maple et al., 2019; van de Venne et al., 2017) and remains poorly understood. It is likely that a multitude of contextual as well as individual factors that cannot be explained by quantitative empirical research alone influence the effect. Maple and Colleagues (2019) suggest the need to further understand the roles of relationships, culture, and community, including individual resilience and community cohesion, to better understand the impact of exposure to suicide (Maple et al., 2019).

2.2.2. Exposure to Suicide

Exposure to suicide is common in the general population and almost ubiquitous for emergency service workers, where multiple exposures are the norm and likely to involve both occupational and personal exposures, frequently involving the loss of a friend or co-worker (Aldrich & Cerel, 2022; Cerel et al., 2019; Kimbrel et al., 2016; Stanley et al., 2015).

Estimates of one year and lifetime prevalence of exposure to suicide vary considerably, largely due to different definitions of exposure, differences in methodology, and population demographics. Whilst a meta-analysis of population-based studies revealed a 12-month prevalence of 4.31% and a lifetime prevalence of 21.8% (Andriessen et al., 2017), the findings are limited by the included samples not being representative of the population. A US study based on a representative sample reported up to 51% lifetime exposure (Feigelman et al., 2018), and in Australia, 58% of respondents to a population-based survey reported exposure to the suicide of someone known to them in their lifetime (Maple et al., 2019). There is also evidence that multiple exposures to suicide are common in the general population (Feigelman et al., 2018; Maple et al., 2019), with a recent large Australian national survey reporting an average of almost four suicide deaths per respondent (Maple & Sanford, 2020).

Much of the research on suicide exposure in specific occupational groups comes from the military, with reports of lifetime exposure ranging from 47.1% (Cerel et al., 2015) to 57.3% (Hom et al., 2017) and 65.4 % (Bryan et al., 2017), with an average of three exposures per individual (Bryan et al., 2017; Cerel et al., 2015). These figures are comparable with those for the general population (Cerel et al., 2013, 2016, 2018; Feigelman et al., 2018; van de Venne et al., 2017).

However, first responder rates are significantly higher (Aldrich & Cerel, 2022). A recent US study found that 93% of first responders reported occupational exposure to suicide, and 75% reported a personal suicide exposure (Aldrich & Cerel, 2022). The average number of exposures reported by first responders was 47.3, which included personal exposure, loss of a colleague, and occupational exposure (Aldrich & Cerel, 2022). One study of police officers in North America found that almost three quarters (73.4%) knew someone personally who had died by suicide (Cerel et al., 2019). A study of firefighters reported an average of 13.1 lifetime exposures to suicide deaths, with 100% of study participants reporting exposure to suicide attempts or deaths during their lifetime (Kimbrel et al., 2016). Research suggests that elevated rates of exposure for police officers and firefighters compared to military personnel are due to greater occupational exposure for first responders (Cerel et al., 2019; Kimbrel et al., 2016; Stanley et al., 2015). A study of police (law enforcement) officers found 95% had responded to at least one suicide scene, with an average of 30.9 occupationally related exposures (Cerel et al., 2019), whilst for firefighters, 92.4% had responded to a suicide attempt and 87.6% had responded to a suicide death in their line of work (Stanley et al., 2015). Almost 35% of lifetime exposures for firefighters were occupational, and nearly 35% were exposures to firefighter co-worker attempt or death (Kimbrel et al., 2016). Similarly, for female firefighters, almost 75% reported knowing someone who had died by suicide, and of these, 31% reported losing a fellow firefighter to suicide (Hom et al., 2018). The current research base clearly depicts that firefighters experience significantly higher rates of exposure to suicide deaths than the general population and are likely to have experienced multiple exposures where the deceased was not known to them, as well as those where there was a prior relationship. Little is known or understood, however, about the nature of these experiences.

2.2.3. The Impact of Exposure to Suicide

It is well documented in the literature that exposure to suicide is associated with adverse psychological, behavioural, and social outcomes, with at least half of those exposed to a suicide death estimated to feel a significant impact from that death (Cerel et al., 2013). Whilst quantitatively, the impact of exposure to suicide has shown no significant difference to other violent or traumatic deaths, qualitative differences have consistently been reported (Jordan, 2001, 2017; Jordan & McIntosh, 2011; Kõlves & de Leo, 2018). Four distinctive dimensions related to exposure to suicide have been identified, which make it different to other modes of death. These are: first, ambiguity about the volition of the deceased related to the perceived

intentionality of suicide; second, the seeming preventability of the death; third, stigmatisation of suicide; and fourth, the traumatising nature of a self-inflicted death (Jordan, 2017). Such differences may, at least in part, reflect findings from a recent extensive UK-based national survey of people bereaved or affected by suicide, which revealed that 77% of participants reported suicide had a major impact on them, including those exposed to suicide at a professional level, such as first responders and mental health professionals (McDonnell & Shaw, 2022).

In the general population, there is a well-established link between exposure to suicide and an increased risk of suicidal behaviour (Pitman et al., 2016a), ideation (Cerel et al., 2016; van de Venne et al., 2017), and attempt (Crosby & Sacks, 2002; Maple et al., 2017; Pitman et al., 2016a), as well as depression, anxiety, PTSD (Brent et al., 1996; Cerel et al., 2016), and prolonged or complicated grief symptoms (Bartik et al., 2013; Bellini et al., 2018; Mitchell et al., 2004, 2005). There is also evidence that exposure to suicide is associated with adverse social consequences (Pitman et al., 2014) related to shame, rejection, and stigma, which contribute to social isolation and a greater probability of poor social functioning (Dyregrov, 2011; Pitman et al., 2016a, 2016b). Those exposed to suicide have been found to have greater feelings of guilt, shame, helplessness, and anger towards the deceased, themself, or others compared to those exposed to other types of loss (Jordan, 2017; Jordan & McIntosh, 2011).

Increasingly, evidence is emerging regarding the impact of exposure to suicide in specific occupational groups, with most focusing on military populations. Research has shown that veterans who had known someone who had died by suicide were almost twice as likely to have diagnosable depression and anxiety and were significantly more likely to report suicidal ideation (Cerel et al., 2015) and symptoms of PTSD (Weisenhorn et al., 2017). For veterans who report being bereaved by suicide (Hom et al., 2017) or those exposed to the suicide of a colleague (Jamieson et al., 2022), a heightened risk of suicide has also been demonstrated, particularly where a close relationship to the deceased has been reported (Hom et al., 2017; Jamieson et al., 2022). In contrast, research on firefighters (albeit with a small sample size, $N = 61$) suggested that perceived closeness to those who make suicide attempts and deaths is not related to risk for suicidal behaviour (Kimbrel et al., 2016).

A recent scoping review of the effects of suicide exposure on veterans, service members, and military families, however, identified methodological issues such as a predominance of cross-sectional designs, a lack of focus on understanding and measuring the mechanisms involved in

an increased risk of suicide, and small sample size in the research in military populations to date (Peterson et al., 2022). The authors conclude that the relationship between suicide exposure, suicide risk and mental health outcomes in military populations is inconsistent and lacking in longitudinal and experiential studies (Peterson et al., 2022). Much less research exists in the first responder population. A recent US study of first responders, however, found that exposure to suicide, both personally and in an occupational setting, significantly impacted mental health and that the level of exposure was associated with higher levels of depression, anxiety, and PTSD (Aldrich & Cerel, 2022). This is consistent with the evidence in the general population, which has reliably demonstrated the negative impact of cumulative exposure to suicide on subsequent psychological and social wellbeing (Cerel et al., 2016; Feigelman et al., 2018; Maple et al., 2019; van de Venne et al., 2017).

Such quantitative empirical research, however, does not tell us about the lived experience of those exposed to suicide or how multiple variables, including culture, repeated exposures, and other contextual factors, may influence or mediate the impact. However, many factors have been found to contribute to the impact of exposure to suicide and the way that people make meaning from their experiences. These include the personality and behaviour of the deceased (Maple et al., 2007), the personality of those exposed (Pitman et al., 2017), the expectedness of the death (Callahan, 2000; Maple et al., 2007), how people experience the relationship (Sanford et al., 2023), negative belief systems regarding the meaningfulness of the world and perceptions of self-worth of those exposed (Currier et al., 2009), perceived responsibility for the death (Pitman et al., 2016b), culture, race, and ethnicity (Dyregrov, 2011), as well as participation in and availability of intervention programs such as therapy or support groups (McKinnon & Chonody, 2014; Schneider et al., 2011). The gender and age of the person exposed has also been shown to influence impact, with male gender associated with increased risk for suicidality (Hedström et al., 2008; van de Venne et al., 2017), whilst female gender is associated with increased risk for adverse mental health outcomes (Cerel et al., 2017).

Evidently, many factors influence the individual course, nature, and intensity of experiences following exposure to suicide. Qualitative methodologies that use interview methods for data collection and suicide-specific scales are more able to pick up differences between suicide exposure and exposure to other sudden, unexpected, or traumatic deaths, as well as respecting the heterogeneity of experience within groups of people exposed to suicide.

Whilst little qualitative research in military or first responder populations exists, one mixed methods study that used interviews with combat veterans found that the nature of the suicide death compared to other kinds of death may contribute to the risk of developing psychiatric symptoms (Lubens & Silver, 2019). This is significant as most of the research to date assessing the impact of exposure to suicide has used quantitative outcome measures that have found no difference between those bereaved by suicide and those bereaved by other sudden unnatural causes in terms of mental health and suicidality (Pitman et al., 2016a; Sveen & Walby, 2008). When the suicide death of a comrade and the death of a comrade in combat were compared, Lubens and Silver (2019) found that combat deaths were easier to accept because they were perceived as expected and could be regarded as 'heroic' or meaningful. In contrast, suicide death was more unexpected and harder to accept (Lubens & Silver, 2019). Such results speak to the importance of the meanings attached to and interpretations of deaths by suicide in determining impact, as well as the value of qualitative research in respecting the complexity and multidimensionality of the experience.

A study by Jamieson et al. (2022) investigated the experiences of the loss of a military colleague to suicide and found that veterans contextualised their experiences to military cultural norms and values (Jamieson et al., 2022). Such cultural norms define accepted ways of grieving and reinforce the need for culturally informed and situated research. Coping without support was a cultural norm and an expectation, which could lead to deaths not being acknowledged, as well as stigmatisation associated with expressing grief and help seeking (Jamieson et al., 2022). The grief that a person experiences when they incur a loss that cannot be openly acknowledged, socially validated, or publicly observed is known as disenfranchised grief (Doka, 2002). It is commonly associated with suicide, particularly where there is a non-kin relationship to the deceased (Bartik et al., 2013; Bartik et al., 2015; Maple & Sanford, 2020) and likely accounts for why non-kin experience higher levels of distress when there is a close relationship with the deceased (Maple & Sanford, 2020). In addition, recent qualitative research explored a group of people who were not close to a person but reported being highly impacted by a suicide death. The study found that common reactions associated with stigma and silencing were complicated by a lack of validation and acknowledgement from others (Sanford et al., 2023). Disenfranchisement may also contribute to difficulty integrating the experience into a new life narrative at an interpersonal and social level (Neimeyer, 2014). It is common in those exposed to suicide due to historical and cultural origins of repression against suicide survivors, which influences cultural narratives, belongingness, and help seeking (Dyregrov, 2011). Such cultural

narratives are silent stories that resist acknowledgement in the public sphere and often in the private world of the individual (Neimeyer, 2014), resulting in a type of dissociated narrative disruption associated with a trauma response. This type of narrative disruption ruptures interpersonal connections (Neimeyer, 2014) and likely reflects social isolation and poor social functioning associated with the experience of suicide loss compared to loss by other sudden natural or unnatural causes (Pitman et al., 2016a).

One of the factors that differentiates and significantly influences the experience of loss to suicide from loss to other forms of sudden or traumatic deaths is stigma (Jordan, 2017). Societal or externally imposed stigma has evolved historically through sociocultural beliefs around suicide that are embedded into our culture. As far back as the Middle Ages, survivors of suicide were denied the usual burial rights, and it was common practice to hide the mode of death under more socially acceptable means, such as accident or insanity (Cvinar, 2005). As of 2016, suicide remained illegal in 25 countries around the world (Mishara & Weisstub, 2016), and survivors are more likely to conceal the cause of death (Jordan & McIntosh, 2011). Cultural beliefs around suicide and the resultant stigma exert a strong influence on the social cohesion and emotional wellbeing of those exposed. People exposed to suicide have been shown to experience greater discrimination and avoidance responses than others (Cvinar, 2005) and to be viewed more negatively (Jordan, 2001). They have also been shown to experience higher levels of rejection and abandonment, shame, guilt, and blaming (of self and others) than those who have lost people to other forms of death (Jordan, 2001; Maple et al., 2017; Pitman et al., 2014; Sveen & Walby, 2008). Such experiences are reinforced by the stigma associated with suicide (Pitman et al., 2016b). Those who have been bereaved by suicide may internalise these actual or perceived negative societal beliefs, resulting in feelings of inadequacy, worthlessness, and lack of confidence to seek help (Cvinar, 2005), as well as difficulty integrating the grieving process (Dyregrov, 2011). Stigma may also form part of a post traumatic stress response (Jordan & McIntosh, 2011) and has been associated with depression and suicidal thinking (Feigelman et al., 2009; Jordan & McIntosh, 2011). Hence, culturally derived stigma has a profound influence on the experience of exposure to suicide. However, the influence of culture, and specifically, its effect on how we understand and make meaning from our experiences, has rarely been studied in the suicide exposure literature.

2.2.4. Meaning Making, Culture, and Suicide Exposure

In 2006, Collucci wrote, 'the study of meaning is an unjustifiably missing area in suicide research' (Colucci, 2006, p. 5). It remains, with a few exceptions, largely absent in the suicide exposure literature to date, even though one of the responses that is characteristic of death by suicide is a greater struggle to find meaning, which relates to attempts to understand why a person took their own life (Begley & Quayle, 2007; Jordan, 2017; Jordan & McIntosh, 2011; Maple et al., 2014; Sands, 2009; Van Dongen, 1989). This experience was captured in qualitative research that explored the experiences of family members bereaved by suicide and identified a core variable of 'agonizing questioning', which distinguished the experience of suicide loss from the experience of death due to other causes (Van Dongen, 1989). The research found that the questioning not only related to why the suicide had happened, but survivors also questioned how it was affecting them and their families and how it might continue to influence their lives in the future (Van Dongen, 1989). Such research speaks to how suicide exposure triggers a complex process of meaning making in individuals. The inability to make sense of a loss in personal, practical, existential, or spiritual domains compounds the grieving process (Neimeyer et al., 2006). Sense making relates closely to meaning making, and the meanings people impose on a death have been shown to shape how long and complicated the grieving process is (Begley & Quayle, 2007; Dransart, 2013; Sands, 2009). The significance of meaning making has been demonstrated by Niemeyer and colleagues (2006), who found that whilst the relationship to the deceased and the nature of a death were important predictors of distress, meaning making mediated this effect to the extent that the relationship and nature of the death became almost insignificant (Neimeyer et al., 2006). In other words, meaning making matters to the experience of exposure to suicide.

However, the way in which we make meaning from an event is not just individual; rather, it is collective and is drawn from political, historical, and sociocultural sources (Neimeyer et al., 2006). Like everything else that is complexly human, meanings are largely determined by the sociocultural and subcultural context in which that death occurs (Colucci, 2006). Evidence is beginning to emerge that shows how social contexts and cultural meanings (attributed to suicide) influence people's experience of exposure to suicide (Abrutyn et al., 2020; Miklin et al., 2019). Two recent studies emphasise the importance of meaning making after a suicide death in moderating an individual's vulnerability to suicide (Abrutyn et al., 2020; Miklin et al., 2019).

Abrutyn and colleagues (2020) showed how, following repeated exposure to suicide within a youth community, new locally generalised meanings (or cultural scripts) for suicide became available and adopted as social facts such that suicide became a more imaginable option for some (Abrutyn et al., 2020). Another study focused on the lived experience of exposure to suicide of 48 kin and non-kin and found that how individuals interpreted and made sense of their experiences determined whether an increased risk of suicide was conferred (Miklin et al., 2019). For many participants, witnessing the profound impacts of suicide on others led to a re-framing of it as not just the killing-of-oneself, but as the harming-of-others through grief and trauma, which in turn diminished their view of suicide's acceptability. For seven participants, however, the loss led them to see suicide as something that they too could do to resolve their psychological pain or problems, triggering an increased risk of suicidality (Miklin et al., 2019). These findings support and add depth to those from a UK-based qualitative study of 429 young adults that explored how respondents' attitudes to suicide changed following the loss of a friend or relative to suicide (Pitman et al., 2017). The authors found that whilst the majority described an increased determination to avoid suicide, for some the loss normalised suicide as a personal option (Pitman et al., 2017). Miklin et al. (2019) concluded from their findings that exposure to suicide becomes incorporated into a person's cultural repertoire for action, and whether it results in increased vulnerability to suicide depends on the meaning an individual makes of the experience and likely the context surrounding the death (Miklin et al., 2019). This research highlights the complexity and relevance of meaning making following exposure to suicide and a need to redirect attention away from causal explanations of impact towards understanding lived experiences (Colucci, 2006). Meanings always exist in relation to, and cannot be separated from, the context of human lives – our culture – yet the study of meaning is limited in relation to suicide research (Colucci, 2006).

A qualitative study undertaken with police officers responding to suicide deaths also revealed the central role played by police culture in shaping how police officers came to perceive this experience (Koch, 2010). Police officers struggled to make sense of suicide, which challenged their meaning making and rendered a feeling of helplessness related to their 'action-oriented' role. The authors identified 10 culturally derived strategies police officers used to mediate their experiences of a suicide death. These included strict adherence to the role, remaining task focused, blocking feelings, the use of humour as a coping strategy, a tendency to de-personalise the victim, and the use of faith to relieve anxiety and make meaning from their exposures, as well as telling stories to organise their experiences, although they often quarantine their stories

to protect loved ones (Koch, 2010). This research clearly depicts not only the essential role of organisational cultures in determining how individuals live with and through the experience of exposure to suicide but also the impact of occupational exposure to suicide for emergency service workers where the deceased is not known.

2.2.5.   The Impact of Occupational Exposure to Suicide

There is growing evidence that occupational exposure to suicide is associated with significant adverse consequences (McDonnell et al., 2022). In this research occupational exposure is defined as exposure to suicide death in the course of professional duties associated with the role of a firefighter. This type of exposure is known to be higher in first responders than in military populations (Aldrich & Cerel, 2022; Cerel et al., 2019; Kimbrel et al., 2016; Stanley et al., 2015). Occupational exposure in a first responder context is different to other types of exposure as there is no prior relationship to the deceased. The impact associated with this type of exposure is independent of the relationship to the deceased and has been identified in empirical research (Bhullar et al., 2021).

Many contextual factors outside of the relationship to the deceased operating during or after the trauma have been shown to contribute to the impact of exposure to suicide and contribute to an increased risk of adverse consequences following exposure. These can include more general factors related to trauma, such as trauma severity, lack of social support, additional life stress, previous trauma, and general childhood adversity (Brewin et al., 2000; Haw et al., 2013; Swanson & Colman, 2013). There is also evidence that occupational exposure to suicide that involves personally witnessing deaths by suicide and having direct or extended contact with the bodies of victims also influences trauma severity and may contribute to greater negative psychological impact (Callahan, 2000). Kimbrel and colleagues anecdotally noted similar findings in firefighters exposed to suicide along with witnessing adolescents or children who have died by suicide (Kimbrel et al., 2016).

A 2019 study of US police officers identified a significant association with high levels of occupational exposure to suicide and mental health consequences including PTSD. The authors found that one in five (22%) police officers exposed to suicide during their work reported recurring images and nightmares, with 42% reporting one dominant image that remained with them (Cerel et al., 2019). Persistent thoughts of a suicide image and the inability to shake that

image was associated with increased symptoms of depression, anxiety, PTSD, and suicidal ideation (Cerel et al., 2019).

In the paramedic population, emerging qualitative research suggests the complex nature of the impact and experience of suicide that relates to multiple suicide exposures and includes inadequate training to respond compassionately on scene at incidents involving suicide, a lack of appropriate work-based support, and reluctance to access support, as well as stigma associated with help seeking (Nelson et al., 2020). Another study found that work-related suicide exposure contributes to the risk of burnout in emergency medical personnel (Witczak-Błoszyk et al., 2022). There are differences, however, with regard to the roles that each emergency service plays when attending to suicides in an occupational context. For firefighters and police officers, there is commonly no defined role. Police are most often called to suicide scenes where there is a weapon involved, and firefighters are often called only if a suicide death has occurred and their role is to render the scene safe. There are commonly no actions firefighters can take to protect life when attending the scene of a suicide and this can be distressing for firefighters (Henderson et al., 2016).

As outlined earlier in this chapter, there are also cultural differences between paramedics, police officers, and firefighters that must be acknowledged and respected. Colucci (2006) identified how research needs to be specific to different subcultures and focus on contrasting between them (Colucci, 2006). To date, there is no in-depth qualitative research that explores the experiences of firefighters exposed to suicide set within their unique culture. Only three quantitative empirical studies exist that specifically explore the impact of exposure to suicide on firefighters. All are cross-sectional in nature and focus on subsequent risk of suicidality. These are discussed in the next section.

Empirical research is emerging in the firefighter population that demonstrates that exposure to suicide is associated with increased suicidality and likely contributes to higher suicide risk (Hom et al., 2018; Kimbrel et al., 2016; Stanley et al., 2015). Australian firefighters have been shown to experience suicidal thoughts at twice the rate experienced in the general population and make plans for suicide at three times the rate of the general population (Kyron et al., 2021). In the US, studies have also found significantly elevated risk of suicidal ideation for firefighters (Kimbrel et al., 2016), suicide attempts, suicidal plans, and non-suicidal self-injury (Stanley et al., 2015). Evidence regarding increased risk of suicide deaths in firefighters, however, remains equivocal (Stanley et al., 2016a). Accurate rates are difficult to determine due to methodological

issues, the lack of accurate tracking of suicide deaths in the emergency services (Henderson et al., 2016), misclassification regarding cause of death, and bias induced by the 'healthy worker effect'. Therefore, whilst some studies have found that suicide rates in emergency services personnel are higher than in the general population (Stanley et al., 2016b; Tiesman et al., 2015; Vigil et al., 2018), other research has shown rates that are comparable to the general population (Baris et al., 2001; Daniels et al., 2014). A recent retrospective mortality study of Australian national coronial data found that whilst age standardised suicide rates among emergency service workers are higher than other occupations, emergency services work was not independently associated with an increased risk of suicide (Petrie et al., 2023). The contribution of suicide exposure to elevated risk of suicidal behaviour is currently not known.

A cross-sectional convenience sample of 1,027 current serving and retired firefighters who completed a web-based survey found that one of the key factors associated with increased risk of reporting suicidal thoughts and behaviours was a history of responding professionally to a suicide attempt or death (Stanley et al., 2015). In addition, in a cross-sectional study of 61 firefighters exposed to suicide that used self-report measures, 23% reported that occupational exposure to suicide attempts and deaths in the line of duty affected them the most (Kimbrel et al., 2016). Only the death of a co-worker (30%) was more frequently reported as the most distressing type of exposure. The findings of this research also consolidated those of Stanley and colleagues (2015) by demonstrating that occupational exposure of firefighters to suicide death or attempt was associated with increased risk for suicidal behaviour (Kimbrel et al., 2016). This research showed that firefighters experienced high levels of exposure to suicide deaths and attempts (average 13.1) and that those with 12 or more exposures were significantly more likely to experience lifetime suicidal ideation and planning and an increased risk for suicidal behaviour (Kimbrel et al., 2016). Significantly, no relationship was found between closeness to the deceased and subsequent suicide risk. The only type of exposure that was associated with increased suicide risk was occupational exposure in the line of duty. Whilst the small sample size (n = 61) in this study and cross-sectional design precludes the ability to draw evidence of causality between occupational exposure and suicidality, it consolidates growing evidence in other population groups that the impact of exposure to suicide on subsequent risk of suicide is independent of the relationship to the deceased (Swanson & Colman, 2013).

A study of female firefighters indicated that those who were exposed to suicide during their careers (personally or professionally) experience more severe psychiatric symptoms and

increased suicide risk compared to their counterparts who had not been exposed (Hom et al., 2018). However, this survey did not specifically assess whether participants had been directly exposed to suicide due to attending a call in a professional capacity. The study found that perceived impact of the suicide (but not closeness) was related to thwarted belongingness, perceived burdensomeness, and increased likelihood of reporting a lifetime suicide attempt even after accounting for prior history of suicidality and current psychiatric symptoms (Hom et al., 2018). Perceptions of being a burden for firefighters following exposure to suicide was found to be a greater contribution to suicidal behaviour than thwarted belongingness (Hom et al., 2018). This may be related to cultural factors such as the team bond inherent in firefighter culture that promotes belongingness as well as the value firefighters place in their role as 'protectors' such that perceptions of being a burden are particularly challenging (Chu et al., 2016; Thurnell-Read & Parker, 2008).

Various psychological mechanisms have been suggested to explain the increased risk of suicide following exposure, which include social modelling (de Leo & Heller, 2008), complicated grief (Mitchell et al., 2005), contagion (Zenere, 2009), and assortative relating (Joiner, 1999). However, there remains a lack of definitive scientific evidence to support any of these mechanisms. The interpersonal theory of suicide suggests that cumulative exposure to suicide attempts and deaths, as well as exposure to other painful events inherent in firefighting, may reduce fear of death and elevate physical pain tolerance, leading to acquired capability and increased risk for suicidal behaviour (Chu et al., 2016; Joiner, 2007; Van Orden et al., 2010). 'Acquired capability' can be defined as increased tolerance of physical pain as well as decreased fear of death and bodily harm (Joiner, 2007). One of the mechanisms that has been proposed to explain how occupational exposure to suicide increases suicidality relates to how exposure to suicide reduces fear of death and suicide (Van Orden et al., 2010) facilitating acquired capability. It has been suggested that multiple mechanisms likely operate together, and that the main mechanism is different for different settings and populations (Haw et al., 2013). The language used depicts a psychologically based 'mechanistic' and reductive perspective that, by its nature, denies respect for the influence of culture and social context on meaning making, which could afford significant understanding as to why suicide risk following exposure is different in populations such as firefighters.

The relative contribution of suicide exposure to elevated risk of suicidal behaviour in firefighters compared to risk conferred by occupational stress, cumulative trauma, and other

firefighter-relevant psychiatric conditions such as PTSD is unknown. It is likely that there is a complex interplay of factors and mechanisms at work in firefighters that are shaped by occupational and cultural factors and may confer elevated risk (Vega et al., 2023).

2.2.6. Suicide as a Potentially Traumatic Event

Two of the significant dimensions of exposure to suicide that characterise it from death by other causes are its traumatising nature and its perceived intentionality (Jordan, 2017), both of which pose unique problems for meaning making. The literal meaning of the Latin word *suicide* is 'self-murder'. Suicide is often experienced by those exposed as a psychologically violent act against the self and norms of society. Traumatic events including suicide have the potential to shatter the most fundamental assumptions we make about our sense of safety in the world, our sense of our own identity and trust in the world (Burke & Neimeyer, 2014; Janoff-Bulman, 1989; Kauffman, 2013; Park & Folkman, 1997) and can invoke trauma responses that are associated with the development of PTSD and other trauma-related effects. Trauma responses are not dependent on any prior relationship to the deceased and therefore likely contribute to the impact of exposure to suicide on firefighters in an occupational context. Whilst trauma responses share certain similarities with grief responses, there are also essential differences (Jordan & McIntosh, 2011; Jordan, 2017; Kõlves & de Leo, 2018; Sveen & Walby, 2008). Traumatic stress reactions are traditionally characterised by threat and are fear-based (rather than loss-based) responses (Maddox et al., 2019). However, they can also be associated with moral injury, which is characterised by a predominantly shame or guilt-based response (Litz et al., 2009).

Moral injury has been defined as the lasting psychological, biological, spiritual, behavioural, and social impact of perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations (Litz et al., 2009, p. 699). Whilst the concept of moral injury originated from research in military settings, it has now been demonstrated in first responder populations (Lentz et al., 2021). One type of morally injurious event is an act of omission, which is defined as failing to prevent the harmful actions of others (Drescher et al., 2011). It includes witnessing harm to others and believing that one could have taken action to prevent the ensuing harm (Williams & Berenbaum, 2019). One significant dimension of exposure to suicide is the seeming preventability of the death and the sense amongst those exposed that they could or should have done something to prevent the death, which contributes to feelings of guilt, shame, and failure (Jordan, 2017). Whilst there is

currently no literature specifically associating or exploring the association between exposure to suicide and moral injury, those exposed to suicide commonly interpret it as a failure to take action to prevent the death. Therefore, exposure to suicide could be seen to be a potentially morally injurious event. In military populations, acts of omission are associated with poorer mental health outcomes than acts of commission (Williams & Berenbaum, 2019). Morally injurious events are also associated with adverse psychological outcomes including PTSD, depression, and suicidality (Drescher et al., 2011; Jamieson, Usher et al., 2020; Jamieson et al., 2023), as well as adverse social, behavioural, spiritual, and existential affects (McEwen et al., 2021). The intentionality and violent nature of suicide has also been associated with existential and spiritual struggles (Burke & Neimeyer, 2014) that are captured by the concept of moral injury and shown to be prevalent in first responders alongside the impact on psychological, emotional, and social domains of health (Lentz et al., 2021).

There has been much debate around what constitutes a moral injury and the working definition of it has been found to be inadequate (Drescher et al., 2011; Jamieson, Maple et al., 2020). A recent conceptual analysis by Jamieson and colleagues (2020) has proposed the new term *moral trauma*, defined as 'the existential, psychological, emotional and/or spiritual trauma arising from a conflict, violation or betrayal, either by omission or commission, of or within one's moral beliefs or code' (Jamieson, Maple et al., 2020, p. 1060). Based on this definition, exposure to suicide could be experienced as moral trauma.

Another related term is a *soul wound*, which has been identified by clinicians working with military populations affected by combat trauma. Compared to moral injury, the construct of soul wounds relates specifically to spiritual distress and has been used to describe collective trauma within colonised communities (Knobloch et al., 2022). Whilst soul wound is not a scientifically recognised term, clinically, such wounds have been shown to hamper people's ability to derive meaning from their experiences and elicit questioning about the meaning of life (Knobloch et al., 2022). Whilst again there is no research that posits suicide as inflicting a wound to the soul, such a definition captures the potential impact of suicide on existential and spiritual domains of health as well as trauma responses associated with threats to meaning, trust, and safety.

From a clinical perspective, the 11th edition of the International Classification of Diseases (ICD-11) introduced a new diagnosis of complex PTSD that is related but distinct from PTSD. It highlights the impact of prolonged and repetitive interpersonal traumatic stress and is

characterised by 'disturbances to self-organisation', which include negative self-concept (feelings of failure or worthlessness), affective dysregulation (altered emotional reactivity), and disturbances in relationships (World Health Organization, 2018). A diagnosis of complex PTSD, therefore, includes the morally injurious dimensions of exposure to trauma as well as the accumulative nature of its impact. These dimensions are expanded on in a model proposed by Hilbrink et al. (2016) that reflects the experiences of military personnel and first responders (Douglas & Wodak, 2016). Complex PTSD has been found to be far more common in current and ex-serving military personnel than PTSD and is associated with higher levels of psychiatric severity that persist over time (Howard et al., 2021). This is significant in the context of this research as the experiences of complex PTSD may well better reflect those of firefighters and contribute to an understanding of the impact of exposure to suicide in this highly exposed population.

In summary, it is most likely that there is a complex interplay of grief, shame, and trauma reactions following exposure to suicide that interact within the social, cultural, and experiential world of the individual to influence the unique experience of the person who has been exposed (Dyregrov, 2011).

2.2.7.   Exposure to Suicide, Resilience, and Post Traumatic Growth

Thus far, the literature presented has focused on the deleterious consequences of exposure to suicide, taking a largely pathogenic perspective. However, as described by Bonanno (2004), there are many different trajectories that people take in the aftermath of exposure to a potentially traumatic event, with only a small percentage going on to develop PTSD (Bonanno, 2004). Indeed, research suggests that the most common response to a potentially traumatic event is resilience, and this can take many different pathways and forms (Bonanno, 2004). In attempting to understand the experience of firefighters exposed to suicide, it is essential to understand how and why some people do not experience significant distress or adverse consequences and why some may experience what has become known as post traumatic (or stress-related) growth (Tedeschi & Calhoun, 2004; Westphal & Bonanno, 2007). Westphal and Bonanno (2007) contend that post traumatic growth (PTG) and resilience to trauma are different sides of the same coin. Whilst there is no standardised agreed-upon definition of resilience in the scientific community, Bonnano (2004) defines it as the ability of someone exposed to a potentially traumatic event to maintain relatively stable healthy levels of psychological and physical functioning. Several protective factors, such as camaraderie, familial social support,

organisational support, and a sense of purpose (Henderson et al., 2016; Stanley et al., 2016b; Streeb, 2016), have been identified in populations of firefighters as helping them to remain psychologically well despite experiencing high levels of exposure to trauma. A 2014 study of Australian firefighters exposed to trauma found different variables predict whether a firefighter experiences PTSD or PTG as a response to trauma. Organisational factors and operational stress, along with utilising cognitive event re-appraisal coping, better predicted PTSD symptoms, whilst PTG was better predicted by individual factors such as the use of self-care coping (Armstrong et al., 2014).

Post traumatic growth has been defined as the positive psychological changes experienced by individuals as a result of struggling with a stressful situation or trauma (Tedeschi & Calhoun, 2004). It can manifest in different ways, including better social relationships with others, an enhanced awareness of new possibilities in life, increased perceptions of personal strength, a deepened meaning of spirituality, and an increased appreciation of life (Tedeschi & Calhoun, 2004). PTG does not occur as a direct result of trauma; rather, it is dependent on demographic, personal, interpersonal, and situational characteristics (Tedeschi & Calhoun, 2004). A study of firefighters found that increases in PTG were predicted by multiple sources of trauma (occupational and personal) and the use of self-care coping, with some evidence that organisational belongingness may serve to promote PTG (Armstrong et al., 2014). PTG is both a process and an outcome that is intimately related to meaning making and meanings made (Park, 2010).

Research suggests that the struggle inherent in understanding a traumatic event and incorporating it into the life narrative creates growth (Neimeyer, 2014). This is expanded on in Section 3 of this chapter. The positive changes associated with PTG appear to go alongside distress (Smith et al., 2011). Such findings are consolidated by research on ambulance personnel, which found that growth and stress are independent from each other and can co-exist (Ragger et al., 2019). In other research, an inverse relationship between PTG and resilience has been suggested (Moore et al., 2015) and explained by the supposition that resilient individuals possess such good coping mechanisms that they do not struggle enough to drive growth. Such studies, however, cannot be directly compared because of the use of different outcome measures and different population groups.

Evidence is now accumulating for post traumatic (stress related) growth following suicide (Levi-Belz et al., 2021). Levi-Belz's (2015) study of immediate family members who had

survived the loss of a loved one to suicide found that more than 20% of those survivors demonstrated moderate to high levels of stress-related growth, with the highest levels of growth emerging three to five years after the loss (Levi-Belz, 2015). The dimensions of growth manifested in suicide survivors include positive changes in how survivors relate to others (Moore et al., 2015; Smith et al., 2011), changes in life view and knowledge of the self (Smith et al., 2011), and spiritual change and greater meaning and appreciation of life (Castelli Dransart, 2017; Moore et al., 2015). A meta-analysis of PTG among survivors of suicide loss found that PTG was positively correlated with time since death, adaptive coping strategies, and help seeking. Perceived social support and self-disclosure were also strongly correlated with PTG (Levi-Belz et al., 2021). However, the studies included were all undertaken on those bereaved by suicide and therefore did not include those who may have reported a significant impact but were not close to the individual, a group of people exposed to suicide that have been identified in the literature (Bhullar et al., 2021).

The development of PTG following suicide is influenced by the social and cultural context in which it is set (Castelli Dransart, 2017; Smith et al., 2011) affecting cultural identity, how the survivor is perceived by others, and the public guise the bereaved may take on (Neimeyer, 2014; Smith et al., 2011). Niemeyer (2014) proposes that traumatic experiences disrupt personal, interpersonal, and social narratives, resulting in a struggle to accommodate our fundamental self-narrative. Growth then emerges as disrupted narratives are integrated into a new, more complex, and expansive life narrative with a deeper identity (Neimeyer, 2014).

Other research found that the search to understand the question 'why?', which is characteristic of suicide loss, results in a combination of both brooding and reflective rumination, which manifests as internal struggle in the individual (Moore et al., 2015). This struggle provides the greatest driver towards growth following suicide. Cognitive strategies, such as planning how to manage the event and planning for the future, have also been found to be important factors in personal transformation after suicide loss, together with interpersonal factors such as talking (authentic self-disclosure) and interacting with others to facilitate social support (Levi-Belz, 2015). Personality features such as optimism do not appear to be predict PTG following suicide loss (Moore et al., 2015). Such findings have important implications for how people are supported after suicide, focusing on interpersonal skills, enhancing adaptive coping strategies, and group therapies that may then facilitate PTG.

To date, all the research on PTG in the aftermath of exposure to suicide is considered from the perspective of family members of the deceased. It is unclear how PTG may manifest in non-kin survivors of suicide. Furthermore, the development of PTG in the wake of cumulative exposure to trauma or suicide remains unclear. In addition, there is little research that focuses on explaining why some people are resilient to the impact of exposure to suicide.

2.2.8.   Summary of Suicide Exposure and Impact Literature

This section outlined the current literature that demonstrates the prevalence and adverse impact of exposure to suicide in the general population. It focused on what is currently known in military and emergency services populations using Australian data where it exists. It highlights how little is known or understood about the lived experience of firefighters exposed to suicide, particularly set within the context of firefighter culture. Section 3 outlines conceptual literature related to trauma and meaning making. This is essential to the way in which the analytic results of this study have been interpreted.

2.3. Conceptual Literature Review

The previous section presented the evidence that illustrates our current understanding of the prevalence and impact of exposure to suicide. In addition, it highlighted the profound deleterious consequences of being exposed to suicide and the dearth of evidence regarding understanding of firefighters' experiences of exposure to suicide. One significant finding that came from the Section 2 literature review was the focus of the research to date on understanding the impact of exposure to suicide through the lens of bereavement and attachment theory. The literature review presented thus far has built an argument for the need to situate research within the unique firefighter culture and to take a trauma-informed approach to understanding firefighters' experiences.

This section introduces the reader to theories and concepts that respect the influence of culture and are relevant to understanding and exploring the impact of suicide when viewed through the lens of trauma. It begins by outlining some of the conceptual literature that has been used to describe how we understand and make sense of the world we live in. This sets the context for a review of some of the models and theories of trauma and meaning making that explain how trauma can violate the way that we make sense of ourselves, the world, and ourselves in the

world. Many of these concepts go on to inform the interpretation of the findings from this research and the discussion, which are presented in Chapter 8.

2.3.1. Worldviews, Global Meaning, and Assumptive Worlds

A significant body of literature demonstrates that people possess orienting systems that enable them to understand and make sense of themselves, the world, and themselves in the world. These are integral to how people respond to traumatic or highly stressful events (Park, 2010). It has been proposed, based on existentialist philosophical principles, that humans have a need to perceive events through a prism of coherent mental representations of expected relations to organise their perceptions of the world (Heine et al., 2006). These coherent mental representations of expected relations have been conceptualised by several psychological theorists as orienting systems that afford a cognitive framework from which to interpret our experiences (Park, 2010). These orienting systems have been variously referred to as worldviews (Koltko-Rivera, 2004), global meaning (Park & Folkman, 1997), and assumptive worlds (Janoff-Bulman, 1989; Janoff-Bulman & Timko, 1987). The term worldview is perhaps the most inclusive because it respects the ontological and epistemological foundations of experience. Worldviews have been described as a human's ability to ask and reflect on 'big questions' such as 'Why are we here?' and 'How should we live?' (Gray, 2011; Taves et al., 2018). They incorporate and depict a set of assumptions about physical and social reality that powerfully affect cognition and behaviour. Koltko-Rivera (2004) defines a worldview as:

A way of describing the universe and life within it, both in terms of what is and what ought to be. A given world view is a set of beliefs that includes limiting statements and assumptions regarding what exists and what does not, what objects or experiences are good or bad, and what objectives, behaviours, and relationships are desirable or undesirable. A worldview defines what can be known or done in the world and how it can be known or done. In addition to defining what goals can be sought in life, worldview defines what goals should be pursued. Worldviews include assumptions that may be unproven, and even unprovable, but these assumptions are superordinate, in that they provide the epistemic and ontological foundations for other beliefs within a belief system. (Koltko-Rivera, 2004, p. 4)

From this definition, worldviews can define and govern a way of life and therefore, heavily influence the way in which firefighters experience and make sense of the world. They are a collection of attitudes, values, stories, and expectations about the world around us, which inform our every thought and action and are absorbed from the culture that surrounds us, as well as our earliest human interactions, the stories we are told, and the teaching of our parents (Gray, 2011). They are fundamental to our beliefs about how the world does and should work. A worldview can also be understood as the way in which a culture works in individual practice (Gray, 2011). Therefore, firefighter culture, as described in Section 1 of this chapter, is of fundamental importance to understanding firefighters' experiences. It is through meaning making processes that we create and develop worldviews.

A similar conceptualisation to worldviews is that of 'assumptive worlds', a term coined by Janoff-Bulman to describe stable unified conceptual systems and representations of meaning that constitute a set of strongly held assumptions about the world and the self, including mastery, predictability, benevolence, meaningfulness, and self-worth (Janoff-Bulman, 1989, 1992). Similarly, the term *global meaning* has also been used to describe a person's general orientating system, which has a powerful influence on thoughts, actions, and emotional responses (Park & Folkman, 1997). As with worldviews, global meaning is thought to develop early in life and is then modified by personal experiences (Park, 2010). Global meaning incorporates global beliefs, global goals, and subjective sense of purpose (Park & Folkman, 1997). Global beliefs (related to the world, the self, and the self in the world) comprise broad views or schemas regarding justice, control, predictability, and safety that strongly influence how we interpret experiences. Global goals, on the other hand, are internal representations of desired processes, events, or outcomes such as relationships, work, achievements, and knowledge. They speak to what we want in life. Subjective sense of purpose refers to feelings of meaningfulness or sense of purpose, which, arguably, derives from seeing one's actions as oriented towards a desired future state or goal (Park, 2010). Although the terms worldview, assumptive worlds, and global meaning differ in their particulars, for the purposes of this study they are taken to be synonymous, depicting general orienting systems that provide people with motivation and a cognitive framework with which to interpret their experiences (Park, 2010). People rely on these orienting systems (or meaning frameworks) to understand events in their lives (Heine et al., 2006). Humans, therefore, seek to maintain coherent frameworks of meaning within the external world, within themselves, and between themselves and the external world (Heine et al., 2006; Neimeyer, 2014).

2.3.2. The Impact of Trauma on Meaning – Psychological Models

The significance of personal meaning orientations for overcoming adversities and achieving wellbeing is well documented (Antonovsky, 1979; Frankl, 1959). Many different conceptualisations of how highly stressful life events impact these meaning structures are sourced across narrative theory (Neimeyer, 2014), clinical psychology, cognitive psychology, and social psychology (Bonanno & Kaltman, 1999; Janoff-Bulman, 1992; Joseph & Linley, 2005; Park & Folkman, 1997). Whilst these conceptualisations differ in certain particulars, Park (2010) outlined several central features in a comprehensive review of the literature regarding meaning making and its effects on adjustments to stressful life events (Park, 2010). Firstly, people possess the orienting systems described above that provide them with cognitive frameworks with which to interpret their experiences and afford motivation. Secondly, when people encounter situations that challenge these orienting systems, they appraise the situations and assign meaning to them. Thirdly, when we are confronted with events that challenge our basic beliefs or assumptions about the world, ourselves, and ourselves in the world, there is a conflict between appraised meaning and global meaning. It is this mismatch or inconsistency that is detected by neurocognitive and psychophysiological systems and elicits aversive arousal, which is experienced as distress (Janoff-Bulman, 1992; Joseph & Linley, 2005; Proulx & Inzlicht, 2012). Lastly, the distress caused by the discrepancy initiates a process of meaning making (the restoration of meaning in the context of highly stressful events) in an attempt to reduce the discrepancy and restore a sense of the world as meaningful (Park, 2010).

Janoff-Bulman's (1989, 1992) shattered assumptions theory of trauma is founded on the notion that trauma 'shatters' world assumptions related to self-worth, world benevolence, and world meaningfulness. Following the experience of a traumatic event, interruptions to these fundamental assumptions may result in post traumatic symptomology. However, the notion of a shattering of assumptions or global meaning has been challenged (Kaler et al., 2008; Mancini et al., 2011). Rather, it has been suggested that violations of meaning occur, often by small increments that relate to distress (Park, 2010). Furthermore, incongruence between a person's assumptive world and trauma-related information has been proposed to sit on an axiom or continuum (Joseph & Linley, 2005). When a particular situation or event is appraised as threatening, global meaning (our assumptive world) may be violated. The extent to which a trauma violates one's global meaning relates strongly to PTSD (Park et al., 2012).

The meaning making model builds on many of the central tenets of assumptive worlds (Park & Folkman, 1997). It is a discrepancy-based model that describes how traumatic events challenge a person's meaning frameworks and can fracture coherence between global meaning and situational meaning, which refers to meaning in the context of a particular environmental encounter (Park & Folkman, 1997). Situational meaning is determined by the appraised meaning of an event (influenced by such things as the extent to which the event is threatening and controllable, initial attributions about why the event occurred, and implications for one's future), as well as the discrepancy between appraised and global meaning, meaning making processes and meanings made (Park, 2010; Park & Folkman, 1997).

Research suggests that some sort of cognitive readjustment or meaning making process must occur following experiences of events that are greatly discrepant with one's larger beliefs, plans, and desires (Park, 2010). However, there is a lack of definitional consensus as to what constitutes meaning making, which has hampered efforts to build an empirical evidence base. Broadly speaking, meaning making is the process by which people interpret situations, events, objects, or discourses in the light of their previous knowledge and experience (Park & Folkman, 1997) and can occur in various dimensions. Firstly, meaning making may be both automatic (unconscious) and deliberate (effortful). Secondly, it may involve a search for the comprehensibility (sense making) and significance (value or worth) of an event. Thirdly, it can involve both cognitive and emotional processing. Lastly, meaning making involves attempts to reduce the discrepancy through a process of assimilation, accommodation (Park, 2010), or fluid compensation (Heine et al., 2006). Figure 2.2 offers a conceptual representation of the effect of a traumatic event on meaning making.

According to the meaning making model, when faced with a traumatic event, we can re-appraise the event itself through a process of assimilation, or we can revise our global meaning by a process of accommodation (Park, 2010). Heine and colleagues (2006) proposed a third mechanism, known as fluid compensation, in the meaning maintenance model (Heine et al., 2006). The meaning making and meaning maintenance models have many aspects in common, the most fundamental of which is the distress caused by events that are discrepant or incongruent with our global meaning (the meaning making model) or our mental representations of expected relations (the meaning maintenance model).

The meaning maintenance model is founded on the notion that people will strive for coherence in their frameworks of meaning, which exist in three realms: the self, the external world, and

the self in the world (which is seen as most important). When meaning is lost through events that pose a threat to our identity, certainty, belongingness, or mortality, we are driven to re-establish coherent frameworks of meaning. The meaning maintenance model suggests that if an individual is unable to accommodate or assimilate the event, they will seek an alternate, coherent (or intact) framework of associations as they attempt to avoid and reduce contradictions and to compensate for the loss of meaning (Heine et al., 2006). Heine and colleagues termed this process fluid compensation. These alternate frameworks of meaning are the most easily recruited and may not necessarily be in the domain under threat (Heine et al., 2006). In the meaning maintenance model, the need to restore coherent meaning frameworks is driven by people's needs for meaning in four salient domains: self-esteem, certainty, belongingness, and symbolic immortality. In a process of fluid compensation, a threat to mortality may be substituted by reinforcing meaning frameworks related to certainty, self-esteem, or belongingness (Heine et al., 2006).

Figure 2.2 Conceptualisation of the impact of a traumatic event on meaning
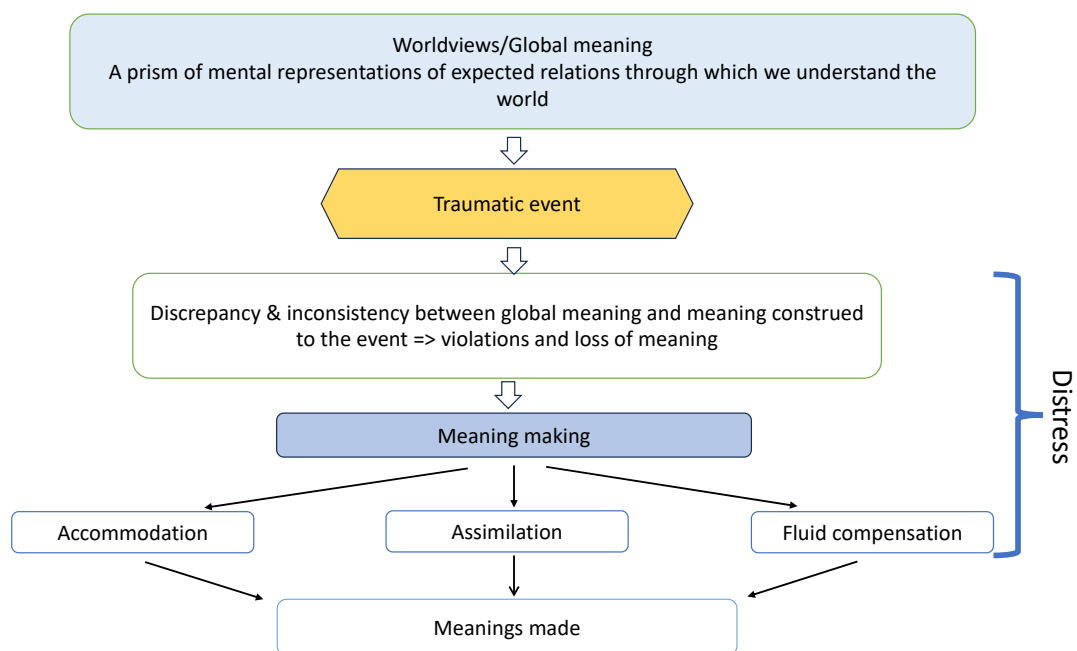
Research suggests that assimilation is more common than accommodation and that accommodation may only occur when individuals are confronted with events that are too significantly discrepant with global meaning to allow assimilation (Janoff-Bulman, 1992). Fluid compensation occurs when efforts at assimilation or accommodation have been unable to restore coherent frameworks of meaning (Heine et al., 2006). In addition, when successful, accommodation leads to better adjustment to the stressful event, with restoration of global

meaning shown to be related to general indices of health and wellbeing, including quality of life (Park, 2013). However, only accommodation (not assimilation or fluid compensation) can lead to the made meaning of post traumatic growth (Joseph & Linley, 2005). The process of meaning making itself is associated with distress (Moore et al., 2015; Neimeyer, 2014; Updegraff et al., 2008).

Meanings made refer to the products of meaning making processes that are generated by the attempts to reduce discrepancies or inconsistencies between appraised and global meaning (Park, 2010) and restore coherence to meaning frameworks (Heine et al., 2006). The quality of meaning making attempts and meanings made seems to be as important as the quantity. For example, meaning making involving blame and negative evaluations typically leads to poorer outcomes and maladaptive coping (Levi-Belz et al., 2021), whereas non-judgemental reflection leads to better adjustment (Park, 2010). Different types of meaning making attempts, therefore, relate to different types of meaning made, which, in turn, relate differentially to adjustment (Park, 2010). The literature also identifies how meanings made can take many different forms, including a sense of having made sense, finding an understanding of why the event happened, acceptance, perceptions of growth or positive life changes (PTG), changed identity or integration of the stressful experience into identity, reappraised meaning of the stressor to make it more consistent with pre-existing worldviews, changed global beliefs, changed global goals, and restored or changed sense of meaning in life (Park, 2010).

This section outlined and explained psychological models that have been used to describe the impact of trauma on the orienting systems (or meaning frameworks) we use to understand and make sense of events in our lives.

2.3.3. Trauma and Disruptions to Narrative Meaning

The theories discussed thus far have taken a predominantly psychological focus on individual responses to trauma. However, other schools of thought move beyond the focus on individual responses to trauma and emphasise the part that cultural (Abrutyn et al., 2020), social (Silove, 2013), and relational (Updegraff et al., 2008) processes play in meaning making after trauma (Altmaier, 2016), although, to date, there is limited empirical evidence for these theories, which likely relates to the difficulty in designing high-quality studies where there are so many factors to consider that causality cannot be demonstrated.

A narrative perspective, however, affords an inclusive way of understanding the impact of trauma across personal, interpersonal, and social dimensions. In cultural psychology, narrative has been conceptualised as the organisational scheme by which we understand and make sense of the world (Bruner, 1990). The centrality of meaning to our way of being in the world and the way in which trauma disrupts meaning is common to psychological and narrative theory. Trauma has been shown to result in disrupted narratives across personal, interpersonal, and social dimensions, confronting the trauma survivor with a fragmented, incoherent sense of self, the world, and the self in the world (Neimeyer, 2014). In response to trauma, three different patterns of narrative disruption can occur, which Neimeyer (2014) described as disorganised, dissociated, and dominant, noting that one traumatic event can cause disruptions of two or more kinds. Therefore, all three patterns can, and often do, overlap in response to trauma (Neimeyer, 2014). A disorganised narrative disrupts the personal dimension and may occur when trauma memories are inconsistent with the previous life narrative – that the world is safe, life is predictable, the universe is 'just', and people can be trusted. Such trauma narratives are dominated by sensory, perceptual, and emotional details (Crespo & Fernández-Lansac, 2016). Disorganised narratives can lead to a collapse of the self-narrative and a person's sense of identity (Neimeyer, 2014). Dissociated narratives, on the other hand, represent a rupture in the interpersonal and relational dimension. They are silent stories that resist acknowledgement in the public sphere and often in the private world of the individual, and they relate closely to the experience of disenfranchised grief that is commonly associated with suicide. Conversely, dominant narratives represent disruption in the social dimension. They are socially, politically, or culturally enforced narratives that determine who an individual or member of a group is and can colonise a person's identity (Neimeyer, 2014). Constructing and reconstructing life narratives to make meaning after exposure to a traumatic event has been shown to be a deeply and complexly social process that is strongly shaped by cultural norms (Hammack, 2008; McAdams, 2006).

When narratives are disrupted by trauma, the work of healing is through narrative reconstruction in search of coherence (Levi-Belz, 2015; Neimeyer, 2014). In relation to the meaning made of PTG, when world views are challenged by highly stressful life events, people may adjust them by reconstructing a new, more complex, life narrative that may incorporate a more ambivalent worldview that acknowledges the reality of death, the preciousness of life, and the twin conditions of human vulnerability and resilience with fostering of existential awareness, appreciation, and personal growth (Neimeyer, 2014). Coherent narratives are associated with

understanding, meaning, and measures of wellbeing (McAdams, 2006; Vanderveren et al., 2021). Expressive writing about a traumatic experience has been shown to help people make meaning from their experiences by creating a more coherent memory out of a disorganised and incomprehensible experience (Pennebaker & Seagal, 1999; Vrana et al., 2019) and has been associated with post traumatic growth (Smyth et al., 2008) and physical and psychological wellbeing (Pennebaker & Chung, 2007). Narrative exposure therapy in firefighters has been shown to assist meaning making by integrating challenging memories into a coherent narrative (Olthuis et al., 2023). The importance of narrative to understanding of the world from an epistemological and ontological perspective is further explored in the next chapter to afford a foundation for discovering what happens when the narrative scheme is disrupted.

2.3.4. Summary of Conceptual Literature

This chapter explored and reviewed the literature related to firefighter culture, identity, and occupational stressors to gain an understanding of what it means to be in the world as a firefighter. Section 2 reviewed literature that related to current understanding of the impact of exposure to suicide, with a particular focus on military and first responder populations. It highlighted the need to move beyond a focus on bereavement responses to exposure to suicide towards a trauma-informed perspective that respects the social and cultural context of experiences. Section 3 introduced concepts related to meaning making and trauma that offer a basis from which the experiences of firefighters exposed to suicide can be explored and understood. Chapter 3 begins by outlining the research problem identified through the literature review. It then describes the narrative landscape upon which this exploratory journey was undertaken depicting the ontological, epistemological, and methodological underpinnings of this study.

Chapter 3.
Methodology and Research Design

This chapter begins by outlining the research problem identified through the literature review and how it led to the research question. It then portrays the landscape in which this exploratory journey was undertaken, depicting the ontological, epistemological, and methodological underpinnings of this study. It then introduces the study design, the context or study setting, the data set – narratives of firefighters exposed to suicide – and my own positionality within this research, how I navigated the challenges, and how my positioning as an insider researcher influences the knowledge produced.

3.1. Research Problem

There is currently little understanding of the experiences of firefighters exposed to suicide. However, it is known that exposure to suicide can have profound psychological and social consequences, and these are not limited to those who have a prior or close relationship to the deceased (Maple et al., 2019). The literature also demonstrates that firefighters have a unique culture and ways of working that influence their way of being in the world. They are an at-risk population due not only to occupational stressors (Carleton et al., 2020) but also to high rates of exposure to suicide (Kimbrel et al., 2016; Stanley et al., 2015) and other types of potentially traumatic events (Harvey et al., 2016; Jahnke et al., 2016). Little is known, however, about the influence of cumulative exposure to trauma or suicide and how it influences the way we make meaning from our experiences. To date, no contextual research has been situated within the cultural world of a fire service that explores how firefighters make meaning from the experience of exposure to suicide in their personal and professional lives. This research, therefore, seeks insight into how the cultural and organisational world of firefighters influences the experience of exposure to suicide. It intentionally seeks complexity and depth of understanding of the experience across personal exposures where the deceased was known to the firefighter as well as occupational exposures where there was no prior relationship. The research also seeks to explore if and how the experience of exposure to suicide differs to other traumatic events firefighters attend. With these intentions in mind, the overarching research question was, 'How do firefighters live with and through the experience of exposure to suicide in their personal and professional lives?'

To address the problem and research question, a narrative perspective was taken. The following sections explore in more detail how the ontological, epistemological, and methodological underpinnings of this research afford a framework from which truths about the human experience can be revealed.

3.2. Ontological Foundations

This research is an exploration of human experience – the experience of firefighters exposed to suicide. Therefore, it must be grounded in philosophical principles that depict how reality is experienced as a human being. This research takes a constructionist ontological perspective whereby reality is constructed through the interaction of humans with objects in the world via a subjective, complex interaction of individual, organisational, societal, historical, and cultural experiences (Burr & Dick, 2017; Talja et al., 2005). There is no absolute truth (or reality); rather, shifting truths exist and are constructed through engagement with multiple realities in our world (Crotty, 1998). To acknowledge notions of reality that respect all these dimensions, this research draws on both constructivism and social constructionism. According to a constructivist framework (on which Western psychology is based), people interpret and perceive their realities through a personal belief system such that the individual mentally constructs the world of experience through cognitive processes (Young & Collin, 2004). Not too long ago, I would have unquestioningly accepted this perspective. These belief systems, however, are shaped by the contexts and cultures of our lives. Social constructionism acknowledges this by focusing on how society and culture and our social interactions shape our understanding of the world (Burr, 2003) such that realities and selves are socially constructed. The ontological foundations of this research respect constructivism and social constructionism such that humans are expressions of both culture and biology and acknowledge that culture and history give form to minds as much as biology or nature do (Bruner, 1990).

Fundamentally, how we engage with the world generates knowledge and meaning. Thus, human beings are defined by their way of being in the world (Bruner, 1990; Crotty, 1998). This concept sits at the very heart of this research.

Being in the world has been defined as an ever-evolving interpretation of future, past, and present that is structured by temporality (Heidegger, 1962). Existence simultaneously stretches forward into the future and backward into the past, creating a 'unified horizon' that allows things to meaningfully reveal themselves (Heidegger, 1962). Interpretation is an integral part

of being in the world, and a human's capacity to interpret their world is dependent on understanding. Therefore, understanding is seen as central to being (Aho, 2020). These principles of understanding and temporality and their relationship to 'being' are of fundamental importance to how the results of this study are interpreted.

3.3. A Narrative Perspective

A narrative theoretical perspective honours the philosophical depictions of reality as well as my own ways of knowing and understanding the world, reflected in Chapter 1 where I positioned myself within the context of this research.

Narrative knowledge, described as 'narrative knowing' by Bruner (1986) and Polkinghorne (1988), is created and constructed through the stories people tell about their lived experiences and the meanings they ascribe to those experiences. These meanings might change and develop as their stories unfold over time (Etherington, 2020). From an epistemological perspective, narrative is the way in which we organise experience and make sense of the world. It is through the narrative scheme and interpretation that we achieve meaning (Bruner, 1990). Meaning, therefore, is contingent on narrative and the lives and selves we construct are the outcomes of a process of meaning construction (Bruner, 1990). Meaning is also contingent on temporal sequencing, such that events do not have meaning on their own; rather, meaning is derived from the effect one event has on another and from their place in the whole. We can only interpret meanings and meaning making if we can specify the structure and how specific meaning is created and transmitted. Language and discourse modes in narrative theory are central to the construction and transmission of meaning (Bruner, 1990; Polkinghorne, 1988). The way a story is told reflects meaning by revealing words, signature expressions, and tell-tale grammatical forms. 'The way a person thinks, the very categories and concepts that provide a framework of meaning for them, are provided by the language that they use' (Burr, 2003, p. 8). Language bestows the capacity to filter, interpret and transform information from cultural and physical realms, therefore affording narrative with the capacity to capture meaning across dimensions – the personal, interpersonal, and the social or cultural (Neimeyer, 2014). There is, however, a focus on meaning construction within the world and community that respects the social constructionist underpinnings of this research. Ways of life and 'being' are constituted by culture through complex interactions. The self is an expression of culture within which our values are located and are inherent within a way of life. They become incorporated into one's

self-identity. Selves are not isolated units of consciousness; rather, they are 'distributed' interpersonally (Bruner, 1990, p. 138).

At an individual level, we achieve our personal identities and self-concept using narrative configuration (Gergen & Gergen, 1997). We make our existence into a whole by understanding it as an expression of a single unfolding and developing story (Polkinghorne, 1988). The concept of self (and being) is set not only in individual private consciousness but also in cultural–historical situation. Thus, the self is not a static thing or a substance, but a configuring of personal events into a historical unity that includes not only what one has been but also anticipations of what one will be (Polkinghorne, 1988). The object of the self-narrative is not to fit 'reality', but rather to achieve external and internal coherence, liveability, and adequacy (Bruner, 1990). The notion and need for temporal unity in relation to the self and being is of the utmost importance (Gergen & Gergen, 1997). The self, therefore, is a construction that proceeds historically from the past to the present, from the outside in through culture, as well as the inside out through biology, forming a distributive picture of self (Bruner, 1990). Thus, the self is seen from a multidimensional perspective that respects temporality, consciousness, biology, culture, and history.

We are also reflexive beings such that there is a connection between our ability to *'reflect on ourselves and to alter the present in light of the past or reinterpret the past in light of the present'* (Kirkman, 2002, p. 32). Therefore, as social and reflexive beings, our stories inform our lives and our lives, in turn, are shaped by our stories. Stories do not reveal the past as an objective truth. Rather, stories give us the truths of our experiences (Riessman, 1993). Essentially, from a narrative perspective, our stories reflect our own reality. They reflect our 'truth'.

The narrative apparatus or organisational scheme also provides context for normality as well as departures from norms. The function of the story is to find an intentional state (or a state of being) that mitigates or makes comprehensible a deviation from the established cultural pattern (Bruner, 1990). It is through interpretation that story allows us to make events meaningful (and coherent) within our pattern of beliefs. Narrative, therefore, allows us to make the exceptional comprehensible. Thus, a narrative perspective allows us to understand and explain not only the ordinary of human existence but also the extra-ordinary. This ability of narrative understanding to explain and accommodate extra-ordinary events is of central importance to deepening our understanding of firefighters' experiences of exposure to suicide.

This section described how the narrative way of knowing helps us make sense of the complexity of human lives (Etherington, 2020) and is, therefore, a way of knowing well suited to addressing the research problem outlined at the start of this chapter. The following section builds on this narrative landscape to explain how the methodology of narrative inquiry affords a 'strategic' approach to making meaning from the stories we tell.

3.4. Narrative Inquiry

> *Story makes the implicit explicit, the hidden seen, the unformed formed,*
> *and the confusing clear.* (Wang & Geale, 2015, p. 196)

Narrative inquiry can be understood as an approach to understanding human experience through story (Clandinin & Connelly, 2000). It evolved from a social constructionist perspective as a way of explaining how we make sense of the world in which we live. It seeks the meanings that human beings create out of their encounters with the world and enables deeper understanding of the ways in which people live, work, and develop meaning. Narrative inquiry has been described as a form of living that is unbounded (Clandinin & Connelly, 2000, p. 89). It is both inclusive and expansive, a way of exploring that seeks complexity and multidimensionality through interpretation and understanding of the relationships between variables, things, people, and events (Flick, 2008). It attends to cultural influences as well as the social and historical contexts in which people live and work and the interplay between them.

At a social level, narrative inquiry shows the interconnectedness and significance of seemingly random activities by elucidating connections not only in self-narratives but also in cultural narratives. At a cultural level, the cultural context gives meaning to the story such that narrative serves as a vehicle by which events that deviate from the usual cultural pattern can be understood (Bruner, 1990). These culturally recognisable turning points within narratives represent access of new consciousness, meaning making, or ways of being (Polkinghorne, 1988).

Narrative inquiry also seeks to discover how the storyteller perceives reality and is influenced by the researcher; therefore it stays true to the constructionist perspective on which this research is based. 'If we wish to hear respondents' stories then we must invite them into our work as collaborators, sharing control with them so that together we try to understand what their stories are about' (Mishler, 1991, p. 249). Active collaboration with the participant is essential in the

narrative inquiry process (Wang & Geale, 2015). It is a reflective and inclusive way of understanding differences between individuals and cultures in the way they experience the world, whilst recognising how the background of the researcher and informant shapes interpretation.

Narrative inquiry can be directed inward and outward, and backward and forward (Clandinin & Connelly, 2000) within three dimensions of experience: 'interaction', which represents the personal and social aspects of the experience; 'continuity', which represents the temporal dimension (past, present, and future); and 'situation', which represents place (Clandinin & Connelly, 2000). Looking inward directs the inquirer towards internal conditions such as feelings, hopes, aesthetic reactions, and moral dispositions, reflecting the personal aspect of experience (Wang & Geale, 2015). Looking outward directs the inquirer towards existential conditions in the environment and with other people and their intentions, reflecting the social aspect of the experience (Wang & Geale, 2015). Backward and forward relates to continuity (or temporality). Looking back directs the inquirer to remembered experiences, feelings, and stories from earlier times, whilst looking forward directs the inquirer towards implied and possible experiences. Situation (or place) attends to specific locations of the storyteller's landscape that give meaning to the narrative. It recognises the importance of locating individuals within their local environments and how these, in turn, are situated within and influenced by wider historical and sociocultural contexts (Mishler, 1991).

Directing inquiry within this three-dimensional space opens avenues and opportunities for new ways of understanding (Clandinin & Connelly, 2000) that can be further explored at the intersections of these dimensions. For example, in the context of this research, the understandings captured by how a firefighter feels (inward looking) as they reflect on previous exposures to suicide (looking back) or imagine the future (looking forward), or the understandings captured when firefighters reflect on past beliefs about suicide (looking backward) as they locate themselves as firefighters within the fire service (situation). In this way, the three-dimensional space of narrative inquiry opens imaginative possibilities and ways of understanding what the experience of exposure to suicide means to firefighters. It affords an analytic frame for reducing stories to a set of understandings across the data set (Clandinin & Connelly, 2000), the meanings of which may then be captured in themes.

This section outlined the ontological underpinnings of this research, explored narrative as an epistemological way of knowing, and introduced narrative inquiry as a methodological

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approach to understanding human experience. The next section introduces and describes the study design and methods.

3.5. Study Design

This section takes the reader on the research journey within the narrative landscape. It explains the study design and the methods involved in conducting this research. Figure 3.1 locates the research methods and illustrates how analysis takes place at the intersection of the data set (firefighter narratives), the context (or study setting), and researcher positionality. The study design is then depicted under these headings. I begin by outlining the context or study setting, which includes how the data set was drawn, and ethical considerations and responsibilities involved in conducting the research. I then describe data collection and the process of in-depth interviewing to elicit narrative data, followed by a section that describes my own positionality as an insider researcher and the associated challenges.

Figure 3.1 Locating the research methods and analysis
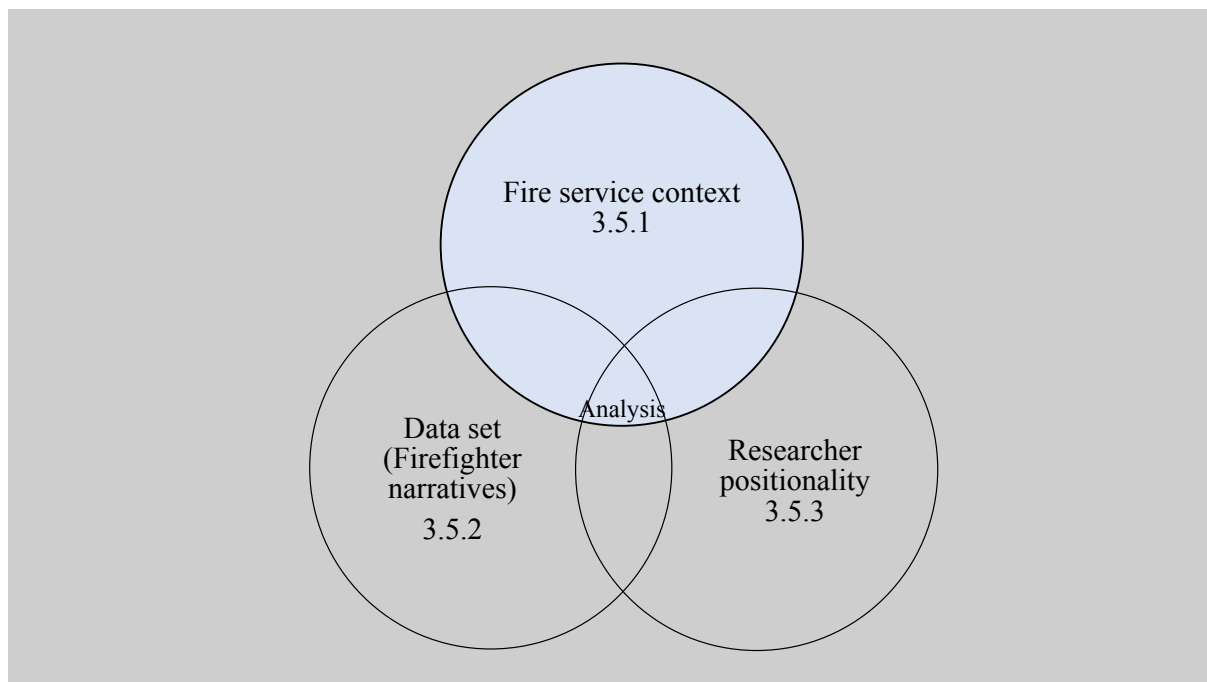
3.5.1. Context

This section outlines and sets the context for this research. It begins by describing the study setting from which the research population was drawn. It then outlines the sampling procedure, inclusion criteria, and recruitment, and concludes with ethical considerations involved in conducting research in a narrative qualitative paradigm.

3.5.1.1. Study Setting – Fire and Rescue New South Wales

Fire and Rescue NSW is an emergency service located in Australia. It is the State Government agency responsible for the provision of fire, rescue, and hazmat services in cities and towns across the state of New South Wales. Its 'overriding purpose is to enhance community safety, quality of life, and confidence by minimising the impact of hazards and emergency incidents on the people, property, environment, and economy of NSW' (Fire and Rescue NSW, 2023). Fire and Rescue NSW is the seventh largest urban fire service in the world, employing 6,809 active firefighters at the time of study recruitment (2019). It is distinct from the Rural Fire Service, which is the lead combat agency for bush fires in NSW and is a volunteer service that covers predominantly rural areas. Fire and Rescue NSW and the Rural Fire Service work closely together but are separate agencies.

Firefighters employed by Fire and Rescue NSW are spread across urban and regional NSW and form two distinct groups. Permanent firefighters are employed on a full-time basis and are predominantly located in urban areas working a 24-hour roster, with two 24-hour shifts in an eight-day cycle. Permanent firefighters live at their base station for the entire duration of a shift. On-call firefighters are employed on a part-time basis and predominantly serve regional areas. On-call firefighters live within a 5 km radius of their base station and respond via pager to emergency incidents. Firefighting is not their primary employment. Peer support officers within Fire and Rescue NSW (of which I am one) are permanent or on-call firefighters who volunteer their time to support other firefighters who may be developing or experiencing a mental health problem or in the wake of critical or potentially traumatic incidents. Peer support officers are trained in crisis intervention and have some training in mental health and suicide prevention.

Fire and Rescue NSW is a highly gendered organisation. At the time of recruitment (2019), 93% of permanent (full-time) firefighters were male and 7% were female, whilst 91% of on-call firefighters were male and 9% were female. I am a female firefighter and therefore form one of a minority group. Contextually, this is significant for how it may have influenced the nature of the narratives generated, as discussed further in Section 5.1.

The organisational structure of Fire and Rescue NSW is hierarchical and paramilitary (as described in Chapter 2). It functions under a highly structured command and control system both on a day-to-day level and when attending emergency incidents, which influences the organisational culture and context from which participants were drawn. Fire and Rescue NSW

is a uniformed service working on a rank-based system that is led by the commissioner. See the Glossary of terms in for a more detailed explanation of the different ranks. I am a senior firefighter with over 15 years of experience. The rank of all firefighters is denoted by epaulettes worn on the shoulders of all uniformed personnel. Any officer (a firefighter holding a rank of inspector or above) is identifiable by the emblems embroidered on their epaulettes and must be addressed as 'Sir' or 'Ma'am'.

3.5.1.2. Ethics Approval

Human ethics approval for this study was granted by the University of New England Research Ethics Committee on 21 February 2019 (approval number HE18-293). A variation and extension of the ethics approval was sought and granted (until 10 December 2021) due to the COVID-19 pandemic to allow interviews to be conducted on a virtual platform (Zoom) or by telephone. The Ethics Approval is attached as Appendix A.

3.5.1.3. Sampling

The aim was to recruit as diverse a population as possible. Maximum variation sampling was used as a strategy to maximise differences in types of exposure, gender, rank, and geographical location within the population sample because this increases the likelihood that the findings will reflect differences or different perspectives (Creswell & Poth, 2016), which was one of the central aims of this research. The use of purposive sampling enabled access to information rich cases for in-depth understanding (Patton, 2014). It allowed me as the researcher to select firefighters employed by Fire and Rescue NSW who had personal and occupational experience of exposure to suicide because they purposefully informed an understanding of the research problem. The inclusion criteria for the study were:

1) Permanent or on-call professional firefighters currently employed by Fire and Rescue NSW.
2) Had experienced the suicide death of someone known to them in their personal or professional life, or had responded to incidents involving a suicide death in their capacity as a firefighter.

As recruitment progressed, the sampling strategy of snowballing was also utilised as it enabled information rich participants to be identified. Snowballing identifies cases of interest from people who know which cases may be information rich (Creswell & Poth, 2016). It was

anticipated that between 15 and 25 participants would be needed to elicit meaningful and rich knowledge within the qualitative paradigm (Braun & Clarke, 2021b).

3.5.1.4. Recruitment

The invitation to participate in the study was shared through a Fire and Rescue NSW intranet story and through Fire and Rescue NSW peer support networks requesting expressions of interest to participate in the study. My email and phone contact details were shared on this invitation (see Appendix B). To ensure ethical conduct, all initial contact was instigated by the prospective participant. Following receipt of an expression of interest, arrangements were made for a brief introductory conversation to explain more about the research, answer questions, and confirm the suitability of the participant in terms of meeting the inclusion criteria and their expectations of involvement in the study (see Appendix C). An information/recruitment documentation package was then sent by email (see Appendix D). Interview dates and locations were arranged according to participants' preferences.

In total, 38 expressions of interest were received. Some did not meet the inclusion criteria, and some were offers of help to link me with potential participants. In the latter instances, I requested that the person share details of the study with the potential participant so that they could initiate contact if they wished, which ensured ethical conduct was maintained. Some did not respond to contact after the information sheet was sent. Of the remaining expressions of interest, participants were prioritised to maximise diversity and breadth, resulting in a sample of 20. Factors such as years of service, rank, status as a permanent or on-call firefighter, gender, status as a peer support officer, and geographical location were all considered to achieve maximum variation of experiences.

3.5.1.5. Ethical Considerations

Narrative research is an inherently relational endeavour. Therefore, every aspect of the research involves a set of ethical responsibilities both for the privacy, dignity, and wellbeing of the participants and in an academic capacity as a researcher (Clandinin, 2006). To some degree, every decision made during the research process comes with an ethical responsibility. Ethical decision-making is built upon trust within the research relationship, which involves both an explicit and implicit contract (Clandinin, 2006). The explicit contract states the role relationship between the researcher and participant. Once a participant had expressed interest in taking part, a phone call was made prior to the interview. Details of the study were explained verbally during

this conversation and then in writing in the form of an information sheet (see Appendix D). An informed consent form was only given to the participant when all the information had been received and the participant had the opportunity to clarify anything they were unsure of. The consent form stated that the participant could withdraw at any time and that the participant was willing to have the interview recorded. Participants were informed how confidentiality would be maintained and that original material would only be shared with my supervisory team and then only with all names, places, and identifying information removed or disguised using pseudonyms. Data storage procedures were also outlined to assure participants of confidentiality and privacy. The implicit contract in narrative research is based on the trust and rapport that the researcher can build with the participants, which influences the nature of the material revealed. My ability to be empathic and non-judgemental and to hold emotional space for my participants affected the degree of openness and self-disclosure. With rich emotional detail based on rapport and trust comes an ethical responsibility to treat the narrative obtained with deep respect and compassion (Clandinin, 2006).

I also had an ethical responsibility for the welfare and wellbeing of my participants, especially given the sensitive nature of the topic. Great care was taken to ensure psychological safety of both the participants and the researcher. I am a trained mental health first aid facilitator and a peer support officer with Fire and Rescue NSW. I am also trained in crisis intervention and applied suicide intervention skills. I am, therefore, informed regarding identification of signs and symptoms of emotional distress or a developing crisis and am trained to provide appropriate support and facilitate access to professional or informal support as required. Internal and external help seeking options were provided in the information sheet given to participants prior to participating (see Appendix D). In addition, I conducted a welfare check within 10 days following completion of the interview using the method of contact indicated as preferred by the participant. I also had an ethical responsibility to be transparent about my own reasons for and interest in undertaking this research and to ensure a trustful relationship with the participants. This was explained in the information sheet. The opportunity to ask questions was also given to participants during the pre-interview telephone conversation.

Being an insider researcher with my own lived experience of exposure to suicide, I also had an ethical responsibility to provide for my own psychological safety. I ensured that I had the opportunity to debrief either formally with my trusted psychotherapist or informally with a peer following the completion of every interview. In addition, my research team comprised qualified

social workers and a registered clinical psychologist, so debriefs were available from the research team if and as required.

In narrative research, there is also an ethical responsibility to engage with principles and practices that enable the researcher to meaningfully re-present narratives to those reading their work (Clandinin, 2006). Such a responsibility can be upheld by rigour in the process of collecting and analysing data (see Sections 3.5.2, 3.5.3 and 4.2).

3.5.2.   Data Set

In this research study, the data set constitutes the narratives of firefighters. This section begins by providing a background to in-depth interviewing as a method for eliciting narrative data. It then goes on to describe how data was collected, including the interview process and timelines.

As a novice to qualitative research, it was essential to conduct pilot interviews. These enabled me to practice and hone my skills in qualitative interviewing techniques as well as affording an opportunity to 'test' the interview protocol and process. Three pilot interviews were conducted during March and April 2019. One pilot interviewee was a friend and colleague currently employed by Fire and Rescue NSW and the interview took place face-to-face. The other two interviewees were recruited through mutual friends. One was a current serving firefighter based in another state and the interview was conducted by telephone. The other was a former firefighter based in regional NSW and the interview was also conducted by telephone. All had experienced exposure to suicide. I took notes directly on completion of each interview. I noted my initial thoughts and questions as well as lessons learned. After each interview, the protocol was also reviewed and discussed with my supervisory team making amendments as deemed appropriate (see Appendix D for the interview protocol).

3.5.2.1.   Data Collection

Interviews took place from May 2019 to October 2020. Fifteen interviews were conducted face-to-face. Locations for these interviews ranged from fire stations to participants' homes, a park, and a café, according to participant preference. Interviews completed after April 2020 were necessarily via an online virtual platform (Zoom) (n = 3) or by telephone (n = 2) due to COVID-19 restrictions. All interviews were recorded using a digital voice recorder with consent from the participant (see Appendix E for the consent form). The duration of the interviews ranged from 45 minutes to over 150 minutes. In late November 2020, having completed 20 interviews,

and in consultation with my supervisory team, the decision was made to cease interviews. This decision was, in part, for pragmatic reasons, and also because I felt I had rich meaningful data. An extension of ethics approval was requested to allow me time to complete some early analysis to assist in my decision-making regarding the richness and meaning of my data. I intentionally did not use the concept of 'data saturation' to inform my decision because its validity in determining when to cease data collection has been widely disputed within a qualitative paradigm where there is always potential for new understandings and new meanings to evolve (Braun & Clarke, 2021b).

3.5.2.2.   In-depth Interviews

A story told to a person is in some deep sense a joint product of the teller and the told – there is a transaction. (Bruner, 1990, p. 124)

In-depth interviews were used as a method for data collection because they provide the basic source of evidence about narratives (Minichiello et al., 2008). They are an active process (Holstein & Gubrium, 1995) that elicits rich information and leads to a contextually bound and mutually created story (Denzin & Lincoln, 2011). In-depth interviews generate narrative data that attends to complexity of experience as well as the influence of social context in the derivation of meaning and knowledge. Therefore, the data generated through such a process respects the constructionist and narrative underpinnings of this research.

The interviews were semi-structured to afford flexibility as well as an in-depth focus on the issues that were central to the research question (Minichiello et al., 2008).

3.5.2.3.   Interview Process

The date and time of each interview was agreed upon between me and the participant following the pre-interview conversation. The interview proceeded as per the interview protocol (see Appendix F). The first few minutes of each interview were focused on building rapport and allowing the participant to feel relaxed, comfortable, and safe. I achieved this by 'reading' and sensing the energy of the space around and between myself and each participant. This meant adapting my approach, my verbal and body language, and way of communicating for each firefighter I met and conversed with. My approach was influenced by such things as the rank of the participant, whether they were in uniform, and the setting of the interview, as well as any prior relationship I had with them.

I confirmed that the participant had read and understood the information sheet and briefly outlined my reasons for conducting the study, ensuring I was transparent about my own background, history, and position as an insider researcher. I also clarified the focus of the interview, its relaxed and informal nature, and that the expected duration would be 1–2 hours. I also let participants know that they were free to answer questions in any way they chose and could take the direction of the conversation wherever they wanted. I reminded participants that they should let me know if there were any questions they preferred not to answer, and that they could stop at any time. I also reminded them that the interview would be recorded and transcribed but that their names would be replaced with a pseudonym, as would any persons they spoke of. I gave them the opportunity to choose their own pseudonym if they wished. I also assured each participant that the information they shared with me was strictly confidential and bound by stringent rules and regulations to ensure the ethical conduct of the research. Finally, I let the participants know that I might take some notes during the conversation and that these were just reminders for me rather than about them or anything they may have said. I then asked if the participant had any questions before verbally confirming the questions on the consent form that had been sent to them along with the information sheet prior to the interview. If they agreed to all questions, I asked them to sign the consent form and confirmed they were happy for me to begin recording.

I then explained that the interview began with some background questions, such as how they identified their gender, their year of birth, and a brief history of their employment in Fire and Rescue NSW, before moving on to more general questions that sought to understand their experiences of exposure to suicide. To enhance and elicit storytelling, there was a focus on the use of searching and open-ended questions (see Appendix F for the interview guide). This frequently led to unplanned probing questions from myself as the researcher. The probes were not rigid in nature; rather, they were flexible and gentle, matching the tone of the conversation, with the aim of clarifying, seeking deeper understanding, and eliciting greater detail and richer narratives.

During the interview, I focused intently on active, empathic, and non-judgemental listening with the intention of 'feeling from within the participant's emotional space' (Clandinin, 2006, p. 546) and to 'meet' them there. I used verbal techniques such as paraphrasing and reflective listening to demonstrate understanding and empathic communication. I also employed the use of common language as well as attending to the pitch and tone of my voice and non-verbal cues,

such as eye contact, body language, and open posture. These techniques have been shown to aid communication and build trust (Minichiello et al., 2008). The intention was always to engender a sense of safety and trust and to enable each firefighter to feel heard, seen, and understood (Clandinin, 2006). This was more challenging where the interviews were conducted virtually or by telephone. In these instances, I relied more heavily on verbal cues and tone of voice to enhance connection and rapport.

3.5.2.4. Ending the Interview

The last question I asked was intentionally one that led the participant to reflect on anything positive that might have come from their experiences (Clandinin, 2006). I closed the interview by letting the participant know that I did not have any further questions and offered them the opportunity to add anything they felt they might have missed or was important, as well as asking if they had any questions for me. To acknowledge that the interview may have been a time of vulnerability for the participant, it was important that there was an opportunity for both them and me to voice how we felt about the experience and its meaningfulness (Clandinin, 2006). Therefore, I asked each participant about their experience of the interview itself and to reflect on what had made them want to participate. I thanked them wholeheartedly for their participation and described how meaningful their stories were for me, how much I learned from them, and how I hoped to use the findings from the research to better support firefighters impacted by suicide. I also let them know that I would keep them updated on the progress of my research, its impact, and the expected completion date (late 2023). I then asked them how they were feeling and if I could contact them by phone within the following two weeks to check on their welfare. I then switched off the voice recorder and thanked them again before leaving or ending the phone or video call.

3.5.2.5. Field Notes

Field notes are an important part of qualitative research that allow us to remember and record features of an interview that might relate to an event, behaviour, or other observation (Schwandt, 2015). Whilst I had the intention of taking notes during the interviews and had prepared my participants for this so that they would not see it as me being uninterested or distracted or even that they had said something momentous, I found it detracted from my own focus and ability to be present with my participants. The most I ever wrote was two to three words. Rather descriptive and reflective field notes were recorded immediately after each

interview was completed (see Appendix G). This enabled me to capture critical reflections regarding the content of the interviews and ways that the interviews shaped any previous assumptions I had. These notes also informed a recursive review of the interview guide so that questions could be revised and updated as new knowledge and insights emerged (Minichiello et al., 2008). These field notes also formed the beginnings of thematic analysis (see Section 4.2) and were used as evidence to produce meaning and an understanding of the culture, social situation, and experiences of firefighters exposed to suicide (Schwandt, 2015).

This section outlined the method and processes used to elicit and collect the narratives of firefighters that constitute the data set for this research. The next section explores my own skill and positionality as the researcher and how this influences data analysis and the knowledge generated.

3.5.3. Researcher Positionality

In Chapter 1, I introduced myself – who I am, what brought me to this research, and my positioning as an insider researcher. In this section, I explore further the unique lens I bring to this research and how my located-ness and positioning as an insider researcher reflects and shapes the data collected, the way I interpret it, and ultimately, the knowledge that is generated. I begin by exploring what it means to be an insider researcher, discussing the challenges and benefits, integrating literature with reflections of my own experiences of negotiating such challenges. I then explore reflexivity in more detail, and my experience of negotiating the 'space between' insider-ness and outsider-ness.

3.5.3.1. What It Means to be an Insider Researcher

There is much research and discussion around the part that the qualitative insider researcher plays in every step of the research process, from the initial intention, to design, data collection, analysis, and beyond (Braun & Clarke, 2022; Maple & Edwards, 2010; Minichiello et al., 2008; Mishler, 1991). My own worldviews, who I am, where I've come from, the context of the research, the possibilities, and the constraints of the environment that we are in always reflect the choices I make. The aim here is not to resolve the issue of insider-outsider research, but rather present a discussion of what my positioning within this study means for the research process and the knowledge generated.

An insider researcher is someone who conducts studies with populations, communities, and identity groups of which they are also members (Kanuha, 2000). The researcher is, therefore, already embedded within the research and possesses an a priori intimate knowledge of the community and its members (Wilkinson & Kitzinger, 2013). The insider view reveals subjective truths of participants within their social context (Wang & Geale, 2015). By its nature, this challenges traditional psychological research that seeks and defends objectivity. In Chapter 1, I introduced myself as an insider researcher on two levels. I have experienced personal and occupational exposure to suicide, and I am a professional firefighter employed by Fire and Rescue NSW. It was this very positioning that generated the passion and thirst for knowledge that drove me to initiate and conduct this research.

My positioning as an insider researcher means I share a sense of identity as well as experience with my participants. I am a part of the population group I am studying. As qualitative researchers, however, we always occupy the position of both insider and outsider for we are always outsiders in some way (Wilkinson & Kitzinger, 2013) on the grounds, for example of age, rank, or gender. As a female firefighter holding a particular rank (senior firefighter), I am, at least on some level, an outsider when interviewing male participants or participants holding a different rank. Whilst insider-outsider positioning has been conceptualised as existing on a continuum, this does not consider the complexity of the insider researcher role (Chavez, 2008). Insider-ness or outsider-ness are not fixed or static positions. Rather, they can be thought of as shifting and permeable social locations that are differentially experienced and expressed (Naples, 1996). In this research, my rank as a senior firefighter (not an officer) saw my insider-outsider positioning shift depending on the rank of the participant I was interviewing. In addition, perceived or real closeness to participants shifts through the research process and sharing of experience such that I, as the researcher, can experience various levels of insider-ness and outsider-ness at different moments in time (Chavez, 2008).

There are many advantages to the methodological process that have been associated with being an insider that are particularly pertinent within a paramilitary uniformed service. Being embedded within the organisation gave me access to the population being studied and enabled me to negotiate organisational red tape (Saidin, 2016). My shared identity as a uniformed firefighter was particularly helpful in building legitimacy, credibility, trust, and openness (Brannick & Coghlan, 2007). There is unspoken understanding within the firefighter world that anyone who wears the uniform and has at least 15 years of experience will have a level of

knowledge, understanding of the organisation, and experience that affords respect and a 'knowing' that we speak the same language. This common knowledge, the shared identity and language, combined with a shared experience of exposure to suicide, enhanced the depth, breadth, and understanding of the population I was working with, as well as the issues being studied (Chavez, 2008). It engendered the capacity for empathy, which can be connecting (Ross, 2017), and assisted with an authentic presentation of the self by the firefighters being interviewed. The shared identity, experience, and language also enhanced rapport, facilitating openness and an interactive and conversive approach, as well as a willingness and desire to collaborate as equals. This was particularly pertinent where the participant was of a similar rank to me and when the interviews took place out of the workplace and not in uniform.

The benefits, however, of being an insider researcher are also associated with certain risks and challenges. There is a risk of over-identification, particularly because I am an insider on two levels in my research, which can result in over-emphasis on shared factors between myself and participants (Chavez, 2008). There are also difficulties associated with interviewing participants when one has a pre-existing and ongoing relationship in the same organisation, bringing a risk of role conflict and confusion, and a need to manage boundaries within the relationship (Ross, 2017). As a peer support officer, I was acutely aware of my tendency to 'slide' out of my researcher role and 'slip into' providing support to participants when they became emotional (see Section 4.2.1.1 for an excerpt from my reflexive journal that exemplifies this).

To mitigate issues related to dual roles, it was imperative to declare and acknowledge my roles within Fire and Rescue NSW as a firefighter and a peer support officer and my role as a researcher – to be open about them from the outset (McDermid et al., 2014) – as well as assuring and maintaining confidentiality and privacy (described in Section 3.5.1.5). It was also essential to set and maintain boundaries in the relationship by clearly defining and setting expectations of my role as a researcher and my role as a peer, especially where the participant was already known to me. I intentionally sought permission from all participants prior to interviewing them that I could use their given or preferred name in conversation rather than using the 'chain of command' norms of 'Sir' or 'Ma'am' as a way to define my role as a researcher not a firefighter or colleague. I also ensured that I did not wear uniform when conducting interviews and noted if participants were wearing uniform in my field notes to acknowledge how this may have shifted the dynamic and shaped the meanings constructed from the interview.

Another potential challenge is the perceived stigma from outsiders regarding subjectivity (Brannick & Coghlan, 2007), which is an integral part of the qualitative research process. This was addressed by a rigorous justification of all the active decisions made along the research journey (Braun & Clarke, 2022), which are clarified in the next section as I take you on the analytic journey.

My own skill and experience as a researcher and academic also shape how I interpret the narratives and therefore, the knowledge that is generated. I do not have any formal training in either psychology or social work, which made for an uncertain, challenging, and lengthy journey and involved extensive reading as I sought knowledge of the psychological and sociological theories that are commonly used to understand experiences of suicide and trauma. However, this very positioning was also an invaluable tool. It meant I was not constrained by certain learned ways of thinking. It opened my perspectives and freed my curious, ever-questioning mind to explore and seek complexity, deeper meaning, and new ways of thinking. It also aligned with the big question approach inherent in reflexive thematic analysis Braun & Clarke, 2022).

3.5.3.2. Negotiating the Space Between

The 'space between' insider-ness and outsider-ness has been defined as 'a space of paradox, ambiguity, and ambivalence as well as conjunction and disjunction' (Dwyer & Buckle, 2009, p. 60). At the heart of the space between is an acknowledgement that the way in which we are different from others requires that we also note the ways in which we are similar (Dwyer & Buckle, 2009). It respects the fluidity and multilayered complexity of the insider researcher's experience. How can one be:

> *... acutely tuned in to the experiences and meaning systems of others –*
> *to indwell – and at the same time to be aware of how one's own biases*
> *and preconceptions may be influencing what one is trying to*
> *understand?* (Maykut & Morehouse, 1994, p. 123)

The answer to this question is complex and multi-faceted. It is to constantly improve one's skills as a researcher, to justify one's choices with conscious awareness, to acknowledge what one does not know, as much as what one does, and to remain unendingly curious of oneself and one's participants and of the process itself. As Dwyer and Buckle write, it requires:

> *... an ability to be open, authentic, honest, deeply interested in the experience of one's research participants, and committed to accurately and adequately representing their experience.* (Dwyer & Buckle, 2009, p. 59).

This, however, requires conscious awareness of oneself and one's biases that can only be achieved through deep inner work and the practice and skill of reflexivity, for within the insider space 'There is no neutrality. There is only greater or less awareness of one's biases' (Rose, 1985, p. 77). Perhaps the greatest tool of all in the qualitative research process is the reflexive use of the self as subjectivity is inherent within the narrative inquiry process (Wang & Geale, 2015) and is essential to reflexive thematic analysis (Braun & Clarke, 2019). According to Finlay (2002, p. 531), '[T]hrough the use of reflexivity, subjectivity in research can be transformed from a problem to an opportunity.' Reflexivity opens a space between subjectivity and objectivity where the distinctions between the content of the research and the process become enmeshed (Etherington, 2004). Reflexive and judicious use of the self as a research tool lies at the heart of narrative inquiry and reflexive thematic analysis, permeating every aspect of the research process. It is more than just an additional tool; it is essential to its very purpose (Braun & Clarke, 2019; Etherington, 2020). Reflexivity has been defined as:

> *... a dynamic process of interaction within and between ourselves and our participants and the data that informs decisions, actions, and interpretations at all stages.* (Etherington, 2020, p. 78)

It is essential to quality control, as well as a recursive, rigorous, and systematic process, and involves constant interrogation of how one's own values shape the research and knowledge produced, how the methods and design shape the research and knowledge produced, and how academic disciplines shape knowledge production (Braun & Clarke, 2022). Transparent reflexivity allows the reader to see how the contexts and cultures in which stories (data) are created and located shape the knowledge generated. Thus, the reflexive process is bound to ethical, moral, and methodological issues (Etherington, 2020). To be reflexive is to actively interpret my own experience in the research and then to question how those interpretations came about. It is to remain unendingly curious and is essential for respecting my own deeply embedded role in the process of co-constructing knowledge with my participants. Together, we create meaning and understanding of the experience of firefighters exposed to suicide (Etherington, 2020).

Essential to my ability to explore the richness of the space between, or, as I described in my introductory positioning, to 'sit in the soup', was a deep 'knowingness' of myself. It brought with it a capacity to 'dwell in' and draw energy from the 'soup of uncertainty', the ambiguity of the qualitative insider researcher paradigm. I could not have been discerning of what was related to my own perceptions had I not been able to 'tune in' to my own responses, reactions, and emotions. Although this was, in part, a cognitive process, more significantly, it was a visceral knowingness of emotions that enabled me to use my insider as researcher position to its greatest potential. It is only when we can truly see ourselves that we can more truly see others. Knowingness of emotion is fraught with difficulty when one's field of research involves and is intimately related to trauma, as is the case with this research.

The nature of trauma dictates that it commonly causes people who are impacted to dissociate from their emotions (Van der Kolk, 2014). It was only through many years of therapy and self-reflection that I learned that my own traumatic childhood had caused me to be detached from my emotions and have no real sense of what they meant or were telling me. I was not able to feel certain emotions in my body – the two that most readily spring to mind are anger and joy. My default was sadness. I knew that well. It was only through extensive and deep inner work supported by psychologists and psychotherapists, as well as writing my own life story, over a 15-year period that I became able to identify emotions in my body and to sit with them. This allowed me to notice when a particular interview triggered me and to write about it, to reflect, to speak with my psychotherapist about it, to engage with the experience, and to learn. It enabled me to 'sense' emotion in my participants through the conduit of my own body.

My own in-depth personal journey of healing, which continued to evolve throughout the course of this research, enriched the depth of my engagement with the data. It enabled me to use my body as a tuning fork, to listen through it and use it as a tool for interpretation. Through the reflexive process, the unconscious and unknown was brought to conscious awareness. Within the space between 'knowing' and 'not knowing' lay ambiguity and the possibility for new ways of thinking and being. The knowingness of myself brought with it the capacity to dwell in and draw energy from the soup and to effectively negotiate the challenges that come with being an insider researcher. Through thorough and deep reflexivity, I could discern what belonged to me, what my responses, reactions, and emotions were, and what were those of my participants. It was only through truly seeing, knowing, and unearthing deeper layers of myself that I could open a window to a more thorough and meaningful knowing of others. The ability to 'be with'

myself enabled me to 'be with' my participants, to hold space without becoming lost in their experience such that my interpretations were made with conscious awareness. The knowing of myself also enabled me to learn through the experience of being an insider researcher without needing to use the process to validate or prove my own experiences.

3.5.4. Chapter Summary

This chapter began by outlining the research problem and how it led to the research question. It then described the ontological, epistemological, and methodological underpinnings of this study, which set the frame for the study design and methods. This section outlined the context or study setting, the data set (narratives of firefighters exposed to suicide), and my own positionality within this research, how I navigated the challenges, and how it influences the knowledge produced. The next chapter explores my approach to data analysis and the analytic process that was undertaken.

Chapter 4.
Data Analysis – Co-creation of a New Story

This chapter explores the 'why' and 'how to' of my approach to analysing my data (the narratives of firefighters). It begins by introducing reflexive thematic analysis as a way of capturing meanings across the data, which aligns with the ontological, epistemological, and methodological underpinnings of this research. It then takes the reader on the analytic journey, outlining in detail the six-phase analytic process.

4.1. Reflexive Thematic Analysis

This section introduces reflexive thematic analysis as an analytic method used to capture meaning from stories. I locate my analytic approach, describing how and why a constructionist, relativist, and critical positioning was taken. Reflexive thematic analysis is a theoretically flexible approach to analysing data that is embedded within and reflects the values of a qualitative paradigm (Braun & Clarke, 2019). There are many variations of reflexive thematic analysis based on the type of qualitative and theoretical framework, the focus of meaning, and the orientation to data. Here, I locate and justify my approach to reflexive thematic analysis and my orientation to the data within the three-dimensional space of narrative inquiry.

Relativist thematic analysis is an ontological and epistemological approach to analysis that aligns with constructionism (Braun & Clarke, 2022) and a narrative perspective. Relativist reflexive thematic analysis is a 'big question' approach that explores meaning in context, unlike a realist or essentialist approach, which aims to capture truth or reality as expressed within the data set. A relativist approach aligns with the purpose of this research and the research question itself, enabling an exploration of the meanings generated from the narratives of firefighters exposed to suicide. Knowledge is contextually located (situated) within the fire service and produced within relationships and interactions, respecting the dimensions of place and interaction. I, as the researcher, am a part of the process of the narratives that are constructed and told. Meanings captured within the narratives are, therefore, co-constructed between me as the researcher and the firefighters who participated in this research (Braun & Clarke, 2022).

Within a qualitative paradigm, a critical framework focuses analysis on interrogating and unpacking meaning around exposure to suicide as opposed to an experiential perspective where

analysis aims to capture and explore people's own perspectives and understandings. With a critical approach, language is more than a communication tool; it is a social practice that actively creates meaning and is an integral part of the way truth and reality are put together. Language is conceptualised as constructionist reflecting shifting truths and meanings. With an experiential approach, language itself communicates and reflects meaning and is used to convey participants' realities or truths. A critical framework for analysis, therefore, afforded respect for the constructionist and narrative underpinnings of this research where language is central to the construction and transmission of meaning (Bruner, 1990). It allowed a focus on meaning making, construction, and negotiation, and unpacking and interrogating broader patterns of meaning.

Taking an interpretive approach with a focus on latent meaning enabled me to examine the underlying ideas, assumptions, and conceptualisations that shape or inform the content of the stories told (the data). It afforded an exploration of meaning at a more implicit level, as opposed to a focus on semantic meaning, where meaning is explored on a more explicit or surface level. Such a focus facilitates a deep exploration that seeks complexity and affords rich understanding. Similarly, a more deductive (rather than inductive) orientation to data enabled analysis to be shaped by existing theoretical constructs (some of which are described in Chapter 2), which provided a lens through which to interpret the data and generate themes. However, the variations on the approach to reflexive thematic analysis outlined are not categorical; rather, they sit on a spectrum or continuum. During the analytic process, which is depicted in the following section, I explore in more detail how my approaches shifted as I navigated the analytic journey. This section situated my analytic approach within the narrative inquiry space and illustrated how it attends to a deep exploration and understanding of firefighters' experiences of exposure to suicide. The next section takes the reader on the analytic journey, outlining the six-phase analytic process.

4.2. Analytic Process: A Journey in the Narrative Landscape

I undertook a six-phase reflexive thematic analysis (Braun & Clarke, 2006, 2019) to explore patterns of meanings across the 20 narratives that formed my data set. Whilst the phases are distinct, I moved recursively between them, often returning to earlier phases as the depth of my inquiry intensified and my interpretation of the narratives evolved. The process was convoluted,

challenging, and messy, much like my life and every adventure I have ever been on. The quality of the research is ensured by the depth of engagement with the data and situated reflexive interpretation. Therefore, within my description of the process, I include excerpts from my reflexive journal to illustrate my influence on the interpretation of the narratives and themes generated from them. The process and output of reflexive thematic analysis builds an argument and tells a story (Braun et al., 2022). By doing so, it stays true to the narrative theoretical framework on which this research is based, as well as aligning with the lens through which I perceive, understand, and make sense of the world and my own experiences.

Braun and Clarke (2022) use the metaphor of an adventure to describe the reflexive thematic analysis journey. I, too, describe my analytic process within the context of an adventure, using reflexive thematic analysis as my trusty travel guide. The way in which I navigate this adventure and engage with the data reflects and is embedded within my own life journey. Whilst deep in the analysis phase of my research, a friend and I cycled 5,000 kilometres unsupported across Australia. There were so many challenges faced along the journey that seemed not only symbolic of my analytic journey but also fundamentally shaped the interpretation of my data. I invite you to come with me on this journey, a journey within the narrative vehicle and the landscapes of firefighters' stories, learning to navigate and to explore, meeting challenges and unexpected obstacles, revealing hidden pathways, and ultimately, discovering a whole new world.

4.2.1. Phase 1 – Familiarisation with Data: Expedition Planning

My friend and I started planning our cycling adventure over a plate of chilli scrambled eggs after the first COVID-19-enforced lockdown in May 2020. Like all big adventures, it required extensive planning. We had to familiarise ourselves with the route, our bikes, and the equipment long before we set off. I took the same approach to my data.

4.2.1.1. Initial Reflections

The analytic process began during each interview. Immediately on completion, I used reflective field notes to not only record details such as the date, location, and setting but also critical reflections regarding the content of the interviews, the sense of space (emotion and energy) and place, and reflections on the use of the interview guide, on what might not have been said, as well as ways that the interviews shaped or altered previous assumptions I had made (Schwandt, 2015). I often returned to these notes throughout my analysis to ensure I was attending to both

mine and my participants initial instinctual responses. These contextual observations were a vital part of my subjective and interpretative process. They were the very beginnings of my analysis and informed future translation into the themes I generated. In addition, after each interview, I wrote about what had come up for me in my personal journal. What imprint had that interview left on me? What, if anything triggered me? Why were some significantly more triggering than others? This reflexive journaling continued throughout and was an intimate part of my research process and analysis. Below is an excerpt from my reflexive journal following one interview.

> *This one affected me. I can feel his grief, so similar to my own. The deep sense of loss, that two of the people he loved most are gone. I find it hard not to just give him a hug, so instead I depart from the interview schedule and try to offer insights and support. Later though I realise there is more to why his story triggers me than just the grief. I can hear a pinching in his voice at times when he's talking about the loss of his two friends. It's as if his throat is closing off trying to stop the real emotion from erupting. I can hear this because I've heard it in my own voice. I notice that he never mentions anger, and there is no anger in his voice. This resonates with me at a deeply unconscious level. It is only months later that I realise why. I swallowed my anger for years and I hear the same from him. The things that are left unsaid, his heavy energy and the tone of his voice when it pinches. Is part of the 'heaviness' that I feel from him, the weight of anger turned inwards morphing into and manifesting as depression?*

I wrote freely. Often, it began as a brainstorm of what I felt in my body. Over the ensuing hours and days, or sometimes even longer, I would return to the journal as I processed and was able to 'unpack' what my reaction was telling me about myself. I debriefed and workshopped the most triggering interviews with my trusted psychotherapist. This reflexive process was essential to my ability to discern between 'togetherness' and 'separateness' and the insight that sits in the space between. It enabled me to have conscious awareness of my own preconceptions and assumptions, and ultimately, to engage more meaningfully with my data so that I could understand what my participants were trying to tell me and how that both intersected and diverged from my own experiences.

4.2.1.2. Transcription

As part of the preparation for the adventure, I downloaded InqScribe transcription software Version No 1.5 and transcribed each of the first six interviews myself using this software. All interviews were transcribed verbatim, including non-lexical discourse markers, to ensure I paid attention not only to the words that were used but also to other ways in which experiences are communicated. I trialled the use of the auto transcription service Otter.AI Version No 2.1 for Interviews 7 and 9, and the paid transcription service Rev (including confidentiality clause; https://www.rev.com, 2019) for Interview 8. Adventure planning requires attention to detail. Hence, I checked these three interviews for accuracy, listening and making amendments to all, ensuring consistency. As tools for my analytic adventure, I found neither of these two transcription services to be accurate enough for my purposes. It was a bit like training for our adventure on a stationary bike. It gets you fit, but it denies the immersive experience and doesn't prepare you for the complexities of the natural environment. Hence, all remaining interviews were transcribed by me and included close attention to non-lexical markers such as emotion, tone of voice, hesitation, coughs, and silences. These were recorded in square brackets within the text and then noted in comments. Each part of every interview was listened to several times to check the accuracy of the transcription. I found that doing the transcription myself immersed me within the narratives in a more experiential sense, deepening my engagement with the data. Transcription took place between May 2019 and the end of October 2020. Each interview was transcribed within two weeks of it taking place.

4.2.1.3. Initial Thoughts and Comments

In the process of transcription, I made initial comments that I included in the body of the transcript in square brackets when something significant 'jumped out at me' from the audio, whether it was the language itself or the way in which the words were said and the emotionality expressed. I then copied and pasted the transcription into a Word document for all participants, re-reading the entire transcript. I made comments in the documents as I went, noting anything that seemed significant and my initial thought processes. I deleted some of the affirmative interjections I made as the researcher that interrupted the flow of the narratives, such as 'yeah' and 'mmm'. This allowed the narrative to flow more freely without losing any of the meaning. It was analogous to culling superfluous equipment after a practice ride to make for a lighter load and more seamless adventure. I focused on what was said and how it was said without looking at deeper meaning. This early 'experiential' orientation to my data afforded a focus on

participants' lived experiences, their sense making and perspectives, which then informed deeper insight into broader patterns of meaning and a more critical orientation as my analysis progressed. I wrote general analytic comments, ideas, and insights in my research journal, as well as continually reflecting on my own experiences and emotions in my personal journal.

4.2.2. Phase 2 – Generating Initial Codes: The Novice Adventurer

In one's eagerness to get going on an adventure, one often charges ahead, grabbing the most available and accessible equipment to set off as soon as possible. Such an endeavour is always destined to failure. It is also part of the process, an invaluable learning opportunity. My initial attempts at generating meaningful codes were those of a classic underprepared, over-enthusiastic adventurer. They were also a reflection of my position as a novice to qualitative research with nearly two decades away from formal academic study. I felt like a deer in the headlights. Having transcribed my first two interviews, I attended a workshop on the use of the qualitative data analysis software NVivo Version No 12.6. I was keen to familiarise myself with the software and transported these two transcripts into NVivo. I attempted to start coding and generating initial code labels. I realised quickly that I was getting ahead of myself. I not only needed to conduct more interviews but also be much more familiar with my data if I was to construct relevant meaningful codes. During this time, I was also still 'playing with' different ways of analysing narrative data.

Initially, an inductive approach to data coding and analysis enabled me to work from the ground up to generate codes and themes, letting the data drive the direction of analysis. There was no attempt to 'fit' the data into any existing theory. This initial focus on semantic meaning facilitated an exploration of meaning at a more explicit level, which aligned with my early experiential orientation to my data, described above.

4.2.2.1. Summary Writing

I started writing 2- to 4-page summaries of each interview after I had completed my initial read-through and making of comments. I noted one word that best described the interview in my own eyes. I liken it to buying a brand-new hi-tech headlight that promises to help you see everything in the dark and expedite your navigation but ends up showing you the entrance to a wrong turn. On reflection, I realise that this 'one word' approach precludes depth and meaning and again reflected my lack of experience in the qualitative research arena. It also did not align with my methodological approach or the aims of the research to seek complexity. The quickest route

is not always the best. It's often sterile and denies richness. The summary writing, however, allowed me to take a big picture perspective. It enabled me to dig deeper into each individual narrative and its context and explore, through my own writing and reflexive process, my reaction to each interview, as well as the sense of affect, space, and place (see Chapter 6 for participant profiles). This process helped orientate me to my own positioning within the research and situate each narrative within the fire service context and broader data set. I continued to update these summaries if anything new came to me about them as I repeatedly read and listened to the interviews.

4.2.2.2. Back to Basics

When COVID-19 hit the world in March 2020, I had completed 15 interviews. The pandemic placed an enforced hiatus on further data collection. This afforded me the opportunity 'play' with my analytic approach, to read more broadly, and to orient myself more clearly to the data. It felt like, and was, a messy and uncertain process, which seemed fitting as we planned our adventure across Australia amid the pandemic and recurring lockdowns. After re-listening and re-reading many of my transcripts, I returned to Braun and Clarke (2019), reading more about their updated reflexive thematic analysis. It immediately felt like it 'fitted'. Their approach sat so very comfortably within my own worldview. The deeply embedded nature of reflexivity in their process, the invitation and active leaning towards creativity, but also the adherence to procedure and recursiveness to ensure a solid foundation. I had found a way to approach my data analysis that was not prescriptive but felt manageable and satisfied my curious, adventurous, and creative mind. It was analogous to finding the right bike to complete our adventure. A bike that both fitted me and could adapt to all terrain from bitumen to gravel and sand.

4.2.2.3. Learning to Create Code Labels

I returned to my transcripts, and this time worked systematically and inclusively through every interview several times, highlighting segments of data in NVIVO and creating code labels. On reflection, I initially fell into many of the pitfalls and misunderstandings that Braun and Clarke discuss in the published and updated academic literature regarding the process of reflexive thematic analysis (Braun & Clarke, 2021a). Many of my codes were drawn from respondents' answers to my interview questions, which I then explained using a quote drawn from the data. During this time, I brainstormed ideas using one word for a particular code label written on a

post-it note initially stuck on my kitchen cupboards and later on butchers' paper. Many code labels didn't seem to belong anywhere and didn't make it into my post-it note code collage (May 2020). I grouped the code labels by colour. Blue represented code labels that related to firefighter organisational culture, ways of working and thinking. Yellow were the code labels that related to more latent meanings I had identified within the narratives. Pink were code labels that represented contextual factors related to suicide. The last group at bottom left (also blue due to running out of different coloured post-it notes), represented code labels that related to different narrative trajectories (Figure 4.1).

Figure 4.1 Code label collage
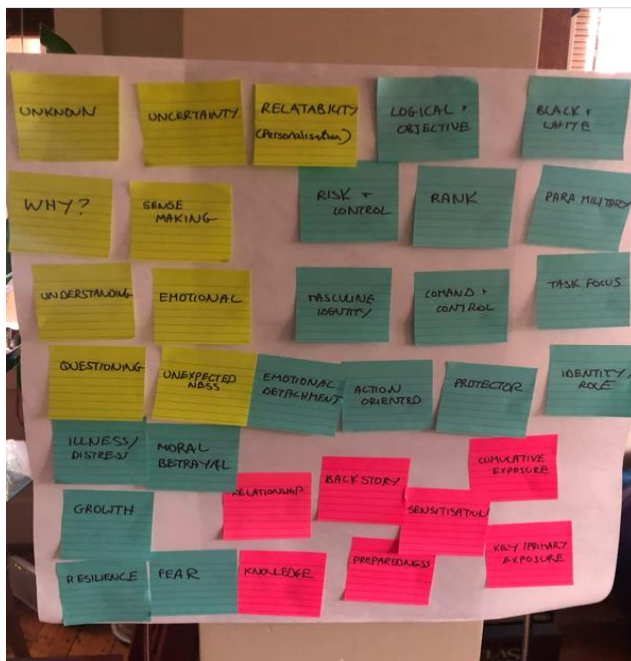
Essentially, my post-it code label collage was like a satellite image of the expedition route. This visual representation, which sat on my kitchen cupboards for months, ensured I kept attending to the bigger picture as I searched for the central organising concept, the main plot in the story of firefighters exposed to suicide.

I was yet to grasp and embrace the skill of interpretation. The initial phase was inevitably a superficial, more experientially-oriented peek into the data, much like a practice ride prior to the big adventure, when one checks the equipment works and that one has the skills to use it. I wanted desperately to get going on the 'real' adventure so that I could make incredible discoveries.

By October 2020, I had generated 57 code labels in NVivo and many sub-codes within them from the 20 narratives of firefighters. I had some rather thin descriptions of each code and multiple potential themes swilling around inside my head.

4.2.3. Phase 3 – Generating Themes: Obstacles, Opportunity, and Uncertainty

We had planned to depart on our ride across Australia in October 2020, but had to postpone due to COVID-19 restrictions. At the time, it seemed challenging and disappointing, but it afforded a chance to better prepare. All obstacles present fruitful opportunities as long as you seek what can be learned from them. I honed my skills and kept revisiting the reflexive thematic analysis process, both reading and attending webinars. I started to understand the interpretive process, that it was not only 'ok' to generate meaning through my own lens, but it was, in many ways, what it was all about. I just needed to keep reflecting, keep learning, and actively justify my analytic decisions.

I wrote a freeform evolving reflexive piece based on my own reactions to each interview, which enabled me to dig deep into my own assumptions and experiences and how they influenced the interpretation of my data. I recursively revisited my interviews by both listening and reading through the lens of my own insider status. I revisited NVivo and did another sweep of my transcripts, refining my codes as I continued to shuffle my post-it notes and scribble numerous iterations of mud and concept maps. I trialled the use of Miro (an online virtual post-it note platform) to explore and develop concepts that were shared with my supervisors. It was a lengthy process. I retained the initial superficial level (or semantic) codes created in NVivo as they provided the foundation upon which the deeper conceptual (or latent) codes were generated as my interpretive skills developed.

Attempting to generate themes in NVivo felt sterile and restrained my analysis. It didn't allow me to draw on a broad range of sensory input that I knew from my background in physiology and my own experience of writing my book, would give me a far richer and rounded perspective. I was, however, becoming overwhelmed with the explosion of files and apps on my laptop in the form of excel spreadsheets, Word documents, notability files, and Miro maps – not to mention the cacophony of post-it notes that remained on my kitchen cupboards in my small apartment.

4.2.3.1. The Art of Packing – Data Management

Whilst I am an inherently messy person, which has its benefits for creativity, the chaos didn't allow brain space for clear analytic thought processes or the ability to outline my process to the reader (and examiner). No equipment trial is wasted though. I found NVivo to be a useful data management tool with which I could maintain some semblance of control over the file explosion that was my desktop. Transcripts and initial codes were stored in NVivo along with some early concept maps. NVivo, however, was not utilised for theme generation and deeper analysis. The use of computer-assisted software for my analysis felt a bit like using a GPS to navigate instead of a handheld compass. It's 'easier' and quicker, but you're likely to miss hidden pathways and tiny back roads that both challenge you and enrich your experience and learning in unimaginable ways.

4.2.3.2. Paper, Pens, and Mud Maps

I took to pens, pencils and paper to re-ground and engage my sense of touch, just as I had done when I wrote my book. The parts of my book that I wrote with pen to paper were always the most resonant and authentic to my own truth. The physical sensation of the pencil ignited something different in me. This was especially important when it was not possible to physically change environments due to COVID-19 restrictions. I scribbled multiple mud maps and concept diagrams in a sketch book. I imported clean transcripts and both created and refined existing semantic and latent nodes that had evolved from my analysis to date. I wrote a more expansive description for each. I then systematically went through another sweep of each transcript, amending, collapsing, and updating codes in NVivo, consciously choosing to start at Interview 10, not 1. I was often unsure if I was 'doing it correctly' and oscillated between wondering if I had missed things to thinking I was seeing things that weren't there. I reflected in my analysis journal on my positivist scientific background as well as my own experientially related need for certainty that I explored in Section 1.6. This was an organic and evolving document that helped me to 'dwell in' the messiness and uncertainty of my thoughts and reflect on how it shaped the interpretation of my data. I freely played with ideas as I generated codes and themes. I questioned, 'Are some codes actually evolving into themes?' I explored different ways of grouping narratives, according to the relationship to the deceased, rank, characteristics of the deceased, understanding and sense making, perceptions of the ability to help, and coping strategies. I even played with, but relatively quickly discarded, the idea of grouping narratives

according to my own reactions. The process deepened my reflexivity. I could feel the draw to categorise, the need to 'find' something. It was a deeply uncomfortable place to be.

However, through my wrong turns and attempts at finding easier paths, I learned vital skills and accumulated valuable knowledge. Following my enforced hiatus in data collection, I returned to complete my last five interviews, which were necessarily (due to COVID-19) conducted either virtually or by phone. Interestingly, I noted that none of these triggered me emotionally. I completed transcription, initial 'comments', and wrote summaries using the same process outlined above. I brainstormed ideas related to conceptual themes that I was generating in my head as I read the narratives. I kept scribbling mud maps and adding to a 'themes' document that played with ways in which my post-it code labels related to each other. By October 2020, I had generated 11 broad themes. Table 1 outlines the theme titles. For a full description, see Appendix H.

Table 1 Eleven themes generated during analysis.

Theme Label	Theme Title
A firefighter's world	Occupational culture and identity shape the experience
Sense making	The How vs Why?
Meaning making	It's not about closeness
Control	If you can't control it, how do you know?
Personalisation & relatability	The barrier of firefighter immunity
Vulnerability	A confrontation with vulnerability
Suicide as an option	Could I, Couldn't I?
Moral injury/betrayal	Could I have?
Accumulation and turning points	This was the one
Expectedness & preparedness	I had a sense it might happen
It's different	A different emotional landscape

4.2.4.   Phase 4 – Reviewing Themes: In Search of a Different Perspective

I struggled to define the central organising concept that would unite my themes and form the central plot. For months, I sat in the uncertainty and the 'not knowing', trying to find 'an answer' so I could extricate myself from the discomfort of the soup. It was ironic that during the COVID-19-enforced lockdown, it was concepts related to the 'unknown', control, uncertainty, unanswered questions, and the struggle to make sense that seemed to keep presenting themselves as central plots in the narratives of firefighters. I began to realise how the pandemic was also shaping my interpretation of the data as well as numerous other things. The very drive to generate a central organising concept was related to my own desire for a sense of control over my ever-expanding pieces of paper, post-it notes, and desktop files, and for a sense of 'knowing'.

I started to ask questions about how firefighters relate to control based on my own experience as an operational firefighter and in conversation with other firefighters. Do we relate differently to control because of the way we work and the organisational structure within which we work? And how might that relate to suicide, which in many ways represents the ultimate 'unknown' or perhaps even the 'uncontrollable'? Something one of my firefighters, Luke, had said stuck in my head: *unless you control it, how do you know?* It led me to generate the statement, 'If I'm in control, I'm ok', to capture the meaning that firefighters attached to control and to explore how suicide might impact this. I re-read and listened to my transcripts. I continually asked these questions: How are control and not knowing showing up in the data? How are they showing up for me? How are they situated within the firefighter organisational and cultural context? I created a mud map of specific words that related to both the unknown and control for each participant. The words were primarily drawn from a synonym and antonym search for these words on WordHippo (an online searchable thesaurus). I started to see myriad ways in which control and not knowing were playing out in the narratives I was reading and how they related to sense making, uncertainty, and unanswered questions. I liken it to the many different routes that were open to us to reach our destination at the easternmost point of Australia, some more direct and obvious than others.

Figure 4.2 Mud map – unknown and control

I sat in the messiness that is inherent in the inductive, reflexive, and qualitative process. It was deeply uncomfortable whilst also strangely exciting, just like all the best adventures. It was only through looking deeply, beyond the words and between the spaces across the stories that I started to glimpse what my firefighters were really telling me about what exposure to suicide means for them. I returned to my data set and did another sweep. Did my 11 themes fit my data and were they somehow all related to not knowing, control, and sense making? I started to cluster some of my codes and themes according to these three overarching concepts. This enabled me to expand on descriptions of what I meant by these three terms. I started pulling out data extracts and put them in excel spreadsheets, trialling yet another platform that might help give me some sense of clarity and organisation. Still, I could not make sense of how my themes fitted together or if, indeed, they did at all. I needed distance, a hiatus to take a different perspective.

4.2.4.1. Heading Off into the Unknown

The uncertainty and uneasiness felt like the anxiety around our planned expedition. Interstate borders opened fortuitously in February, and on 12 March 2021, we set off on our adventure from the remote westernmost point of Australia. The real journey had finally begun, as had the extent of the challenges we would face, which involved traversing sand dunes with a 70 kg bike in 40-degree heat. That was only the start. The same was true of my analysis. In many ways, the analysis of the stories of firefighters is reflected in the adventure, struggle, and trauma of my ride across Australia. As we cycled, I processed, ingested, and digested all the stories of firefighters that I had heard. Near the border from Western Australia to South Australia, time zones change, but no-one, including modern technology, knows exactly when or where. My watch and phone kept flicking between times, as if they were confused. The roadhouses we stopped at had multiple clocks showing different times. For two days, it felt as if we were in a disorientating space between times. A young cyclist named Leif, whom we had met, had been killed by a road train on the Nullarbor just days before. I felt fragile and uncertain. I found myself reflecting over and over on the stories I had heard, peering through the lens of uncertainty into what my firefighter participants were telling me, not just hearing their words, but feeling their words on a visceral level. I kept video logs and a journal throughout this time. I felt like I was literally, and metaphorically, in a space between and somehow, I felt intuitively that many of my firefighters' stories reflected different ways in which suicide drew them also into a space between, a space of uncertainty and ambiguity. I didn't yet know what this space represented or meant. I returned home in May 2021 and searched the literature on liminal spaces and the experience of liminality. On 27 June 2021, I wrote in my journal: *sitting in the messiness, literally and metaphorically. Questioning if I'm making it up, whilst also feeling I'm on the edge of something deeply meaningful. I can't quite grasp it, but I know it's there*.

Figure 4.3 Concept map – October 2021
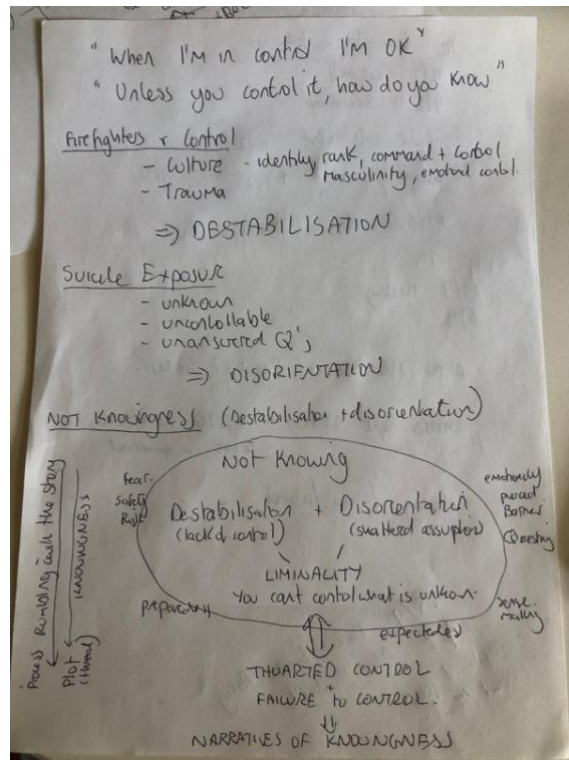
4.2.4.2. A New Perspective

Following my 10-week hiatus to ride across Australia, I re-engaged with my data. I and it felt different. I physically printed out clean transcripts and began chopping them up, placing coded data extracts in 'theme' piles somewhere between control, the unknown, and unanswered questions. I physically shuffled, agonising over what to 'let go' of. I discarded data extracts and codes that didn't reflect the meaning of the themes or the entire data set. Sitting in uncertainty amongst my piles of transcribed data extracts felt analogous to the decision we had to make when we reached the border between Western Australia and South Australia, deep in the liminal space of an unknown time zone after Leif, the young cyclist, had been killed. The danger and risks associated with riding were thrust to the fore. We had to reflect on why we were doing the ride and what it meant to us within the context of our own life journeys. We had to decide whether to continue our ride, to re-route, or to abandon. It was a difficult decision that involved letting go of our desires and preconceived ideas. The process of discarding some of the codes and coded data felt the same. Some of it felt so meaningful and valuable but did not speak to my thematic map or reflect the meaning of the entire data set. Many codes were collapsed in this process if they didn't adequately capture a theme. The themes also changed and evolved. This physical process enabled me to dive more deeply into the varied ways in which not knowing, unanswered questions, and a lack of control could be interpreted in the context of fire

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services, suicide, and the associations between them. I generated subthemes related to meaning making, expectedness, and knowingness. I scribbled mud maps and concept maps.

4.2.5. Phase 5 – Defining and Naming Themes: The Most Challenging Adventure of All

At the beginning of 2022, towards the end of my analysis, I became unwell, spending time in hospital. During my time in hospital and over the subsequent months as I recovered, I found myself once again reliving my own trauma on a deeply organic, embodied, and existential level that I could not understand cognitively. I had turned 51 at almost the exact time that I became unwell. This was the age my mother was when she died, and I could almost feel her presence. I could not engage in any of my usual distractions or pleasures during this time as I could not do any physical activity. I could only be alone with my experience, to dwell within it. On 27 March 2022, I wrote in my journal:

> *As I was analysing my data, my own life seemed to mirror or immerse itself within my analysis. I was presented with an injury that made no medical sense. An injury where there was no answer. Is this what it feels like to be in a liminal space? A space of transition and not knowing on every level. It felt like a rite of passage, a transformation of my body, my spirit, my very being. I felt like a snake shedding its skin. Jung talks about movement through the dark phase of a liminal space as a disintegration and disorientation – exactly how this process has felt to me. Disorientated, floundering to locate my inner compass, what was real, what was not. A disintegration of the very essence of my being. A pulling apart of old ways of being and thinking. I felt it all playing out in my body. A tendon trying to hold on, clinging desperately to the past. Gripping tightly. Strand by strand, one fibre at a time straining, then rupturing every time I veered back towards the old ways of being, the comfort of the 'known', despite its pain and destruction.*

I felt the shifting sands of meaning as memories of the past fought their way out of the depths to surface in the present and project me with an angry thrust into the future, changing my way of being in the present. The resurfacing of old traumas and experiencing them in a different way led me to read further and more broadly in an academic sense, beyond Western psychological

models of trauma. Being unwell opened an opportunity to look deeper at philosophy and existentialism, to reflect on what it means to be human, to be present and conscious. Meditation became part of my daily practice, a window into deeper consciousness that intensified my engagement with the data. I questioned what story my themes told and how they related to the overall story and to my research question. I was diving deeper and deeper into the very essence of truth, both my own and the co-produced interpretive truth of the narratives of firefighters exposed to suicide.

4.2.5.1.   Uncovering New Layers

I came across Antonovsky's work on sense of coherence (Antonovsky, 1996) somewhat accidentally whilst presenting preliminary findings from my PhD at a conference not long after getting out of hospital in March 2022. During my presentation, I referred to violations of coherence in relation to the narratives of firefighters and the themes that I was in the process of generating. Following the presentation, a paramedic scholar asked if I was aware of salutogenesis and its foundations in sense of coherence. I was not, but it led me to seek out not only Antonovsky's work but also literature on coherence more generally. The more deeply I read, the more it resonated, profoundly shaping the analytic lens through which I was exploring the narratives of firefighters and naturally shifting me along the spectrum towards a more critical and deductive orientation to my data and analysis. My literature review evolved and was guided by what I found in my dataset in a circular process. The data drove my reading, my reading and reflexive practice drove my analysis.

4.2.5.2.   Rabbit Holes

My curious mind wanted to explore every angle. I had numerous in-depth discussions with a trusted fellow PhD student and friend who is also a psychotherapist. I liken her to my ride partner. We supported each other through the entire PhD journey, engaging in regular 'shut up and write' sessions, often bouncing ideas off each other. We had so many robust discussions about what it means to be in the world as we both grappled with enormous philosophical concepts. These discussions expanded my thinking immeasurably and gave me a more clinically oriented perspective on my data that resonated on many levels, but also sent me down yet more rabbit holes.

All these experiences led me to constantly tweak, sharpen, and hone the focus of the lens through which I interpreted the narratives of my firefighters, to see truth, to feel it shift, to question it, and to question myself, and ultimately, to keep returning to the underlying philosophical paradox of suicide. It was here, from within this paradox, that I could interpret, explore, and understand the experiences of firefighters exposed to suicide. I had found the essence of the story my narratives told, the central organising concept that united the themes I had generated.

I wrote a description of each theme that captured the story of it, as told by the data. Informally in conversation with other firefighters, I described my themes to them. I also presented my preliminary findings at the Fire and Rescue NSW peer support conference in May 2022. This afforded me a way to 'check' if my themes resonated on some level. A couple of times people had a visceral response, describing it as a chill down their spine, as I explained my findings. My time as a physiotherapist taught me how the body so often communicates what words cannot describe. That was when I knew that what I had found was profoundly meaningful.

4.2.6.   Phase 6 – Final Analysis and Write up: Coming Home

I began Phase 6 in mid-2022, although I found myself recursively revisiting Phase 5 throughout my write up. The process of writing itself deeply enriched the way I engaged with the data and the depth of my critical thinking. It forced me to reflect on assumptions and decisions I had made. I interrogated my own interpretation, considering both the philosophical concepts and psychological theories I had researched about existentialism, meaning making, and trauma, as well as revisiting the empirical literature. I rewrote my literature review, unearthing new literature that further deepened my theoretical and conceptual understanding. The process of writing illuminated areas that I either did not fully understand or where the data did not clearly depict the themes I had generated. In many ways, this was the most challenging part of the whole adventure. It was analogous to ascending the Great Dividing Range towards the end of our ride across Australia, which involves a steep and relentless ascent, just when you're most fatigued. At times, it felt like I was not moving at all. Everything hurt. This painful but necessary 'ascent' lasted from November 2022 to February 2023. My supervisors advised me to stop reading as I tunnelled down a million philosophical and theoretical rabbit holes.

Eventually, I had to make an active decision on the lens I was choosing to take in my analysis and acknowledge that there were and are other equally valid and valuable lenses I could have

taken that would have yielded different results or interpretations. Ultimately, my interpretation was deeply embedded within my personal journey and experience during and prior to my analysis and within my position as a firefighter with lived experience of exposure to suicide personally and professionally. The final write up has involved numerous drafts to enable me to tell the story of firefighters exposed to suicide. It was during this last phase that I realised that the themes I had generated were situated within the context of temporality, and I developed this conceptual map as a visual representation of my findings.

Figure 4.4 Conceptual map of study findings
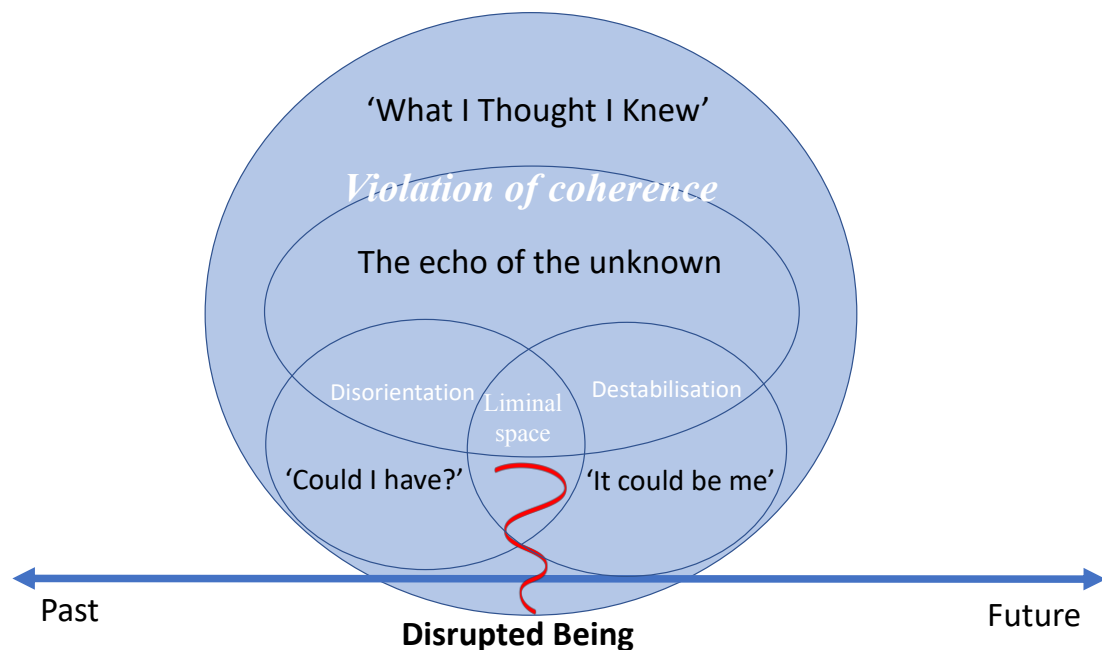
According to Heidegger (1962), temporality gives structure to meaning. It was the missing thread within the tapestry that tied the themes to the overarching narrative. The philosophical paradox of suicide is experienced by firefighters exposed to it as a violation of coherence. My analysis and interpretation deepened and continued to evolve right up to this, my final draft, which I read out loud to myself in entirety to ensure it was, in itself, a coherent narrative. It is only now, as I arrive home, that I feel I really understand the skills involved in undertaking good quality reflexive thematic analysis. It almost (but not quite!) makes me want to do it all again.

We arrived at the easternmost point of Australia on 12 May 2021 having pedalled some 5,000 kilometres, changed by the experience, just as I arrive at the end of this PhD changed by the journey. It was the challenges and the intensity of the struggles faced that enabled me to grow

and enrich my experience of life. The analytic journey expanded my thinking in unimaginable ways, opening my mind and deepening my experience of the world. There is, in some strange way, a sense of grief mixed with relief and humility associated with the ending of this wild, tumultuous journey.

4.2.7. Chapter Summary

This chapter explored the 'why' and 'how to' of my approach to analysing my data (the narratives of firefighters). It began by introducing reflexive thematic analysis as a way of capturing meanings across the data, aligning it with the ontological, epistemological, and methodological underpinnings of this research. The chapter then took the reader on the analytic journey, outlining in detail the six-phase analytic process that was undertaken to explore and capture the meanings across and within participant stories.

Chapter 5.

Introducing the Study Results and the Characters in the Story

This chapter begins with a narrative overview of the participant demographics to provide the reader with an understanding of the data set. This is followed by a demographic table of participants that outlines the pseudonyms by which I refer to each firefighter and other key variables such as their rank, years of service, and the number and types of suicide exposures as recalled by them. I then present a narrative profile of each participant, which includes my own reflections and overall 'sense' of each interview. These profiles formed a base from which themes were generated, as described in the preceding chapter. The chapter concludes by presenting results from the data analysis, which revealed what it means to be in the world as a firefighter. It provides a context for understanding the themes that have been generated from the interviews depicted in Chapters 6 and 7.

5.1. Demographics

All participants are referred to by their chosen or assigned pseudonym. In addition, any identifiable person mentioned within a participant's narrative is also referred to by a pseudonym.

Twenty firefighters participated in the study. Of those, 18 identified as males and two as females. This was representative of the gender split in Fire and Rescue NSW at the time of the interviews (2019) and reflects the highly gendered nature of the firefighting profession. In some interviews, I was aware that my identity as a female firefighter altered the 'space' in which the narrative was co-created. It seemed to invite some participants (both male and female) to show vulnerability and express emotion that perhaps they might not have had I been male. Fifteen participants were permanent full-time firefighters and five were part-time on-call firefighters. Participants were located across both regional and metropolitan NSW and were aged between 31 and 60 years. The years of service in Fire and Rescue NSW at the time of interview ranged from 8 to 39 years. The firefighter ranks represented in the sample population included senior firefighters, station officers and captains, inspectors, and superintendents.

There was a broad range of both type and number of suicide exposures. Occupational suicide exposures were defined as those occurring at an emergency incident as a firefighter and ranged from zero to greater than a hundred per participant. Whilst, for the most part, this meant that the deceased was *not* known to the firefighter, this was not always the case. Some participants, particularly on-call firefighters, noted that they had in some instances responded to an incident involving a suicide death where the deceased was known to them. All except one participant (Phoebe) had some personal exposure to suicide through the death of a family member, friend, or colleague. Nine participants had experienced the loss of a firefighter colleague to suicide. It was clear from the interviews that most firefighters were unable to recall or identify the exact number of exposures that they had had, especially in an occupational context. This is reflected in the demographic table that follows. Whilst participants were asked about exposure to suicide attempts as well as deaths, all the narratives focused on suicide deaths, and many were unable to differentiate or identify if or when an event was a suicide attempt. For this reason, the number of exposures to suicide attempts have not been recorded in the demographic table but are mentioned in the individual participant profiles where applicable.

Table 2 Demographic table of participants

Name	Age	Gender	Permanent/ On-call	Years' Service	Rank	Personal Exposures	Occupational Exposures
Phil	53	Male	Permanent	32	Acting Superintendent	1	Multiple
Matt	40	Male	Permanent	10	Senior Firefighter	2	4
Greg	48	Male	Permanent	23	Senior Firefighter	5 or 6	10–15
Brett	55	Male	Permanent	34	Superintendent	6	> 100
Will	60	Male	Permanent	39	Inspector	1	Multiple
Kevin	53	Male	Permanent	34	Superintendent	1	6
Max	31	Male	On-Call	13	Captain	2	> 10
Luke	50	Male	Permanent	23	Leading Station Officer	3	Unknown
Liam	46	Male	Permanent	19	Senior Firefighter	2	3–5
Simon	37	Male	Permanent	18	Senior Firefighter	6–10	10–12
Barry	58	Male	Permanent	31	Senior Firefighter	10	0
Trevor	52	Male	Permanent	19	Senior Firefighter	3	2 or more
Jamie	54	Male	On-Call	8	Firefighter	3 or 4	0
Ethan	43	Male	Permanent	17	Senior Firefighter	3	10
Anne	49	Female	On-Call	10	Firefighter	8 or 9	0
Mark	60	Male	Permanent	33	Inspector	6–10	3 or more
Shane	53	Male	On-Call	24	Captain	2	2
Jay	51	Male	Permanent	17	Senior Firefighter	3	1
Phoebe	32	Female	Permanent	9	Senior Firefighter	0	1
Jason	47	Male	On-Call	24	Captain	2	4

5.2. Participant Profiles

Each participant profile begins by outlining the setting of the interview and any other significant information noted in my field notes. Direct quotes from participants are presented in italics. I note my initial reactions, reflections, and interpretations of each interview. The aim of these profiles is to give the reader an overview of each participant and interview and a sense of how the co-constructed narrative between myself and each firefighter evolved. This affords a base

from which the themes presented in Chapters 6 and 7 were generated. Note that at times different participants spoke about the same suicide death. In these instances, the same pseudonym was used. The profiles are presented in the order that the interviews took place.

PHIL

Phil was a 53-year-old permanent firefighter with 32 years of service, holding the rank of inspector (although he was temporarily acting in a superintendent position). He had not been in an operational role for some years and had a chronic health condition that impacted his physical wellbeing. He had been a member of the peer support team for many years and was known to me, although I did not know him well. This was my first interview and took place at the new Fire and Rescue training academy. Phil was in uniform and the interview was conducted during work time around a large oval boardroom table in a meeting room. Phil had been held up in a long meeting and was very apologetic when he appeared around an hour and a half after the scheduled time, by which stage I was starting to get a little agitated.

Phil only talked about one suicide: the recent death of his friend and business partner, Steve, just six weeks before. He could not recall any specific occupational exposure to suicide, although it was clear he had attended many fatalities, and it was likely at least some of these were suicides. He said it is 'just part of the job', noting that because there was no emotional attachment, it had no significant impact on him. *I try not to specifically sit down and think about individual fatalities that you've been to or whatever.* The interview felt sterile to me. There was a strong sense of emotional detachment. It was my first interview, and I was aware that I had hoped for something deeper, or more emotionally revealing.

It came across through the narrative that Phil's identity was strongly associated with being a rescuer and protector. He talked a lot about 'disappointment' related to Steve's death and the fact that he didn't ask him for help, as if this somehow denied him the chance to fulfil his role as a rescuer. Later in the conversation, Phil mentioned disappointment in himself for failing to see the signs, but it felt to me that he was almost too quick to clarify that it was not guilt. I felt a strong sense of disconnect. It felt as if to acknowledge guilt would have been dangerous in some way. I noticed he spoke in the third person when asked about how Steve's death had impacted him and his own mental health. He quickly and often referred to his 'strong resilience'. It was as if he needed to convince himself that he was ok and demonstrate that he was in control

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of his emotions. Like he didn't want to think about what would happen if he were to 'lose his resilience'.

The interview was not triggering for me. I put this down to the lack of emotionality in Phil's narrative and demeanour. I noticed a slight anxiety though. What if I didn't find anything meaningful or significant from my research?

MATT

Matt was a 40-year-old permanent firefighter with 10 years of service, holding the rank of senior firefighter. He had been a rescue operator for seven years. We met at his home in Sydney, which he shared with his wife and daughter. Neither were at home, and we sat at the kitchen table. I had not met Matt before. He had a friendly nature about him that made the conversation relaxed and easy.

Matt lost his 14-year-old nephew, Maxi, to suicide two years before. He had one other personal exposure to suicide. He was not sure how many exposures to suicide he had experienced as a firefighter but estimated around six suicide attempts and three suicide deaths. The narrative, though, centred almost entirely around Maxi. Matt came across as emotionally intelligent and cried openly at several points during our conversation. I noticed myself becoming emotional too as I felt Matt's grief and loss. I suppressed the tears that welled up inside me.

Matt described how he went into 'work mode' in the aftermath of Maxi's death. *I felt like I needed to be the emotionally strong person.* He described how he bottled up and suppressed his own emotion as he focused on supporting his family. There was a strong sense of identity as a rescuer and protector that threaded its way throughout our conversation. He defined a 'before and after' Maxi's death in his reactions to incidents at work. He explained, *I think having a personal experience, in the back of my mind, those triggers are still there.* Matt described how he started becoming emotionally attached at jobs, which he never did before, and how he was getting angry at *silly things*, which prompted him to seek out a psychologist who had helped him learn skills to process his emotion.

He often referred to how important the support of his colleagues was and became emotional when he described how two firefighter friends drove several hours to attend his nephew's funeral. He placed enormous value on having a cohesive team who communicated well and a good 'boss' (station officer), saying it enabled people to feel comfortable so they didn't bottle

up emotions. There was a strongly reflective component to his story that demonstrated significant growth, awareness, and learning from his experiences, which he said he now uses to support other firefighters.

I noticed in the car on the way home a slight tension across my chest. I imagined Maxi, in his room alone at night, panicking, wanting to end the pain. I saw Adam (my brother). I felt it all, vibrating energy in my body. This was only my second interview. I realised I needed time to process and to care for myself, so made an appointment with my psychotherapist.

GREG

Greg was a 48-year-old permanent firefighter with 23 years of service. He held the rank of senior firefighter. Greg was a big, burly man with greying hair. I met him at his home on the northern beaches of Sydney where he lived with his wife and teenage children. I had met Greg a few times, but I didn't know him well. I had, however, heard him speak about his experiences of PTSD at an event several months before, so I knew some of his story.

The interview felt relaxed, and it was a warm sunny day. Greg talked about having had five or six exposures to suicide in his personal life, involving friends or colleagues, and he estimated 10–15 occupational exposures to suicide during his career. His narrative though, centred on one occupational exposure, where he attended the scene of a suicide of an adolescent boy in a school playground approximately two years before our conversation. This was a significant turning point for Greg that led to a diagnosis and treatment for PTSD. Several times throughout the narrative, Greg referred to how other suicides he had been exposed to were *probably a culmination of the one where I had the most severe reaction ... They were all a significant part of it ... and it was a compounded thing* .... He mentioned how he had lost three other friends to suicide over the past four years, one of whom was a colleague. He said, with some sense of shame, that at the time he thought of them as just a 'statistic'.

Greg didn't cry during our conversation but spoke of his surprise at how emotional it still felt for him. His inner turmoil was tangible, a maelstrom of terror, intense sadness, and self-condemnation. He referred several times to distress associated with a lack of control over his emotions, behaviour, and the situation at the incident. There was a pervasive sense of confusion and questioning around his own reactions. The narrative was fragmented and raggedly chaotic.

It seemed to mirror the state of Greg's mind. His speech was disjointed, and he commented, *you'll notice, I tend to jump around a lot*.

This was my third interview and easily the most personally triggering for me. The palpable nature of Greg's struggle to make sense of the suicides that had affected him and to understand his own reactions fed directly into my own. I related intimately to how Greg's experiences led to a questioning of his own identity. His descriptions of his physical reactions whilst at the incident scene also resonated. He talked of the desire to run, of being given an option by his boss to walk away but knowing he couldn't. I sensed the hustle for position between shame and pride. No space for self-compassion. He questioned, *what's wrong with me*? I had been there myself. I noticed the same tension across my chest that I had following my interview with Matt, but it was more intense and persistent. In the ensuing weeks, I reflected on my reactions with my psychotherapist.

Where BRETT

Brett was a 55-year-old permanent firefighter with 34 years of service. He held the rank of superintendent and was a member of the peer support team. I had met him on several occasions but did not know him well. The interview was conducted in a meeting room at City of Sydney Fire Station. Brett was in uniform, and it felt quite businesslike as we sat around a boardroom table. He was obviously busy with work but was happy to talk and the interview flowed freely. It didn't feel emotional, although I got the sense that there was emotion welling under the surface at times. It was not triggering for me.

Brett recalled about six exposures to suicide in his personal life and over 100 occupational exposures during his career. He talked about the suicide deaths of three firefighters during our conversation and how they all impacted him differently, but he did not get emotional. He said it was the unexpectedness of the first one that got to him the most. A few years after that, in 2002, one of the firefighters under his command, Rick, took his own life. Brett recalled an explicit sense of guilt and responsibility, saying that it had a huge impact on him. He put this down to his role as Rick's station officer and because he had reacted dismissively when Rick had turned to him two days prior to his death. However, Brett described a turning point was when the Fire and Rescue chaplain attended the station following Rick's death and explained the reasons why people take their own life. It allowed him to understand suicide and to let go of his guilt. There was a sense that this was a type of epiphany for Brett that enabled him to

make sense of both firefighter deaths. Brett's close friend Chuck's death by suicide two years before the interview, though, was different. He said it still impacted him because it was so 'totally out of character' and because Chuck was a good friend outside of work. Brett's inability to understand Chuck's death was palpable. There was an overwhelming sense of disbelief and shock. He said, *I still struggle. I will never understand ....*

The dominant theme throughout the interview was the way in which suicide defied comprehension. After every suicide, Brett questioned, *What got you to this place? How did you get here?* However, he said occupational exposures were different because there was no emotional connection. Only a couple stayed with him, and that was because of the traumatic and violent nature of the deaths.

Although there was a level of emotional detachment in our conversation, Brett was not lacking emotion and seemed able to cope with his exposures in a way that didn't impact his mental or social health in a negative way. He had clearly learned a lot during his career, and he came across as genuinely resilient. He did not dwell on his regrets about not seeing or picking up on 'signs' but was also not afraid to mention them and did not appear to hold a sense of shame or guilt around any of the deaths that impacted him.

I was not sure what to make of this interview. Nothing jumped out at me. I let it sit and wondered if this was a 'resilient' narrative.

WILL

Will was a 60-year-old permanent firefighter with 36 years of service. He held the rank of inspector and worked operationally as a duty commander. I had not met him before. He was a tall, grey-haired man with a slightly chubby face. We met outdoors in a park on a beautiful autumn day. Will was very friendly and the conversation felt easy and relaxed. He rode his motorbike to meet me and often referred to his love of riding during our two-and-a-half-hour interview. Will spoke with great love and pride about his wife of 40 years and their three adult children throughout our conversation.

Will's narrative was largely emotionally detached, except when he talked about the death of his father (by natural means) and was overcome by grief. When I asked him about his occupational exposure to suicide, he said he intentionally didn't 'count' as it was *just a number that I can*

use to beat myself up and I don't want to do that. Avoidance and suppression of emotion were common threads that wove their way throughout our conversation.

The narrative centred on the death, almost 30 years before, of Will's good friend, Ian, who was also a firefighter. Will began his story without prompting by saying, *it still haunts me*, although he said he has made sense of Ian's death. There was a sense of repressed regret threaded throughout his narrative, not only in relation to Ian but also other suicides, even occupational ones. He repeatedly talked about how he 'let's things go', saying, *it's the way I deal with stuff that I don't like. I push it out and try to forget it*, but there was an overriding sense that it was all still there and it had been building up for years. It was only later in the narrative that the cost of Will's way of coping started to emerge, along with the overwhelming feeling that his emotional bucket was full. *I'm finding, I've got nearly forty years of accumulating crap, including Ian's suicide ... I feel like that load is coming back. I'm realising how much of that I've carried.* He described an argument with his wife over the colour of the tea towels as a turning point several years ago that made him realise the impact of all his experiences. However, he never sought professional support.

Fear was the most obvious emotion that showed up at different points throughout the narrative. He described *the biggest lasting legacy of what Ian did, I fear that for my son.* Several times, Will mentioned being terrified for his son, who had been diagnosed with depression. He also spoke of being terrified of being alone. It was as if being alone might allow the emotion to come up and that would be dangerous. I wondered if this was a manifestation of cumulative trauma.

I didn't find this interview particularly triggering, which I put down to Will's detachment from his emotions. I did get emotional when Will cried talking about the death of his father, but it just felt like empathy for the grief he was so obviously feeling. It was clear that Will cared deeply for others. I wondered if caring for others was a way to deflect or manage his own psychological pain. It felt as if his bucket was full to the brim, about to overflow.

KEVIN

Kevin was a 53-year-old permanent firefighter with 34 years' service. He held the rank of superintendent and had worked in many areas, mainly focused on rescue and counter terrorism but had not been operational for 13 years. Kevin was a member of the peer support team. I had met him before, but I did not know him well. The interview took place at Fire and Rescue NSW

headquarters across a round table in a small, quiet meeting room. Kevin was in uniform, but he appeared relaxed and we talked freely. During our conversation, he mentioned he has had two failed marriages and has a 17-year-old daughter who lives with a severe intellectual disability. I got the sense from Kevin of some long-held personal sadness, although he never specifically stated this. The conversation was emotionally detached but without a sense of repression. He often talked in the third person, and I found it difficult to elicit storytelling.

Kevin talked of one personal exposure to suicide – the death of a firefighter many years ago. He also mentioned two other firefighters who made suicide attempts. Professionally, he could recall attending half a dozen suicide deaths and the same number of suicide attempts, although he said there were probably many more. Kevin's personal exposure focused on the loss of a colleague, Bob, to suicide when he was a junior firefighter in 1986. He recalled his sense of shock, which he related to it being his first experience of sudden death and because he looked up to Bob, admired him, and saw his strength. He talked of his initial feelings of guilt, but how, later, other things emerged about Bob that enabled him to make sense of his death. Kevin also spoke of how attending suicides after Bob's death always triggered that memory. Later in the narrative, he talked of his own personal life challenges and thoughts of suicide, which enabled him to understand how people get to the point of a suicidal crisis.

There was a real sense of emotional detachment as a learned coping strategy: *I've dealt with personal things through putting my work face on. Not being as engaged emotionally as I should have been, in relationships, and it becomes like a self-generating habit.* By his own admission, Kevin was a deep thinker and there was a theme of questioning that wove its way through the narrative. *The question you always want to know is 'Why?' … the answer you're always searching for, but you're not going to get.* There was a sense that it was the inability to find an answer that was confronting for Kevin. He talked a lot about how firefighters think rationally and logically, always seeking answers. I was also aware that this was his journey, although he spoke in the third person. It stimulated my own thinking about how this might influence firefighters' experiences and reactions to suicide exposure. Where did ambiguity sit within the framework that firefighters use to problem solve and make sense of their experiences?

It intuitively felt like Kevin's 'head dominated his heart'. I could feel him 'think the answers' cognitively, but there was a real detachment from his feelings, which I'm sure was why I didn't find this interview triggering. Rather, I found it fascinating. I could fully relate to Kevin's deep

questioning, but it came through a different perspective, which was intriguing and gave me rich insight.

MAX

Max was a 31-year-old on-call firefighter based in Region South with 13 years of service. He held the rank of captain and was also a member of the peer support team, but I had not met him before. His primary employment was as a paramedic, where he had served for nine years. The interview took place in the captain's office at the fire station. Max was in his paramedic uniform and I was also in uniform as I was presenting a mental health session following our meeting. The interview was fast paced. Max spoke quickly and to the point. I found it hard to keep up at times and I wondered if he suffered from anxiety. His body jigged around as if sitting still was hard for him. He reported having been through a nasty divorce and custody battle during which he made plans for suicide, which led him to seek the help of a psychologist. He had since remarried and was expecting their first child together. He was very matter-of-fact, articulate and insightful but unemotional and happy to share what he had learned from his personal and professional experiences. Whilst he reported two personal exposures to suicide death many years ago, he said neither had a significant impact. Rather, his narrative focused on occupational exposure to suicide, predominantly as a paramedic. He estimated he has attended more than 10 suicide deaths and over 30 attempts.

Themes of unexpectedness and preparedness consistently wove their way through the narrative. Initially, this emerged when Max talked of the suicide exposure that he said had the most impact on him, which he attended as a paramedic and involved the suicide of an old lady. He has no doubt that it was the unexpectedness of it that affected him. He described how the scene he was confronted with on arrival was nothing like the scene he had expected, and how it planted an element of uncertainty in his mind. He recalled the 'mind games' that followed and how it played out afterwards in the form of nightmares: *It's the only job that's ever got to me and it was a job that wasn't gory, it was just unexpected. There's no mental prep.* The other suicide that Max talked about that affected him was as a firefighter and the deceased was a local pharmacist. What Max knew about him and the act of suicide seemed completely contradictory, leaving a lot of unknowns and unanswered questions. Max said it didn't enable him to *close the loop*. Whilst the two suicides Max talked about are ostensibly different, I can see the common thread of unexpectedness and the way in which that then defies preparedness. It got me thinking. There was a real sense that the ability to build a coherent picture of what led that person to take

their own life was central to Max's ability to prepare, understand, and accept suicide. He often referred to how it was his work as a paramedic as well as his own personal experiences that had enabled him to do this.

I noticed that Max never actually identified or named any felt emotion. Rather, he spoke of his thoughts and thought processes. Perhaps it was for this reason that I did not find this interview triggering. I wondered if he was as emotionally intuitive as he appeared to be.

LUKE

Luke was a 50-year-old permanent firefighter based in a regional area, with 23 years of service. He held the rank of leading station officer. The interview took place at his home on an isolated property. Both he and I were in casual clothing. I had spoken to Luke on the phone prior to meeting him on a couple of occasions, during which he had clearly been happy to talk. We met in the morning and sat at the dining table. It was quite peaceful except for the dogs barking. One of Luke's teenage daughters was home but in another room.

The interview was fast-paced and there was a real sense that Luke wanted to talk, beginning his narrative before I had asked the first question. He spoke openly about his own mental health struggles and a long term battle with depression that he put down to trauma exposure and the bullying and harassment he had experienced within the organisation. *It's the bullying and harassment that has done more damage for me, in Fire and Rescue New South Wales. I've had two breakdowns ... that's what bullying, and harassment does ... He [ex-boss] caused me two nervous breakdowns.* Anger and blame wove their way throughout the interview, which I found quite confronting.

Regarding suicide exposure, Luke's narrative revolved around the suicide deaths of four firefighters many years before. Occupationally, he did not differentiate jobs that involved suicide from any other jobs he had attended, but he was sure he had attended many suicides. He blamed management for two of the suicide deaths of firefighters he talked about: *Two of those, without question in my mind, if they were handled differently by fire rescue NSW and specifically the bosses, I'm convinced they would not have happened.* His anger and blaming of management were palpable, as was the sense of injustice.

There was a theme of control that recurred throughout the interview. He talked of a friend and colleague's death and said his life *spiralled so quickly out of control,* and talked about his own

dabble with suicide. Specifically, an incident a year before where he put himself in a position where he could have instantly ended his own life, which he described not as a suicide attempt, but rather to prove to himself that he was in control. His words, *If you can't control it, how do you know?* stuck with me. It sparked a questioning in me. Like Kevin, Luke stated that exposure to suicide wasn't the cause of his suicidal behaviour, but it did lead him to see it as a viable option. There was a sense that suicide exposure sowed the seed of uncertainty for firefighters that confronted them with their own potential for psychological fragility.

Luke however could not understand why people take their own lives – *There's no making sense of it* – referring to suicide as being *a permanent solution to a temporary problem*.

It was perhaps because of the pervasive sense of anger that I left the interview feeling a dull sense of nausea and unease, but I could not put my finger on exactly what I was feeling or why. I struggled to make sense of my reaction. It was only much later as I journaled that I realised why this interview triggered me so much. I reject anger. It's the single most difficult emotion for me to invite and to feel. Luke's anger felt vicious and dangerous to me; revengeful. It was jolting on a somatic level. I was suddenly taken back to a conversation I had with my father many years before about my brother's death that left me with the same sensations I felt after Luke's interview. My father blamed others, even good people, for Adam's death. His was a passive rage that made me want to vomit. It felt toxic in the same way that Luke's anger and blaming felt toxic. It ran still deeper, though. My father often told me I was naïve whenever I intimated that I trusted people or thought well of people's intentions. It always sent a wave of repulsion through me as I fought against being infected by his negativity, his inherent belief that 'people are only in it for themselves'. It's the same feeling I got with Luke. I felt his anger and blaming as a threat to my faith in the inherent 'goodness' of people. His interview confronted me with all that I reject in myself.

LIAM

Liam was a 46-year-old permanent firefighter with 19 years of service in a regional area. He held the rank of senior firefighter. I met Liam the day before the interview when presenting a good mental health for firefighters' session. Several other firefighters had expressed their concern for him following the suicide death of another firefighter at the station. The interview took place in an office at the local fire station. It was quiet and we were not interrupted. Both Liam and I were in casual clothes.

The pace of the interview was much slower than others and I was aware I needed to give him time to reflect, think, and speak. There were long silences. By his own admission, Liam found it hard to talk. I noticed a dry itchy type of cough that came up when we started to touch on difficult events. I could hear a pinching in his voice. It was like his throat was closing off to stop the emotion getting out.

The narrative focused on the suicide deaths of two of Liam's closest friends, Gary, who was a firefighter, and Mic. He described Gary's death, as *a real shock to the system*, and started to cry as he related the story. *I was devastated. You know, I just couldn't believe it.* The shock was tangible, but it was also laced with a subtle sense of being let down. Liam went on to talk about his other good friend, Mic, who died about two years after Gary. He cried again as he recollected how Mic had helped support him after Gary's death. The intensity of his grief was palpable. No more so than when he said with a pinched voice that the hardest thing to come to terms with is *The fact that they're gone …*

There was a strong sense of unacknowledged betrayal that I felt throughout the narrative. Liam recalled how he thought he had a good relationship with Gary but had found out after his death that he didn't really know him at all and how deeply that had affected him. He also remembered conversations he had had with Mic following Gary's death during which they had both agreed that neither of them could take their own lives, but then Mic did. At that point, Liam had said with a sense of defeat, *You just don't know what people are thinking.*

There was an underlying sense of 'weight' and heaviness about the narrative that felt like depression but there was no hint of anger or blame. I saw none, I heard none, I felt none. I found this interview emotional. It triggered me. I could feel his grief, so like my own. Several times I held back my own tears. I found it difficult to suppress my urge to give him a hug. Much later, I realised there was more to why his story triggered me. I heard the pinching in his voice because I had heard it in my own voice. That's why I could sense his throat closing off and knew intuitively that he was pushing uncomfortable emotion down. It resonated with me at a deeply unconscious level. I swallowed my anger for years and it harmed me. I heard the same from Liam. I wondered if the suppressed anger and grief was the root of his depression. By the end of the interview, the cough was gone and he said it had been a relief to talk.

SIMON

Simon was a 37-year-old permanent firefighter with 18 years of service. He held the rank of senior firefighter and was based in a regional area. Simon was also a member of the peer support team. Although I had met him a few times, I didn't know him well. He was a big man with a bald head and a caring, unassuming nature. The interview took place in the office at the fire station, but Simon was not on shift and was dressed casually. I was in uniform as I was about to present an education session at the station. This was the last of four interviews in as many days and about halfway through, I realised how tired I was, but the interview was relaxed and easy. It didn't feel particularly emotional but there was also not a sense of emotional detachment. Rather, there was a deep concern for others and traces of self-doubt.

Simon reported he hasn't had a lot of personal exposure to suicide, *probably 6 to 10*, he said, one of which was a firefighter based at his current station. His grandfather had also made a suicide attempt, which he described as a *shock to find out*. Occupationally, he estimated he had probably attended around 10–12 suicide deaths and 6–10 suicide attempts.

Simon seemed to get more relaxed and confident as the interview progressed. He began by talking about occupational exposures. It was only much later, when probed, that he talked about the death of his friend and colleague Gary. The common theme that came to me through the narrative across both personal and occupational exposures was 'personalisation' or relatability. It was the way in which Simon related personally to the suicide exposures he had had that affected him and gave them meaning. He mentioned an occupational exposure to the suicide of an old lady that stayed with him because she reminded him of his grandmother whom he had lived with and had died of leukaemia, which he said helped him understand why older people take their own lives. Eventually, Simon started to talk about Gary. He described him as a *close-ish* friend, saying they weren't *super tight* but they had a lot in common. He described how the impact of Gary's death *definitely had a major negative effect on me … It just knocks the wind clean outa ya*. Simon was diagnosed with depression within 12 months of Gary's death, although he said his depression was due to a lot of things building up. It prompted him to seek the help of a psychologist.

The similarities that Simon drew between himself and Gary elicited fear regarding his own state of mind and questioning, *Am I ok*? When I asked how he had made sense of Gary's death, he said: *I probably still haven't. I still can't work it out. Like it still doesn't make sense.* Simon

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described *asking a thousand questions through your head as to why* and how he *role played* Gary's final moments to try to comprehend his death, not because he was thinking of suicide himself. He recalled how joining the peer team helped him make peace with Gary's death because it helped him to understand what led people to suicide and had enabled him to save others.

I did not find this interview emotionally triggering, but it fascinated me. Each time I returned to it I could sense new insights. I could see a recurring thread that understanding is different to sense making, which reminded me of Kevin's description of the 'How and the Why'. It got my mind ticking and made me keen to look at other interviews through this lens.

BARRY

Barry was a 58-year-old-permanent firefighter with 31 years of service. He held the rank of senior firefighter. We met at a fire station that is in an outer metropolitan area about two hours' drive from Sydney. Barry was on shift in uniform and I was in casual clothes. We sat at a table in an outdoor area close to a main road. At times, it was hard to hear. The interview was relaxed and easy, and Barry was happy to talk. The volume and tone of his voice waxed and waned, but it was not emotional for him or for me. The overriding energy was positive and compassionate.

Barry reported about 10 personal exposures to suicide death. He could not recall occupational exposure to suicide deaths although he has attended several suicide attempts. There was a real sense throughout the narrative that Barry made sense of suicide through his experience of being around people with mental illness for much of his life and seeing the *fragility of the human mind*. He mentioned three firefighters he had known who took their own lives and how he knew that they *weren't right*. The narrative, however, centred on his good friend Freddie, who was also a firefighter and died about 11 years ago.

He described growing up with Freddie, how he struggled with alcohol and how things had gone downhill in the last few months of his life when he had an extra marital affair and ended up living in a caravan. Barry knew he wasn't in a good state and would visit him every day and try to help him. Barry had been away for the weekend, and it was then that Freddie took his own life. There was no sense of guilt or helplessness from Barry however, just a feeling of acceptance and understanding that was a central theme throughout the narrative.

What struck me was the lack of ambiguity in the way that Barry described having made sense of Freddie's death, which was distinctly different to all the other interviews I had conducted. Barry saw his closeness to Freddie as the main thing that enabled him to understand and accept his death rather than making its impact more profound. He described knowing the pain that Freddie was in and knowing that his death was guilt driven. There was no doubt in Barry's mind that Freddie could see the pain he was causing his family and thought that by taking his own life he would resolve the problem. There was a sense that this 'knowing' afforded expectedness.

Whilst Barry said the hardest thing was seeing the impact on Freddie's family, he was clear about his role now being to support them. I noticed how he demonstrated genuine compassion in taking action to alleviate the suffering of others without being overly empathic. I wondered how much this was protective. Barry also had a clear sense of who he was. He knew his strengths and didn't doubt his own mental health. He clearly took a glass half full perspective without denying the existence of suffering. He saw what his experiences gave him, how he had learned, and how it had helped both his kids and Freddie's kids to understand mental illness. There was a real sense of wisdom that had come with age and experience that had allowed him to see what was important in life.

This was perhaps the least triggering interview for me. It had an overriding sense of positivity and learning through experience, where understanding was used to better support others.

TREVOR

Trevor was a 52-year-old permanent firefighter with 19 years of service. He held the rank of senior firefighter. The interview was held at the fire station in one of the offices. Trevor was on shift and in uniform. I was in casual clothes. The interview followed on quite quickly the interview with Barry. They were on shift together. I was aware that I was tired.

Trevor had had three personal exposures to suicide, but the narrative centred on the loss of his close friend and colleague, Freddie, who was also a firefighter. Trevor said others that happened prior to Freddie's death didn't really impact him because he wasn't as close to them.

Trevor began by describing his relationship to Freddie: *we were like brothers*. There was a tangible sense that Trevor was putting the pieces of the jigsaw together as he spoke, trying to understand what caused Freddie's death. Whilst initially he said he didn't make sense of Freddie's death, he then reflected and said he made sense of it by realising that Freddie thought

that he was making everyone else's life better by removing himself from the picture. At the end of his opening narrative, he described how Freddie would turn to him and he'd try to help. His voice went quiet and he said with a real sense of defeat, *but it didn't work*. There was a long pause before he ended with, *so he ended up taking his own life.* It felt as if he couldn't quite bring himself to say the word suicide.

He described the impact of Freddie's death as *Fucking really heavy*, and said it still was. I could feel how hard Trevor found it to access emotion. It felt like the emotion was there, but he couldn't get to it. I noticed he coughed at times in the interview when we came close to grief, like it was fighting to get out but kept getting stuck in his throat. It was the same cough I had noticed in Liam, and I got the same feeling of deep unexpressed grief. It was only when he described turning up at the scene of Freddie's death, and how he hadn't wanted to see him *like that*, that Trevor's grief erupted, and he sobbed. He didn't cough after that point and the energy in the narrative shifted. He appeared to pull himself together and said the hardest thing for him to come to terms with was that he couldn't help, and he didn't want to lose him. There was an overriding theme of helplessness threaded with betrayal and anger that he masked with laughter: *I guess it would be good if they bloody knew the shit they leave behind for everyone [laughing]*. I noticed he often masked difficult emotion with laughter, yet there was a real sense of pain beneath it.

I felt the same sense of grief, helplessness, and failure from Trevor that I had heard in others, but I noticed how it didn't trigger me in the same way as others, which I found interesting. I wondered if this was related to Trevor's mask of laughter, although I was also aware that I was tired and perhaps I was not as present as I had been in other interviews.

JAMIE

Jamie was a 54-year-old on-call firefighter based in a secondary rescue station with eight years of service. The interview took place upstairs in a training room at the station and we were both in casual clothes. Jamie was incredibly nervous when we met. He was rattled that the station had received a fire call, and it meant his colleagues were there. He had expected the station to be empty. When we sat down, he said he was *sweating bullets today*. Once he started to talk though, he began to relax, and a long uninterrupted narrative unfolded.

Jamie hadn't had any occupational exposure to suicide death as a firefighter. He had lost two friends to suicide, but the interview centred almost entirely on his father's suicide, although he also mentioned that his grandfather took his own life. He painted the picture of his family life and his father in detail, starting in 1977 when Jamie was eleven and his father had a car accident. It was clear that this was a significant event that Jamie saw as a turning point after which his father became aggressive towards his mother and to Jamie. The narrative was long but ostensibly unemotional and concluded with the day and events surrounding his father's death in 1987. He stopped the narrative abruptly at the point his father hung himself in the garage of the family home: *that's it, that's what he did … so what else do you need to know?*

It felt as if Jamie was making sense of his father's death as he spoke, trying to put together all the events of his father's life that may have led to his suicide. He had never told his story before. When I asked him how he made sense of his father's death, he said, *I don't. To this day, I don't.* There was a strong theme of silencing throughout our conversation and a sense that Jamie learned to swallow his voice and his needs. Towards the end of the interview, he said, *Sometimes no-one sees you.* Those words stayed with me. I knew that feeling well. He reflected how the hardest thing to come to terms with was the unknown and the uncertainty, short and long term. I had noticed a common thread related to uncertainty in the interviews, but this was the first time anyone had named it. It made me curious about how it might relate to the way in which firefighters experience suicide.

I noticed that the only emotion Jamie overtly identified through the narrative was fear in relation to his father, but there was a strong sense of repressed emotion, or perhaps it was a disconnect, I wasn't sure. He never said he felt angry following his father's death, but he showed me scars on his knuckles. The interview ebbed and flowed towards and away from emotion. At times there was intense sadness and regret in Jamie's voice when it drifted away quietly. At other times, the narrative halted abruptly. It was as if he dropped the flood barriers to avert an engulfment of emotion. I wondered if he was dissociating. There were many things that Jamie said that resonated with my own story, yet it didn't trigger me, perhaps because it was not overtly emotional and there were no tears. There was a real sense of 'pandora's box', a mountain of repressed emotion, a story untold.

ETHAN

Ethan was a 43-year-old permanent firefighter based at a rescue station in metropolitan Sydney with 17 years of service. He held the rank of senior firefighter. I had met Ethan before when he attended my book launch and was aware that he had been deeply affected by the suicide death of another firefighter some years ago, but I didn't know him personally. He had been prompted to contact me by a peer. At his request, we met at a café near his home. It was noisy and I found it distracting and hard to hear him at times.

Ethan was relaxed and the interview felt engaged and comfortable. It was also intense and emotional at times. He cried openly on two occasions and did not attempt to hide his tears. Ethan had experienced the suicide deaths of three friends and recalled approximately 10 suicide deaths and 15 suicide attempts that he had attended as a firefighter, although by the end of the interview he said the numbers were probably quite a bit higher than that.

The narrative centred on his friend Chuck, whom he was stationed with as a firefighter for 10 years and was best man at his wedding. Chuck's death by suicide about six years before clearly defined a turning point in Ethan's life. There was a strong theme of guilt that was both implicit and explicit and threaded itself throughout the narrative. Ethan began by describing the closeness of his relationship to Chuck and how they had drifted apart slightly in the years before his death. He said: *In hindsight, you know, all the signs were there … the guilt was ridiculous. I just couldn't handle the guilt.* He added that the hardest thing to come to terms with was that he could have helped. He cried openly as he described witnessing the impact on Chuck's daughters: *that still just tears me apart.*

There was a definitive 'before and after' in terms of Ethan's mental health. He described how he was confident and happy prior to Chuck's death but about four months after he developed depression and thoughts of suicide, which he said led him and his wife to separate. He also described how his response to incidents as a firefighter were *one hundred percent different* since Chuck's death, especially if it was a suicide. He said he tried to detach, but the emotions *come back* and *start to play on you*. Prior to Chuck's death, Ethan confessed that he had no empathy or understanding, especially of depression, but then it became *the total opposite*. He spoke about how he had struggled to make sense of Chuck's death and that it was different to the death of his other friends because he knew they were unwell and he had tried to help. It was evident from the narrative that Chuck's suicide had deeply impacted every aspect of Ethan's life. He

said that there was no way he would have been able to speak to me two years ago but that he was getting better. He also described with great emotion how instrumental his crew at work had been in his recovery. His experiences had made him want to use them to make a positive impact on others.

The interview had a lilting nature to it, gliding smoothly from deep sadness and guilt to positivity and laughter. Although I found it emotive, and I had tears welling when Ethan cried, I left the interview feeling energised, which I think was due to the growth and energy I felt from Ethan as he emerged from his struggle.

ANNE

Anne was a 49-year-old on-call firefighter based in an outer metropolitan area with 10 years' service. Her primary employment was as a security officer. We met at her home late one morning. It was the most harrowing interview I had done, but I noticed I didn't feel as emotional as I had with others, which surprised me as the interview focused on the loss of her brother to suicide. Anne had experienced nine personal exposures to suicide deaths, which included two family members and seven friends, as well as the suicide attempt of her mother and her partner before she met him. Occupationally as a firefighter, she had attended two suicide deaths.

There was a real sense that Anne's life had been tough. She was the sixth of seven children and became a mother herself at seventeen. Early in our conversation she told me that she had been born into a family of alcoholics and, whilst the narrative centres on her brother's suicide, as the story unfolded, the traumatic nature of her childhood became increasingly evident. However, she began by saying: *suicide to me starts at the age of seven.* She went on to describe how she came home from school one day and was told *Nan's killed herself.* She went on to say, *that's just been in my head ever since.*

The main narrative focused on her brother Tom's death by suicide just under a year before we met. Her description of her brother's death was graphic and jarring. It was a brutal account characterised by trauma throughout and a ricocheting of grief, anger, blame, and vulnerability. The intensity of Anne's struggle was palpable. She often laughed during our conversation at times when she was describing difficult situations. I felt the disconnect between her words and emotions and her behaviour. I knew it was her armour, her way to protect herself from the torrent of unbearable anguish and pain that she was feeling and described variously as a *Ferris*

wheel that she couldn't get off and akin to being trapped in an *emotional cage*. Anne stated clearly that she could not make sense of her brother's death and there was a very real and recurrent need in her narrative to find answers so she could get some closure. She returned repeatedly to the coroner's report that she had just received in the hope that it would give her the answers she sought. Her need for an 'end' was tangible. I remembered feeling that way after my brother had died. I even wrote about it in my book. That was how I knew the coroner's report would not give her the peace she so desperately wanted.

It was a jagged narrative characterised by intense pain and trauma, but there were moments when the anger disintegrated, and I saw a vulnerable little girl crying out for help. There was a poignant moment after she revealed her abusive childhood when she asked me if she could have a cuddle. I could feel her fragility and sensed a need to be held. I wanted to protect her, but I knew I couldn't.

Much of her story resonated with me, but it was in the past, not the present. I was not sure if that was why I didn't find it emotionally triggering or if it was because her way of expressing her turmoil was very different to my own. Or perhaps it was because she was female. I had an awareness that I found grief in men particularly triggering and emotive. It brought to the fore an image of my brother and the grief and abandonment he felt but could not express. It also made me think about how my positioning as a female influenced the narratives.

MARK

Mark was a 60-year-old permanent firefighter with 33 years of service. He held the rank of inspector and was a duty commander in a regional area. The interview took place via Zoom. It was the first interview I had conducted since COVID-19 and the first via a virtual platform. Mark and I were both at home in casual clothes, although Mark was working and his phone rang several times during the interview. Mark had significant mental health issues for which he had sought treatment and took medication: *I've had depression. And I'm a very high functioning Asperger's sufferer, well not sufferer – it actually helps in some aspects – and I've got an anxiety disorder.* I wondered if this was the reason that the interview felt emotionally disconnected. I noticed he often spoke in the third person.

It was a long interview and Mark talked a lot, often going off on tangents. Initially, he said he had experienced about 6–10 exposures to suicide in his personal life and about three at work,

but throughout the interview he recalled many more *that have popped up that I've forgotten about.* His narrative didn't centre on any particular suicide; rather, it was set on a background of his exposure to many other traumatic events as a firefighter, some of which had deeply affected him, more so than any suicide he had attended. Suicides were *just like down in that file in your head of all the fatalities you see over the years.*

A few times, Mark referred to being 'dispassionate' about suicide. He questioned himself as to why suicide was un-emotive for him. It was as if he was having a philosophical discussion with himself throughout the interview. He recognised that some of his lack of emotion was because no-one close to him had died by suicide. Mark could empathise with and understand depression but could not understand suicide, which was perhaps because he had never experienced any suicidal thoughts himself. He questioned if suicide was a form of 'self-euthanasia' and pondered the reasons why people killed themselves in an analytical, emotionally disconnected way. He eventually concluded that the main thing is loneliness, *because, you know, I'd hate to be on my own. I'd hate that.* This was the only time I heard any hint of fear or emotion in relation to himself. For the most part, the interview was 'other' focused. He spoke about the impact on firefighters under his command leading him to see suicide as 'a selfish act' that demonstrated a lack of thought for the people who were left behind with so many unanswered questions.

Mark had clearly learned a lot from his own recovery journey. He spoke about his ability to take traumatic memories out and look at them and then put them back. This stayed with me for how it depicted a sense of control over his memories. Mark could see the positive in his experiences and how it enabled him to help others, specifically his firefighters. The interview was very 'thought' based and unemotional, which is probably why I didn't find it emotionally triggering.

SHANE

Shane was a 53-year-old on-call firefighter with 24 years of service based in a regional area at a primary rescue station that was also community first response. He held the rank of captain but had just handed in his resignation notice. His primary employment was in open cut mining. The interview was conducted via Zoom (due to COVID-19) and the conversation was relaxed and easy, with long uninterrupted narratives. Shane opened the conversation by saying that he had never lost anyone close to him by suicide and most of his exposure had been as a firefighter. The narrative, however, focused on two personal exposures, one of a young 24-year-old boy,

Felix, in the community, and one of a former firefighter, Warren, whom he had worked with. However, it was Felix's death that stuck with him the most, even though he had not known him personally. It was clear that it was the similarity between Shane's own family and Felix's that led to the impact of his death. An underlying theme of fear threaded its way throughout the narrative. Shane had lost his brother in an accident many years before, so for him, *loss is always scary* but he *knows that loss*. He didn't know loss as a parent, though, and that was what made Felix's death more frightening. He saw Felix as an *absolute larrikin who seemed to have the world at his feet*, which made him think that if it could happen to Felix's family, then could it happen to his own.

Shane described how Warren's death was different. He provided a long back story, explaining how Warren had split from his wife and that he had been subjected to legal accusations. These allegations led to him being discharged from Fire and Rescue NSW, and, combined with the separation, made Warren's death 'almost predictable'. Shane described how he was off duty when the fire station received a call to respond to a 'patient hanging'. He recalled the looks on his firefighters faces after they had attended the scene. The hardest thing for him about Warren's death was the guilt he put on himself, even though he had invested a lot of time trying to help him. The guilt was tempered by a subtle sense of resentment. Shane described how Felix's and Warren's deaths were very different, saying Warren's death was 'predictable' and he had no trouble making sense of it. This was in stark contrast to Felix's death, which he could not make any sense of, recalling how it *blindsided* him and led to a sense of *helplessness as a parent*, which generated fear for his own children. Shane's comparison between the two deaths stayed with me. It seemed profoundly important.

There was a level of emotional detachment about the interview and I didn't find it triggering. Whilst there was a sense of positivity, it was mixed with a sense of underlying but not quite tangible trauma, as if it was sitting somewhere just beneath the surface. At the end of the interview, Shane reflected that he hadn't talked that much in years, and said it made him feel more in control of his life.

JAY

Jay was a 51-year-old permanent firefighter based in a regional area with 17 years of service. He held the rank of senior firefighter and was a member of the peer support team. I had met Jay before, but I didn't know him well. The interview was conducted by phone due to COVID-19 restrictions and there is no visual. Both Jay and I were at home. The conversation was relaxed and fluid. It felt open and honest. It was clear that Jay had a lot of empathy and insight. He talked in long, uninterrupted narratives that were thoughtful and easy to elicit. Whilst the interview wasn't emotional, it didn't feel emotionally detached. Jay pointed out that it might have been very different if we had had the same conversation two years before.

Jay initially recalled one personal exposure to suicide, but later in the narrative he remembered a cousin whom he wasn't very close to who took his own life when he was 12 or 13 years old. Then he shocked himself as he recalled the suicide death of an old friend from his school days in 2001 that had a huge impact on him, saying it haunted him because he'd seen her shortly before her death and had no idea that she suffered from depression.

However, the conversation mainly centred on Jay's childhood friend, Jake, whose 12-year-old son Hamish took his own life five years before. He did not hesitate in stating that this suicide was the one that stuck with him and he was able to clearly articulate why. Hamish was the same age as his son, Alex, and appeared to have everything going for him. His suicide just *came out of the blue*, so it tapped into fear for his own son. It made Jay focus much more on Alex's happiness. It also tapped into fear for himself. He imagined having to cope with the level of pain and grief he saw his friend Jake go through. It was clear, however, that in the five years since Hamish's death, Jay had been able to use his experiences to drive growth and understanding. Learning about suicide had enabled him to make sense of Hamish's' death and had changed the dialogue between him and his son, ultimately improving their relationship.

Jay also described one occupational exposure to suicide that had impacted him. It stood out for me because it was different. He explained that it was because the man was *older* that it impacted him. It got me thinking back to other interviews and I wondered if I was seeing a common thread of fear related to how one personalises an event.

The interview wasn't particularly triggering for me, but I noticed my own sadness as Jay described Alex. He could have been describing my brother. When Jay said he didn't think he

could live if his son took his own life, it made me think of my father, and to imagine his pain and suffering. At the end of the interview, Jay asked me about my own experiences and whether it was possible to be happy again after such a loss. I hadn't prepared for such a question and I felt the sadness rising, catching me. I so desperately wanted to say yes. Afterwards, I thought a lot about his question, and realised that it is possible to be happy, but the happiness is different. Richer in some ways, but always informed by grief and pain. The dark threads within the tapestry of my life, make the colours within it brighter.

PHOEBE

Phoebe was a 32-year-old permanent firefighter based in Sydney with nine years of service. She held the rank of senior firefighter. For two-and-a-half years she had been in an operational support role (not on active duty). I had not met Phoebe before. The interview was conducted on Zoom due to COVID-19. Phoebe was at work in uniform and I was at home between shifts. We had a few technical issues and the connection dropped out at one point during the interview. The conversation felt relaxed and was not awkward in any way. It was not emotional for me and nor did it appear to be for Phoebe. Phoebe spoke openly, but I am aware of the disjointed, fragmented nature of her speech, which was punctuated by numerous 'ums' and 'don't knows'. It was as if she was trying to figure her story out as she spoke. Her narrative jumped around a lot, and it reminded me immediately of my interview with Greg.

Phoebe had only experienced one suicide exposure, an incident she attended as a firefighter around eight years ago, soon after she had left recruit college. The interview centred entirely on this incident, which was a house fire. It was only later that she found out that the fire was deliberately lit and was a fatal suicide attempt. It was the first fatality she had attended as a firefighter and her first experience of exposure to suicide. It was immediately obvious that this incident had a significant impact on her. Much of what she said felt contradictory to the experience she described. She spoke about inner turmoil and vivid memories that 'stuck' with her but said that the incident had not impacted her *on that level*, although she did acknowledge that it had affected her mental health. She explained: *I found it hard to be at the station ... particularly when it came to going to sleep, I kept thinking I would see him. It was weird ... I still remember it pretty vividly. I still know it's there. I can think about it and be there ... it was quite nasty.* There was a stark contrast between what I heard about the impact of the event and her own perceptions of how it impacted her. For me, it was clearly 'trauma', but I got the sense that, because she hadn't experienced her own suicidal thoughts, it must mean that she was okay.

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There was a distinct sense of anxiety that it might happen again. *I suppose I am fearful for the ... like, if I go back to station that I could come across, not just suicides but any death, but just suicides in particular ... am I going to come across that and going to have to deal with that in the future?*

I was aware that Phoebe's interview was different. She was able to make sense of suicide, but she said she doesn't understand it. 'Knowing' that the deceased gentleman wanted to end his life made the incident easier to come to terms with because it meant she didn't dwell as much on what she might have been able to do to save him and to live with *so much turmoil in herself*. She also described how finding out that the man had lost his elderly parents and didn't have any family gave her closure. It was as if having no family made wanting to end one's life understandable. Phoebe clearly had a traumatic stress response to this occupational exposure, and although it reminded me of Greg's response, it was different because it didn't seem to be related to personalisation. It felt less about suicide specifically and more about trauma in general. However, I was aware that she actively expressed interest in participating in this research. I was not sure what that meant, but I wondered if her narrative was different because she was the only participant who had only experienced one exposure to suicide, which was occupational.

JASON

Jason was 47-year-old on-call firefighter based at a remote regional primary rescue station with 24 years of service. He held the rank of captain. The interview was conducted by phone without any visual on a Sunday morning. I was at home and I assumed Jason was too. The interview was slow-paced. It felt a little stilted at times and there were some silences that felt slightly awkward. It was difficult to elicit storytelling and I found myself prompting a lot. It was unemotional and almost felt 'cold' at times. I noticed that Jason laughed on several occasions when talking about highly emotional and distressing events.

Jason recalled two personal exposures to suicide deaths and six occupational exposures, two of which were non-fatal suicide attempts. The interview centred on the suicide death of a firefighter and close friend of Jason's, Saxon, who took his own life about three years before our conversation. For Jason, Saxon's death had the biggest impact of anything in his life. His narrative began with the back story to Saxon's suicide, which included work pressure, marriage

difficulties, and increased alcohol use. The crew at the fire station had also attended five fatalities in the five weeks prior to Saxon's death, one of which was a suicide.

Jason described finding Saxon dead in his shed: *the biggest shock is actually finding someone that you're very close to who's, you know, done that to themselves … it's something you're not going to forget in a hurry… it's not a pleasant sight, I can tell you.* I noticed that Jason never expanded on how it impacted him emotionally. There was a level of detachment and I wondered if this was a form of dissociation. There was no sense of empathy for Saxon in Jason's narrative, and I wondered if that was why it felt cold: *he's just ended it, and I just couldn't see the sense in it.* Jason believed that whatever Saxon's problems were, you could *always sort them out.* Several times, he referred to suicide as selfish, as a waste, and as a *coward's way out.* I was aware of a sense of betrayal that was not overtly spoken. Jason had offered Saxon a lot of support and asked him if he was okay, but *he's obviously fooled us*, and he reflected with some bitterness, *if only they knew the impact on those left behind*, which I took to mean the impact on him as much as the other firefighters at the station. It was only much later in the narrative that Jason displayed a hint of regret or guilt as he reflected on whether he could have done something different. There was a recurring theme related to the unknown and unanswered questions that wove itself throughout the narrative: *we'll never know what they think.*

I noticed that whilst Jason was passionate about firefighters being provided better support, there was a real sense of his own resistance to it, or a belief that he didn't need it. There were elements of Jason's narrative that reminded me of Phil's in the way that he referred to himself being resilient and able to cope well with everything, but in an emotionally detached way. The interview wasn't emotionally triggering for me in any way, which I put down to Jason's lack of emotion and a sense of detachment.

5.2.1.   Participant Profile Summary

This section introduced the 20 study participants and outlined demographic details for each regarding their names (pseudonyms), their rank, and their suicide exposures. Detailed reflexive narrative profiles were presented for each of the firefighters who participated to capture meanings within each story. The next section presents results from the data analysis, which reveal what it means to be in the world as a firefighter and how the shared identity, including the cognitive, emotional, and behavioural worlds of firefighting, impact on the ways in which

suicide exposure is experienced. This provides a context for the main themes generated from the thematic analysis, which are presented in Chapters 6 and 7.

5.3. What It Means to be a Firefighter

> *It changes you as a person [being a firefighter]. There's no doubt about that. If you sat down with every firie who joins this job. When they joined to potentially when they go, they'd be different people, you know?* Simon, Senior firefighter, 18 years' service

The results from the data analysis reveal what it means to be a firefighter and exist in the world. They reveal how the shared identity, including the relational, cognitive, emotional, and behavioural worlds of firefighting, impacts on the ways in which suicide exposure is experienced. This analysis is important to situate here, as it provides a context in which to understand the results yielded from the interviews.

This section uses quotes from firefighters' narratives (in italics) to illustrate how our role and the organisations we work in shape our worldviews, our identity, our ways of thinking, feeling, and being. The analytic themes generated from the narratives and captured in Chapters 6 and 7 are deeply embedded within this context.

5.3.1. A World Defined By Rationality, Order, and Control

The shared stories of firefighters paint a picture of the highly structured command and control nature of fire service organisations.

> *As firies … come 8 o'clock, you sign the book, you do your station duties, you go to an AFA (automatic fire alarm), you take the goat bag [a high-rise firefighting pack], you have your air set on, you put your turn out gear on, so you know, there is routine in what we do and that sort of keeps us in check.* Matt, Senior firefighter, 10 years' service.

The language Matt uses, 'keeps us in check', imbues a sense that firefighters are controlled by the organisations and systems they work within. This is compounded by the rank structure of fire services.

From the college days, you call the inspector sir, you call the SO [station officer] sir, you have to respect the rank and say yes sir, agree, you do what your told. Matt, Senior Firefighter, 10 years' service.

The shared stories of firefighters add to existing literature that highlights how the hierarchical rank structure of fire services serves to perpetuate a locus of control that is external to the individual (Lentz et al., 2021). The narratives also add detail to the picture painted by research that has shown that fire service cultures are defined by rationality (Yarnal et al., 2004) with a focus on stability and control (Van Scotter & Leonard, 2022). The stories portrayed the many subtle ways in which a firefighter's role, as well as the organisation they work within, influences their relationship to control.

The whole industry is based on getting there, taking control of a situation that is shit, running through a particular sequence of events, of your protocol. Max, Captain, 13 years' service.

References to control, processes, protocols, and procedure are threaded within firefighters' stories shedding light on how firefighters think and function in the world.

This is how we do it. And if that doesn't work, this is another way. This is how we achieve x, y and z. I'm very operationally systematic, because you have to be. Max, Captain, 13 years' service.

Whilst the literature depicts fire service culture as being defined by rationality, the stories of firefighters unearthed nuances regarding the extent to which these cultural ways of knowing infiltrate firefighters' ways of being.

You need to know the answers … Every fire that you go to, you want to know how it started, you want to know what caused it. You want to know what happened. You always want to find a reason and you normally can, of how did it start … The how, there's always an answer, through logical deduction or investigation skills, or whatever else you can bring to the table, you're going to get a 'how' more often than not, but with a 'why', there's not going to be any answers. Kevin, Superintendent, 34 years' service.

The narratives paint a picture of firefighters as logical, deductive, problem solvers who rely heavily on cognitive processes to make sense of the situations they are faced with. Such findings add another layer of depth to the literature, which shows that a firefighter's occupational identity is built upon solving problems and remaining emotionless (Richardson & James, 2017). The shared stories portray a sense that firefighters perceive the world through a lens of rationality, logic, cause, and effect. The narratives speak to how strongly meaning frameworks associated with certainty, order, and control are embedded within firefighter worldviews and how this shapes their behaviour. Luke's explanation of why he put himself in a position where he could take his own life starkly illustrates the depth of this need for control and certainty and how it played out in his actions.

> *How do you know unless you control it? How do you know? … I had no intention of doing it [killing himself]. For me, it wasn't a viable option. It was just reinforcing that I was in control.* Luke, Leading Station Officer, 23 years' service.

The shared stories depict a heightened need for answers, for knowing and a sense of certainty. They add depth to the literature that shows that firefighters have a desire to be in control of situations and themselves (Mitchell & Bray, 1990). This creates a tension between an organisational structure that perpetuates an external locus of control and firefighters' heightened need for emotional, cognitive, and behavioural control (Richardson & James, 2017). More broadly, the stories support research that identifies certainty as one of the most salient and powerful drivers of human behaviour (Heine et al., 2006).

The following section illustrates how these worldviews associated with a heightened need for control, certainty, order, and structure extend into the emotional worlds of firefighters.

5.3.2.   Quarantining of the Emotional World

Throughout the narratives, firefighters refer to the strategies they learn that enable them to remain task focused and fulfil their role safely, effectively, and efficiently.

> *The incidents that we turn up to … with fatalities, I don't go out of my way to try to know more. I find it much easier just leaving it in that box, and going ok, you know, this is what we do as emergency service workers, we respond, we do our best to protect that life and the property*

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> *that's involved, and you know, that's what we do. I really try hard not to personalise that … You don't have to go down that rabbit hole, you know, to maintain your wellbeing and your level of professionalism, you don't go down that rabbit hole.* Jay, Senior Firefighter, 17 years' service.

The perceived risks of allowing any personal connection to the incidents we attend are powerfully evoked by the imagery of going down a rabbit hole. Personalising an incident may lead us down a dark tunnel where we are unable to turn around and unable to get out. The shared stories clearly illustrate how firefighters learn to compartmentalise their professional and personal worlds.

> *I can detach myself, like on any job, I feel 'yep', I can do this because I didn't cause it … you've gotta keep things separate. Professional mind against your emotional mind, and I try to do that.* Anne, On-call Firefighter, 10 years' service.

The personal world is associated with emotion and there is an awareness of a need to maintain a barrier between the two to perform our job effectively and to remain well. The need to quarantine emotion from what we do in our work and the situations we are faced with came up repeatedly in the stories that were shared.

> *Every time there's a fatality, I think you sort of just try and put up a wall and try and separate the emotion from the reality.* Liam, Senior Firefighter, 19 years' service.

There is a sense that emotions are dangerous and must be kept out. This is supported by the literature, which indicates that the ability of firefighters to prevent strong emotion encroaching on work is seen as necessary for saving people, preserving firefighter safety, and maintaining rationality at jobs (Scott & Myers, 2005). Therefore, it is perhaps unsurprising that great value is placed on the ability to control emotions (Scott & Myers, 2005). For firefighters to maintain their wellbeing and perform their duties, there must be emotional detachment and an ability to remain task focused. This skill set, when used outside of the incident setting repeatedly to cope with challenges of any nature, then suppresses firefighters' emotional worlds. It threatens their ability to engage with and process emotions, infiltrating their way of being in the world at a

personal and interpersonal level. Subtly threaded throughout the narratives are illustrations of how this learned skill of emotional detachment at jobs can morph into avoidance and suppression of emotion to cope with the traumatic nature of the events firefighters routinely attend.

> *I guess I compartmentalise it a bit ... When I say dispassionate about it [suicide], I think I'm putting it into a little box that I can handle, because it's a tragedy ... I'm putting it in a box I can deal with.* Mark, Inspector, 33 years' service.

Mark's use of the word dispassionate implies a level of emotional numbing that is required to contain, and therefore cope with, the tragic nature of suicide. Allowing emotions in threatens firefighters' ability to compartmentalise events. The stories revealed how the learned strategy of controlling emotion when attending an incident becomes a routine way of coping with emotion outside of the professional setting.

> *It's the way I deal with stuff that I don't like; I push it out and try to forget it ... people say, you get used to it [attending potentially traumatic events]. No, you don't get used to it. It still leaves a mark. You get used to working around that mark, so you remain functional, but I don't think you're necessarily well. And that's certainly how I feel at the moment.* Will, Inspector, 39 years' service

The stories support the literature, which shows that the emotional culture of firefighting organisations is reflected by emotional suppression and avoidance of negative emotions (Henderson et al., 2016; O'Neill & Rothbard, 2017) as well as fear of emotional expression (Richardson & James, 2017); they add texture to how this quarantining of emotion plays out behaviourally. The stories shared in this section reflect research highlighting how a firefighter's occupational identity is built not only upon solving problems but also on remaining emotionless (Richardson & James, 2017). It has portrayed how the learned strategies of compartmentalisation and emotional control that firefighters routinely use in their role infiltrate into their familiar ways of being in the world outside of the occupational context. The next section focuses on what the narratives reveal about the nature of firefighting and how it shapes our identity, our expectations of ourselves, and our sense of self-worth.

5.3.3. Firefighter Identity and Self-worth

The shared stories reflect how profoundly the role and function of a firefighter influences firefighter identity, self-narrative, and ways of being, as Luke's words clearly depict:

> *I'm the rescuer, not the rescue-ee. We are never the rescue-ees, we are always the rescuers. We don't do anything that's gonna lead us to be rescued.* Luke, Leading Station Officer, 23 years' service.

The narratives are supported by research that demonstrates how work is a primary source of identity and becomes a salient aspect of who someone is (Richardson & James, 2017). They also aid in understanding literature that highlights how the inability to help is compounded by the strength of a firefighter's occupational identity and can heighten the trauma response (Richardson & James, 2017). The shared stories build a clearer picture of how the uniformed nature of fire services serves to further compound and strengthen firefighters' occupational identities with their sense of self and who they are expected to be.

> *Because of the uniform, the persona that we perceive that we're supposed to have. There's a lot of 'shoulds'. 'I should be strong', 'I should be this', 'I should react like this', 'I should do that'.* Greg, Senior Firefighter, 23 years' service.

The shared stories add depth and meaning to research that has identified how a firefighter's role as a community protector influences their identity and self-image (Thurnell-Read & Parker, 2008). They also add context to how public perceptions of firefighters that are founded on traditional notions of masculinity (Perrott, 2019) play out in their self-narratives, as Matt said in the wake of his nephew's death by suicide:

> *I felt like I needed to be that emotionally strong person.* Matt, Senior Firefighter, 10 years' service.

The stories portray how strongly the uniform symbolises and drives expectations of who we should be and how we should respond and behave. They help to explain literature that has identified the tension created by competing discourses associated with being a firefighter, illustrating the difference between how we are perceived and who we think we should be, which are highlighted in situations that involve emotional expression or vulnerability (Richardson &

James, 2017). This section has illustrated the strength of a firefighter's occupational identity and how it shapes their expectations, their sense of worth, and their experiences of the world. The following section explores the nature and strength of the bonds firefighters form with each other and how this sets the relational context for the loss of a colleague to suicide.

5.3.4. Closeness of the Bond

The shared stories revealed the closeness of the bonds that firefighters form with each other.

> *We're like family, you know. I'm closer with some of the people here [at the fire station] than I am with my own family members ... He [a colleague] was like an older brother I never had.* Trevor, Senior Firefighter, 19 years' service.

Trevor's words confirm the literature that highlights the strength of the relationships firefighters have with each other, which stems from the mutual exposure to risk and the shared responsibility for each other's safety (Thurnell-Read & Parker, 2008). The nature of our work and work environment necessitates that relationships with our colleagues must fundamentally be based on trust. The stories also support research that shows that fire service cultures have a focus on relationships (Van Scotter & Leonard, 2022). Relationships are of the utmost importance for firefighters (Crosby, 2007). Ethan's narrative illustrates this as he describes how his peers were more instrumental to his ability to cope after the loss of his friend and colleague to suicide than the support of a mental health professional.

> *Saw a psychologist. Didn't really help ... and I really put it [recovery from depression] down to the guys [at his station].* Ethan, Senior Firefighter, 17 years' service.

Threaded throughout the narratives are depictions of how the close team bonds that firefighters have with each other are protective and can facilitate emotional disclosure.

> *It's chalk and cheese what having a good crew and feeling comfortable with your crew does versus where you're not comfortable, you're bottling up emotions, you're staying quiet, you're not telling people what's on your mind, or not having that ability to communicate properly.* Matt, Senior Firefighter, 10 years' service.

Such findings are supported by research that indicates how emotional disclosure between firefighters serves to further develop strong friendships and bonds (Yarnal et al., 2004). The stories portray how the cohesiveness of the team is integral to firefighter culture and ways of being, which is depicted throughout the narratives. The nature of the individual and team bond forms an integral part of the relational and social context within which firefighters experience exposure to suicide. This is particularly significant when exposure involves the loss of a colleague. This relational context profoundly shapes their experiences.

5.3.5.   Summary – A Firefighter's World

Through the analysis of firefighters' stories, this section illustrated how the hierarchical command and control organisational culture of fire services shapes our worldviews, our ways of being, feeling, thinking, relating, and experiencing. The narratives portrayed how firefighters experience the world predominantly through and within the cognitive dimension. Their stories revealed thought processes driven by logic and rationality in which problems are solved using deductive reasoning to determine cause and effect. Such cognitive ways of being influence how events are experienced, understood, and processed. The narratives also highlighted how controllability, order, and certainty are highly valued and embedded into firefighters' worldviews and meaning frameworks. The shared stories illustrated how this need for control extends into the emotional world of firefighters, appearing as suppression, detachment, and a quarantining of emotion. The stories revealed firefighters to be action-oriented rescuers whose identity is largely defined by the uniformed nature of the organisations they work within and their primary function: to save life. This shapes the expectations we have of ourselves and how we experience the potentially traumatic events we attend during our careers. The narratives also portrayed the relational culture of fire services and the close nature of the bonds firefighters have with their peers, which are based on trust and mutual understanding.

This section also illustrated, through participants' shared stories, what it means to be in the world as a firefighter; how the role and the organisations we work in shape our worldviews, our identity, our ways of thinking, feeling, and being. The data analysis revealed how the shared identity, including the relational, cognitive, emotional, and behavioural worlds of firefighting, impacts the ways in which suicide exposure is experienced. The analytic themes that have been generated from the narratives and captured in the chapters that follow are deeply embedded within this context.

5.4. Chapter Summary

This chapter introduced the results of the study by exploring the data set from which the findings have been drawn (i.e., the firefighters' stories). Demographic data and information regarding each participant that is significant to the interpretation of the narratives, including the number and types of exposure, was outlined. This chapter has also presented a narrative summary, as a profile, of each participant to provide readers with a 'feel' for who each of the firefighters is. Every profile captured the essence of the narrative that was co-created between me and the participant. The final section of this chapter provided a foundation for the reader to understand what it means to be a firefighter in the world, both from the data analysis and an integration of the literature and how the shared identity, including the relational, cognitive, emotional, and behavioural worlds of firefighting, influence the ways in which suicide exposure is experienced. This chapter has provided the reader with an understanding of the overall data set from which the themes that follow in Chapters 6 and 7 were generated.

The following chapters present the results generated by the data analysis. These serve to answer the research question: How do firefighters live with and through the experience of exposure to suicide in their personal and professional lives? The results also address the central aims of this research, which were to explore firefighters' experiences of exposure to suicide from an insider perspective; to contribute to enhanced understanding of how suicide differs to other traumatic deaths that firefighters are exposed to; and to gain insight into how the cultural and organisational context influences experiences of exposure to suicide. Chapter 6 introduces two central themes that describe how the experience of exposure to suicide poses a threat to firefighters' understanding of the world. Chapter 7 introduces two central themes that describe how the experience of exposure to suicide poses an internal threat to the self of firefighters. A synthesis of these analytic findings with existing theoretical and empirical literature is presented in the discussion (Chapter 8).

Chapter 6.

Results of Analysis – Threats to Firefighters' Understanding of the World

The following two chapters focus on the core research question of how firefighters live with and through the experience of exposure to suicide in their personal and professional lives. This chapter introduces two central themes that describe how the experience of exposure to suicide poses a threat to firefighters' understanding of the world and the conflicts and discrepancies in truth about the expectations and realities of the world they exist in. The data identifies the liminal space that firefighters' experiences of exposure to suicide are, in the sense of 'not knowing' why a person has died by suicide and the uncertainty it creates about the world around them given the culture of control associated with firefighting as a profession. These results are presented as sections that begin by outlining the key findings. Subheadings denote subthemes and each section concludes with a summary. The results presented in Chapters 6 and 7 are then synthesised with existing empirical and conceptual literature in Chapter 8, the discussion, which presents an evidence analysis prompted by the results.

All narratives represent different place and time for each participant; thus, they do not illustrate a temporal association to the death; rather, they represent meanings made in the wake of suicide. Using these contrasting perspectives to interpret both similarities and differences within and between narratives enabled the explication of deeper meaning. All the themes generated from the narratives are firmly situated and interwoven within the unique fire service context. As noted in Chapter 5, it is this organisational and cultural context that shapes firefighter world views, meaning frameworks, identity, and way of being in the world. These unique cultural ways of knowing define how firefighters construct meaning and their way of thinking, being, and experiencing.

6.1. Conflicting Truths – 'What I Thought I Knew'

The data identified a perceived discrepancy between firefighters' expectations of life, the world, a person, or relationship and what the experience of suicide embodies and means for them. The central findings of this theme are that conflicting truths are underpinned by a sense of discrepancy and incomprehensibility created by the suicide that threatens firefighters' familiar

understanding of the world. It is split into three subthemes. The first, 'How I thought life should go', portrays how exposure to suicide is an abruption to the expected life narrative. The second, 'Suicide is incomprehensible for firefighters', portrays how the culture of rationality and control associated with firefighting defies a firefighter's ability to comprehend suicide. The third, 'A fracturing of relational trust', portrays how the discrepancy between what firefighters thought they knew about the deceased person and their relationship to them and the meaning they construe to suicide represents a betrayal of trust.

6.1.1. How I Thought Life Would Go

This subtheme illustrates the way in which suicide represents an abruption to the expected life journey, or the 'should' narrative about expectations of life. The data captures how suicide challenges firefighters' understanding of the predictability of the world and their expectations of life and the way it should go. One participant, Will, compared his father's death by natural causes to the death of his good friend and colleague, Ian, by suicide some 30 years ago.

> *My father died … I miss him so much, but the loss of my father was predictable, we could see it coming. When someone suicides, one minute they're fit and healthy, the next minute they're dead, and that's devastating. To me, that's a waste. To me, that's a perfectly fit human body that could have done so much and now it can't.* Will, Inspector, 39 years' service.

Will's narrative speaks to how the predictability and expectedness of his father's death enabled him to articulate it into a coherent narrative. When speaking of Ian's death, however, there is a disconnect, an abrupt finishing.

> *When my grandmother died, when my dad died, they were troubled, and damaged, and broken and un-fixable, but I look at Ian, you know, he was a fit healthy young man. Perfectly functional, nothing wrong with him, human body … gone, but he was more than just a human body. He was an individual who had warmth, character and you know, intimacy, potential and all those things and all of that was taken away, and so in that sense, suicide is more significant.* Will, Inspector, 39 years' service.

Many participant narratives spoke to how suicide evokes a loss of flow in the expected life narrative: we grow old, we become ill, and then we die. We do not associate good health with death. There is a sense that it is this contradiction that suicide elicits between what we think we know about the expected life course and what suicide represents that makes suicide more 'significant'. Beyond this more explicit meaning, Will's words speak to an implicit rupturing of the associations he makes between *warmth, intimacy,* and *potential*, with life and a desire to live. In seeking deeper meaning, Will's narrative speaks to the way in which suicide subtly violates hope for one's own potentiality. This was expressed in different ways through many of the participant narratives. The different meanings that firefighters construed to suicide affected how they understood it and the way in which it impacted them. The firefighters reflected in interviews that, for them, suicide can be understood if the person is experiencing a physical illness.

> *I can understand it [suicide] more with the assisted, like assisted dying more than actually just, you know healthy people just deciding that I'm not coping so I'm going to end it.* Liam, Senior Firefighter, 19 years' service.

For many, there is a sense that suicide is associated with an inability to cope rather than an illness, as Liam's words illustrate, which serves to compound the inability to understand it. Jay describes how and why an occupational exposure to the suicide of an *older* man impacted him.

> *He was a retired gentleman, and that sort of threw me ... I remember that really affecting me because of his age, like if it had have been the same physical situation with someone in their 20s or 30s, I really don't think it would have affected me as much ... but because of his age, you know, you always think, like I'm 51 now and I thought I would have had it all worked out ten years ago ... when you're younger, I thought, you know, 50 yeah, you'll have it all worked out ... there's not too much that will get to you, or throw you off kilter.* Jay, Senior Firefighter, 17 years' service.

Whilst the meaning Jay makes from this occupational exposure is different to Will in the sense that the older age of the man was what made the death more confronting, the narratives both describe how it was the discrepancy or conflict between what they thought they knew about the

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world and the meaning or truth they made from the death that elicited distress. The narrative of one participant, Barry, highlights this point by its difference. Barry describes how the suicide of his colleague and lifelong friend, Freddie, did not have a significant effect on him. His narrative portrays a sense of congruence between his expectations and what happened. He can draw connections between what he knew and had seen of his friend and his decision to end his life.

> *It just didn't affect me that much. I got over it because I knew more stuff. I could see the pain that he was in, and the pain he was causing ... I knew what he was before and what he'd become, and how, like he couldn't even think straight ... his body was shot you know, and his mind ... When I heard, it didn't surprise me, because I had the most contact with him, I sorta knew it could happen.* Barry, Senior Firefighter, 31 years' service.

Barry's narrative illustrates how the close contact he had with Freddie afforded him information that enabled him to configure events into a historical unity, to build a coherent narrative around Freddie's death so that he could understand it. His death was almost predictable. The combination of understanding and predictability enabled him to 'get over' Freddie's death. One participant, Shane, compared two suicide deaths, one being the death of a colleague, and the other of a young boy within his community whom he had never met. He reports in his narrative that this death, of a boy he had never met, had a greater impact on him. He explains.

> *I can see why [his colleague took his own life]. I can see why it happened. Yeah, absolutely ... One [his colleague's death] was probably, almost predictable, just a matter of when, whereas the other one [the young boy] was like, where did that come from?* Shane, Captain, 24 years' service.

The narratives elicit the ways in which predictability of death affords expectedness of the outcome. When an event is predictable in some way, there is less discrepancy between expectations of the world and the reality that is experienced, which facilitates comprehensibility and understanding.

This subtheme captured how, when there is a discrepancy between firefighters' expectations of life and the meaning they make from a suicide death, it challenges narrative coherence and what firefighters understand about the predictable nature of life. The next subtheme explores how the culture of rationality serves to exacerbate the incomprehensibility of suicide.

6.1.2.   Suicide is Incomprehensible for Firefighters

This subtheme portrays how firefighter culture and familiar ways of understanding challenge firefighters' ability to comprehend suicide. The analysis identified the ways in which the culture of rationality may feed incomprehensibility about the reality of suicide. The narratives revealed the inability of firefighters to connect the perceived problems faced by the deceased with the decision to end one's own life. For example, I asked Shane if he was able to make sense of his friend and colleague's death by suicide.

> *No … Not at all. Nope. Not enough, not enough to end your life. Punching holes through a wall, smash a window, you know, get shit-faced and embarrass yourself, but end your life? No*. Shane, Captain, 24 years' service.

Many of the participants' narratives spoke to the discord between the perceived problems faced by the deceased and the catastrophic solution chosen to resolve them; a disconnect between cause and effect, an abruption that confounds rationality and logic. Jason's narrative confirms this as he talks about his lifelong friend and colleague's death by suicide, but it unearths another layer of incomprehensibility about the way in which suicide confounds firefighters' worldviews related to problem solving.

> *I don't think there's any sense in it because no amount of money that you owe or whatever financial stress he was under, I don't think it's worth taking your life over. You can always sort it out.* Jason, Captain, 24 years' service.

Jason's words portray how suicide challenges firefighters' worldviews, which depict a belief that problems can be fixed. Phil's narrative also speaks to this confounding of comprehensibility and the belief that a solution can always be found as he tries to understand his friend and business partner's suicide.

> *I still can't make sense of the suicide … I just can't make sense of the*
> *fact that he just felt that was the only thing he could do.* Phil, Acting
> Superintendent, 32 years' service.

A sense of bewilderment that ending one's own life could be 'the only way out' is common to all these narratives. It is this incomprehensible solution to the perceived problems faced that presents a unique challenge to firefighters' ability to make sense of suicide. No rational cognitive connection can be made between cause and effect, which is at odds with firefighters' familiar rational ways of understanding the world and resolving problems.

In contrast, Barry's narrative reflects his ability to make sense of his close friend and colleague Freddie's death and how integral his capacity to understand it by connecting cause and effect was to how he came to terms with his death.

> *I understood it … it was guilt-driven for what he'd done [adultery]…*
> *He done it for his family and I understand. It's terrible, and things will*
> *get better in time, but at the time he just thought, 'I'm the problem here*
> *and I've gotta go.' That's what he would have thought.* Barry, Senior
> Firefighter, 31 years' service.

Barry identifies in his interview how understanding and comprehensibility have protected him from experiencing a significant detrimental impact of Freddie's death despite the closeness of their relationship. It is as if, in terms of impact, the ability to *understand* a death is more significant than the closeness of the relationship. Liam's narrative explores more deeply how suicide, through its incomprehensibility, defies firefighters' understanding of the world on many levels. His words speak to how the act of suicide taps into a confrontation with the meaning of life itself as he talks about the loss of two of his close friends to suicide.

> *I don't think I'll ever make sense of it [suicide] … To me, they both had*
> *so much to live for.* Liam, Senior Firefighter, 19 years' service.

The stories of firefighters describe, in an implicit sense, an experience that cuts through the cognitive realm of sense making and speaks to a more fundamental violation of truth, of what they thought they knew about life. The way in which the intentionality of suicide confounds comprehensibility is threaded throughout the firefighters' narratives.

Suicide's deliberate. Like someone's deliberately gone out to take their life … There's a lot of difference between someone deliberately taking their life and someone accidentally dying … it is hard to get your head around, you know, that choice of dying … I just find it mind blowing, still, and I probably always will. Simon, Senior Firefighter, 18 years' service.

Participants' language speaks to an experience that defies logic, going beyond that which can be understood cognitively. The words *mind blowing* portray an image of the violent nature by which the intentional act to end life obliterates the way in which firefighters understand the world. Will's words speak to this sense of confusion.

I don't think anybody ever intends to end their own life. And yet suicide is an intentional act … I remember standing on the footpath in front of this house some Christmas Eve. Mum, dad, three kids and their house was gone. We couldn't save the house and I felt awful for them, but I felt awful for them in a different way to what I feel when someone has suicided. And I don't know how to define the difference, but there is a difference. I feel awful because they have lost. I feel awful because the suicide victim felt that was the only way out, and I still feel awful, but yeah, it's different. I don't know how to define that difference. Will, Inspector, 39 years' service.

There is a profound sense of confusion in Will's narrative that precludes articulation through language. It implies an experience that lies outside of firefighters' familiar ways of being, thinking, and feeling. There is a disconnect, a shattering of resonance that, in many ways, is reflective of conflicting truths at an existential level.

This subtheme captures how the disconnect or discrepancy between the perceived problems faced by the deceased and the intentional act to end one's life shatters comprehensibility, confounding firefighters' usual rational and logical ways of making sense of their experiences. At a deeper, existential level, it illustrates conflicting truths, where the perceived intentionality to end life is discrepant with what firefighters understand about the meaning of life. The next subtheme portrays how the discrepancy between what firefighters thought they knew about the

deceased person and their relationship to them and the meaning they construe to suicide represents a betrayal of trust.

6.1.3. A Fracturing of Relational Trust

The thread of conflicting truths, discrepancy and incomprehensibility that has been portrayed in this theme thus far is also seen through the narratives of firefighters at an interpersonal or relational level. The narratives show a disconnect between what firefighters thought they knew about the deceased person and their relationship to them, and what the act of suicide symbolises for them. Liam describes how he felt following the loss of Gary, his good friend and colleague.

> *We had a pretty good relationship and that's why I think I was so shocked when I found out so much more about him after his death that I didn't know about him for the five years I knew him as a person ... like, yeah ... that affected me ... I thought he could pretty much handle anything ... Personally he seemed like one of the strongest individuals I've ever met ... we all thought we knew him, but turns out we didn't know that much.* Liam, Senior Firefighter, 19 years' service.

Liam's words and the bewildered intonation in his voice speak to an overwhelming sense of confusion. It is as if Gary's death just doesn't 'fit' within any frame of reference Liam previously held. Gary's death represents a violation of everything Liam knew not only about his friend, but also about his perceptions of his strength, and about the closeness of their relationship. Many participants described similar experiences. Brett talks about his struggle to understand the death of his close friend and colleague, Chuck several years before.

> *It shocked me to the core when he did it cause I never, never thought that he was suffering in that way ... He was probably the closest person I'd been to that had committed suicide, and I just would never have picked it, never, and to this day I still think about him, and think about, 'oh', you know, god, what, what triggered that? ... He was just such a fun-loving, happy guy.* Brett, Superintendent, 34 years' service.

Brett's narrative illustrates how the discrepancy between what his perceptions of his friend were, what he saw, what he knew of him, and the act of ending his own life tapped into something deep within him. The word 'core' that he uses to describe his experience implies

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there is something about the impact of his friend's death that transcends the cognitive and emotional dimensions of experience.

The narratives speak to the way in which suicide threatens firefighters' understanding of the nature of close relationships, being that they are founded on collective trust and creating a sense of being 'known' or 'having each other's back', which is a central part of the relational culture of firefighting, as explained in Chapter 5. This is particularly evident where firefighters narrated their experiences of losing a colleague to suicide and the profound impact it had on them. Freddie was a colleague and close friend of Trevor's who took his own life 11 years before our conversation. Trevor describes the impact of his death as: *Heavy eh, fucking really heavy*. There is sense of relational betrayal, of being let down, in Trevor's narrative.

> *I felt a bit angry with Freddie too after it, cause I thought we were closer*
> *than that mate. I thought you woulda rung me before you did it, at least*
> *to say goodbye and tell me you're gonna do it, so yeah, I was cranky*
> *with him too after it.* Trevor, Senior Firefighter, 19 years' service.

It is as if Freddie's death challenged Trevor with what he thought he knew about the closeness of their relationship, that it was based on openness and honesty, which compounds the incomprehensibility of his death. Freddie's suicide, therefore, not only invites questioning of what we thought we knew about the nature of close relationships, but on a more profound level, a questioning of trust in ourselves and our own judgements, a fracturing of relational trust. Liam's narrative also speaks to this sense of relational betrayal after two close friends died by suicide. He describes how his close friend Mic had supported him after he had lost another good friend, Gary, to suicide. Liam and Mic had discussed how they could never suicide, but then Mic did.

> *They both come to me as a shock because when I was talking to Mic,*
> *having discussions with him about Gary, which sort of helped me ... lift*
> *the burden, I suppose. Um, in those conversations he said ... 'I don't*
> *think I could do that'. And I said, 'yeah, you know, I don't understand*
> *it either'. Yeah, and for him to go ... it wouldn't have been even 18*
> *months later. To actually going and doing it ... I don't know. You just*
> *don't know what people are thinking.* Liam, Senior Firefighter, 19
> years' service.

The intonation in Liam's voice spoke to an overwhelming sense of being let down, betrayed, and confounded by the discrepancy between his friend Mic's words and his actions. Barry's narrative, however, in speaking about the impact of the suicide death of Freddie who, as he was for Trevor, was his colleague and close lifelong friend is in direct contrast to both Trevor's and Liam's experiences.

> *I was pretty good with it because I was so close to him at the end, and we'd been mates for so long and towards the end there we were still really close. I still sorta understood him.* Barry, Senior Firefighter, 31 years' service.

There is no sense of betrayal or loss of trust in Barry's narrative despite the closeness of his relationship to Freddie. Rather, Barry attributes the very fact of his closeness to Freddie with his ability to be 'pretty good with it' because he was able to understand him as a person. Barry's words illustrate how, in some circumstances, closeness to the deceased can act as a protective factor, not a risk factor for the adverse effects of exposure to suicide that appears to relate to the quality of the relationship and subsequent ability to understand a person and their decision to end their life.

This subtheme portrayed how the discrepancy between what firefighters thought they knew about the person and the nature of their relationship and the act of suicide can be experienced as betrayal and a fracturing of relational trust that compounds incomprehensibility.

6.1.4. Theme Summary: Conflicting Truths – 'What I Thought I Knew'

This theme has captured how the experience of exposure to suicide is underpinned by incomprehensibility, by the conflicts and discrepancies in truth between firefighters' expectations of the world and the reality of suicide that is at odds with their familiar ordered and rational way of being in the world.

6.2. The Liminal Space Triggered By Suicide Exposure

The previous theme reflects on the ways in which firefighters' experiences of suicide are shaped by culture and worldviews related to rationality and predictability, and by lifespan expectations that defy their understanding of the world. In this theme, the way that the inherent unknowns

associated with suicide challenge firefighters' worldviews related to control and certainty are captured. It illustrates how the unanswerable questions associated with suicide reverberate across time and into all aspects of firefighters' lives, tapping into the experience of uncontrollability. This section is split into three subthemes that collectively capture the meaning of liminality. The first, 'A reverberating "why?"', portrays how the unanswered questions associated with every suicide can elicit a spiralling of questioning that can extend into many different aspects of a firefighter's life. The second portrays the discomfort and uncertainty experienced by firefighters when confronted with not knowing. The third, 'Thwarted control', depicts how the unknown is experienced by firefighters as a lack of control.

6.2.1. A Reverberating 'Why?'

This sub-theme portrays how the unanswered questions associated with every suicide can elicit a spiralling of questioning that can extend into many different aspects of a firefighter's life. I asked Jamie what the hardest thing to come to terms with was following his father's death by suicide some 30 years prior to our conversation.

> *The unknown and the uncertainty short and long term ... those why's*
> *from the short term carry on and they affect every single day of your*
> *life.* Jamie, On-call Firefighter, 8 years' service.

Jamie's words profoundly illustrate how the unknowns and inexplicable question of why a person took their own life can echo throughout one's own life, triggering a multitude of other unanswerable questions. Analysis of the data revealed a sense that answers afford certainty and order and that the meaning frameworks associated with these ways of being in the world are deeply embedded within firefighter worldviews. Kevin's narrative illustrates how these worldviews are challenged by exposure to suicide.

> *With the suicides, because it's a death, you want to know the answers*
> *... you know how this started; you don't know why it started ... with*
> *suicide, we don't get any answers.* Kevin, Superintendent, 34 years'
> service.

Kevin identifies how the inability to get any answers is problematic for firefighters. Threaded within firefighters' stories is the sense that the ambiguity and uncertainty associated with what led someone to end their life triggers a snowballing of questioning. Shane describes how the

lack of answers as to why the son of family friends had taken his own life led to questioning around what it would mean for the boy's parents.

> *That's the thing I guess, how could this happen to them, you know? Without having answers, you know, like, why? ... I kept thinking, how do they [the boy's parents] feel? How do they get on? How do they get up every day and make purpose of their lives?* Shane, Captain, 24 years' service.

The snowballing questioning of how and why and its trajectory differed for each firefighter according to the meanings construed to the death in the context of their own lives. The trajectory of questioning for Shane was largely shaped by the association he made between his situation and that of the boy's parents. For some, the questioning was future directed. For others, the trajectory of questioning is reflected backwards and inwards as a questioning of the self.

> *Because we didn't know why he'd done that ... you start questioning yourself ... oh my god, have I, am I involved in this? That was my first reaction, was, is this something to do with me?'* Kevin, Superintendent, 34 years' service.

Within the same narrative, questioning occurred in multiple directions and dimensions. Kevin illustrates this when his inward-directed questioning shifts outwards towards the relationships between himself, his crew, and their colleague who took his own life.

> *That initial why didn't we know? Why didn't we do anything better? And then you started to question, were we really that tight? Why didn't anyone know? Why didn't anyone pick up?* Kevin, Superintendent, 34 years' service.

There is a familiar thread throughout the narratives that illustrates how the nature of questioning changes over time in relation to the personal, interpersonal, and situational context of the death and the individual exposed to it. Jamie describes how the unknowns associated with his father's death when he was 21 rippled out temporally as he initially questioned the past.

> *I think, at some level you learn to process it [his father's death by suicide] and say it's ok, you didn't do it. You didn't have any part of it,*

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but did I? ... so that was short term. Jamie, On-call Firefighter, 8 years'
service.

And then the future.

> *The long term stuff was the readjustment and how do we live? How do*
> *we survive? He's not here ... everything's changed and what's going to*
> *happen?* Jamie, On-call Firefighter, 8 years' service.

The narratives of firefighters within this subtheme demonstrate how the unanswered question
of why someone chose to end their life can elicit questioning directed inwards towards the self
and outwards towards others, as well as questioning that ripples back into the past and forward
to the future, influencing firefighters' ways of being in the world in the present.

6.2.2.   A Liminal Space of Not Knowing

This subtheme captures the ambiguity associated with suicide and how it challenges
firefighters' ability to make sense of these events and draws them into a liminal space of not
knowing. It differs from the incomprehensibility described in the prior theme, where conflicting
truths were underpinned by irrationality and an inability to find answers by linking cause with
effect. In the present sub-theme, ambiguity involves a broader and more complex cognitive
process than comprehensibility because it involves making sense of ambiguous and uncertain
situations. It is this experience of challenges to sense making brought about by exposure to
suicide that is captured by this theme. The narratives of firefighters describe how it is the
inability to make sense of suicide that makes it different to other traumatic deaths or events they
are exposed to, resulting in continued ambiguity.

> *I think a suicide is, is just, has no reason for it, and there's no obvious*
> *reasons, whereas a house fire, or an MVA [motor vehicle accident],*
> *there's a little bit more of a reason. You may not know why they lost*
> *control or why the house caught fire, but you know why they died ... I*
> *just think it seems a little bit more senseless, that's all.* Shane, Captain,
> 24 years' service.

Shane's language describes an experience that is devoid of sense, meaning or logical
explanation. Similarly, Greg's narrative illustrated how the inability to make logical deductive

connections between cause and effect posed challenges to a firefighter's ability to build a coherent story around an event. Greg identifies that it is this that makes suicide different to other types of emergency incidents involving fatalities that firefighters attend.

> *I think it's different [suicide]. There's a back story to an MVA [motor vehicle accident] or house fire. The reason these people perished in that house fire, was because they didn't have smoke detectors or they had a really old heater or because they had a, you know, crazy father who set the house on fire. The reason there was an MVA and those people died is because that guy was drunk and he went through a red light, or this person wasn't paying attention and that's what happened. The thing with suicide is quite often, there's no back story, there's no explanation. It just is what it is.* Greg, Senior Firefighter, 23 years' service.

Situations that cannot be explained are inherently ambiguous in nature. The firefighters' stories portraying the struggles to make sense of exposures to suicide extends beyond their occupational lives into their personal lives, linking to Chapter 5's exploration of the culture of firefighting.

> *To me, the hardest thing to come to terms with was why'd he do it? You just don't know where people go with their thoughts, so I'll never really know what happened or what set him off. There's just no sense ... I've got no answer ... No-one has, as to why he done what he done ... We'll never know what they think.* Jason, Captain, 24 years' service.

The narratives portray how confronting the thought that there are no answers is for firefighters – that the not knowing may be forever. One participant, Barry, directly identified in his narrative how knowing or not knowing information about a death related to the impact it had.

> *A lot of people sort of like didn't really understand why he [his good friend and colleague] did what he did or what was going on ... other people, they didn't quite understand, so it affected them more ... I knew all the stuff, I knew everything. There wasn't much I didn't know at the end.* Barry, Senior Firefighter, 31 years' service.

The 'knowing' that Barry describes counters the need for a prolonged struggle with sense making arresting the associated reverberating questioning that many firefighters describe.

> *You think afterwards, what caused, what was the, how did they get to this point? ... you can't help but question and wonder, what was going on in their heads to get them to this point?* Kevin, Superintendent, 34 years' service.

The word 'wonder' implies a sense of lingering and intangibility brought about by the inability to find logical answers, which represents the antithesis of firefighters' familiar ways of problem solving, thinking, and being in the world, which were presented in Chapter 5.

Anne's narrative starkly illustrates the challenges that not having answers presents to firefighters as she describes her inability to make sense of her brother's death.

> *I don't make sense of it [her brother's death] ... I don't know if he felt he couldn't stick around and see that [his mother's impending death] and I don't know. I'll never know, and I don't wanna keep asking those questions. I think that's why I can't get my head around it all at this stage because I haven't got all the answers, you know, I haven't got closure ... I just want that black and white. I don't wanna guess half of it, cause I can only see half of it ... I need to know the story ... it's not making sense, like, only two sides, three side to that square. Where's the other side?* Anne, On-call Firefighter, 10 years' service.

The stories participants told portray the need to understand the bigger picture of stressors that might have led someone to take their own life. There is a sense that suicide through the experience of not knowing poses a threat to 'certainty' and represents a loss of the structure and order that are an integral part of life in the fire service. The narratives portray how inability to mentally 'complete' the incident through finding answers to the questions posed by it leads to repetitive cycles of thoughts and questions.

> *It's only because I'm disturbed by not having closure I think, why it's so repetitive ... I wanna start finalising things so I can close things down and just put shit behind me instead of having it just linger all the*

time, and I feel that's the worst part, the lingering. Anne, On-call Firefighter, 10 years' service.

The discomfort associated with the 'not knowing' and unanswerable questions is a common theme throughout the narratives of firefighters exposed to suicide. It appears to present challenges to the ability to contain or compartmentalise the event cognitively and emotionally, which is central to firefighters learned ways of being and coping. The following subtheme builds on these concepts, identifying how the 'not knowing' thwarts a firefighter's sense of control.

6.2.3. Thwarted Control

This subtheme depicts how the ambiguity associated with suicide is experienced by firefighters as a lack of control. Threaded throughout the firefighters' narratives are reflections on what was not known and the different ways in which the not knowing is interpreted. Ethan describes how not knowing his friend's state of mind affected his sense of agency and control, impacting his ability to act on and effect influence over the outcome following his close friend and colleague's death by suicide.

> *I didn't know he was that bad. He didn't give off any of those signs that you would usually see … I didn't really know he had depression … I didn't know and I wasn't aware, and I wasn't able to do the things that I was doing for my other friend.* Ethan, Senior Firefighter, 17 years' service.

Ethan's words speak to the way in which he associates 'not knowing' with a sense of thwarted control. Not knowing impaired Ethan's ability to have agency over the situation. This is particularly challenging for firefighters whose way of being in the world is defined by taking action to control uncontrolled situations. The narratives speak to how confronting this is for firefighters.

> *That's probably the biggest thing, not knowing what to do, not knowing how to help … there was absolutely nothing I could do about it. If you don't know, you don't know. Still don't know.* Liam, Senior Firefighter, 19 years' service.

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Liam's words in describing his good friend and colleague's death by suicide illustrate the way in which not knowing thwarts his ability to help and take control of the situation, which is the antithesis of his action-oriented role as a firefighter. It engenders a sense of powerlessness. Greg's narrative also speaks to the association between unanswered questions and a lack of both situational and emotional control as he describes his reaction to an occupational exposure to the suicide death of an adolescent boy.

> *I didn't have any answers ... I had no control ... firstly I had no control over the situation, but I certainly had no control over my emotions ... that's the thing that got me ... There's no control, there's no 'how did we get to this point?'* Greg, Senior Firefighter, 23 years' service.

It seems the unanswered questions associated with the suicide tap into a global sense of uncontrollability that poses a threat to Greg's sense of stability and ability to comprehend the world. This section highlighted how suicide poses a threat to firefighters' culturally defined meaning frameworks associated with certainty, stability, and control, which plays out in their thoughts, behaviour, emotions, and their way of being in the world.

6.2.4.   Theme Summary: The Liminal Space Triggered by Exposure to Suicide

This theme has captured the liminal space that firefighters' experiences of exposure to suicide are, in the sense of 'not knowing' why a person has died by suicide and the uncertainty it creates about the world around them and how these challenge firefighters' worldviews related to control and certainty.

6.2.5.   Chapter Summary

This chapter introduced two central themes that were generated from the analysis of firefighters' stories. They describe how suicide disrupts a firefighter's understanding of the world. The first, 'Conflicting truths', captures the incomprehensibility and discrepancies in truth that firefighters experience between their expectations of life, the world, a person, or a relationship, and what the experience of suicide means for them. The second theme, 'The liminal space triggered by suicide', captures how firefighters experience the ambiguity and unknowns associated with suicide and how this challenges their worldviews related to control and certainty. The next

chapter introduces the final two themes generated from the thematic analysis. They describe the internal experience of exposure to suicide and represent disruptions to temporality.

Chapter 7.

Results of Analysis – Internal Threats to the Self

This chapter introduces the final two themes that were generated from the narratives. They describe how the experience of exposure to suicide is internalised, disrupting temporality. and posing a threat to a firefighter's sense of safety and identity. The theme, 'Fears for the future – It could be me', captures how exposure to suicide is experienced by firefighters as a fear for their own safety, for the safety of their families, and as a fear for their own imagined future. It illustrates how the experience projects firefighters out of the present into an imagined future. The theme, 'A reflection of the past – could I have?', captures how exposure to suicide is experienced by firefighters as a failure to protect life and a threat to their identity. It portrays how the experience draws firefighters out of the present and into the past.

7.1. Fears for the Future – 'It Could Be Me'

This theme captures how exposure to suicide can be perceived by firefighters as an internal threat to themselves and their own future. It is characterised by a fear-based response and depicts a projection out of the present and forward into the future. It comprises three subthemes. The first, 'Familiarity and personalisation', illustrates how the relatability of a suicide death to a firefighter's own situation is experienced as a threat to themselves. The second, 'An existential threat to self', describes how the relatability of a death by suicide can be interpreted by firefighters as a fear for their own safety and wellbeing. The third captures how exposure to suicide holds a mirror in front of firefighters that reflects fears for their own future.

7.1.1. Familiarity and Personalisation

This subtheme captures how, when a suicide is relatable in some way to a firefighter's own situation, it can be personalised and perceived as a threat to a firefighter's sense of safety, whether that death is experienced in a personal or an occupational setting.

> *I think when you can draw a similarity or something that's in your life to what you're seeing, it's hard to put up the barrier, the barrier of firefighter immunity, that stops you from being emotionally involved in the incident.* Kevin, Superintendent, 34 years' service.

Kevin's words highlight how firefighters routinely place an emotional barrier between themselves and incidents they attend as a strategy to protect them from the effects of the numerous potentially traumatic scenes they are confronted with during their careers. Kevin goes on to explain:

> *I think of one in particular [occupational exposure to suicide] that did affect me ... he was the exact same age as me, and he had children the exact same age as mine ... That affected me, probably more than any other jobs I've been to with fatalities, because of the proximity in age to me, and the same thing about the kids. It touched a nerve.* Kevin, Superintendent, 34 years' service.

The metaphor Kevin uses of a nerve being touched to describe how he experienced the impact of this incident illustrates the involuntary and potentially painful nature of his response and speaks to the experiences of many of the participants. When we, as firefighters, can relate to an incident personally and make associations between the incident and people or things that have meaning to us, it can render our familiar and trusted coping strategies of compartmentalisation and emotional distance ineffective. We can no longer remain immune to the trauma we are so regularly exposed to. Greg's narrative clearly depicts this as he describes his experience when attending an occupational exposure to the suicide of an adolescent boy.

> *I was trying to avoid getting emotionally invested ... there was an intense focus on trying to detach ... His birthday [the deceased boy] was the same day as my second eldest son, but two years earlier ... I remember having this massive sort of feeling of anxiety, you know? It was a really foreign pit of your stomach type thing ... it was something that I'd probably never really felt before ... whether it was the time or the trigger of familiarity of what it was, or the presence of suicide seeming to be a real option for this generation ... I just remember being totally into my own thoughts and actually ridiculously terrified ... By personalising it, I had this overwhelming sort of fear and concern for my own immediate family, particularly my two eldest boys ... What if this ever happened to me? ... somehow, I'm shedding tears not only for a stranger but in a perverse sort of way thinking, this could be me.* Greg, Senior Firefighter, 23 years' service.

The language Greg uses to narrate his experience portrays how terror and fear are foreign feelings for firefighters. Greg describes how he embodies, in the *pit of your stomach,* the lived experience of the loss of one of his own sons through the associations he makes between the deceased boy and his own children. During his interview, he described how it was the moment he saw the boy's date of birth on his driving licence that triggered him, as if the 'apparent closeness' signified by the date of birth was related to the impact the event had on him. In the aftermath of this incident, Greg was diagnosed with severe PTSD. Another participant, Shane, described how the suicide death of a young boy in the community affected him even though he had never met him.

> *I didn't know Felix personally at all. I just knew his Mum and Dad … I felt like I lived a parallel life to that family a bit. We could draw similarities to a lot of life experiences. … Ever since then, it's made me paranoid, that what if one of my children does it. I always think about it now. I always wonder … I often think, if you get too cranky, you know, will it make them sad, and will they go and take their lives? … It was very scary.* Shane, Captain, 24 years' service.

There is a common experience of fear portrayed through the narratives that relates to familiarity and a perceived threat to the safety and wellbeing of firefighters' own children. The degree of fear appears to differ, implying that threats to meaning and the subsequent impact on perceptions of safety are graded in nature, occurring on a continuum from a shattering, as it was for Greg, at one end to a more subtle fracturing, as it was for Shane. The narratives depict a sense that it is the way that firefighters connect or identify with certain situational factors rather than any relationship to the deceased that invokes a transference loss, as they imagine it happening to them. The experience projects firefighters forward temporally through imagination such that the experience of losing a child is lived cognitively in the present, prior to the event happening. Emotionally, it appears in the narratives as fear, anxiety, dysregulation, and a lack of emotional control. These fear-based responses also relate directly to existential threats to the safety of the self, as the next subtheme demonstrates.

7.1.2.   An Existential Threat to the Safety of the Self

This subtheme describes how the relatability of a death by suicide can pose an existential threat to firefighters. Simon describes the impact of the loss of a colleague, Gary, to suicide:

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I don't see myself in him, but I can see the similarities in ourselves … You know, if he did it, then anyone's capable of doing it, so I think, shit, am I ok? Like, you know, and what stage do I get to in my life where I think shit, shit, am I at risk now? Like, coz something's potentially maybe come out of your control, you know, and when upstairs is not running right sort of thing, like you become a bit incapacitated to a certain extent, so I guess it makes you paranoid, a little bit. Simon, Senior Firefighter, 18 years' service.

For Simon, the associations he makes between himself and his colleague Gary, who took his own life, tap into fear for his own welfare, which is directly related to the similarities he sees between them. He fears contagion, rationally or irrationally, of suicide happening to him. The language Simon uses to explain and make sense of Gary's suicide, that he was 'incapacitated' because his brain 'wasn't running right', infers that what happened was out of Gary's control. Because of the similarities that Simon sees between himself and Gary, the meaning he makes or draws from the event is that this too could happen to him, making him *paranoid*. There was a sense from the narratives that exposure to suicide threatened firefighters' beliefs that 'I'm ok, I have control over my life, and I am safe.' The interpretation of these threats differed according to the associations that were made between the event and a firefighter's own situation. Jay's narrative illustrates this as he describes why the death of his best friend's son, Hamish, impacted him.

The main thing was, he was the same age as my son Alex. That was the big thing. I've only got one son, and I just thought, if that happened to me, like I just don't think I'd have enough in my life that I'd want to be here anymore, that I'd want to stay around … I don't think I'd be able to handle that sort of pain and grief, you know? … imagine if my son died, you know, imagine if he died by way of suicide … I think, fuck, I wouldn't be able to forgive myself for not doing more, not doing enough, you know, and I don't know how I'd stop that pain. Jay, Senior Firefighter, 17 years' service.

The narratives illustrate how the meaning of each suicide is situated in the context of a firefighter's current and past experiences and governs the experience of threat. The strength of the associations that are made between the event, people, or things that have deep meaning and

a firefighter's own unique situation augment the sense that 'this could be me', fuelling fear and anxiety, posing an existential threat. The experience essentially projects firefighters forward mentally, as if experiencing an imagined future event in the present. For Phoebe, who was the only participant who had experienced only one exposure to suicide that was in an occupational context, there was no similarity drawn between her situation and the suicide incident she attended. However, she also describes a threat to self as a fear that she might have to go through the same experience again.

> *If I go back to station, I could come across, not just suicides but any death, but just suicides in particular. Am I going to come across that and going to have to deal with that in the future I suppose, not in the past, but more a future based, for when I get back to station.* Phoebe, Senior Firefighter, 9 years' service.

Phoebe's narrative depicts a projection forward into the future and some imagined threat to her own welfare and ability to cope, which was portrayed by other firefighters when they imagined losing a child to suicide. Participant narratives also described how the meaning of a suicide and the perceived threats it presented to the self changed through time according to changes in personal situation. Will's narrative illustrates this as he talks about the impact of his friend and colleague Ian's suicide some 30 years before we spoke and how the associations or meaning he made from it have changed now that he has a son who is a young man who lives with depression.

> *That's probably the greatest consequence [of his friend Ian's death], and that doesn't all hinge on what Ian did, but what Ian did is part of it. It's part of what makes me worry, because I know how easily Ian did what he did, at least from my perspective, he just went home and did it. I can't contemplate that for Mal (his son). It just terrifies me. I've got a colleague whose son suicided when he was 16, and I just look at him and I go, 'how do you keep living?' you know? How do you live after that? I don't think I could.* Will, Inspector, 39 years' service.

Many of the narratives portrayed how the fear for a child's safety led to an imagined experience of their own loss. From Will's narrative, it appears that the fear is compounded by knowing another parent whose child has suicided. The appraised meaning of his friend's death 30 years before has now changed, increasing in significance despite the extended time since his suicide.

There is a sense that the unanswered questions and ambiguity associated with a suicide death broaden the scope for meanings to be reinterpreted in different lights as individual situations change. The following subtheme explores the impact of suicide on firefighters' fears for their own future.

7.1.3. Suicide Reflects Firefighters' Fears for Their Own Future

This subtheme captures how exposure to suicide can reflect firefighters' deepest fears for their own life and imagined future.

> *A lot of suicide I've seen out here are people, they're lonely ... and paranoid. They've got no support. That's to me, that's the main one [thing that gets to him], is loneliness, because, you know, I'd hate to be on my own. I'd hate that.* Mark, Inspector, 33 years' service.

Seeking deeper meaning in Mark's words is the association he makes between loneliness, a lack of support, and wanting to end life, which he relates to his own fear of loneliness. Similarly, Jay refers to the impact of an occupational exposure to suicide and the way in which it tapped into his own fears regarding loneliness and an imagined life without the people that give it meaning.

> *When that older guy did it, it threw me ... one of the things that scares me is, I thought I hope he just wasn't lonely. That's probably one of the things that made me think about it a lot, 'cause he lived in like this sort of share house like scenario, you know, and I always find those things sad for older people you know, what a terrible affliction that would have been for him, if he was just lonely. That's why he wanted to go.* Jay, Senior Firefighter, 17 years' service.

For some participants, suicide symbolises loneliness and a transference occurs from the situations they have attended into their own imagined futures, as Mark and Jay's narratives illustrate. The participants' stories, therefore, depict how suicide elicits not only overt threats to safety and security but also more subtle threats to safety regarding the meaning of their own lives without those they love.

7.1.4. Summary: Fears for the Future – 'It Could Be Me'

This theme has captured how associations made between some aspect of a suicide and a firefighter's own situation can lead to an experience of perceived threat to their sense of safety and security. It is characterised by a fear-based response that represents a projection forward in time to some imagined future.

7.2. A Reflection of the Past – Could I Have?

The theme, 'A reflection of the past – Could I have?', captures how firefighters interpret the ambiguity associated with suicide as a failure to protect life, posing a threat to their identity as a rescuer. It depicts how exposure to suicide disrupts a firefighter's experience of the present, thrusting them into a questioning of the past. It is composed of three subthemes. The first, 'The power of certainty', captures the distress for firefighters associated with 'not knowing' if they could have prevented a death. The second, 'When could morphs into should', depicts the extraordinarily high expectations firefighters have of themselves as rescuers. This feeds the third sub-theme, 'Threats to identity', portraying how firefighters interpret a suicide death as a failure to take action to protect life, which is characterised by a guilt and shame-based response.

7.2.1. The Power of Certainty

The importance of certainty to a firefighter's ability to cope with the potentially traumatic events they attend became evident throughout the narratives. Ethan's narrative below powerfully demonstrates this through its difference to others. He describes how and why attending the scene of a suicide can be easier to deal with in an occupational context than attending the scene of a house fire or a car accident. This is a direct contrast to the experience more commonly narrated by firefighters.

> *If it's a suicide ... you've got no control over helping that person because it's already happened, so it's out of our control and we're just seeing that physical result, whereas if it's a house fire or a car that they're trapped in ... I find that harder, knowing that 'should I have got in there, should I have gotten the person, should I have driven quicker, should I have gotten dressed quicker, should I have ...' whatever, whereas if you go to a suicide, then it's done, you're just seeing the*

physical result and, well there's nothing you could have done. Ethan, Senior Firefighter, 17 years' service.

Ethan's narrative highlights how, for him, the certainty attached to a situation where the person is already deceased is associated with less distress. Whilst someone is alive, there is still a possibility that they could be helped. This highlights the strength of a firefighter's need for certainty and 'knowing' and the distress associated with situations where they 'could have' done something but they did not do it. As Phil said following the death of his close friend and business partner:

> *Could I have done something to prevent it? ... Could I have seen a few signs earlier and had the conversation? ... you know.* Phil, Acting Superintendent, 32 years' service.

The 'could' denotes ambiguity and the liminal space that was identified in the last chapter. This theme captures the internal experience of this ambiguity and how it is interpreted by firefighters in a temporal context. Will's narrative highlights how the 'could I have' is prevalent even when there is no prior relationship to the deceased, which infers that the experience is tied to a firefighter's role in some way.

> *You respond to an incident where someone has suicided. You don't know them from anyone else in the world and yet you think if I could have been there for you, maybe I could have made you see things differently, you know?* Will, Inspector, 39 years' service.

In contrast, Barry describes how his ability to 'get over' his close friend and colleague's death by suicide was associated with 'knowing' he could not have prevented it.

> *I was going to get over it. I knew I was ... I couldn't have stopped it, I don't think, whether I was at home or I was in town or I wasn't, you know.* Barry, Senior Firefighter, 31 years' service.

Barry's narrative highlights the power of certainty. For him, there is a sense of certainty not only related to his inability to do anything to prevent his friend's death but also an internal certainty or 'knowing' that he would get over it, which seems to protect him despite the closeness of their relationship. This is in stark contrast to the sense of unsureness that is depicted

in the narratives of other firefighters. Jason described his struggle with looking back and 'not knowing' as he reflects on the death of his lifelong friend and colleague, Saxon.

> *The hardest thing for me is the hindsight in, you know, there probably was signs, maybe we could have done something a bit different, maybe we couldn't have, but it's too late now.* Jason, Captain, 24 years' service.

Jason's words 'probably', 'maybe', 'could', speak to an experience characterised by ambiguity and uncertainty that leaves the meaning of the event open to interpretation. A sense of regret filters through, 'it's too late now'. He will never know if he (or his crew) could have done anything differently to save their friend and workmate, which poses a threat to closure or compartmentalisation of the event. Trevor describes a similar experience following the death of his close friend and colleague Freddie:

> *I don't know where it went wrong … for everyone left it's like, 'oh fuck, if only I could have done this, if only I could have said that, or if I had'a turned up there and … or why didn't he talk to me,' or, you know? So there's all that left behind too you know?* Trevor, Senior Firefighter, 19 years' service.

There is a common thread within the narratives that invokes a sense that exposure to suicide draws firefighters into an uncomfortable space of 'not knowing' that is experienced by them as disorienting. Phoebe's narrative speaks to this ambiguity in the context of an occupational exposure to suicide. I asked her what the hardest thing to come to terms with was after she attended a fatal house fire that was later declared to be a suicide. Her answer was hesitant and disjointed:

> *I don't know … I suppose … we couldn't really, I suppose you always think … We couldn't really have done anything. He was in there for a while. He was never going to, by the time we got there, we got to him as quick as we could.* Phoebe, Senior Firefighter, 9 years' service.

It seems she is trying to convince herself that there really was nothing she could have done to prevent the man's death, but she's not entirely sure.

This subtheme has demonstrated a common thread throughout the narratives of firefighters exposed to suicide that speaks to a struggle with the ambiguity of whether they 'could' have done something to prevent the suicide. In situations of uncertainty, interpretations are open to the imagination. What is imagined and how it is imagined depends largely on worldviews. Firefighters, therefore, interpret what a suicide means for them within the context of their role and identity. The next section explores this further in the context of firefighter identity.

7.2.2. When Could Morphs into Should

This subtheme illustrates how 'could I have done something' invariably becomes 'I should have done something' for firefighters in the context of their identity and expectations of themselves as rescuers. Within firefighters' stories, the word 'should' was used with frequency as they reflected on their experiences. As Matt says regarding the death by suicide of his young nephew:

> *You start thinking about it and going, I should have seen that coming a mile away.* Matt, Senior Firefighter, 10 years' service.

The strong rescuer identity shapes how firefighters use their imagination to fill in parts of a story about suicide that are missing. Firefighters' narratives revealed how 'could I have' done something in the wake of exposure to suicide morphs into, 'I should have done something, but I did not do it', as Will describes in relation his close friend and colleague's death 30 years before our conversation.

> *I felt like I should have been able to intervene. It was something that he planned. It was something that he determined to do … and I kind of look at the suicide and think well, if I'd had one of those conversations with him, he may well still be here.* Will, Inspector, 39 years' service.

The narratives depict a discrepancy between the standards and expectations firefighters set for themselves in taking action to protect life and the standard they believe they met. Ethan's words illustrate this as he describes the hardest thing to come to terms with following the suicide of his close friend and colleague Chuck.

> *The guilt. The guilt of not seeing it. Not being aware of it, and not helping. I may not have been able to help, but not knowing, and not trying is the thing for me.* Ethan, Senior Firefighter, 17 years' service.

There is an overriding sense that 'I should have known, and I should have acted but I didn't.' Ethan owns the responsibility for his friend's death. By doing so, he is overcome by guilt. He describes in his narrative how, in the years following Chuck's death, he experienced severe depression and the breakdown of his marriage, which he attributed to Chuck's suicide and the depth of guilt he experienced.

This subtheme has highlighted how a firefighter's identity as a rescuer prompts the ambiguity regarding whether they could have done something to prevent a death to be reinterpreted as 'I should have done something'. The following subtheme builds on this to explore how this poses a threat to their identity.

7.2.3.   A Threat to a Firefighter's Identity

> *Our job is to protect life and property. When someone dies, we haven't saved life. We've failed to save that life. I think firies see that as a failure and we don't like failure. We're not those people. Firies don't deal with failure well.* Will, Inspector, 39 years' service.

The role of a firefighter shapes the way in which they interpret death and the meaning they assign to it. Will's words highlight how closely a firefighter's identity is tied to their role and their ability to save life such that firefighters interpret death as a failure. Participant narratives identified how this shaped the way that they interpreted the suicide deaths they had been exposed to. Shane described the impact of the suicide death of one of the firefighters under his command in the context of his role as a captain.

> *When you put the red hat on, you feel like you own the team, and you feel like you're the protector of the team.* Shane, Captain, 24 years' service.

He went on to say:

> *That was probably the hardest thing, the guilt I put on myself ... The guilt that he ended his life, and could I have stopped that? Could I have done more?* Shane, Captain, 24 years' service.

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Shane's words speak to the strength of the association he makes between his identity and his duty to protect the firefighters under his command. Guilt is a way of taking responsibility for his colleague's death, which is exacerbated by his role as 'the protector of the team'. Anne's narrative around the death of her brother portrays the sense of failure experienced when a firefighter does not take preventive action.

> *Prevention's better than cure. If you can prevent something from happening, do it. Don't just sit there and let it happen. Fight until you've exhausted all avenues, and I feel as though I failed in doing that ... I knew something wasn't right and I should've, if I was more persistent and, you know, more dedicated to his ... happiness, he'd probably be still here. That's how I feel.* Anne, On-call Firefighter, 10 years' service.

Threaded throughout the firefighters' stories is the sense that their role and identity as firefighters fuels a profoundly confronting struggle with whether they could have done something to prevent a death by suicide. The 'what ifs' ripple throughout their stories, describing a space of uncertainty as firefighters reflect on the past and question what might have been. Simon describes how he felt after the death of his colleague, Gary:

> *I twist myself up over the fact that I wasn't in the peer team previously, but I do ask the question of myself if, I had've joined [the peer support team] twelve months earlier, which I was hoping to, would I have, could I have had that conversation ... would he still be here?* Simon, Senior Firefighter, 18 years' service.

The word 'twist' that Simon uses to describe his experience speaks to the inner turmoil and angst associated with the things he did not do and reflects a tension between his identity as a firefighter and his lack of action. For some, the influence of identity and associated expectations of themselves on how they experienced exposure to suicide was more subtle, as Phil's narrative illustrates when he reflects on his friend and business partner Steve's death:

> *I'm just disappointed that I know what the signs and symptoms are and I'm a bit disappointed I didn't see them early enough.* Phil, Acting Superintendent, 32 years' service.

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The word 'disappointment' that Phil uses to depict the meaning of Steve's death speaks to his unmet expectations of himself. The ambiguity around whether a firefighter could have prevented a death causes a 'crack' in the identity of firefighters, which calls in the existential question of their adequacy to perform their job. This theme, that a death by suicide represents a violation of the high standard that firefighters set for themselves in relation to their ability to protect life, is threaded throughout the narratives and reflects a disruption to firefighters' self-narratives.

7.2.4.   Summary: A Reflection of the Past – 'Could I Have?'

This theme has captured how firefighters interpret the ambiguity associated with suicide as a failure to protect life, posing a threat to their identity as a rescuer. It depicts how exposure to suicide disrupts firefighters' experiences of the present, thrusting them into a questioning of the past.

7.3.   Results Conclusion

The results of this study identified four themes that depict how firefighters live with and through the experience of exposure to suicide in their personal and professional lives. The first two themes (Chapter 6) describe how the experience of exposure to suicide poses a threat to firefighters' understanding of the world. The second two themes (Chapter 7) describe the internal experience of exposure to suicide and how this relates to temporal disruptions.

Theme one, 'Conflicting truths – What I thought I knew', captures how the experience of exposure to suicide is underpinned by incomprehensibility, by the conflicts and discrepancies in truth between their expectations of the world and the reality of suicide that is at odds with their familiar ordered and rational way of being in the world.

The second theme, 'The liminal space triggered by exposure to suicide', describes the transformative state that firefighters enter after encountering suicide. This state is characterised by 'not knowing' why a person has died by suicide, which creates uncertainty about the world around them. This experience challenges firefighters' familiar worldviews, particularly those related to notions of control and certainty.

Theme three, 'Fears for the future – It could be me', captured how exposure to suicide can be experienced as a perceived threat to firefighters' sense of safety and security, which is

characterised by a fear-based response and represents a projection forward in time to some imagined future.

Theme four, 'A reflection of the past – Could I have?', captures how firefighters interpret the ambiguity associated with suicide as a failure to protect life, posing a threat to their identity as a rescuer. It depicts how exposure to suicide disrupts firefighters' experiences of the present, thrusting them into a questioning of the past.

The study results address the aims of this research, which were: 1) To understand and explore firefighters' experiences of exposure to suicide from an insider perspective; 2) To enhance understanding of how and why exposure to suicide is different to exposure to other types of sudden or unexpected death; 3) To afford insight into how the cultural and organisational context within which exposure to suicide is experienced influences how firefighters live with and through it.

The next chapter, the discussion, explores the evidence analysis prompted by the results. It synthesises the results with existing empirical and theoretical literature to depict the central findings of this research.

Chapter 8.   Discussion – The Meaning of the Story

There is only one really serious philosophical question, and that is suicide. The myth of Sisyphus (Camus, 1955, p. 3)

These words from the existentialist philosopher Albert Camus speak to the fundamental philosophical paradox of suicide. At the core of the human condition is self-preservation (Heine 2006), yet suicide is the act of intentionally causing one's own death. It is this existential contradiction that sits at the heart of the storied experiences of firefighters exposed to suicide.

Firefighters' worldviews and sense of purpose are underpinned by their role as protectors of life. This role appears to be fundamentally contradicted by the inclusion of suicide and their exposure to death by suicide. To be in the world as a firefighter, as identified in Chapter 5, is to take action to protect life. The narratives describe how firefighter worldviews and ways of understanding and making meaning are founded on the capacity to act and help others through relational trust, sense making, rationality, logic, emotional suppression, order, predictability, and perceptions of control. When these meaning systems and processes that firefighters use to orient and ground themselves within the world are coherent, they become attuned in their role. Being attuned in a role is a state of relative coherence, where a person's thoughts, feelings, beliefs, values, and actions align (McCraty & Childre, 2010). Exposure to suicide in personal and professional settings disrupts this state of coherence, threatening firefighters' perceptions of what it means to 'be' in the world.

The discussion chapter explores the evidence analysis prompted by the results, which portrayed how exposure to suicide disrupts firefighters' familiar ways of understanding the world, themselves, and themselves in the world. The chapter is split into four main sections that depict the central findings: 1) The cultural and occupational context defines how firefighters live with and through the experience of exposure to suicide; 2) Exposure to suicide elicits meaning violations that pose fundamental challenges to firefighters' worldviews; 3) Exposure to suicide is a traumatic stressor for firefighters; and 4) Exposure to suicide is a violation of coherence.

8.1.   The Impact of Firefighter Culture and Worldview

This section discusses how the cultural and occupational context of fire services defines how firefighters live with and through the experience of exposure to suicide. The literature identifies

how our culture and our work becomes incorporated into our personality, identity, and fundamental way of being in the world (Colucci, 2006), thus defining how we respond to the world cognitively and socially (Richardson & James, 2017). Firefighting as a culture seeks rationality, logic, and assertions of control over the uncontrollable. Attending a scene after a suicide or being exposed to a colleague or loved one's death by suicide is at odds with the ways in which a firefighter's worldview is created. Suicide, therefore, transcends firefighters' cultural responses to the world around them.

The influence of culture, and specifically its effect on how we understand and make meaning from our experiences, has rarely been studied in the suicide exposure literature. The findings from this study support a growing body of evidence that demonstrates how the social contexts and cultural meanings attributed to suicide influence people's experiences of exposure to suicide (Abrutyn et al., 2020; Miklin et al., 2019). The need for research to be specific to different subcultures and to be contrasted between them has been identified (Colucci, 2006; Colucci & Lester, 2012) and is consolidated by the results of this study. Research identifies the central role played by culture in determining the experience of military personnel who have lost a colleague to suicide (Jamieson et al., 2022) and police officers responding to suicide deaths in an occupational context (Koch, 2010). The findings of this study contribute depth to this literature by demonstrating the ways in which the unique fire service culture and role of a firefighter is embedded within all experiences of exposure to suicide personally and occupationally. The evidence analysis that follows is, therefore, set within this cultural and organisational context and threaded through the discussion. The following section explores how exposure to suicide elicits meaning violations that present firefighters with unique challenges to the coherence of their meaning frameworks and worldviews.

8.2. Meaning Violations and Challenges to Worldviews

Humans are meaning makers whose experiences are fundamentally grounded in and supported by cultural meaning frameworks (Bruner, 1990). The need to maintain these coherent frameworks of meaning has been identified in the literature (Heine et al., 2006). However, suicide, by its nature, is a traumatic and self-inflicted death and has been shown to pose complex and significant challenges to meaning making (Colucci, 2006) that were evident in the results of this study.

The data analysis revealed how firefighters' culturally defined ways of knowing and being impact the way that the intentional act to end life is experienced, presenting profound existential challenges to firefighters' worlds of meaning. Evidence using quantitative outcome measures has found that the impact of suicide is not different to other types of violent or traumatic death (Pitman et al., 2016a; Sveen & Walby, 2008). However, this study, as with a growing body of qualitative research, has identified significant differences (Jordan, 2001; Jordan & McIntosh, 2011; Kõlves & de Leo, 2018) that relate, in part, to the intentionality of suicide (Jordan, 2017). The findings of this study contribute nuanced understanding to the current knowledge base by contextualising the impact of suicide within a population that is routinely exposed to many different types of traumatic death, including suicide. This research identified one of the core variables that mediated firefighters' experiences was an existential contradiction between the primary purpose of a firefighter's role to save life and the intentional act to end it. This contradiction transcended any relational attachment to the deceased, which supports recent research identifying the significance and prevalence of existential questioning for individuals who were highly impacted by exposure to a suicide death but were not close to the deceased (Sanford et al., 2023), as was the case for some of the participants in this study. Other research in the military population has also identified that it is the intentional and traumatising nature of a suicide death that makes it different and harder to accept than losing a colleague to death in a combat situation (Lubens & Silver, 2019).

The findings of this study, however, depict how the intentionality of suicide makes it different not only in the context of losing a colleague but across all types of exposure, including those in an occupational context. The narratives illustrate how exposure to suicide presents profound existential challenges to meaning that show up variously as a disconnect that reaches beyond conscious access, a violation of hope for the potentiality of life, a shattering of resonance between the event of suicide and much of what firefighters thought they knew about what it means to live and to be human. These existential violations can be seen through the narratives to elicit an existential wound to firefighters, whose primary purpose is to protect and save life. Such a wound is captured, at least to a degree, by the concept of soul wounds (Knobloch et al., 2022). Whilst soul wounds have not previously been associated with exposure to suicide, the construct focuses on spiritual distress and responses that go beyond the psychological and cognitive realm. They are elicited by events that get past our normal defences and disrupt our emotions, souls, and spirits, our self-identity, our trust in other humans, and our sense of security (Adsit, 2007). They have been shown to hamper an individual's ability to derive meaning from

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their experiences and elicit questioning about the meaning of life (Knobloch et al., 2022). The way in which incomprehensibility and violations of narrative coherence are present in the theme 'conflicting truths' could be understood as a soul wound as it depicts exposure to suicide through conscious and subconscious existential distress. The next section explores the deeper meaning behind the incomprehensibility of suicide through a philosophical and narrative lens.

8.2.1. Incomprehensibility

Comprehensibility allows a person to understand why a stressful event occurred. It is a core component of one's sense of coherence (Antonovsky 1979), defined as a global orientation that helps people to see the world as making sense cognitively, instrumentally, and emotionally (Antonovsky, 1979, 1987). It has been used to explain how some people survive, adapt, and overcome even the most stressful life experiences (Antonovsky, 1979, 1987). The storied experiences of firefighters, however, depict how suicide, through its essential incomprehensibility, disrupts firefighters' familiar ways of understanding and making sense of the world – a violation of their sense of coherence.

To translate the results of the data through a philosophical lens, as the existential philosopher Heidegger suggested, 'to be human is to understand and make sense of things, to have things count and matter to us' (Aho, 2020, p. 215). The way in which exposure to suicide disrupts understanding at an existential level violates firefighters' essential 'humanness'. Understanding allows us to interpret our world, ourselves, and our way of being. We understand through the relational processes of being in the world, by making connections between things, which enables us to form coherent mental representations of ourselves, the world, and ourselves in the world. How we understand is defined by our roles, norms, values, and culture – by our worldviews (Horrigan-Kelly et al., 2016). The study findings reveal how exposure to suicide fundamentally contradicts firefighters' familiar ways of understanding and 'being', which are founded on the capacity to act and help others through relational trust, sense making, rationality, and logic.

In narrative terms, to understand is to place events within the context of preceding and subsequent events (Gergen & Gergen, 1997). The stories of firefighters, however, portray how suicide defies firefighters' expectations about time, intention, goal, and causality, disrupting the narrative scheme that enables us to understand and make sense of the world and to make extra-ordinary events comprehensible (Bruner, 1990; Polkinghorne, 1988). Therefore, the experience

of incomprehensibility revealed by the data analysis can be rooted in disruptions to narrative coherence (Crespo & Fernández-Lansac, 2016) that present firefighters with an incoherent representation of the world (McAdams, 2006; Neimeyer, 2014), an inability to understand, which, from a philosophical perspective is a disrupted way of being in the world.

Through its difference to others, one participant's narrative (Barry) highlighted the power of narrative coherence and understanding in mediating the impact of exposure to suicide. This participant's ability to understand and make sense of the loss of one of his closest friends, to link cause with effect and to create a coherent narrative around the event, enabled him to make sense of it, such that his friend's death did not have a significant impact on him despite the closeness of the relationship. This participant's narrative aligns with research that has shown that the extent to which a person can construct a coherent narrative about negative life events relates to psychological wellbeing (Vanderveren et al., 2021). In contrast, the language used by most firefighters in their narratives speaks to incomprehensibility about the usual ways of being and understanding. Phrases such as 'mind blowing'(Simon), 'shocked to the core' (Brett), 'I just couldn't see the sense it' (Jason), and 'I don't think I'll ever make sense of it' (Liam), depict an overarching sense that suicide transcends comprehension and firefighters' cultural responses to the world around them.

The central importance of the struggle to understand why a person took their own life is demonstrated in the suicide exposure literature and associated with a greater struggle to find meaning (Begley & Quayle, 2007; Jordan, 2017; Jordan & McIntosh, 2011; Maple et al., 2014; Sands, 2009; Van Dongen, 1989). The findings of this study add depth to this literature by identifying, through firefighters' stories, how the inability to understand why a person took their own life stems from culturally situated incomprehensibility that violates narrative coherence. For firefighters, whose cultural ways of being in the world are defined by rationality (Yarnal et al., 2004) and problem solving (Richardson & James, 2017), the impact of incomprehensibility associated with suicide is compounded. What can be surmised from the theme of 'conflicting truths' is how the discrepancy between a firefighter's rational and logical way of understanding the world and the essentially irrational act of suicide feeds incomprehensibility and mediates firefighters' experiences of exposure to suicide.

8.2.2. Meaning Discrepancies

At the core of the participant narratives is a state of cognitive dissonance that has been associated with events that reveal inconsistencies between beliefs and actions and between expectations and experiences and can result in stress or aversive arousal (Cooper, 2007; Festinger, 1957). However, the analytic findings evoke an experience of dissonance that goes beyond the cognitive realm. Conflicting truths capture how firefighters' experiences of exposure to suicide are mediated by perceptions of discrepancy between their expectations and understanding of the world and the meaning ascribed to suicide. Interpretation of firefighters' stories revealed how these discrepancies are experienced existentially, cognitively, behaviourally, and relationally.

The reflections on incomprehensibility portrays the discrepancy between the perceived problems faced by the deceased and the intentional act to end their life, challenging firefighters' usual rational and logical ways of making sense of their experiences. The following section sets the incomprehensibility experienced by firefighters and captured in the themes of conflicting truths and a liminal space in the context of theoretical literature that explains the impact of trauma through meaning discrepancies. Common to this literature is the notion that people have a need to perceive the world as meaningful (Heine et al., 2006; Park, 2010). This meaning is achieved through orienting systems variously described as worldviews, global meaning, and assumptive worlds that enable people to see the world through a prism of coherent mental representations of expected relations (Heine et al., 2006). When people are confronted by events that challenge their most fundamental meaning systems, their basic beliefs or assumptions about the world, there is a discrepancy or conflict between the meaning they ascribe to the event and their worldviews or global meaning. It is this inconsistency that is experienced as distress (Janoff-Bulman, 1992; Joseph & Linley, 2005; Proulx & Inzlicht, 2012).

The analytic data in the theme of conflicting truths clearly revealed discrepancies between firefighters' expectations of life, a person, or relationship and the meanings they construed to a death by suicide. These findings support literature that suggests that meaning discrepancies exist on a continuum or an axiom (Joseph & Linley, 2005) and relate to distress (Park, 2010). The results identify how the discrepancy experienced by firefighters is compounded by their culturally defined worldviews related to rationality (Yarnal et al., 2004), predictability (Cates & Keim, 2016), and relational trust (Geuzinge et al., 2020). Although the way that meaning is made from suicide is increasingly being recognised in the literature as central to impact

(Abrutyn et al., 2020; Colucci, 2006; Miklin et al., 2019), it has not previously been related to the degree of discrepancy between worldviews and appraised meaning of suicide.

The following section explores the analytic findings in the context of a liminal space and disruptions to firefighters' worldviews related to control and certainty.

8.2.3. Liminal Spaces and Disruption of Worldview

The storied experiences of firefighters portrayed in Chapter 5 reveal how controllability, order, and certainty are embedded into firefighter's worldviews and reflected in their cognitive, emotional, and behavioural ways of being. The theme 'Conflicting truths – what I thought I knew' revealed a gap between what firefighters expect, believe, and want to be true and how they seek meaning from a suicide event. This gap can be understood as a liminal space. In this setting, a liminal space means a place of transition and not knowing that is characterised by ambiguity and uncertainty (Turner et al., 2017). It is a space between prior meaning and new meaning, between one truth and another truth, between expectation and experience. In the literature, a liminal space has been described as 'a time between the "what was" and the "next" where we are betwixt and between the familiar and the completely unknown' (Rohr, 1999, p. 132). Such a time was portrayed in the data analysis, which revealed how firefighters experience exposure to suicide as an abruption to their familiar ways of knowing and understanding the world, life, a person, or a relationship. Within the liminal space literature, a tension that exists between knowingness and the unknown is identified (Franks & Meteyard, 2007). The stories of firefighters primarily illustrated in the themes of conflicting truths and a liminal space reflect a tension between a firefighter's familiar 'knowing' and understanding of the world and the 'unknown' reflected by the experience of exposure to suicide. The experience of 'not knowing' profoundly challenges firefighters' worldviews related to certainty, control, and predictability (Cates & Keim, 2016). In this setting, the liminal space is characterised by experiences of uncertainty and uncontrollability for firefighters exposed to suicide. The following section explores what the experience of uncertainty and a lack of control means for firefighters.

8.2.4. Suicide as a Threat to Certainty and Control

Humans have a fundamental need for certainty (Heine et al., 2006). The data analysis revealed how this may be exacerbated for firefighters whose ways of being in the world are defined by the highly structured paramilitary nature of their organisations and their role, their logical cause

and effect way of thinking and problem solving (Richardson & James, 2017). Firefighters' narratives clearly support research that demonstrates that perceived uncertainty is more stressful than a *known* negative (de Berker et al., 2016). Their stories reveal how the sense of certainty associated with 'knowing' they could not help a person was less stressful than the perceived uncertainty associated with thinking they 'could' have done something to help, even if it involved a suicide.

The experience of uncertainty associated with the liminal space represents a sense of lack of control and low mastery over one's life or situations (Ni & Liu, 2022). Appraisals of uncontrollability associated with exposure to suicide and captured by the thematic analysis imply violations of firefighters' belief in their ability to master themselves and their surroundings (Janoff-Bulman, 1992), which is at odds with firefighters' individual, situational, and culturally defined need for control (Cates & Keim, 2016; Mitchell & Bray, 1990). Prior research has demonstrated that perceived uncertainty and uncontrollability are associated with increased emotional distress in first responders (Regambal et al., 2015). This study's findings suggest that for firefighters, perceptions of uncertainty and associated uncontrollability regarding why a person took their own life and their ability to prevent the death, as well as a perceived lack of emotional control, contribute to the distress associated with exposure to suicide. A perceived lack of control is particularly confronting for firefighters whose identity has been characterised as action-oriented with a desire to be in control of situations and themselves (Mitchell & Bray, 1990).

The evidence analysis prompted by the results of this study that associate the experience of suicide exposure with a lack of control are significant in the context of existing literature. Whilst the act of suicide has been associated with attempts to gain control (O'Connor & Pirkis, 2016), it has rarely been associated with the experience of suicide exposure. Pitman and colleagues (2017) sought to understand how the attitudes of adults who had lost a close contact to suicide changed following exposure and identified threads of control across all themes (Pitman et al., 2017). This study elucidates the relationship between exposure to suicide and a perceived loss of cognitive, emotional, and behavioural control in a trauma-impacted population whose organisations and roles are defined by order, structure, command, and control.

The influence of threats to control and the certainty needs of firefighters brought about by exposure to suicide extends to the nature of suicide as an ambiguous stimulus. Whilst existing literature identifies ambiguity around the volition of the deceased related to the perceived

intentionality of suicide (Jordan 2017), the findings of this study extend the ambiguous nature of suicide as a stressor to include ambiguity around whether firefighters could have prevented the death. Although it is known within the general population that such ambiguous stimuli are perceived as a threat to individual assertions of control and a source of discomfort (Furnham & Marks, 2013), the findings of this study add depth to this knowledge base by illustrating how the occupational and organisational context of fire services can serve to exacerbate discomfort for firefighters associated with the ambiguous nature of suicide. The results portray how, in situations of uncertainty, firefighters tended to impose guilt on themselves (Sherman, 2014), which related to their occupational identity and the high expectations they set for themselves to save life. Therefore, the findings of this study contribute to understanding regarding the ways in which uncertainty and ambiguity associated with the nature of a suicide death influence impact in nuanced ways that relate to the unique nature of fire service culture and worldview. Furthermore, a person's tolerance of uncertainty is associated with the nature of the stimulus as well as individual, situational, cultural, and social factors (Strout et al., 2018). A low tolerance of uncertainty is associated with aversive reactions to ambiguous situations (Lally & Cantillon, 2014). When suicide is situated within the context of firefighters' world assumptions of predictability and controllability, it suggests lower levels of tolerance for uncertainty and ambiguity.

This section explored the analytic findings in the context of existing empirical and theoretical literature to identify how exposure to suicide is experienced as a liminal space of 'not knowing'. In this space, firefighter worldviews related to control and certainty are disrupted profoundly, shaping the way that firefighters experience exposure to suicide. The following section discusses the impact of the relational culture of firefighting on the experience of losing a colleague to suicide.

8.2.5.   Betrayals of Trust

Research has identified that, to better understand the impact of exposure to suicide, there is a need to further explore the role of relationships, culture, and community (Maple, 2019). Previous research identified how the loss of a military colleague to suicide was contextualised to military cultural norms that define accepted ways of grieving (Jamieson et al., 2022). The findings of this research illustrate how the experience of losing a firefighter colleague to suicide was also contextualised to firefighter culture. Rather than defining accepted ways of grieving, in the theme of conflicting truths the data analysis revealed how firefighters experienced the

loss of a colleague to suicide as a betrayal of trust. Such experiences are embedded within fire service culture, which has been shown to have a focus on relationships (Van Scotter & Leonard, 2022) and strong team bonds (Crosby, 2007). The findings of this study contribute to research that suggests that the impact of the death of a colleague (by any means) may be more acutely felt by firefighters because of the closeness of the bonds firefighters form with each other (Henderson et al., 2016). Firefighters' culturally defined relational values and belief systems, which are underpinned by the shared responsibility for each other's safety (Thurnell-Read & Parker, 2008), compound how they experience the loss of a colleague to suicide as 'a relational betrayal' and a fracturing of relational trust. Such experiences may play an important role in the aetiology of posttraumatic sequalae (Altmaier, 2016), which is particularly significant in a population such as firefighters who carry a high trauma load (Harvey et al., 2016; Jahnke et al., 2016) and where betrayals of trust are more acutely felt because of the importance placed on the conviction that others 'have your back' (Geuzinge et al., 2020). In this sense, the loss of a firefighter colleague to suicide can fundamentally challenge a firefighter's world assumptions of trust. These assertions of trust are essential to the role of a firefighter as they must trust their colleagues with their life when attending to a dangerous emergency.

In the context of philosophical, empirical, and theoretical literature, this section discussed how exposure to suicide elicits meaning violations that present firefighters with unique challenges to the coherence of their meaning frameworks and worldviews. The following section discusses suicide as a traumatic stressor for firefighters that is experienced as threats to safety and identity. It sets the analytic findings in the context of existing literature.

8.3. Suicide is a Traumatic Stressor for Firefighters

Firefighters experience high levels of trauma exposure (Harvey et al., 2016; Jahnke et al., 2016). The study findings identified how exposure to suicide is an additional type of traumatic stressor for firefighters that poses unique challenges to meaning making and supports research demonstrating that one of the characteristic dimensions of suicide is the traumatising nature of a self-inflicted death (Jordan, 2017). Trauma has the potential to shatter the most fundamental assumptions we make about our sense of safety in the world, and our sense of our own identity and trust in the world (Burke & Neimeyer, 2014; Janoff-Bulman, 1989; Kauffman, 2013; Park & Folkman, 1997). Assertions regarding threats to safety, identity, and trust are threaded within the meanings captured by the thematic analysis. The study findings support research that

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suggests that such threats do not necessarily represent a shattering of assumptions (Mancini et al., 2011) as suggested by Janoff-Bulman; rather, threats exist on an axiom and are incremental in nature (Joseph & Linley, 2005; Park, 2010). These threats are set within the context of a trauma-impacted population that experiences high levels of exposure to many different types of potentially traumatic events (Harvey et al., 2016; Jahnke et al., 2016). The following section highlights three areas that relate to suicide as a traumatic stressor, discussed in the context of existing empirical literature.

8.3.1. Looking Back – Threats to Identity

The study findings reveal how firefighter culture and their role as action-oriented protectors of life (Richardson & James, 2017) impacts the way that they interpret and live with and through the experience of exposure to suicide. The theme 'Reflections of the past – could I have?' captured how firefighters reflect on what they feel they could or should have done to prevent the death, which has been identified as a significant dimension associated with exposure to suicide (Jordan, 2017). However, firefighters' identity and expectations of themselves (outlined in Chapter 5) is heavily bound to their uniform, their role as rescuers, and primary function to save life, which can exacerbate post traumatic stress reactions (Hill & Brunsden, 2009). Therefore, a firefighter's self-worth is intimately related to their occupation and asserted by perceived competence, capability, and self-efficacy (Thurnell-Read & Parker, 2008). The study findings reveal how exposure to suicide causes dissonance between firefighters' beliefs and their actions (or inactions), between the standards firefighters expect of themselves as a rescuer and protector of life and the standard they felt they met by not taking action to save a life, which represents a violation of their core moral beliefs and code related to their purpose and identity.

The data analysis revealed how firefighters interpret a death by suicide as a failure to take action to protect life. The failure to act to prevent a death is known as an act of omission (Drescher et al., 2011), which is a sub-class of morally injurious events (Williams & Berenbaum, 2019). For firefighters, the perceived failure to prevent a suicide death poses a threat to their sense of self-worth and their identity (Richardson & James, 2017), which represents a disruption to the self-narrative (McAdams, 2006). In the literature to date, the impact of exposure to suicide has not been associated with moral injury, although moral injury has increasingly been shown to impact firefighters (DeMoulin, 2022; Schimmelpfennig & Anderson-Fletcher, 2023). Whilst the concept of moral injury evolved from research in military populations in combat situations, the findings of this research suggest that exposure to suicide may represent a unique type of moral

injury that can elicit psychological, emotional, social, behavioural, spiritual, and existential affects for firefighters in the context of their role as action-oriented protectors of life (McEwen et al., 2021). Such an explanation affords respect for the multidimensional nature of the impact of suicide on firefighters.

Previous qualitative research has demonstrated that people who have been bereaved by suicide experience higher levels of shame and guilt than other forms of death (Jordan, 2001; Maple et al., 2017; Pitman et al., 2014; Sveen & Walby, 2008). The findings of this research show that the experience of guilt and shame is not limited to those who have a kin relationship to the deceased. Moral injury is characterised by predominantly shame and guilt-based responses. Therefore, it offers a possible explanation for guilt and shame experienced by firefighters in both occupational and personal settings.

Whilst the experience of guilt was threaded both implicitly and explicitly through the theme 'Reflections of the past – could I have?', shame was absent in an explicit sense. This finding may be explained by research suggesting that, in populations that have idealised expectations of themselves, guilt may be a way of 'taking responsibility' for a death that defends against shame, which poses a greater threat to identity (Sherman, 2014). The presentation of guilt in the narratives, therefore, may be a way of preserving firefighters' identity in the face of threats brought about by exposure to suicide.

For some firefighters, the experience of helplessness was more prevalent as they reflected on not knowing a person was suffering and how that was tied to not knowing what to do. In some ways, it reflected an absolving of responsibility. However, it also poses a threat to firefighters' identity and has been shown to be particularly distressing for firefighters (Henderson et al., 2016). It has been suggested that this distress relates to the tensions created between firefighters' occupational identity as problem solvers and rescuers and situations that render them helpless, which serves to compound the trauma response (Richardson & James, 2017). Prior research amongst police officers responding to suicide deaths also identified feelings of helplessness that related to their action-oriented role (Koch, 2010). This study supports these findings but extends it beyond an occupational context to include exposure to suicide in a personal context.

The study findings identify multiple factors that relate to a firefighter's role and identity as a rescuer that contribute to the complex picture of the ways in which firefighters live with and through the experience of exposure to suicide.

This section explored how and why exposure to suicide is a unique traumatic stressor for firefighters that adds to the trauma load they carry and poses a threat to their identity. The following section explores how exposure to suicide as a traumatic stressor through familiarity and personalisation can pose a threat to firefighters' sense of safety.

8.3.2. Looking Forward — Threats to Safety

The theme 'Fears for the future – it could be me' captured how firefighters experience exposure to suicide as a threat to their own and their family's sense of safety. When an event is appraised as threatening core meaning frameworks, associated safety and security may be violated (Park, 2010). Human beings have an innate propensity to identify patterns and establish associations (Heine et al., 2006). This associative propensity is central to the fears for the future theme and the experience of personalisation. Firefighters interpret the unknowns and questioning associated with suicide and the liminal space it invites according to familiarity with their own situations and experience. Previous research suggests that how we identify with the deceased (Cerel & Sanford, 2018) as well as their personality (Maple et al., 2007) influences impact. The findings of this study contribute additional understanding to this literature. The data analysis suggests that the way in which firefighters identify with the situation, as well as how they identify with the deceased, influences how a suicide death affects them, affording an explanation for impact that is independent of any prior relationship to the deceased.

The experience of personalisation and threats to a firefighter's sense of safety, which was identified in the data analysis, poses incremental threats to meaning for firefighters (Joseph & Linley, 2005; Park, 2010). For firefighters, the questioning associated with suicide is not only related to why the suicide happened but how it was affecting them and their family and how it might continue to influence their lives in the future. Previous research identified a similar pattern of questioning in those who had lost a family member to suicide in the previous nine months (Van Dongen, 1989). However, this study identified that, for firefighters exposed to suicide, reverberating questioning existed long after a death and was experienced even in situations where the deceased was not known to them.

The data analysis revealed how firefighters interpret the unknowns associated with exposure to suicide as a threat – a fear-based response that is a characteristic of traumatic stress reactions (Maddox et al., 2019). This stress response disrupts emotional and perceptual stability, which has been associated with a loss of physiological coherence (McCraty & Childre, 2010).

The threat response highlighted in the theme 'Fears for the future' helps to explain why the presence and extent of adverse responses to suicide deaths are not restricted or confined to relationships categorised by kinship (Maple & Sanford, 2020; Pitman et al., 2016a). The experience of threats to meaning that exist even where there is no relationship to the deceased also helps to explain research indicating that suicide can have a major impact on those exposed in an occupational context (McDonnell & Shaw, 2022) and why the closeness of the relationship was not the primary determinant of impact for firefighters (Kimbrel et al., 2016). Rather, the results of this study suggest that violations of meaning, understanding, and narrative coherence may be a more significant determinant of impact than the closeness of the relationship. Such findings help to explain research suggesting that the perceived impact of a suicide death is a better predictor of adverse psychological impact and distress than the perceived closeness to the deceased (Cerel et al., 2017; Maple & Sanford, 2020).

Conceptualising suicide as a traumatic stressor helps to explain research that identified a group of people exposed to suicide who are highly impacted by a death but do not have a close relationship to the deceased (Bhullar et al., 2021). The meanings captured by the fears for the future theme suggest that, rather than closeness to the deceased, it is the perceived closeness or relatability to a firefighter's own situation that determines impact. Recent research sought to explore the impact of exposure to suicide in those who reported low levels of closeness to the deceased but high levels of impact (Sanford et al., 2023). Several dimensions to the experience were identified, two of which reflected the experiences of firefighters, captured in the theme 'fears for the future – it could be me'. One dimension identified, 'impact through shared resonance', was associated with how a person identified themselves in another (Sanford et al., 2023) and related closely to the experience of familiarity and personalisation identified in firefighters' stories where they experienced a death as a perceived threat to their own safety and wellbeing. The authors also identified a dimension of impact through other people where the experience was mediated by fears for others and of transmission (Sanford et al., 2023). A similar experience was clearly articulated by firefighters in the wake of exposure to suicide as they expressed how a death elicited fears for the safety of their own family. Whilst the participants in this study were not all highly impacted by the deaths, as they were in the study reported by Sanford and colleagues (2023), both studies contribute significant understanding to the impact of exposure to suicide beyond relational attachment, which relates to how people make meaning from their experiences.

Whilst previous literature suggests that there is a complex interplay of grief, shame, and trauma reactions for individuals who have been bereaved by suicide, the findings of this study suggest that, for firefighter's, trauma and shame-based reactions may be a more prevalent and pervasive response that relates to their cultural and occupational world and pre-existing trauma load. This supports research that found that none of the experiences of those who had been highly impacted by a death without identifying as being close to the deceased reflected experiences typical of bereavement (Sanford, 2023). Rather, the culturally, historically, and situationally defined ways that we make meaning from our experiences determine how we live with and through the experience of exposure to suicide.

This section explored, in the context of existing literature, how familiarity and personalisation associated with a death by suicide can pose a threat to a firefighter's sense of safety, which is independent of any relational attachment to the deceased. The following section draws together the previous two sections, looking forward and looking back, to explore how exposure to suicide disrupts temporal dimensions of meaning.

8.3.3. Temporality

Temporality refers to our relationship with time and is integral to how we understand the world. From a philosophical perspective, it is the synchronous unity of time that gives meaning to our lives and allows us to live in a state of relative coherence (Aho, 2020). Essentially, temporality gives structure to meaning (Heidegger, 1962). Prior research identified how disruptions to temporality are associated with the liminal space (Aho, 2020). The stories in this study reveal how firefighters experience exposure to suicide as both a projection forward in time, depicted by the theme 'Fears for the future', and a projection back in time, depicted in the theme 'A reflection of the past – Could I have?' These themes, therefore, represent disruptions to temporality, an altered relationship to time, which has been associated with trauma in psychanalytic theory. According to psychoanalytic theory, 'Past becomes present, and future loses all meaning other than endless repetition' (Stolorow, 2011, p. 55). Elements of this theory resonate with the stories of firefighters exposed to suicide. Reflections of the past and what they could or should have done become a part of their present, whilst fears for the future portray the endless questioning and threats to meaning associated with exposure to suicide. Incorporating a temporal lens to the analytic interpretation of firefighters' stories affords a new perspective to the experience of exposure to suicide that has not previously been explored in the suicide

exposure literature. It also affords respect for the multidimensional nature of meaning violations associated with the experience of exposure to suicide.

This section has highlighted how the traumatising nature of a death by suicide is experienced as threats to identity and to safety, as well as disruptions to temporality. The following section draws together the evidence analysis thus far to present the overarching finding of this research: exposure to suicide is experienced as a violation of coherence that disrupts firefighters' familiar ways of understanding the world, themselves, and themselves in the world.

8.4. Suicide is a Violation of Coherence

Coherence violations have been referred to in different contexts throughout the results and discussion thus far. The thematic analysis revealed violations of narrative coherence, violations of the coherence of firefighters' meaning frameworks, violations of sense of coherence, and disruptions to physiological coherence brought about by cognitive dissonance and the stress response. This section draws together the discussion points thus far and integrates them with the conceptual literature presented in Section 2.3. It assumes that meaning and our ability to understand and make sense of the world is coherence-based.

Philosophical ideas about coherence have long been used to understand psychological phenomena. Indeed, much of human thinking, including social impression formation, discourse comprehension, and decision-making, can be thought of as coherence-based (Thagard, 2000). In the literature review and discussion thus far, the orienting systems that enable people to understand and make sense of themselves, the world, and themselves in the world have been referred to as worldviews (Koltko-Rivera, 2004), meaning frameworks (global meaning; Park & Folkman, 1997), and assumptive worlds (Janoff-Bulman, 1989; Janoff-Bulman & Timko, 1987). From a psychological perspective, these orienting systems afford cognitive frameworks to interpret our experiences (Park, 2010). From a philosophical perspective, however, meaning is the expected relations and associations humans make between people, places, objects, things, and their past and present. Maintaining the coherence of these expected relations and relational processes is necessary to organise our perceptions of the world (Heine et al., 2006). Pöhlmann and colleagues (2006) draw on notions of meaning frameworks and expected relations to describe and conceptualise a 'meaning web' that defines our way of being in the world. The authors describe a need for all the constituents of a meaning web to fit together, to cohere to

form a unified whole that enables us to understand and make sense of events in our lives (Pöhlmann et al., 2006).

This principle affords an important framework for understanding the central organising concept of this research: that coherence violations lie at the heart of firefighters' lived experiences of exposure to suicide. The thematic analysis identified areas relating to the loss of a colleague and broader experiences of suicide exposure that speak to violations of coherence existentially, narratively, relationally, and psychologically.

8.4.1. Sense of Coherence

To date, coherence-based theories have more commonly been used to explain the origins of health (Salutogenesis; Antonovsky, 1979, 1987), resilience, and wellbeing (McCraty & Childre, 2010) than to explain the impact of trauma. These theories, however, afford a useful lens through which to reflect on and gain insight into the findings of this study. Aaron Antonovsky developed sense of coherence theory to explain why some people survive, adapt, and overcome even the most stressful life experiences (Antonovsky, 1979, 1987, 1996). According to Antonovsky, a sense of coherence is a global orientation that expresses the extent to which one has a pervasive and enduring but dynamic feeling of confidence that 1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable (comprehensibility); 2) the resources are available to meet the demands posed by these stimuli (manageability); and 3) these demands are challenges worthy of investment and engagement (meaningfulness; Antonovsky, 1979, 1987).

At an individual level, cross-sectional studies have demonstrated that sense of coherence is negatively correlated with PTSD symptoms in paramedics (Streb et al., 2014), with one study of firefighters, police, and hospital personnel showing that sense of coherence was a stronger predictor of post traumatic stress symptoms than trait resilience (Schäfer et al., 2020). Another showed a significant association between sense of coherence and the development of post traumatic growth in ambulance personnel (Ragger et al., 2019). Only one study exploring sense of coherence in a population of firefighters could be found. It used a cross-sectional design and found that higher levels of PTSD were associated with lower levels of sense of coherence (Dudek & Koniarek, 2000). Whilst the authors concluded that a higher sense of coherence was protective against the development of PTSD in firefighters, the cross-sectional design means that causality could not be determined and the direction of the relationship could, in fact, be

reversed such that PTSD may affect a firefighter's sense of coherence. Indeed, many of the meanings captured by the thematic analysis can be identified by translating the current study findings through the sense of coherence lens. All three of the core components of a person's sense of coherence – comprehensibility, manageability, and meaningfulness – were identified through the firefighters' narratives as being disrupted by the experience of exposure to suicide.

Incomprehensibility was a central thread throughout the narratives, as were disruptions to firefighters' sense of control, which are related to comprehensibility and manageability (Dudek & Koniarek, 2000). Disruptions to meaning were pervasive across all themes. Although Antonovsky surmised that a traumatic experience could destroy one's sense of coherence, no research to date seeks to explain the impact of trauma through its effect on a person's sense of coherence. The findings of this research, referred to in Section 8.2.1, suggest that exposure to suicide disrupts people's ability to see the world as making sense cognitively, instrumentally, and emotionally: a violation of their sense of coherence (Antonovsky, 1979, 1987) that could explain firefighters' struggles to survive, adapt, and live with the experience of exposure to suicide.

8.4.2.   A Coherent State

In other research areas, coherence has been defined as a state of internal and external connectedness to the self, to others, and to the world, as well as the past, present, and future (McCraty & Childre, 2010). Translating this definition of coherence to the findings of this study affords an explanation for the temporal and multidimensional nature of meaning violations depicted in the data analysis and described in Sections 8.2 and 8.3. The study findings reveal how exposure to suicide disrupts firefighters' sense of connectedness to themselves by threatening their identity, purpose, and meaning. The findings also revealed a fracturing of relational trust that can be seen to represent a loss of connectedness to others as well as a loss of connection to firefighters' understanding of the world. In addition, the themes 'reflections of the past' and 'fears for the future' clearly portray disruptions to temporal synchronicity that can be seen to represent a loss of connectedness to the past, present, and future. Suicide for firefighters, therefore, can be understood to elicit a violation of the coherent state.

As a way of being, the coherent state has been defined as an alignment between one's thoughts, feelings, beliefs, values, and actions that can be measured using heart rate variability feedback

(McCraty & Childre, 2010). The evidence analysis revealed discrepancies between firefighters' worldviews and the meaning ascribed to a suicide. Such meaning discrepancies have been portrayed in the storied experiences of firefighters as eliciting meaning violations existentially, narratively, relationally, and psychologically. Meaning violations elicit a state of cognitive dissonance that evokes a stress response. This stress response is associated with disruptions to physiological coherence (McCraty & Childre, 2010).

The multidimensional meaning disruptions brought about by the experience of exposure to suicide incrementally erode the integrity of firefighters' meaning webs that enable them to understand and make sense of their experiences (Pöhlmann et al., 2006). Violations of the coherence of firefighters' meaning webs disrupt how they are 'attuned' in their role as a way of being, where their thoughts, feelings, beliefs, values, and actions align. This is a state of relative incoherence that threatens their perceptions of what it means to 'be' in the world. This leads to the central findings of this research: exposure to suicide is a violation of coherence that disrupts firefighters' familiar ways of understanding the world, themselves, and themselves in the world.

8.5.   Conclusions Drawn from the Research

Suicide is a philosophical paradox that presents a fundamental existential contradiction to firefighters in their role as protectors of life. The fundamental existential violation presented by suicide profoundly defies firefighters' understanding of themselves, the world, and themselves in the world and is depicted through their narratives. From this existential violation, the narrative, relational, psychological, and physiological meaning violations described in the discussion can occur (Figure 8.1).

Figure 8.1 Concept map illustrating the multidimensional nature of meaning violations
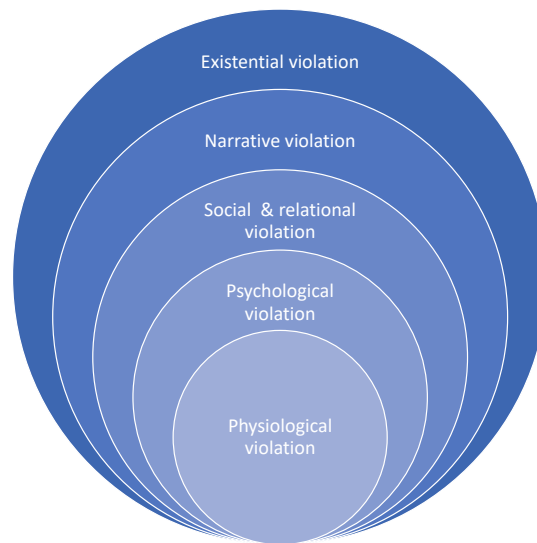
The evidence analysis identified that the cultural and occupational context defines how firefighters live with and through the experience of exposure to suicide. Firefighters orient and ground themselves in the world through coherent frameworks of meaning and worldviews founded on the capacity to act and help others through relational trust, sense making, rationality, logic, emotional suppression, order, predictability, and perceptions of control. Exposure to suicide in personal and professional settings elicits incremental meaning violations that are experienced multidimensionally, from the inside out (biologically and physiologically), the outside in (culturally and socially), and from the past to the present and the present to the future (temporally). This is a violation of coherence that disrupts how firefighters are 'attuned' in their role as a way of being where their thoughts, feelings, beliefs, values, and actions align. It represents a state of relative incoherence underpinned by the existential contradiction between a firefighter's role as a protector of life and the intentional act to end it, threatening their perceptions of what it means to 'be' in the world.

8.6. Chapter Summary

This chapter synthesised the results of the thematic analysis with existing empirical and conceptual literature to present the central findings of this research. Firstly, the cultural and occupational context defines how firefighters live with and through the experience of exposure to suicide. Secondly, exposure to suicide elicits meaning violations that pose fundamental

challenges to firefighters' worldviews. Thirdly, exposure to suicide is a traumatic stressor for firefighters. Finally, exposure to suicide is a violation of coherence that disrupts firefighters' familiar ways of understanding the world, themselves, and themselves in the world. The Chapter ends by stating the conclusions that have been drawn from this research.

The following chapter identifies how the outcomes of this study can lead to knowledge translation specific to firefighter training and postvention support.

Chapter 9.   Implications – Why this Story Matters

This research is the first qualitative study to explore the impact of exposure to suicide on firefighters from an insider perspective. The findings drawn from it are therefore of unique significance and are detailed in this chapter. I began this story by identifying the need to develop culturally informed postvention services for firefighters to mitigate the harmful effects of exposure to suicide on their mental health and wellbeing. This doctoral study set out to explore how firefighters live with and through the experience of exposure to suicide in their personal and professional lives. It was set within a qualitative reflexive paradigm and grounded in narrative inquiry methodology. An insider researcher perspective was taken to reflexively analyse the stories of 20 firefighters who had been exposed to suicide occupationally, professionally, or both. The thematic analysis generated four main themes that depicted their experiences. An evidence analysis prompted by these results generated the essential study findings: 1) the lived experience of exposure to suicide is defined by the cultural and occupational context of firefighting; 2) exposure to suicide is experienced as meaning violations that pose fundamental challenges to the coherence of firefighters' worldviews, disrupting their understanding of the world; 3) firefighters experience exposure to suicide as a unique type of trauma that threatens their ability to remain attuned in their role as a firefighter; and 4) firefighters' experiences of exposure to suicide can be understood as a violation of coherence that disrupts their familiar ways of understanding and being in the world.

In this chapter, I draw the story to a close by outlining why this research matters. I discuss the strengths and limitations, how it contributes to existing knowledge, the implications for future research, and, most importantly, recommendations for future practice considering the findings. I conclude with a brief postscript to bring you, the reader, to the end of this journey and, I hope, the beginning of a new one.

9.1.   Strengths and Limitations

The strengths of this research lie in the narrative qualitative paradigm that privileges the voice of lived experience and affords richness and depth to the findings. In-depth interviewing allowed access to complex knowledge without the preconceived biases inherent in using more structured instruments (Liamputtong & Ezzy, 2005). Eliciting storytelling through open-ended questioning created a space to explore and unearth new insight into a field in which little is

known. In-depth interviews also allowed firefighters to describe their experiences in their own words, affording high credibility and face validity. Furthermore, the analytic process highlighted similarities and differences between firefighters' experiences and across the entire data, which enabled the generation of new and unanticipated insights. It also afforded philosophical, social, and psychological interpretations of the narratives, allowing for complex, nuanced, and rich conceptual analyses.

As with all research, some limitations exist regarding process and application. Participants self-selected; therefore, they may not be representative of the broader firefighting population. In addition, 18 of the 20 participants were male, which was representative of the gender split in Fire and Rescue NSW at the time of recruitment. It cannot be known from the results how gender influenced the way in which firefighters understood or made meaning from their experiences. Further research seeking similarities and differences according to gender identification would be invaluable. In addition, the research did not seek or explore the cultural and ethnic backgrounds of the participants. Therefore, the results do not reflect the influence that intergenerational culture and ethnicity may have had on firefighters' experiences. The stories heard also only reflect firefighters' truth at one moment in time. At another place, another time, another truth may have been revealed, so no assumptions could be made about the temporal nature of meaning making or other truths that may have been revealed. It is also important to note that five of the 20 interviews were conducted during COVID-19 and may have influenced overall levels of distress and meanings made by firefighters in unknowable ways.

The interpretive approach employed in this research can be both a strength and a limitation. The strengths lie in the capacity for new perspectives and understandings to be generated and evolve. The limitations lie in the perceived risks associated with subjective bias, which have been addressed through the rigour of the analytic and research process and through high-quality reflexivity (described in Chapter 4). Whilst the generalisability of the findings is limited in an empirical sense, theoretical generalisation can be achieved through linking the findings with my own personal and professional experience and existing literature (Braun & Clarke, 2022). This is discussed further in the recommendations for future practice. Finally, many of the firefighters I spoke with reflected on how their participation assisted them in understanding their own experiences as they narrated their stories. This is not only a strength but also an implication for future practice and research.

9.2. Contribution to Existing Knowledge

This research provides an invaluable contribution to understanding the qualitative and lived experiences of firefighters exposed to suicide from a unique insider researcher perspective. It affords insight into what underpins firefighters' experiences of exposure to suicide from a philosophical and existential perspective and reaches beneath some of the current empirical literature regarding the impacts of exposure to suicide in the emergency services population. As such, it contributes to existing research that has demonstrated the need to move beyond psychosocial models of health towards a more holistic bio-psycho-socio-spiritual approach that respects the relational aspects of being (Sulmasy, 2002), specifically regarding wellbeing and suicide postvention in the emergency services.

The study findings contribute to the currently limited research available regarding the centrality of meaning making to the experience of exposure to suicide that, to date, has focused on meaning reconstruction through the meaning made of post traumatic growth (Levi-Belz et al., 2021) or in relation to subsequent suicide risk (Miklin et al., 2019). It contributes to current knowledge and understanding of how and why exposure to suicide is qualitatively different to other violent and traumatic deaths, suggesting that this difference stems ultimately from the existential contradiction presented by suicide and its subsequent effects on our ability to understand and make meaning within ourselves, the world, and between ourselves and the world. It also helps explain why, in most of the empirical literature that uses standardised measures such as the grief experience questionnaire, no differences between suicide and other violent or traumatic deaths are identified because these measures do not detect or explore meaning making processes.

This research also helps to explain why the impact of exposure to suicide cannot be fully understood or explained through the lens of attachment theory and bereavement and affords an important contribution to our understanding of the impact of suicide beyond the closeness of the relationship. It offers an explanation for a group of people identified in empirical research (Bhullar et al., 2021) who report being highly impacted by a suicide death without having a close relationship with the deceased, suggesting that this relates to a) how suicide violates the coherence of our meaning structures and processes; and b) the traumatic nature of a death by suicide.

The findings from this study also contribute to an understanding of the unique cultural world of firefighters, their worldviews and identity, and how this influences the way that they interpret, understand, and make meaning from their experiences. Finally, whilst this research did not focus explicitly on the loss of a colleague to suicide, many of the participants' narratives centred on this experience. This work, therefore, adds to existing knowledge regarding the impact and experience of exposure to suicide on co-workers and how, in the context of fire services, this may be more profoundly felt due to the close team bonds that firefighters form with each other. The following section explores implications for future research.

9.3. Implications for Future Research

As with all exploratory research, the most profound benefits lie not in the answers but in the questions that arise from it. The new knowledge generated from this work affords important guidance for the direction of future research – which questions to ask, whom to ask, and how to ask. Many of the theories and concepts that have been generated from this research could be generalisable and applicable to other population groups that are exposed to suicide and therefore offer exciting opportunities, consideration, and directions for future research.

There is a need to explore the ways in which cumulative exposure to both trauma and suicide impacts meaning making in the emergency services population. A key question that has yet to be adequately addressed by existing literature is whether the impact of cumulative exposure to suicide and trauma reflects the erosion of our meaning processes, structures, and frameworks across dimensions and time. Conceptualising the impact of exposure to suicide as an erosion of the meaning webs that enable us to 'be' in the world in a state of relative coherence offers a potential explanation for the accumulative impact of not only exposure to suicide but also exposure to trauma and highly stressful events more generally and is an exciting avenue for further research. Tracking firefighters longitudinally to assess both qualitative and quantitative measures of meaning making through their careers would enable understanding of the long-term cumulative impact on meaning making of different organisational, occupational, and traumatic stressors including suicide. This would enable a better understanding of the increased levels of adverse mental health outcomes and complex PTSD experienced by firefighters with increasing years of service (Harvey et al., 2016).

Further empirical and qualitative research that explores the impact of exposure to suicide on emergency service populations through its effect on meaning making in relation to specific

psychological, social, and spiritual outcomes would be invaluable to afford understanding of the mechanisms involved in such adverse consequences. Understanding the mechanisms involved in both adaptive and maladaptive meaning making processes would enable modifiable factors to be identified and targeted in the development of strategies that support the meaning made of post traumatic growth.

Further exploration of the intra-psychic and sociocultural tensions created for firefighters by exposure to suicide based on an occupational identity framework (Richardson & James, 2017) would enhance understanding of how firefighter identity contributes to the impact of exposure to suicide and what training and strategies may be used to reduce such tension. In addition, conducting research that seeks to understand the experience of exposure to suicide through an existential lens based on Heideggerian philosophical principles would provide a useful tool for better understanding the existential significance of exposure to suicide for firefighters and how it impacts the sense of connection to self, to others, and to the world.

The study findings also warrant research that explores the application of coherence-based theories for building resilience and preparedness as well as promoting recovery in firefighters exposed to suicide and other potentially traumatic events. For example, at an organisational level, research exploring the application of Antonovsky's (1996) salutogenic model of sense of coherence in the fire services would be invaluable because it is an interdisciplinary model that respects not only the individual but also the interaction between people and structures of society (i.e., the human resources and the living context) and is applicable at individual, group, and organisational levels (Lindström & Eriksson, 2005). In future, well-designed longitudinal studies that measure sense of coherence using the life orientation questionnaire (Lindström & Eriksson, 2005) or the sense of coherence scale (Streb et al., 2014) in populations of firefighters would help to determine if there is a causal link between firefighters' sense of coherence and their resilience to exposure to potentially traumatic events. Modifiable components of sense of coherence could then be targeted to improve psychosocial health outcomes and build resilience in firefighters.

In addition, undertaking research exploring how personal and relational coherence influences health and wellbeing measures in firefighters would be an interesting avenue. Here, various questions could be posed, including whether building personal coherence physiologically using heart rate variability feedback (McCraty & Childre, 2010) could be used to build resilience in firefighters and reduce the likelihood of adverse consequences in the wake of exposure to

suicide and other potentially traumatic events. Another avenue to explore is whether interpersonal, relational, and social coherence within the firefighting context reflects individual resilience and distress and whether building personal coherence contributes to enhanced organisational coherence and wellbeing through bi-directional feedback loops (McCraty & Childre, 2010). A suggested direction for research could be to pilot and evaluate the efficacy of heart rate variability feedback to improve physiological coherence in firefighters affected by suicide and other traumas and explore its ability to influence measures of psychosocial, workplace, and organisational health.

Furthermore, research within a firefighting population aimed at exploring the effects of expressive writing about suicide (or other traumatic events) on narrative coherence, meaning making, and other measures of wellbeing could open new opportunities for innovative, low-cost practices that support firefighter wellbeing. Previous work has shown promising results in this area through the ability of expressive writing to create a more coherent and meaningful memory out of a disorganised and incomprehensible experience (Pennebaker & Chung, 2007; Pennebaker & Seagal, 1999; Vrana et al., 2019), but is yet to be applied in a fire service context. Suicide postvention research, therefore, that seeks to evaluate expressive writing interventions on meaning making, emotional processing, and levels of distress in the wake of exposure to suicide would be invaluable. Another important area to explore in the postvention space is the use of narrative exposure therapy. Recent research has shown promising results regarding its use for firefighters to reduce the severity of PTSD, anxiety, and depressive symptoms (Olthuis et al., 2023). This program was delivered online by paraprofessionals (defined by the authors as unlicensed but trained staff) and was culturally adapted to the fire service environment. Undertaking similar research within a firefighter population in the wake of exposure to suicide could identify further tools to form part of an integrated medium to long term postvention response and serve to help firefighters process experiences that they identify as significant, whether that is a suicide or another potentially traumatic event.

Another interesting avenue for further research from this study is to explore and compare meaning making processes in two groups of firefighters. One group being those who report being highly impacted by a suicide exposure but were not close to or had no prior relationship to the deceased, and the other being a group who report low impact despite having a close relationship to the deceased. Such a study would enable a deeper explication of how different meaning making processes affect impact. Related to this, and a significant gap in the existing

literature, would be research that explores how the *quality* of the relationship affects the experience and impact of exposure to suicide in emergency service workers. Although such a study is difficult because the quality of a relationship is subjective and all research is retrospective, it would add invaluable depth to the current understanding that uses measures such as closeness to the deceased, perceived impact, and amount of pre-death contact to explain the impact, none of which adequately explain the impact of exposure to suicide.

The following section explores how the findings of this research can be used to inform future practice in the field of suicide postvention and firefighter wellbeing.

9.4. Recommendations for Future Practice

This research has many implications for future practice, not only for suicide postvention but also for suicide prevention, preparedness, and resilience in the fire and emergency services sector. In addition, many of the recommendations made here have applicability more broadly to help address the impact of suicide in any workplace. I begin by outlining more general recommendations that have come from this research regarding mental health, suicide pre- and postvention, and wellbeing in the fire services. I then outline more specific recommendations regarding suicide postvention and preparedness.

9.4.1. Cultural Specificity, Situation, and Context

This research highlights the need for all policies, programs, and procedures to be contextualised within the fire service. Whilst there are similarities between the various emergency services, there are also significant differences in culture, roles, and identity, the nuances of which have been elucidated in this research and highlight how the world in which firefighters live is integral to how they make sense of their experiences. To meet their needs, therefore, all support and wellbeing programs must be culturally competent, organisationally situated, and reflective of firefighter worldviews. Generic programs targeted to the emergency service sector fail to identify these nuances, thus reducing their potential to effect meaningful change at individual and organisational levels. Therefore, close attention must be paid to the unique organisational culture, worldviews, and identity of firefighters and the way these influence the context in which suicide or any potentially traumatic event is experienced. This research also contends that firefighter training directed at increasing tolerance of uncertainty may be of use as a preventive measure against the impacts not only of suicide but of trauma more generally.

9.4.2. Co-creation and the Voice of Lived Experience

This research identifies the importance of embedding the voices of firefighters with lived and living experience into the design, development, implementation, and evaluation of all policies, practices, and procedures related not only to suicide pre- and postvention but also critical incident support, mental health, and wellbeing more generally. This work speaks to the need to move beyond co-design towards the co-creation of new knowledge in research and practice that incorporates co-ideation, co-design, co-implementation, and co-evaluation (Pearce et al., 2020). Such a model has recently been used in the health sector in its application to suicide prevention with promising results (Pearce et al., 2022). It offers an exciting and much-needed opportunity to integrate research and service delivery to generate new knowledge that has the potential to lead cultural and behavioural change in the approach of fire services to research, therefore offering better outcomes for organisations, firefighters, policymakers, universities, and funders (Pearce et al., 2022).

9.4.3. Bio-psycho-socio-spiritual Approach

This research demonstrates the need to move towards an integrated holistic bio-psycho-socio-spiritual model of suicide pre- and postvention and wellbeing for firefighters to enable a 'whole of person' approach that respects humans as relational beings at personal, interpersonal, and global levels (Sulmasy, 2002). Whilst there is now a legislative requirement to address psychosocial risks and hazards in all Australian workplaces that focuses a spotlight on psychological and social aspects of workplace mental health and wellbeing, the spiritual dimension of wellbeing remains largely unacknowledged in workplace practices. This research demonstrates the need to move away from a largely individual cartesian approach to wellbeing and support in the fire services and towards a more integrated and multidimensional model that acknowledges all aspects of the human experience, including the existential, spiritual, and relational significance of trauma. Such a model should be grounded in the five core pillars of communal (as opposed to individual) mental health and wellbeing. These pillars are 1) safety and security, which encompasses threat, danger, and uncertainty; 2) bonds, networks, and communities, which encompasses feelings of intimacy, loss, and connection; 3) justice, which relates to being treated fairly and with dignity; 4) roles and identities, which speaks to valuing of oneself, feeling valued, and sense of belonging; and 5) existential meaning and coherence, socially, spiritually, culturally, and politically, which relates to sense making (Silove, 2013). A

recent randomised control trial comparing the impact of integrative adapt therapy (a theoretically guided approach that is based on these five core pillars) with cognitive behavioural therapy found that compared to cognitive behavioural therapy, integrative adapt therapy showed superiority in improving mental health symptoms and adaptive stress and a greater increase in resilience in a trauma-impacted refugee population (Tay et al., 2020). Whilst this research was specific to the refugee experience, given the findings from this study and acknowledging that firefighters are also a trauma-impacted population, adapting such a model to the fire services is worthy of further exploration.

9.4.4. Suicide Postvention, Prevention, and Preparedness

This is the first research exploring the impact of suicide on firefighters within a qualitative paradigm. As such, many implications for future research and practice can be drawn. Whilst it is now widely accepted that suicide postvention is prevention (Jordan, 2017), this research moves beyond this premise to incorporate suicide preparedness as an important component of any comprehensive suicide prevention strategy for emergency services. It illustrates why suicide preparedness, prevention, and postvention must be integrated within all firefighter wellbeing strategies and must be driven by a whole of organisation response that is culturally situated and informed. Suicide-related policies and procedures cannot be siloed and must openly inform and be informed by any resilience-based wellbeing initiatives. Furthermore, a trauma-informed, person-centred approach to all training programs and support services is essential to acknowledge and respect individual experience as well as the organisational culture and context.

The research demonstrates the need for the development of suicide preparedness and postvention guidelines for fire services and other emergency service organisations. Recognising this need, the Military and Emergency Services Health Association is currently developing a national framework and resource suite for supporting bereaved military and emergency services personnel and their families after suicide. As a member of the advisory group for this project, the outcomes of my research are being used directly to inform the development of these guidelines and resources. Whilst it is a generic resource at the time of writing, it is hoped that funding can be harnessed to allow for contextualisation of these guidelines targeted to different emergency services as per the recommendations from this research.

One month prior to the submission of this thesis, a much loved, highly respected firefighter in Fire and Rescue NSW who held the rank of inspector took his own life. Several of the participants of this study were directly impacted by this death, which was the third death by suicide of a firefighter to take place within the same Fire and Rescue NSW defined zone (area) over an 8-year period. At times, I had doubted how this research could make a difference to firefighters in the real world. However, as I witnessed the devastation and ripple effect of this suicide throughout the organisation, the value and need for this research became immediately evident. I found myself, by necessity, drawing on the knowledge I had gained to provide recommendations and oversight regarding the Fire and Rescue NSW postvention response. Without a comprehensive postvention policy with clearly defined procedures and organisationally contextualised resources, the Fire and Rescue NSW response was crisis-driven and reactive. Although I contacted and worked with StandBy Support after Suicide (Australia's national suicide postvention support service, for which I am an ambassador) in the wake of this suicide, the lack of a prior memorandum of understanding between the two organisations made for a lack of culturally competent support and contextualised resources. This posed a significant barrier to the support offered meeting the needs of both the organisation and the needs of individual firefighters.

Drawing together insights from this research with the knowledge gained through the initial response to this most recent suicide death, the following recommendations are made. They should be integrated into suicide prevention strategies for all fire services as per the recommendation by the good practice framework for the mental health of first responder organisations (Beyond Blue, 2016).

9.4.4.1. Preparedness and the Initial Postvention Response

The following guidelines represent recommendations for the implementation of suicide preparedness and an initial postvention response for fire services:

- There must be a clearly defined staged approach to any postvention response that identifies critical periods: the first 24–48 hours, the period leading up to and including the funeral, the 4–8-week period after the event, 3–6-month follow-up, and the first anniversary, as well as other potentially triggering events.

- For vulnerable individuals identified during the initial 2-month response period, support should continue through the first two years following a firefighter suicide, as recommended in the StandBy response protocol.

- The response must be based on principles of trauma-informed care and may include the use of a complex trauma screening questionnaire to capture firefighters' experiences of multiple traumas that may include moral injury.

- A memorandum of understanding must be set up with an appropriate dedicated postvention organisation, such as StandBy Support after Suicide (in Australia), that clearly defines notification, referral, and communication procedures.

- Once a fire service organisation is notified of the suicide of a current or ex-serving firefighter, an appropriately trained member of the organisation should be appointed to coordinate the response and initiate contact with the pre-determined postvention specialist partner organisation. A family liaison officer should also be appointed. This role may be filled by a chaplain or other mental health professional and should aim to link the family to the support services offered by the external specialist postvention partner organisation.

- The response coordinator must work with the family liaison officer to confirm the family's wishes regarding the dissemination of information specifically related to whether the family gives consent to openly acknowledge the cause of death as a suicide.

- The 'family tree' of the firefighter must be determined to capture all those impacted by the death across the organisation. Peer support officers who have lived experience of suicide and have been appropriately trained in collaboration with the external partner organisation to provide postvention support should be involved in the response to facilitate connection, provide informal non-clinical support and referral to professional support services when necessary.

- Specific resources contextualised to the organisation must be available and accessible. Such resources must include carefully drafted notification of death guides that can be used by the fire service commissioner under the guidance of the response coordinator to disseminate accurate, factual, and psycho-socially safe information throughout the organisation as soon as possible following a suicide death. There should be different 'templates' depending on whether the family give consent to acknowledge the means of death as a suicide. The family should also be offered the opportunity to review the document prior to wider dissemination. All information disseminated must come under

the governance of an appropriately trained subject matter expert and include at least two different support services available to members should they experience a suicidal crisis.

- Contextualised resources should also include clear information on different internal and external supports available to all uniformed and non-uniformed members of the organisation. The information must accurately outline the process involved in accessing each support and what that support service offers.

- Culturally contextualised fact sheets must be freely available and disseminated in hard and soft copy throughout the organisation. These fact sheets should include: a) How to support your mates; b) Safe and helpful language to use; and c) Understanding reactions after a suicide, including grief and loss, shame and guilt, and fear utilising real stories of firefighters to portray what these responses have looked and felt like for firefighters.

- The type and timing of information dissemination are also critical and should be determined by the response coordinator according to the organisational postvention policy and procedures.

The processes outlined above give a broad outline of essential preparedness and initial postvention procedures. It is, however, far from complete. A comprehensive, evidence-informed Fire and Rescue NSW suicide preparedness and postvention policy document will be developed by myself in conjunction with a lived experience advisory group and a Fire and Rescue NSW occupational psychologist in the first half of 2024.

9.4.4.2. Medium- to Long-term Postvention Recommendations

Whilst crisis support is essential in the aftermath of exposure to suicide, this research affords insight that can inform the development of postvention support in the medium to long term. Indeed, it highlights how the temporality associated with meaning making dictates that support offered should not be based purely on time since a death; rather, it should be integrated within a more general support and wellbeing strategy.

The research speaks to the need to focus support following exposure to suicide on meaning making processes that acknowledge that different types of traumas pose different challenges to meaning making (Altmaier, 2016). All supports offered must address the specific challenges posed to firefighters by suicide. The goal of meaning making should be to reduce distress, restore narrative coherence and a coherent state of being, and facilitate the generation of the meaning made of post traumatic growth. The strategies identified below should form part of a

4–8-week post-suicide program for firefighters, co-facilitated by trained peers and a culturally competent mental health professional, to be undertaken 3–12 months post exposure in the event of the suicide death of a colleague. Many of these principles, however, could be applied to a more general program that aims to help firefighters process and make meaning from exposure to any potentially traumatic events throughout their careers, including suicides.

To address the goals outlined above, such a program should:

- Help firefighters identify and explore their attitudes to and beliefs about suicide and co-facilitate a conversation that explores these attitudes with a trained peer with lived experience.

- Aim to reduce the discrepancy between appraised meaning and global meaning contributing to distress (Park, 2010). For example, using a storied format to support firefighters in understanding what leads people to take their own lives would enhance the meaning making process of assimilation and reduce meaning discrepancy, thereby reducing distress.

- Aim to support firefighters to move through the liminal space constructively by focusing on the quality of meaning making (Park, 2010). This may be achieved by supporting firefighters with a transition from sense making to meaning making such that the meaning of the suicide is integrated into existing beliefs, goals, and sense of meaning in life, as well as focusing on aspects of comprehensibility and controllability, both of which were identified in this research as being challenged through the experience of exposure to suicide.

- Aim to teach firefighters the skills of problem-focused coping to enable them to identify the aspects of their experience they can use to facilitate an internal locus of control, manageability, and a sense of empowerment.

- Move support beyond the cognitive realm to address existential and spiritual meaning making domains (Sulmasy, 2002). Training should provide specific mental, emotional, and spiritual tools to address intense emotions, resolve internal dissonance, integrate fractured belief systems, rebuild trust and social connections, and engage in compassion practices (Lentz et al., 2021) with a focus on self-empathy rather than self-forgiveness (Sherman, 2014).

- Postvention support should be based on helping firefighters to understand what a particular suicide means for them. Whilst preparedness must be based on understanding

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what suicide (in a more general sense) means to firefighters, it is also essential to ask firefighters in the wake of exposure if it has become an option for them and allow them a safe and supported space to explore this rather than using it as a tool to identify risk. By asking firefighters to answer these questions, how they are supported through and with their experiences can be enhanced, and better outcomes can be facilitated.

- Focus postvention on supporting firefighters to achieve meaning making related to acceptance, perceptions of growth, opportunities for learning, and positive life changes in light of their experiences, as well as supporting them with the more challenging emotional aspects.

- Focus postvention initiatives on supporting the construction and reconstruction of coherent narratives around the event using techniques such as narrative exposure therapy or expressive writing.

- Postvention initiatives should acknowledge firefighter identity and support firefighters to ask and answer the following questions: 'Who am I?', 'Who am I perceived to be?' (by the media/public, etc.), and 'Who should I be?' (Richardson & James, 2017). Such questions help to identify how suicide creates tension in these areas and would facilitate integration of the experience into identity.

As already discussed, many of the strategies mentioned above are equally applicable in the preparedness space and may help firefighters to feel prepared not only for exposure to suicide but also for other potentially traumatic or morally injurious events. Such preparedness should start during and be embedded into recruit training, then built upon throughout a firefighter's career. During recruit training, firefighters should be encouraged to reflect on their own life stories to date, using a lifeline as a base from which to explore significant experiences, including any prior exposure to suicide. This would form a platform from which to build and think about what gives their lives meaning, their strengths, attitudes, and perspectives on life, and would enable a protective web of meaning to be built from the outset of a firefighter's career. From here, training should focus on teaching firefighters techniques to help them manage emotional, cognitive, existential, and spiritual distress grounded in a more comprehensive health promotion and recovery model based on the five pillars of mental health and wellbeing. Such skills and tools should be embedded within a firefighter's training throughout the career lifecycle and adapted to different ranks according to roles and responsibilities.

This section focused on the practical application and theoretical generalisation of the results of this research. Suggestions for future research directions and implications for future practice have been provided. It has shone a light on the need to focus attention on the way in which firefighters make meaning from their experiences to not only support them in the wake of exposure to suicide but also to support their mental health and wellbeing more generally in a proactive and reactive sense. I now draw the story to a close with a brief postscript.

9.5. Postscript

No problem can be solved from the same level of consciousness that created it. Albert Einstein

Truth and connection are at the heart of narrative theory and the story you have just read. Only now can I see the symmetry between this doctoral research and my own personal journey over the past six years. We have travelled together side-by-side as trusty companions along this convoluted road, always maintaining a dialogue, informing each other as we sought out truth and connection. It has been a journey that challenged me on so many levels – psychologically, emotionally, academically, and existentially. I have had to expand my thinking in every way and peek inside the previously unknown world of philosophy. As I shared space with my participants, I had to see and be with emotions and memories in new and unaccustomed ways. I had to reflect and contemplate on the meaning of my life, of firefighters' lives, and what it means to be human. Ultimately, as I wrestled and struggled with analysing the stories I heard, I had to seek deeper consciousness and different ways of being and thinking to enable new ways of understanding and exploring. My academic and experiential worlds merged, evolving in unison through an exploration into deeper consciousness and new ways of being, in search of greater truth.

It is perhaps integral to being an insider researcher that one should either consciously or subconsciously embody the experiences of one's participants. They become a part of you, of your own evolving life narrative. In the final stages of writing up, I found myself living the findings of this research. Every dimension of my world became fraught with uncertainty and not knowing. My physical health took multiple hits, confronting me with the end of my 19-year career as an operational firefighter and the loss of a central part of my identity. I received a call from my sister in England to say that our father was dying. I rushed to his side, where I sat for seven weeks, waiting for him to die, but he didn't. He kept saying he wanted his life to end, yet his body clung on, caught in the space between life and death. The date I had set for submission of this thesis passed. I suddenly became fraught with doubt. Things that once seemed clear no longer did. My body remembered this liminal space. It felt as if I was back where the story began, adrift within the soup of uncertainty, unsure of myself, what I was doing, or where I was going. I questioned my findings and my own worth as an academic. The finish line kept extending further into the future. The more I reached for it, the further it moved away from me.

The words, 'I just want my life back', kept playing on repeat in my head, but this doctoral research has fundamentally changed me. Somewhere within, I knew I could not return to my 'old self', to the familiar stories and past narratives. I was transitioning from my old world to a completely unknown world academically, physically, occupationally, and spiritually. It is a time when nothing looks like it used to, a deeply uncomfortable place where my old world has been left behind, but I have not yet arrived at what is to come. It is disorienting. There is a sense of breaking down, a disintegration of my old self, which Carl Jung referred to as movement through the 'dark phase' of a liminal space as one strives to 'make whole' one's sense of meaning, purpose, and relatedness once more.

Then, on 4 December 2023, six weeks prior to submission, I received a call from India. My beloved Uncle Shambhuji had been killed by a car, under suspicious circumstances, in a hit-and-run accident. His death, like many deaths by suicide, was unexpected, traumatic, and violent. I felt the familiar experience of grief, and I experienced the 'not knowing', but it felt innately different to the lived experience of my brother's death. I had an awareness that this difference was at an organic level that transcended circumstantial differences, such as the relationship I had with my brother compared to that with my uncle, my age at the time of both deaths, and numerous other contextual factors. It was something innate that related to suicide as a 'self-murder' as opposed to an intentional death caused by another. As I processed and reflected on my uncle's death, I did not feel any of the rejection and abandonment that I felt after my brother's death that had rippled through my life and instilled the belief that 'I was not enough'. I did not experience shame or guilt or an assault on my own sense of self-worth. However, I did and do feel a raging sense of injustice and lost 'goodness', an assault on my trust in humanity that I had not experienced after my brother's death. I became aware that I was living the findings of my research, that the experience, whilst acutely painful, was affording me an opportunity to find deeper wisdom within my findings, not just to experience the knowledge cognitively but to embody it. I could feel just a hint of meaning and relatedness returning.

Then, at 8 am on a Saturday, 9 December 2023, just a few weeks before the planned submission of this thesis, I was notified, as previously mentioned, that a long-serving firefighter had taken his own life. Fire and Rescue NSW scrambled to respond and was seeking my expert guidance. The Fire and Rescue NSW suicide postvention protocol remained in draft form, incomplete and unfinished. I found myself drawing on every bit of the knowledge I had gained through completing this work to guide the Fire and Rescue NSW wellbeing team in their response. It

was then that I knew the value of this research, and my sense of meaning, purpose, and relatedness evolved and began to form a coherent whole. I had long harboured a dream that I would write a book that would use the knowledge gained from my PhD to help people understand, make sense of and, ultimately, make meaning from suicide, but I had never known what that would look like. Now I do, and I have the title in my head: The Ripple Effect – Reconstructing Meaning after Suicide.

Now, as I finish writing my final draft, I can feel a letting go, not only of this work but also of parts of my identity, my old ways of being in the world as a firefighter. I feel a deep sense of grief and loss mixed with relief, hope, and a sense of new beginnings. The process of writing has brought clarity out of the murky, muddy waters of the space between to bring a sense of unity and coherence – to come full circle.

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Appendix A: Ethics Approval and Variation

University of New England

HUMAN RESEARCH ETHICS COMMITTEE

MEMORANDUM TO: Prof Myfanwy Maple, Dr Warren Bartik & Miss Tara Lal

School of Health

This is to advise you that the Human Research Ethics Committee has approved the following:

PROJECT TITLE: Understanding and exploring the experiences of firefighters exposed to suicide

APPROVAL No.:   HE18-293

COMMENCEMENT DATE: 21 February, 2019

APPROVAL VALID TO: 21 February, 2020

COMMENTS: Nil. Conditions met in full

The Human Research Ethics Committee may grant approval for up to a maximum of three years. For approval periods greater than 12 months, researchers are required to submit an application for renewal at each twelve-month period. All researchers are required to submit a Final Report at the completion of their project. The Progress/Final Report Form is available at the following web address: http://www.une.edu.au/research/research-services/rdi/ethics/hre/hrec-forms

The NHMRC National Statement on Ethical Conduct in Research Involving Humans requires that researchers must report immediately to the Human Research Ethics Committee anything that might affect ethical acceptance of the protocol. This includes adverse reactions of participants, proposed changes in the protocol, and any other unforeseen events that might affect the continued ethical acceptability of the project.

In issuing this approval number, it is required that all data and consent forms are stored in a secure location for a minimum period of five years. These documents may be required for compliance audit processes during that time. If the location at which data and documentation are retained is changed within that five year period, the Research Ethics Officer should be advised of the new location.

Jo-Ann Sozou
Secretary/Research Ethics Officer

HUMAN RESEARCH ETHICS COMMITTEE

MEMORANDUM TO: Prof Myfanwy Maple, Dr Warren Bartik, Dr Sarah Wayland
& Miss Tara Jane Lal

School of Health

This is to advise you that the Human Research Ethics Committee has approved the following:

PROJECT TITLE:	Understanding and exploring the experiences of firefighters exposed to suicide
APPROVAL No.:	**HE18-293**
COMMENCEMENT DATE:	21 February, 2019
APPROVAL VALID TO:	10 December, 2021
COMMENTS:	Nil. Conditions met in full

The Human Research Ethics Committee may grant approval for up to a maximum of three years. For approval periods greater than 12 months, researchers are required to submit an application for renewal at each twelve-month period. All researchers are required to submit a Final Report at the completion of their project. The Progress/Final Report Form is available at the following web address:
http://www.une.edu.au/research/research-services/rdi/ethics/hre/hrec-forms

The NHMRC National Statement on Ethical Conduct in Research Involving Humans requires that researchers must report immediately to the Human Research Ethics Committee anything that might affect ethical acceptance of the protocol. This includes adverse reactions of participants, proposed changes in the protocol, and any other unforeseen events that might affect the continued ethical acceptability of the project.

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Bethany Ayers
HREC Secretary
Research Ethics Officer

Appendix B: Expression of Interest – Intranet Story

FRNSW Intranet Story

Firefighter undertaking a study looking at the impact of suicide on firefighters

Tara Lal is a senior firefighter based at 26 station Mascot. She is undertaking a PhD at the University of New England. The aim of her research is to better understand how firefighters experience exposure to suicide in their personal and professional lives. Tara's motivation for the research stems in part from her own experiences of suicide amongst her family and friends and as a firefighter turning out to jobs involving suicide. In addition, through being a long term member of the peer support team Tara has often witnessed the impact of suicide on other firefighters.

Tara says 'Suicide is so difficult for people to understand or make sense of. I often felt inadequate in my ability to support people through what was so incomprehensible to them. There is currently so little evidence available for us to develop resources and programs that could really support and help people. I want to change that.'

In the long term Tara hopes to use the results from her research to drive and inform the development of suicide specific resources to support firefighters who have been impacted by suicide.

Tara is looking for permanent or retained firefighters who have experienced the suicide death of someone known to them in their personal or professional lives or has responded to incidents involving a suicide death as a firefighter. The research involves meeting with Tara to talk about your experiences at a location convenient for you.

If you are interested to know more about how you can help please contact Tara either by email or telephone.
Email: tlal@myune.edu.au
Mobile: 0415 878 756.

Approval clause: This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No HE18-293 Valid to 10/.12/2021).

Appendix C: Initial Pre-Interview Telephone Script

Initial Pre-Interview telephone script: Approximately 10-15 mins duration

Hello,

This is Tara Lal speaking.

Thank you for expressing an interest in participating in my research. I just wanted to take this opportunity to introduce myself and tell you a little more about my research and what would be involved if you were to participate.

As you are aware, I am conducting a study looking at the impact of suicide on firefighters. I'm also a firefighter myself and have had my own experiences of suicide in my family and at work as a firefighter.

I am very keen to hear how firefighters experience exposure to suicide and to give firefighters a voice for their experiences. I hope that from my research I will be able to develop better support services for firefighters that adequately address their needs.

In order to do this, I am looking to speak with retained or permanent firefighters who have been exposed to suicide either personally or professionally. By this I mean firefighters who have lost someone known to them by suicide. This may be a friend or family member or a colleague. I'm also interested in speaking to firefighters who have been to jobs involving a suicide death.

So, I just wanted to check that you are a permanent or retained firefighter with FRNSW and that you have experienced suicide death either personally or professionally?

If you decided to participate, I would arrange a time to meet with you at a location convenient for you to conduct an interview. It would last 1-2 hours and would be very informal in nature. Unfortunately, I cannot offer you any re-numeration for your time. You would, however be helping me to help others.

As it is a research study, I will record the interview and then transcribe it. Your privacy and confidentiality are very important and is bound by University of New England requirements for ethical conduct. In order to ensure your privacy, I will offer you the

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opportunity to choose a pseudonym which will be used during data analysis and thereafter. This research is part of my PhD so the results will be published. However, at no time would your real name be used. Your identity will be protected by the use of pseudonyms and coding of any information that could be used to identify you. FRNSW will not have access to any of the information you provide. Only the results of the study in de-identified form will be shared with FRNSW.

You can also withdraw from the study at any time without explanation.

Does this all make sense to you so far? Do you have any questions you would like to ask me?

If you are still keen to participate, I will send you an information package which contains details about the study. I can send this by email or mail according to which you prefer? From there we can arrange a time to conduct the interview at a time and location that suits you. I will also provide a follow up phone call after the interview to check on your welfare and to offer you the opportunity to receive a written copy of the transcript of your interview if you would like.

Is there anything you don't understand about what I've said?

Do you have any other questions?

With all of this in mind are you still keen to participate?

If yes:

I will send you the information package. Would you like that by mail or email?

Thank you so much for your time. If it's ok with you I will be in contact within the next few weeks to arrange an interview time.

Thanks again

Goodbye.

Appendix D: Information for Participants

INFORMATION SHEET
for
PARTICIPANTS

Hello,

Thank you for expressing interest in my research project, described below.

My name is Tara Lal and I am conducting this research as part of my PhD in the School of Health at the University of New England. My supervisors are Professor Myfanwy Maple and Dr Warren Bartik.

Background Information: I am a permanent firefighter with Fire & Rescue NSW, based in Sydney. I have also lost my brother to suicide many years ago and have been impacted by attending incidents involving suicide as a firefighter. In 2015 I published a book about my own experiences. I am also a member of the peer support team at FRNSW as well as teaching Mental Health First Aid. I have received a scholarship for my research from Australian Rotary Health. This research is not undertaken through Fire & Rescue NSW.

Research Project	Understanding and exploring the experiences of firefighters exposed to suicide
Aim of the Research	The research aims to better understand how firefighters are impacted by exposure to suicide both in their personal lives and through their work. It is anticipated that the research results will be used to inform and develop guidelines and resources to support firefighters following exposure to suicide.
Interview	I would like to conduct a face-to-face interview with you at a location chosen by you. It may be your home, the Fire & Rescue NSW library, or in a public place. Where meeting face to face is not possible we may conduct the interview via Skype or by telephone. The interview will take approximately 1-2 hours. With your permission, I will make an audio recording of the interview to ensure that I accurately recall the information you provide. The recording will be transcribed either by myself or using a transcriber. Where a transcriber is used they will be required to sign a confidentiality agreement prior to undertaking the work. You will be given the opportunity to review the transcript of your interview if you wish to do so. Within one month of the interview Tara Lal will contact you by telephone. At this time you will have the opportunity to add to or change the information you provided at the interview.
Confidentiality	Any personal details gathered in the course of the study will remain confidential. No individual will be identified by name in any publication of the results. All names will be replaced by pseudonyms; this will ensure your anonymity. You may choose your own pseudonym if you would like to do so. If you agree I would like to quote some of your responses. This will also be done in a way to ensure that you are not identifiable.
	Please be aware that should you disclose any illegal activity during the interview, I am legally bound to report them.

Participation is Voluntary	Please understand that your involvement in this study is voluntary and I respect your right to stop participating in the study at any time without consequence and without needing to provide an explanation.
Questions	The interview questions are quite general and will enable me to enhance my knowledge of your experiences in relation to suicide. You are free to answer the questions in any way you like.
Use of Information	I will use information from the interview as part of my doctoral thesis, which I expect to complete November 2023. Information from the interview may also be used in academic journal articles and conference presentations before and after this date. At all times, I will safeguard your identity by presenting the information in a way that will not allow you to be identified.
Are there any good things about being in the study?	You won't receive anything for being in the study, but you will be helping me with my research. In the long term I hope to use my findings to inform the development of guidelines to support firefighters in the wake of suicide exposure. In addition, it has been found that most people have positive feelings about participating in suicide research and feel they are doing something to help others.
Are there any bad things about being in the study?	This study will take some of your time, but it won't cost you anything. Most people find participation helpful but sometimes it can bring up upsetting thoughts. If this happens I will connect you with resources that can assist you either within Fire & Rescue NSW or externally.
Upsetting Issues	If this research raises any personal or upsetting issues you may wish to contact the Fire and Rescue NSW Wellbeing Co-ordinator on 0448 295 725, the FRNSW Employee Assistance Program on 1300 360 364, the FRNSW Chaplain on 0418 869 280, Lifeline on 13 11 14, the Suicide Call Back Service on 1300 659 467 or Beyond Blue on 1300 22 46 36
Will you tell me what you found from this study?	Yes. I will send you a summary of the results at the end of the study as well as providing access to the entire thesis which will be held at UNE library.

INFORMATION SHEET for PARTICIPANTS

Storage of Information

I will keep all hardcopy notes and recordings of the interviews in a locked cabinet in my home. Any electronic data will be kept on cloud.une.edu.au, UNE's centrally managed cloud server managed by the research team. It will also be kept on a password protected computer in the same location. Only the research team will have access to the data. All original data will be returned to the principal supervisor once the thesis has been successfully submitted.

Disposal of Information

All the data collected in this research will be kept for a minimum of five years after successful submission of my thesis, after which it will be disposed of by deleting relevant computer files and destroying or shredding hardcopy materials.

Approval

This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No HE18-293 Valid to 10/12/2021).

Researchers
Contact Details

Feel free to contact me with any questions about this research by email at tlal@myune.edu.au or by phone on 0415 878 756.

You may also contact my supervisors'. My Principal supervisor's name is Myfanwy Maple and she can be contacted by email at mmaple2@une.edu.au or by phone on 02 6773 3661 and my Co-supervisor's name is Warren Bartik and his email address is wbartik@une.edu.au and phone number is 02 6773 3743.

Complaints

Should you have any complaints concerning the manner in which this research is conducted, please contact:
Mrs Jo-Ann Sozou
Research Ethics Officer
Research Services
University of New England
Armidale, NSW 2351
Tel: (02) 6773 3449
Email: ethics@une.edu.au

Thank you for considering this request and I look forward to further contact with you.

Kind Regards,

Tara Lal

Appendix E: Consent Form

CONSENT FORM for PARTICIPANTS

Research Project:

Understanding and exploring the experiences of firefighters exposed to suicide

I, ..., have read the information contained in the Information Sheet for Participants and any questions I have asked have been answered to my satisfaction. Yes/No

I agree to participate in this activity, realising that I may withdraw at any time. Yes/No

I agree that research data gathered for the study may be quoted and published using a pseudonym. Yes/No

I agree to having my interview audio recorded and transcribed. Yes/No

I agree to having a summary of findings sent to me by the researcher. Yes/No

I am older than18 years of age. Yes/No

....
Participant   Date

....
Researcher   Date

Appendix F: Interview Protocol

<u>Revised Protocol:</u>

Introduction:
☐ Check have read information sent to them prior.
☐ Review background info. Why I'm doing this and what I hope to achieve.
☐ Focus of interview is firefighters and your experience of exposure to suicide
☐ It is relaxed and informal.
☐ Should take 1-2 hours
☐ You can answer the questions in any way you like
☐ Any questions you prefer not to answer, we can move on
☐ Can stop at any time
☐ As you know, interview will be recorded.
☐ Strictly confidential
☐ I may take some notes. Just a reminder for me to come back to something
☐ It will be transcribed
☐ Your name will be removed from the transcript & replaced with pseudonym.
☐ You will have the option to choose a pseudonym for yourself & for anyone you mention
☐ Do you have any questions?
☐ I have a consent form here – outlines these points. HANDOVER FORM
☐ Are you happy for me to start recording? START RECORDING
☐ Ask consent questions verbally
☐ If you are happy with this please do sign

Background questions:
☐ Gender………..
☐ Year of birth………..
☐ Year joined FRNSW………
☐ Have you worked as a firefighter in any other organisations prior to joining FRNSW?
☐ Retained or Permanent
☐ Region or Zone of current work? Have worked in?
☐ Rank….
☐ Additional qualifications? Rescue/hazmat/CFR/aerial

General questions:
I would like to hear about your experiences of suicide and how they have impacted you. To start with I'd like to get a general idea of the extent of your exposure to suicide, both at work and in your personal life. After that the questions I have are much broader and you can answer them in any way you like.

As you may have noticed, I use the term 'exposure to suicide'. I use this term because it encapsulates all experiences of suicide, in your personal life and through your work as a firefighter.
1. What does suicide exposure mean to you?
2. How many suicide deaths have you been exposed to in your personal life? Through the loss of friends, family members or colleagues?

3. How many suicide deaths you've been exposed to professionally through your work as a firefighter?
4. How many suicide attempts you've been exposed to in your personal life through friends, family members or colleagues attempting suicide?
5. How many suicide attempts you've been exposed to professionally through your work as a firefighter?

We can also come back to this at the end if you like or if you need more time to think about it.
6. What was your first experience of suicide?

7. Is there one suicide in particular that sticks with you?
Would you like to tell me more about the story of that suicide as you remember it?
- ➤ What was it about this death in particular that affected you?
- ➤ Why was that death particularly impactful?
- ➤ Can you tell me more about your relationship to X?
- ➤ Was there anything about X that you really identified with?
- ➤ How did you make sense of the reasons X took their own life?
- ➤ What was the hardest thing for you to come to terms with?

8. Around the time of X's death was there anything else going on in your life? Other stressors or things that may have influenced your reaction to the death?
- ➤ Can you tell me a bit more about that?
- ➤ Do you think that **previous** experiences in your life may have impacted how you felt about or reacted to X's death?

9. Are there any other suicides or suicide attempts that have impacted you and that you feel ok to talk to me about?
- ➤ Perhaps you could tell me more about these and how they have affected you?

10. Thinking about your exposure to suicides at work. What stands out for you about them?

11. Do you think that these incidents involving suicide affect you differently to other traumatic incidents at work, like house fires and MVA's? If so, in what way?

12. The next questions are really about firefighter culture.
- ➤ Do you think that there is anything specific or unique about the way that firefighters think and work that *helps* you cope with the suicides that have impacted you? Can you give me an example?
- ➤ Similarly, is anything specific or unique about the way that firefighters think and work that makes it *more difficult* to cope with or understand the suicides that have impacted you? Can you give me an example?

13. Can you tell me about any supports that were offered to you after any of the suicides that impacted you either at work or outside of work?
- ➤ Were they helpful or not and in what way?

> ➤ What would that support need to look like for it to be helpful?
> ➤ Have you used support in other circumstances?
> ➤ Who would you want to speak to and how long for?
> ➤ Some people find one to one counselling helpful, others prefer a group discussion format or a debrief? What would you prefer?
> ➤ What sort or support do you feel would have been most beneficial to you at that time and since? Within FRNSW or externally?
> ➤ Were there other things that could have helped you that you weren't provided with?

14. Do you think that your exposure to suicide at work and personally has impacted your own mental health and wellbeing? If so, in what way?

15. How do you think your own exposure to suicide deaths and attempts both at work and personally, has affected you and influenced your own thoughts about suicide? Could you tell me about this?
Depending on answer move to Q14

16. Have you ever attempted suicide yourself?
If Yes
- Was this before or after other (personal or work) suicide exposures?

17. Has your knowledge and understanding of suicide changed over time? If so, how?

18. We have spoken a lot about the negative impacts that exposure to suicide can have. Are there any ways in which you think you have experienced anything positive in relation to these deaths and/or attempts?"

We are coming to the end now. Now that you've had a chance to reflect…

19. Would your answer to how many suicides you have been exposed to in your personal life and in your life as a firefighter changed?

I'm just going to take a minute to make sure I've asked you everything that I wanted to cover… Pause for water etc.

Closing the interview:
☐ I don't have any further official questions.
☐ Is there anything you would like to add or anything you would like to ask me?
☐ Now that we are done with the formal interview, can you tell me about your experience of undertaking this interview?
☐ Can you tell me why you decided to participate in this research?

Thank you for taking the time to spend with me and tell me about your experiences. Your insights are really valuable. It's so important to hear stories like yours so that I can better understand how to help other firefighters in similar situations.

I know it can be difficult to talk about the things we have discussed today. How are you feeling now that the interview is over?

If it's ok with you, I'd like to check in with you in the next couple of weeks to see how you are feeling? If you are ok with that, how would you like me to contact you?
☐ Phone call,
☐ Text message
☐ Email
What would you like me to do if I am unable to contact you at the time we agreed?

As you know, I will now transcribe the interview.
☐ Did you want to select a pseudonym?
- If yes, what name for yourself?..........
- For someone you mentioned?
☐ I'm also offering participants the opportunity to review a copy of their transcript.
☐ Would you like to see a copy?
☐ If yes, would you like me to email or mail that to you?
☐ What is the best address to send that to?

Thank you again for your time.

Recorder to be switched off when leaving the premises.

Appendix G: Reflective Field Notes Template

Reflective field notes for qualitative research

Purpose: Schwandt (2015) highlights that taking notes while conducting qualitative research allows us to 'remember and record the behaviors, activities, events, and other features of an observation. Field notes are intended to be read by the researcher as evidence to produce meaning and an understanding of the culture, social situation, or phenomenon being studied'

In this project the use of field notes, allows the capturing of critical reflections regarding the content of the interviews, ways that the interviews can shape my previous assumptions of working with the population group and to co-construct ideas for further interviews, the beginnings of thematic analysis and future translation of the themes identified.

Developing capacity with field notes:

Descriptive and reflective field note taking (so ones that identify what we did – date, place, setting, interruption's etc as well as your own thoughts, ideas or concerns raised in the interview) is a developing process. There is no right or wrong in terms of what you record. Some people like to mind map concepts, some use bullet points, some treat it as a diary entry, or even a project plan as to how these learnings might inform your next interviews. They are also a way for you to seek closure on one interview before you start another, as well as a deliberate act of self-care.

Suggested prompts:

- Interview number
- Date
- Location
- Setting
- Sense of the space (was the interview easy, stilted, volatile, distressing, engaging etc)
- Reflections on content
- Reflections on the use of the interview guide
- Reflections on what might not have been said
- Thoughts and preparation for the next interview.

Schwandt, Thomas A. *The SAGE Dictionary of Qualitative Inquiry*. 4th edition. Thousand Oaks, CA: SAGE, 2015.

Appendix H: Eleven Themes Generated During Analysis

Theme Label	Theme Title	Meaning of Theme
A firefighter's world	Occupational culture and identity shape the experience	Captures how the organisational and cultural world of firefighters' shapes and alters their ways of thinking, feeling, and behaving. Relates to paramilitary highly structured rank-based workplace, command and control systems and ways of thinking with tendency to logical and objective thinking and active problem solving. In addition to identity as a rescuer/helper, both internally and externally driven. Affects emotional processing and questioning. Higher need/altered relationship to control
Sense Making	The How vs Why?	Captures the struggles that firefighters have with trying to apply their usual logical rational thought processes to deduce why an event occurred to suicide. The abruption to sense making is illustrated in the narratives.
Meaning Making	It's not about closeness	Captures how the meanings that firefighters attach to a suicide is more significant than the closeness of the relationship and this relates to many interconnected factors such as their identity and role, prior exposures, firefighters' ways of thinking, knowing the back story, knowing the deceased, understanding suicide and history.
Control	If you can't control it, how do you know?	Captures how 'not knowing' is uncomfortable for firefighters and relates to an experience of not being in control, emotionally, behaviourally, and cognitively. Leads firefighters to seek control in other ways as a way to manage helplessness, uncertainty and not knowing elicited by suicide.
Personalisation & Relatability	The barrier of firefighter immunity'	Captures how when a suicide is relatable in some way to a firefighter it taps into fear and a sense of threat which renders the barrier of firefighter immunity penetrable. The usual defences that stop firefighters becoming emotionally involved in an incident are ineffective and they become vulnerable and emotional.

Theme Label	Theme Title	Meaning of Theme
Vulnerability	Suicide confronts firefighters with their own vulnerability	If a suicide is relatable it leads to a questioning of "What does this mean for me?". Suicide exposure taps into an emotional response which feels dangerous/unfamiliar/uncomfortable to FF's. Firefighters either engage is questioning and wander if they are ok? or reject it and distance themselves to protect against vulnerability.
Suicide as an Option	Could I, Couldn't I?	Suicide puts suicide on the table as an option where they engage in questioning of whether it is a possibility for them which relates to their own culturally determined thoughts and beliefs about suicide. Courage or weakness?
Moral injury/Betrayal	Could I have?	Captures how suicide is a violation of a firefighter's moral code/purpose – to protect life. Experienced as a "perceived failure" to protect life, a form of moral injury and betrayal as firefighters struggle with what they could or should have done to 'save' a person reflecting a threat to their identity as a rescuer. Illustrates the impact of 'not taking action' and the guilt and self-condemnation associated with it. Represents a threat to the self-narrative.
Accumulation and turning points	This was the one	Several exposures are noted but are seemingly innocuous until there is a 'turning point' where one suicide elicits a distinct and often profound reaction that is not dependent on the closeness of the relationship. It is experienced as inner conflict and struggle which elicits attempts at making meaning and may be seen as 'coping', growth or 'in' the struggle.
Expectedness & preparedness	I had a sense it might happen	Expectedness facilitates preparedness which is inherent in firefighter role. It shows up as prior knowledge and understanding of suicide, information provided regarding the call in an occupational setting, expectedness in terms of signs and symptoms given by person. It lessens helplessness and enables preventative action to be taken in line with firefighter role and

Theme Label	Theme Title	Meaning of Theme
		identity. Feeds self-condemnation and feelings of threat.
It's different	A different emotional landscape	The emotionality attached to suicide makes it different to other potentially traumatic events. Emotionality of bystanders as well as the emotion elicited in the firefighter. Confronts firefighter with unfamiliar and uncomfortable way of being in the world that is emotion based not cognition based. A sense of danger associated with emotion.