

Review of Elke Gerlach's doctoral thesis, entitled

Continuing Life after Suicide Loss: The Necessity and Challenges of Postvention from the Perspective of Bereaved Families and Professionals

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In the doctoral thesis submitted to me for review, the author addresses postvention and grief following the loss of loved ones to suicide, an issue of significance for both educational theory and practice. Elke Gerlach, MA, examines this issue in two interrelated dimensions: the individual experience of grief and institutional forms of postvention for those affected by such a loss. The thesis brings together two perspectives on this phenomenon: those of individuals bereaved by suicide and professionals involved in providing help and support. The subject addressed in the thesis is undoubtedly of considerable importance to both the social sciences and social practice. It is explored from an interdisciplinary perspective, drawing on knowledge from psychology, pedagogy and sociology.

The thesis is well structured and comprises eight chapters, an introduction, a conclusion, appendices and a bibliography. In the introduction, the doctoral candidate draws on a representative body of literature to present a convincing rationale for investigating the consequences of suicide for the deceased's loved ones and the associated system of institutional support.

Elke Gerlach adopts a broad understanding of grief, considering it not only as an individual response to loss but also in terms of its social dimension, encompassing stigmatisation, the responses of others, sociocultural norms and institutional support. She also conceptualises postvention as a long-term, multifaceted endeavour based on collaboration among multiple stakeholders.

The aim of the thesis is articulated through five specific research questions concerning the experience of loss, responses from the social environment, the forms of support offered, professionals' perspectives, and the relationship between the needs of potential beneficiaries

and the support available. It should be noted, however, that such a broad research scope, encompassing psychological, social, cultural, institutional and biographical processes, among others, places particularly high demands on the doctoral candidate. Particular attention should be paid to the risk of crossing the boundary between interpreting the experiences of individual research participants and drawing conclusions about the functioning of the institutional support system.

In Chapter Two, the author reviews a range of studies on bereavement following suicide, the consequences of losing a loved one, the difficulties faced by those affected, the forms of institutional support available, and the barriers encountered when accessing postvention. Her discussion addresses feelings and emotions, shame, guilt, isolation, mental health problems and social silence surrounding suicide. She recognises the importance of early intervention and the difficulties associated with fragmented services. In this chapter, the author draws appropriately and accurately on a representative body of international literature on the subject.

Chapter Three sets out the theoretical foundations of the author's research. Grief is conceptualised as a dynamic and non-linear process, and the key theoretical perspectives are presented, including trauma-informed care and the concepts of stigmatisation and recognition. The chapter effectively integrates three dimensions of analysis: individual, relational and structural, drawing on Stroebe and Schut's dual process model, Worden's model and the concept of stigmatisation.

Chapter Four presents the methodological foundations of the author's research. The study is appropriately situated within an interpretative paradigm and adopts a social constructivist perspective. It aims to explore the meanings that participants attach to their experiences of loss and stigmatisation, as well as to their interactions with professional support provided by institutions. This original combination of two perspectives, those of people in need of support and those providing it, allows for the examination of both individual experiences and organisational problems.

The author describes her approach as a 'qualitative multiple (collective?) case study'. However, she does not define with sufficient precision what constitutes an individual case or specify the criteria adopted for collective and comparative analysis.

The study involved thirteen individuals who had lost a loved one to suicide and thirteen professionals involved in providing support. A strength of the research under review is its rural setting, characterised by reduced anonymity among community members and the distinctive nature of interpersonal relationships. Purposive and snowball sampling were employed, an approach that is fully justified in research involving hard-to-reach and vulnerable groups. Efforts were also made to achieve maximum variation within the sample. It should be emphasised, however, that although the sample is fully adequate for qualitative research, it does not permit conclusions to be generalised to the postvention system in Germany, nor does it provide a basis for determining the scale or prevalence of the problems identified.

My concern, however, relates to the use of different modes of qualitative data collection: telephone conversations, face-to-face interviews and written responses. There is a significant difference between material obtained through an in-depth interview and responses provided in writing. The methods and techniques employed should therefore be distinguished more clearly, with an explanation of the reasons for their selection and a discussion of the implications for subsequent analysis and data comparability.

The collected data were analysed using Braun and Clarke's reflexive thematic analysis, an approach consistent with the adopted interpretative paradigm. The doctoral candidate outlines the successive stages of the research process: repeated readings of the collected material, identifying categories derived from the research questions, developing codes inductively and grouping them into thematic areas. She demonstrates sensitivity to discrepancies and ambivalence in participants' accounts. To enhance the transparency of the research process, it would be helpful to provide examples of codes and categories, as well as details of any tools or software used in the analysis.

The doctoral candidate's description of the review of codes and categories as 'systematic and objective' also requires clarification, as this wording may appear inconsistent with the stated research paradigm and the reflexive nature of the analysis. This point warrants explanation, since the author may have intended to emphasise the structured nature of the analytical process rather than objectivity in the interpretation of the data.

Attention should also be drawn to the fact that some research questions concern participants' experiences and the meanings they attach to them, while certain conclusions presented in the final chapter also address structural aspects of the postvention system.

Interpretative caution is needed here, as a beneficiary's negative experience does not necessarily indicate dysfunction within the system. This does not, however, detract from my positive assessment of the chapter, whose clear strengths include repeated readings of the material, the resulting revision of interpretations, and the researcher's reflexivity and awareness of the study's limitations.

Elke Gerlach, MA, provides a thorough discussion of the ethical issues associated with the research. Particularly important are the details concerning consent obtained from interview participants, their ability to end the interview at any time, measures to protect their anonymity, and responses to distress during interviews.

In Chapter Five, the doctoral candidate describes Lower Bavaria in the context of institutional postvention services. She outlines the structure of counselling and support institutions. She critically examines the limited availability of support, the time constraints affecting programmes and the lack of clarity regarding the responsibilities of the various bodies involved. She also discusses the role of pastoral care, informal support and the local community.

Chapter Six presents and interprets the research findings. The accounts of individuals who have lost a loved one feature themes of shock, disbelief, guilt, shame, a sense of not being understood, withdrawal and silence. The analysis of professionals' accounts, in turn, indicates uncertainty regarding responsibilities, a lack of clarity concerning crisis intervention and long-term support, and problems relating to resources and the coordination of activities.

Based on these analyses, the doctoral candidate develops a model of misalignment at the interface of postvention systems (the Postvention Interface Misalignment Model). She identifies three layers: individual needs and the dynamics of coping with trauma following the loss of a loved one; institutional practices and associated barriers; and the sociocultural characteristics of the local community. Within this model, she highlights difficulties in aligning the forms and timing of support with beneficiaries' needs. Her proposed changes include designating contact persons, improving access to institutional support and ensuring its long-term availability.

In the subsequent section of the thesis, Elke Gerlach discusses her findings in relation to previous research, demonstrating her knowledge of the field. She also shows an ability to connect theoretical knowledge with social practice.

The thesis is clearly written and sound in its treatment of the subject matter. It would, however, require stylistic and grammatical editing before publication.

Overall, a significant strength of Elke Gerlach's doctoral thesis is that it brings together two perspectives on the phenomenon under study: those of individuals bereaved by suicide and professionals involved in providing support. This approach enables the doctoral candidate to examine both the individual experience of grief and the discrepancies between bereaved individuals' needs and the organisation of support. The Postvention Interface Misalignment Model is undoubtedly an original contribution. The reservations and critical comments I have presented do not diminish my very positive assessment of the thesis. Elke Gerlach, MA, has undoubtedly tackled a research problem of considerable social and scholarly significance and provided a solution consistent with established academic standards. She independently designed and conducted the empirical study and interpreted its findings.



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