

**TITLE:** Terror and horror: Feelings, intersubjectivity and ‘understanding at the edges’ in an interview on a suicide attempt.

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**ABSTRACT:** This chapter explores how we can understand suicidal experience more fully, and what it means to reach the edges of our understanding. It draws on the case of ‘Roddy’, a research participant whose account of his suicide attempt was marked by experiences of terror and horror. Drawing on phenomenological understandings about the epistemic importance of feelings, I make an argument that we need to critically explore our embodied intersubjective encounters and our emotional worlds, in order to more fully understand suicidal experience. Roddy’s traumatic suicide attempt is hard to communicate, but gaining others’ understanding is imperative for Roddy’s self-understanding and recovery. I consider the visceral and poetic language Roddy uses to help communicate the terror and horror of his experience. I then consider the implications of this – what happens to me, as the listener, when I reach the edges of my capacity for deep, authentic understanding. The chapter concludes with some thoughts about feelings, autobiographical narratives, and understanding. I suggest that our communities need to develop more spaces where people can talk about the terror and horror of their suicide attempts safely and openly. I conclude that researchers (and perhaps also clinicians) need to honestly interrogate what happens for them at the edges of their understanding, when listening to such accounts.

*“And I’ll tell you how to understand this feeling of fear: you imagine that you are a lone woman [...] and there’s a madman at the door ...”*

In previous writing (Boden & Eatough, 2014; Boden, Gibson, Owen & Benson, 2015) I have argued that, as phenomenologically-oriented researchers, our aim should be to understand our participants’ experiences as fully as possible. In this chapter I want to explore both how this deeper understanding is possible when exploring experiences of suicidality, but also to acknowledge what happens at the edges of our understanding. As researchers (and, I imagine, as clinicians) working with suicidal experience, we seek to understand – to create a bridge to the Other that allows us to know more about the suicidal experience for that person, and more generally. In turn, feeling understood may help a suicidal person’s recovery. Acknowledging the felt aspect of the experience is, I will argue, necessary for developing a fuller understanding. Recognising that feelings do not exist solely within a person, but *between* people, intersubjectively, is also necessary to understand the experience of suicidality more deeply. However, because feelings are immediate and sensory, I will suggest that there are times when understanding is difficult, not because the experience or meaning is hard to discern, but because the visceral power of understanding can feel too much. Feeling overwhelmed is one of the ways that we respond at the edges of our understanding. In our suicide research, there were times when understanding, *really* understanding, was more problematic than I initially wanted to admit. Sitting, listening to what follows from the partial quote at the start of this chapter was one of those times.

The quote is from a participant I have called Roddy. I will explore it in depth later, but for the moment I ask the reader just to acknowledge what impact, if any, those words have on them. Over several hours, I interviewed Roddy about his suicide attempt, and

his account will be the focus of this chapter. I also interviewed one of his 'significant others', but will only mention their perspective here very briefly. All names are pseudonyms and some identifying details have been changed or redacted to protect the participants' anonymity. Participants agreed that their accounts could be used for research purposes and ethics committee approval was granted by the UK National Health Service. These interviews were part of a large-scale UK Lottery funded research project, led by Outi Benson<sup>1</sup>, which explored the interpersonal experience of the suicide process from the perspective of people who had made a suicide attempt, their significant others (family, partners, friends), and those bereaved by suicide. The interviews were narrative in style, and asked the participant to tell the story of the suicide attempt or suicide, with minimal input from the interviewer. Fifty-four people in total were interviewed, and the findings are reported in Benson, Gibson, Boden & Owen (2016).

### **Understanding more fully**

For many years, under the influence of the 'turn to language' in qualitative research, there has been the assumption that meaning is located exclusively in language (Cromby, 2012). However, phenomenologically-oriented research acknowledges the significance of the felt aspects of the lived experience. Feelings have epistemic importance in the same way as verbal accounts (Boden et al., 2015). Emotionality is fundamental to shared meaning (Denzin, 1984/2009). Telling a story without an emotional dimension limits understanding because what is spoken becomes separated from what the listener hears (Gemignani, 2011). A narrative will appear insincere if the narrator is emotionally detached from what is said (Goldie, 2003). Without the resonance of feeling, words

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<sup>1</sup> The study was *A New Focus Prevention for Suicide*, hosted at SANE, London, UK and funded by BIG Lottery Research Programme and The James Wentworth-Stanley Memorial Fund.

appear empty or disingenuous. Without a felt-response in the listener, meaning remains ambiguous. By contrast, emotional content is often associated with authenticity and can even be perceived to over-ride the explicit linguistic content in the pursuit of meaning. Cromby (2012) argues that feelings contribute to meaning in an immediate and continuous way, however, when feelings (which include, but are more than just emotions) are complex or overpowering, they may also require reflection and interpretation. Feelings associated with suicidal experience are often likely to fall into this category.

In *Eye and Mind* (1964, p159), Merleau-Ponty argues that science typically takes an artificial approach to understanding human experience, manipulating phenomena, objectifying and looking down on them “from above”. Instead, he argues that we should be “living in” phenomena, accepting and considering them from the inside. Understanding and portraying them as they are given to us, fully and sensuously, in order to “get closer” to them and to understand them at an aesthetic level. This is the “fundamental and most concrete level of human experience” (Casey 1973, p. xvi). Understanding how an experience feels, what it is like to embody it, is the primary way of getting close to understanding it. As researchers, we must engage with bodily felt experience, in order to produce more comprehensive, layered and nuanced accounts of the suicide experience.

There are many ways to define feelings, affects and emotions (Holland, 2007), but here I draw on the phenomenological work of Fuchs (2013) and Ratcliffe (2008) to understand feelings as those sensations that resonate in our bodies and permeate others, events and objects. I am interested in those felt experiences that tell us about our relationship with the world. They are a source of information about our context and what is unfolding for us in that moment. When researching the experience of suicidality, acknowledgement of the felt aspects help us to encounter the experience more fully.

From this perspective, there are five layers of feeling, from the fuzzy, pre-reflective ways we find ourselves in the world, to specific intentional states (Fuchs, 2013). The first, the fundamental feeling of being alive, is a prereflective state that exists as the background to all experience and varies according to how well or ill we feel at any one time. For the second, Fuchs borrows Ratcliffe's (2008) term "existential feelings" to describe our holistic orientation to the world, for example, a feeling of being at home or of being alienated. These are background, pre-reflective feelings that colour our experiences. The third layer Fuchs names "atmospheres"— those feelings that capture the holistic experience of space and relationships. A difficult meeting can have a tense atmosphere making you feel uncomfortable and physically small. Fuchs's (2013) fourth layer, mood and attunement, are feelings that cannot be located in a particular event, space, or interpersonal situation. Here Fuchs draws on Heidegger's (1927/1962, p176) description: "A mood assails us. It comes neither from 'outside' nor from 'inside' but arises out of Being-in-the-world", for example, feelings of anxiety, boredom, calm, or hopelessness. These are pervasive feelings that are non-intentional (they are not about anything in particular), or perhaps have very abstract objects, such as everything or nothing (Solomon, 2008). The feeling of 'getting out of bed on the wrong side' could be describing an angry mood, as opposed to feeling angry with someone or at something. The final layer, emotion, is this latter type. Emotion is a distinct type of feeling that is both complex and intentional. We experience fear of a wasp, or love of our child, and so we have emotional relationships with objects, people, and events, and we orient ourselves toward these things according to our emotions (De Rivera, 1977; Fuchs, 2013).

As researchers, feelings are one of our analytic tools (Kleinman, 2002). They help us be more empathic towards our participants (Hubbard, Backett-Milburn, & Kemmer, 2001). Feelings also increase our sensitivity and creativity, and our tolerance for complexity (Gemignani, 2011), as well as helping us produce more informed, contextualized, and

nanced analyses (Jackson et al., 2013). Researchers are therefore instruments of their own research (Holland, 2007), meaning that there must be a process of critical reflexivity. Reflexivity involves exploring the subjective and intersubjective aspects of the research (Finlay, 2002), and should be relational, embodied, and emotional (Burkitt, 2012). I have previously argued that a 'reflexivity of feelings' is necessary, one that is expanded to include engagement with all five layers of feeling (Boden et al., 2015). Jackson et al. (2013, p3) argue that this type of reflexivity is especially necessary when the research may "disrupt the emotional equilibrium of researchers", such as in suicide research.

The 'good' qualitative researcher is often aware of the emotional labour (Hochschild, 1979) they have undertaken during the interview, 'managing' their feelings to perform suitably in the researcher role by suppressing 'inappropriate' displays of emotion (Dickson-Swift, James, Kippen & Liamputtong, 2009). However, as Jackson et al. (2013, p9) argue, emotional labour does not mean that somehow feelings are "hoovered out" of the research. Feelings cannot be simply 'managed' and they often emerge unexpectedly or overwhelmingly (M. Holmes, 2010), risking the quality of the analysis. Researchers may try to ignore or suppress certain feelings because they threaten them professionally or personally (Kleinman & Copp, 1993). As feelings remain controversial in qualitative research (Blackman, 2007), it requires some courage to recognise our vulnerabilities through a reflexivity of feelings. However, we should open ourselves more fully to *being-with* our participants and their stories, even when this is painful and challenging.

Boden et al. (2015) sketch out the numerous ways that the researchers' feelings entered into this suicide research project. We experienced moments of deep empathic connection where we felt attuned to the participant, and had a sense of understanding them. It is this type of experience that I will primarily focus on and interrogate in the rest of this chapter. However, we also noticed other types of feeling. We became aware

that we compartmentalised and suppressed certain feelings that arose out of the research relationship. These were often “disallowed” feelings that did not fit well with our inherited beliefs about what makes a ‘good’ researcher. These feelings, including relief, guilt, embarrassment or anxiety, often appeared unexpectedly, only to be “batted away”, as part of our ‘emotion work’ in the interview.

Sometimes we experienced more sympathetic responses, feeling compassion, sorrow, pity, or hope. These feelings seemed to indicate our own needs and risked distancing us from our participants’ experiences. Yet, these too could provide insight into the subtleties of our participants’ felt-experiences, which often seemed to ‘fit’ together with our feelings, like the parts of a puzzle. On occasion, we sensed that certain feelings had been transferred between our participants and us, and these were troubling and complex. For example, in one case I felt (but did not express or display) some anger and turbulence when interviewing a woman bereaved by suicide who seemed to present herself as ‘jolly’. These “emotional mismatches” (J. Holmes, 2014) can provide evidence of what is happening at the edges of awareness. On reflection, I felt it was likely that she was also feeling anger, but was unable to share that with me, or perhaps even with herself. Mismatching feelings were also at play when, very occasionally, we felt manipulated or used by the participant, or were left feeling mistrustful, often when there was incongruity between how the account was told and the contents. Finally, we noticed how feelings were not easily contained within the interview or analytic sessions; they resonated and rippled out. They left residues that unexpectedly appeared in our dreams and daydreams, as insights or warnings (see Gareth Owen’s example of his nightmare in Boden et al., 2015).

To better understand the suicide experiences of our participants, it was necessary to acknowledge and explore how all these multiple layers of feeling emerge, and what they can tell us about the phenomenon at hand. In Roddy’s example, consideration of all five

layers of feeling was important, but in this chapter I will focus on the specific feelings of terror and horror, my empathic attunement with them, and their felt consequences, which were both immediate and lingering.

### **Understanding others and otherness**

Rather than just attempting to explain suicidal experience, research must also seek to *understand* it. Dilthey (2002/1910) suggests that the reductionist and mechanical natural sciences do not elucidate human experiences (Palmer, 1969). Instead, he proposed a human science approach, taking the perspective of interpreting meaning (Palmer, 1969). We can seek to answer existential questions, like ‘what is it to be suicidal?’ by looking at experience ‘from the inside’ (Stawman, 2011). For Dilthey, understanding involves recognising one’s own experience in another’s; the moment when one mind ‘grasps’ the mind of the other (Palmer, 1969). Understanding is the “rediscovery of the I in the Thou” (Dilthey, 2002/1910, p213): our shared world. It is a concern with subjective experience and understanding individuals as actively meaning-making (Spinelli, 1989). A human science approach to suicidality acknowledges its complex and subjective nature. It provides an integrative and holistic way to understand, founded on empathy.

In understanding Roddy’s suicidality, I have to acknowledge how I am intertwined with him and his experience through our shared intersubjectivity and intercorporeality, whilst also acknowledging his uniqueness. The fact that the other is other means that we can never completely know them. Their otherness is manifest in their elusiveness and inaccessibility, but subjectivity is not “hermetically sealed” (Zahavi, 2001, p163). We are open to others through empathy, a special type of intentionality reserved for other subjectivities, which allows us to experience and understand their feelings, desires and beliefs (Zahavi, 2001). Intersubjectivity is possible because our experience of our own



subjectivity includes a dimension of otherness: “the seeds of alterity” (Zahavi, 2001, p163).

It is through our fundamentally embodied nature (Merleau-Ponty, 1945/2002; Zahavi, 2001), through *feeling*, that we directly know our world, including other people, without having to reflect on it or narrate it. We make sense of intersubjective encounters through our feeling bodies, but as we are all individuals, understanding another’s unique phenomenological experience presents a challenge (Stawman, 2011). Empathy, which literally means “feeling into,” involves not just carefully listening to others’ words to discern their meaning but feeling with the whole body, in an open, interconnected, relational process (Finlay, 2005). This means recognising our self-boundary as open and permeable to the experience of another, in a process of *blending* (Adams, 1999). These are examples of when one person’s meaningful expression, becomes *part of* another, living on in the other self (Adams, 1999).

Finlay (2005, p277, emphasis added) notes that “the researcher’s task is not simply to listen to another’s story: they also need to be open to *being with* the participant in a relationship”, so that “one becomes ever more open to what is being communicated” (Churchill, Lowery, McNally, & Rao, 1998, p65). This is particularly important in suicide research, where participants will likely share deeply emotional, unusual, and often stigmatised experiences. In this way, our understanding:

“is neither fully one’s own, nor is it another’s alone. We thus do not understand something in the same way as another person (as in an objectivist view of the world, where words would correspond exactly to something described). Nor do we understand something completely uniquely and personally (as in a subjectivist view of the world, where words only have private meaning).” (Todres and Galvin, 2008, p 571).

Understanding is a relational process that happens in dialogue (Stawman, 2011). Dialogue in this context, means the special moment of connection that emerges spontaneously from the 'between', which Buber (1970/1923) refers to as I-You<sup>2</sup> relating. In an I-You moment the other is no longer "a loose bundle of named qualities", but rather "he is You and fills the firmament. Not as if there were nothing but he; but everything else lives in *his* light." (Buber, 1970/1923, p59 & p126). The other becomes central, they become a You, another subjectivity, rather than an object for our own gains. In an I-You moment the other also becomes a unity ("seamless"), whereas during an I-It interaction, the other is deconstructed into specific characteristics (Buber, 1970/1923, p59). To understand suicidality, the other must be understood holistically and met in his or her experience as it is, rather than atomised into risk factors and behaviours. Understanding the other is thus "a deep feeling of recognition that may be characterised by the kind of ontological weight that connects us to the place where we feel both deeply ourselves and deeply connected to our common humanity." (Todres & Galvin, 2008, p569).

In a dialogic relationship our interpretive 'horizons' of understanding meet (Gadamer, 1990/1960). Empathy is primarily embodied, but it supports shared understanding; understanding places empathic moments into meaningful context (Stawman, 2011). Understanding can imply there is a singular truth, but this need not be the case. Understanding more fully is not about understanding a phenomenon more 'accurately', but about accepting that interpretation is an inevitable part of understanding (and being human), and that therefore multiple interpretations exist. The world as disclosed to me, in my situated body, is different from Roddy's world. However, we can attempt to find a shared sense of understanding in communicating, through the aesthetics of language

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<sup>2</sup> Often translated as I-Thou, the use of You, as per Kaufman's (1970) translation, indicates the informal and intimate intention of the original 'Du' rather than 'Sie'.

and through empathic feeling. When this works, there is a sense of an “emotional ‘homecoming’” or a recognition of ‘truth’ or authenticity (Todres & Galvin, 2008, p569).

### *Communicating our depths*

Roddy’s suicide was physically and psychologically violent. In our interview it becomes apparent that Roddy really wants me to understand what it was like for him at the time, and what it is like now, to live with those memories. Understanding is paramount for our interview, for the research, and for his recovery:

*“If there’s one thing you need to know about this [...] to recover from this, you need some people with a bit of understanding.”*

*“The whole purpose, I suppose, is to understand, isn’t it?”*

Roddy believes that no one can help him and others who are suicidal, if they do not understand what it is like. As this is recovery from suicidality, understanding is profoundly connected with the purpose of living. Yet, understanding for Roddy is not dry, disembodied and intellectual:

*“It’s no good just having somebody who has read a few books and things and thinks that they know what’s going on in your head, because they don’t.”*

Roddy wants me to understand – viscerally – and he wants to be understood. One way he attempts to help me do this is through his use of metaphor and imagery. His account is rich, dramatic, and poetic. People turn to metaphor, analogy and imagery when experiences seem ‘unsayable’. They offer a way to communicate what is definitely felt, but what may seem beyond literal language (Schneier 1989). Metaphors link feeling with telling (Stelter, 2000), connecting us to the place where “language speaks through silence” (Van Manen 1990, p49) and understanding becomes possible.

Our bodily knowing is deemed 'silent' because it exists beyond, or before, the languaged realm, but this 'silent' experience constantly demands expression, through a dialectical relationship with language: it is the "response to a solicitation from below" (Polkinghorne, 1988, p30). It is through this dialectical process that the 'wild' or 'raw' meaning of our bodily knowing is 'freed' (Merleau-Ponty, 1964/1960), made meaningful and understood. Language is itself a bodily act (Merleau-Ponty 2002/1945). It is only when words speak adequately of the experience that they *feel* right. In this way, interlocutors can slowly move towards a shared "bodily sensed understanding, which, when adequate, is experienced as a 'coming home'" (Todres & Galvin 2008, p572) – a sense of resolution in the communication of a felt experience.

In this interview, I did not prompt Roddy to develop imagery to express himself. He invented spontaneous metaphors (Svendler Nielsen, 2009) in order to help communicate what he knew at a bodily level. Metaphors help with meaning-making (Schön, 1993), but also, importantly, a metaphor can act as a "safe bridge" to enable expression of painful or distressing feelings (Shinebourne & Smith, 2009). They are a way of making an intersubjective link between self and other, through which a deeper empathic insight can occur. Metaphors help the listener to reach "a more vivid level of understanding," evoking richer and more nuanced responses in the listener (Levitt, Korman & Angus, 2000, p23).

Language has an aesthetic quality as well as being a technical tool (Todres & Galvin, 2008, p570), and by attending to the 'inner dimension' of language (Todres, 2007), we can listen for the sensuous, rich and kinaesthetic meanings in the words people choose to express their experiences. However, this is challenging. For the speaker, it involves going to an "unclear but [...] demanding edge" where our bodies know what needs to be said, but we cannot necessarily find the words to say the right thing (Gendlin, 2004, p131-132). Roddy often says "I don't know" when attempting to describe an aspect of

his suicide experience, but he does find ways to communicate his experience. He uses very visceral language, especially when describing the act of the suicide attempt. Words such as 'slashing', 'jabbed', 'ripped', 'poked', 'fished', 'pumping' and 'gushing' communicate how he physically engaged with his own body during the suicidal act, and how his body responded. These words summon up violent imagery. They are also onomatopoeic and kinaesthetic. As such, in context, they enable the listener or reader to re-embody the experience, and understand it more deeply, at a corporeal level. By listening *and* feeling researchers are provided with an additional layer of meaning to explore. In this case, these words are disquieting to hear and uncomfortable to re-embody, but because of this, they enable me to understand the extreme violence and trauma of Roddy's suicide attempt, regardless that he never describes it literally in this way.

### **Understanding at the edges**

It is through my discomfort in empathising with Roddy's account that I am drawn to acknowledge the edges of my understanding. Finding words to articulate such a painful embodied experience as a suicide attempt can take the speaker to a demanding edge (Gendlin, 2004), but their words can push the listener to their edges too. The otherness of the other represents the ultimate limit to our understanding, but preceding that there is also another, less clear edge to our understanding. This is the edge that I struggle at, and where I prefer not to linger. It represents the peripheries of what I can tolerate, or what I am willing to tolerate. It is at this edge that people feel uncomfortable, 'go numb', daydream, feel lost or overwhelmed, get distracted, fidget, feel bored, or at the extremes hallucinate or dissociate. When I am sitting with a participant, I *want* to understand. That is why I am there, after all, to listen, to make meaning, and to understand the other's experience. This makes it all the harder to admit that sometimes I also do not

want to actually, really understand, because understanding is too painful or too disturbing. As a researcher, when I get close to this edge there is ambivalence – I want to know, and yet I do not want to.

As I have argued, understanding is an intersubjective and embodied practice. When I sense I have understood another's experience, it is built on a bodily empathy. Opening yourself up to the other means being willing to acknowledge and sit with their felt experiences. With Roddy, this meant opening myself up to his terror and the horror of his suicide attempt.

I met Roddy in his flat. I set up the recorder and sat in an armchair. He laid down on the sofa in front of me, with his head nearest me, looking away. It was reminiscent of the psychoanalysts' couch. He then told his story, with minimal intervention from me. It quickly became apparent he was a thoughtful and highly intelligent person. His story poured out. The account was graphic and awful. It was saturated with dark emotion, yet he mostly told it in an animated (if also agitated) manner, occasionally joking and exclaiming. It often felt as if he was reading a story rather than recounting his memories. It was a story full of suspense and drama. It was only towards the end of the interview, when talking about his loved ones, that tears welled up.

### *Terror*

Roddy spent some time trying to explain to me what it felt like directly before he tried to kill himself. Using machine/computer metaphors he described how he started to 'shut down':

*"You then start leaving, you start taking leave of your senses. It's almost like you're switching to another programme. I'm running programme A now, which is generally being alive and getting on with life, but I'm sure that we've got these*

*other programmes which we switch to [...] And this one to me was just - this one was the exit plan, this was shutdown."*

Roddy describes a switch into another state of being. He has taken leave of his senses – shifting from his rational sense-making *and* feeling, sensing self into the ‘exit plan’. In his suicidal state, he is no longer running the ‘alive’ programme. Fuch’s (2013) talks about the feeling of being alive as being the most basic feeling state, and in this case, as in others in our study (see Susanne Gibson’s description of a ‘faltering presence’ in Boden et al., 2015), that there is a sense of Roddy already stepping into the liminal space between life and death prior to the suicide attempt. However, for Roddy, the exit plan was not a numb or zombie-like state, but one that was characterised by a heightened feeling of terror, and it was this he wanted me to understand.

His description continued with a metaphor of the cloud:

*"[It] all began to close down and I was just, every night I was enveloped in a cloud. It was like a black cloud would just come down around me. And it's then that I felt like, oh, I'm just going to put an end to this, I just want to get out of here, I just want to go to sleep, switch off, not wake up again."*

At this point, I could recognise the black cloud as a fairly normative symbol of depression or despair. The idea of going to sleep and not waking up also felt a familiar way of describing suicidality. Thus, I recognised, and understood to some degree, what Roddy was describing. He drew on a second normative metaphor, the cliff-edge, to further help me understand his experience:

*"It is like being on a precipice, it's like being on a cliff edge with a cloud around you. And you cannot move, because you know that the precipice is there. If that's the precipice there, then you're standing on it, and you don't know that you can*

*just step backwards, because you don't know where you're facing, so one step forward could take you over that edge, ok?*

In Roddy's rendering of the metaphor, he is not just at the edge of a cliff, but enveloped in fog (another frequent metaphor for suicidal depression; Benson et al., 2013), unable to see which way to go to safety and which way to peril. This mixing of metaphors – the cloud, the cliff-edge and the fog – combine to give the sense that his world was distorted or inaccessible (Benson et al., 2013), with the paralysing fear of being 'on the edge' of catastrophe.

This paralysis is also echoed in Roddy's ambivalence around taking his life. It is possible to suggest that Roddy is both the aggressor and victim in his suicidality, yet he speaks here as though 'he' is a third person, who is simply a passive witness to this awful battle:

*"I've got this razor-blade, I'm going to do this', but there's still something in you that tells you not to do it. Whatever that force is, that are battling away in your head, the black and the white, if you like, the two opposite forces, the yin and yang or whatever it's called, they're fighting each other and you're just a vehicle, you're just a vessel [sigh ...]"*

Roddy seems to feel he has no control over his suicidality or his self-preservation. Benson et al. (2013) describe this diminished agency as a battle between the bodily and normative sense of agency, with the result that the person becomes unrecognisable to themselves (a 'who am I?' feeling), loses meaning in their actions, and feels mechanical, and 'on automatic'. In Roddy's account it is a dialogue between two opposing forces:

*"You're laying there thinking 'I've got to go and do this', and your self-preservation is telling you 'don't bother doing that, don't do that. Don't do that'. And before the cloud comes down there's these two forces - there's a force telling you don't do that and then there's another one telling you to do it, and it's a battle. And this cloud*



*comes down round you and once you've got that cloud, once you've got that terrible feeling, it's a feeling of fear."*

I felt a sense of Roddy's embattled ambivalence about whether or not to kill himself. I felt his passivity, his sense of external forces, of being a vessel. At the end of this quote, Roddy talks about the cloud giving him a "terrible feeling". I thought, 'yes, it must be terrible, to feel so afraid that you want to kill yourself and so afraid that you might actually do that: to be at the mercy of these forces that do not seem to be part of yourself'. I thought I had understood.

At some point during this part of the interview, Roddy raised his hands up to his neck as if to strangle himself, attempting to demonstrate the feeling. His fingers were stretched wide and bent in like claws. I was captivated by the image of his hands clawing around his neck, and I felt myself suffocated. My throat was tight. I noticed that Roddy was delivering his account without pauses, building tension. I thought I understood, but I was not deeply understanding, until he continued:

*"And I'll tell you how to understand this feeling of fear. You imagine that you are a lone woman and you're in a flat, you're in your place and there's a madman at the door with an axe trying to smash his way through, and you know that when he gets through he's going to really fuck you over, he's going to beat the shit out of you, he's going to axe you, murder you, rape you, I don't know what. But there is, that's that feeling, the feeling is one of abject terror."*

On hearing these words – axe, murder, rape – delivered staccato and saturated with anger and despair, a rush of fear jolted through me. The violence was not what shocked me (though it is shocking), it was that here, Roddy was summoning *me* into his story. The "I'll tell you" sounded to me almost like a threat. As a rhetorical device it was powerful. It wasn't hard for me to imagine being a lone woman – at that moment I was a

lone woman, in this man's flat, listening to this story. The axe-wielding murderer is an image pulled directly from the horror film trope, but here it was, being used to devastating effect to make *me* understand – to make me *feel* – the terror Roddy felt before he tried to kill himself.

This wasn't just terror, it was *abject* terror, perhaps in both senses. Roddy's terror was of the highest degree, but it was also humiliating, defeating and derogating, robbing him of his agency. Although mine is not a psychoanalytic reading, Roddy's use of 'abject' reminds me of Kristeva's (1982) argument that fear and horror are connected to distressing encounters with our own corporeality, and the otherness within, which indicates our fleshiness and points to our death and decay. I feel in this moment of terror, Roddy is encountering his mortality in a vivid way. He is coming to terms with his desire and ability to end his life by violently attacking his living body. Death and aliveness are dangerously, and very tangibly, close – these are no longer abstract concepts, they are felt bodily experiences – and this is terrifying.

Like a 'good' researcher, I sat and listened. I contained my feelings and presented a calm and 'understanding' front. The difficulty was, I *had* understood – and viscerally so. In that moment, I had *felt* fear, not just his but also my own. His analogy had brought our experiences together, so that there was neither just his memory of terror, nor my imaginings, but an intermingled, co-constructed feeling of sheer fear. This was perhaps a type of co-attunement (Mitbefindlichkeit), which comes about through a process of sensitively *being-with* the participant, whereby "in listening one finds oneself *resonating with* the Other." (Churchill, 2009, p4, italics in original). Yet here, I had been actively recruited into the account.

So provocative was this imagery, and so powerfully was it delivered, that momentarily I became conscious for my safety. I did a quick sweep of the room to remind myself where

I was, amounting to an informal risk-assessment<sup>3</sup>. I acknowledged that I was there, alone, with a man who was invoking images of rape and murder. For a split second I was really afraid. I had the strong sense of wanting to flee the room, of wanting the interview done so I could get out of there. If Roddy wanted me to understand “this feeling of fear”, he had succeeded. Yet I didn’t feel satisfied at getting ‘closer’ to his experience, I felt unnerved. This experience troubled me as a researcher, because it forced me to acknowledge that maybe I did not really want to understand after all.

Immediately that I acknowledged my fear and desire to get away from Roddy, I felt a flood of guilt. I worried that my wish to leave had faintly, momentarily, flickered across my face, disturbing my mask of calm. How could I be thinking about getting on the train and being back home, I asked myself, when this man was so generously sharing his suffering for our research? With all these feelings and thoughts, I was no longer present with Roddy, but wrapped up in my own internal battle – my fear, my embodied response to run away, and my professional determination to stay put, and not let that show. Yet Roddy continued his account, seemingly unaware of his impact on me.

### *Horror*

In a critical essay, the Gothic author Ann Radcliffe (1998/1926, p66), describes how “terror and horror are so far opposite that terror expands the soul, and awakens the faculties to a high degree of life; the other contracts, freezes and nearly annihilates them”. In Roddy’s account, he feels terror in the moments before he attempts to kill himself. And it was terror that I was in touch with when Roddy invoked the image of the

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<sup>3</sup> For clarity, I was not actually unsafe. The feeling of fear was only momentary, and I was aware that it was bound to the context of the account. If I had felt afraid of being there, I would have followed my ‘gut instinct’ and made my excuses and left; I advocate that researchers always listen to their bodily responses with regard to their own safety when interviewing.

murderous rapist at my door. It was terror that mobilised my body into ‘fight or flight’, tensed my muscles and forced me struggle against my instinct to run out of the room. Terror is felt when something is uncertain and obscure, but horror is felt when it is obvious and unavoidably real (Radcliffe, 1998/1826; Varma, 1966). As Roddy moved from talking about his feelings before the attempt to describing the attempt and its aftermath, the emotional tenor of the account shifted from terror to horror.

Roddy’s story is full of graphic imagery, and, because he attempted suicide by cutting his wrists, it is most notably full of talk about blood. He languages his account almost as the very darkest comedy, somewhere between awful and farcical. It was not so much the details that were disturbing (sadly we heard many such accounts in the course of this research) but the juxtapositioning of information, such that the horrific laid next to the mundane. Roddy tells me he decided to kill himself in the bath, to contain the “mess” and protect others from the horror of his death (something we heard from many of our participants; Boden et al., 2015). He shared the somewhat absurdist detail that he fetched cushions from his sofa so he could be more comfortable lying there in the bath, to kill himself. Yet later in the story, these same supportive, comforting and quotidian cushions are described as “blood-sodden”. The mundane made horrific.

His physical struggle to kill himself, was told in detail, and I repeat this passage here only to evidence the emotional tones at play in this recounting:

*“I laid there for a while, blood was coming out and, erm, er, [surprised tone] it kind of stopped. I probably got about half a pint of blood out. And I’m thinking, oh Christ. So then you go for the other one [the other wrist]. [...] So I was slashing and hunting around for the other artery, and then, wow, great big pumps of blood were coming out, it was gushing out. I thought, ‘hooray’. And then, again, that one sort of dried up. I thought, ‘oh crikey, I thought it was all going to come out’. So then I had to start on this one. And then they stopped and they kind of, sort of, congealed*

*and they stopped pumping. Your body's an amazing piece of kit, it's an amazing piece of equipment. [...] And in the end I really had to get a knife in and really had to rip through it [miming]. And then it was just gushing, you know, it was really just gushing out."*

His animated telling and the surprised tone, ("wow", "hooray", "oh crikey") felt completely at odds with the horrific nature of the events Roddy was describing. I believe Roddy's use of humour and his chirpy delivery were his way of coping with the extreme horror and trauma of his experience, and perhaps his way of protecting me to some extent too. His tone was also at odds with the violent onomatopoeic and kinaesthetic language in the same section ("slashing", "rip", "gushing"), with which he was attempting to communicate the fullness of the experience. His miming action as he describes the final attempt left me feeling chilled. Solomon (2008) argues that there can be no such thing as vicarious horror; though we can still sympathise with someone who feels it, as soon as we feel horror, we are horrified ourselves. With these words and this image, delivered in this upbeat tone of voice, I felt horrified. In my reflexive journal I noted that, listening to this, I was gritting my teeth and wanted to turn my head away in an attempt to brace myself against it.

Roddy very nearly died in his suicide attempt. He describes how, in the latter stages of his attempt, he remembers, "getting out of the bath at that point, and stumbling around the flat", walking out of the front door in a confused state, before collapsing in the lobby. These memories of this time are both sharp and faded:

"Those memories are really quite dim. Perhaps they aren't even memories, because perhaps my brain didn't even have the capability of recording what was going on then. [pause] And from then on it all goes rather blank. I knew that I was stumbling around the flat, I *knew*, I can very *vividly* remember stumbling around the flat, I can *vividly* remember not being able to turn the tap off, I can

*vividly* remember not knowing where the knife was. And for some reason – why, oh why? - I left the flat. I don't know why I did it. To this moment I'm still convinced that it was the self-preservation thing."

This description, of a bloodied figure, stumbling around half-dead, recalls another horror-trope image: the zombie. The word 'zombie' or 'zombified' was often used by our participants to describe the 'dead' look in people's eyes in the period before a suicide or attempt. In Roddy's account, the zombie image is even more literally represented. Carroll (1990) argues that horror figures represented in art and film are often captured in the disgust-inducing fusion of two forms, for example alive/dead, and that we find something particularly horrific in something not easily classifiable, or not easily understood. Roddy is clear that he was so close to death that he "should have been dead". He describes this liminal place here:

"And I remember just laying there, I was *freezing* cold. Um. I just wanted to die [...] there was some kind of *force* that was keeping me alive. I'd lost five and a half pints of blood, for Christ's sake, I should have been dead. But there was some kind of force that was, I don't know, that was keeping me alive. I don't know why."

This hinterland at the edge of death has an uncanniness that Roddy finds incomprehensible. The "force" that is keeping him alive when he really "should" have been dead adds to the supernatural imagery. Roddy's experience is beyond his own understanding here; he does not know why or how his life was preserved. This is perhaps the one aspect of Roddy's experience that he most struggled to communicate, and that I feel very distant from. There are relatively few people who have been so close to death yet survive, and even fewer who have survived a suicide attempt like this.

Solomon (2008) notes that we can be fascinated, as well as frightened or disgusted by horror. For Roddy, his scars are a visual reminder of the horror of what happened, and

he seemed to me slightly fascinated, or at least absorbed, by his injuries, talking about them and displaying them.

“to be honest, they’re healing up really good, but they were in quite a mess actually. And I’ve got some pictures of it if you want to see it at some point.”

I was relieved that the pictures did not materialise, though he showed me the scars on his arms. I wonder whether seeing them helps make these events feel more real and therefore more comprehensible. They are an autobiographical marker around which Roddy is rebuilding his identity:

“I’m not ashamed of what happened, absolutely not ashamed, this was a complete event that - I’m actually almost quite proud of these scars, these marks, because that represents me, who I was, at a certain point in time. I don’t hide them, I don’t need to. If people want to talk to me about them, then fine.”

Roddy’s defiance in the face of the potential shame and stigma around self-harm scars is striking. Reporting shame after suicide attempts is common (Wiklander, Samuelsson, & Åsberg, 2003) and shame is also a typical consequence of scarring from non-suicidal self-injury (Lewis & Mehrabkhani, 2015). It seems that for Roddy, acknowledging his scars may function as a way of holding his memories present, where perhaps they feel more contained, or where maybe they are continually being re-worked in an attempt to resolve the narrative and make it make sense. For me, his scars provide evidence that he is the living, surviving embodiment of an extremely violent nearly-death. This brings with it mixed feelings, including positive feelings such as survivor’s pride.

Unlike being the survivor of a car crash or even an attack, it is socially challenging to account for Roddy’s scars. Roddy will not be shamed by them, but I heard from the other person I interviewed about Roddy’s attempt that others do struggle to respond when he shares that they were self-inflicted. The scars also affected me: combined with Roddy’s

graphic account of the act, in seeing them, I felt vicariously brutalised. I saw how much effort his body had made to repair itself, and I could imagine what that damage must have been, and perhaps what those photos might have looked like.

Solomon (2008) argues that horror is distinct from fear in that it causes us to feel utterly helpless. Horror fills our consciousness – it is overwhelming (Solomon, 2008), such that it shuts us down and stops us from feeling or doing anything else; we freeze. I only recognised my helplessness when I could contrast it with my meeting with Roddy's nominated 'significant other'<sup>4</sup>. When these events were recounted from their perspective, I found myself vitally motivated to help and support them. When I got back from the interview, I sought out resources (helplines and services) that this individual had not been aware of and I sent them on. I thought about our interview a lot, and felt warmth, compassion and care for the person. At that time, this just highlighted the distant, numb and helpless feelings I had when I thought of Roddy, whose interview I found it hard to revisit, and towards whose story I felt ambivalent.

This horror had not just been done *to* Roddy, it had been done *by* Roddy. The man I met had been the orchestrator of this horror scene, *and* the person physically and psychologically ravaged by it, and that has been challenging to come to terms with. If someone else had attacked Roddy in the way he describes, a prolonged, repeated violent attack, which amounts to torture, there would be a clear, socially-sanctioned narrative for how to respond – I could be horrified at what happened (and so could he) and I could feel compassion for him. It is easier to feel care and compassion for someone to whom awful things have happened, and it seems generally harder for people to find that compassion when the person has done those things to themselves, as has been demonstrated in hospital staff's negative responses to people presenting with self-harm injuries at emergency wards (Mackay and Barrowclough, 2005). However,

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<sup>4</sup> Significant others in the study included friends, family members and partners.



acknowledging this challenge allows us, as researchers and anyone who encounters those who harm themselves, to work to overcome any initial reactions and find our compassion. If we are not aware, or cannot be honest, about how we feel, it is much harder to shift our feelings to an authentically caring place where support can be provided.

## **Reflections**

Whether, as researchers, we welcome them or not, feelings will be present in the research process (Gemignani, 2011). I have argued here, and previously, that examining our emotional responses, especially in the context of such complex and sensitive topics as suicidality, enable us to better understand our participants and their situations. Too often suicide experiences are sanitised, though for understandable reasons: to protect the dignity and privacy of the individual, to protect their loved ones from additional distress, to protect professionals from vicarious trauma. Through this cleansing, we avoid the terror and horror of the existential trauma of a suicide attempt. In the suicidal act, the person is brought face-to-face with their own death, and is instrumental in bringing about those circumstances. In our collective avoidance of this reality, we also risk missing opportunities to better support those who have made suicide attempts. In Roddy's case, by being open to the emotional experiences of his suicide attempt, I was able to get closer to really understanding what this was like for him, and ultimately this has motivated me to explore how we can better support those who have made suicide attempts. However, I was also pushed to explore what happens at that moment when I want to turn my head away, at the edges of my understanding.

In recounting his suicide attempt, Roddy's experience sometimes seemed to be spilling out all over me. Roddy perhaps 'overshared', yet alternatively seemed 'too' comfortable and too detached when reproducing the florid details. I was left with the feeling of abject

terror and the image of disturbing horror as something that leaks and flows from one person and emanates into another. I also felt mistrustful and uncertain of my understanding: was I getting close to what it was like, or was I being duped in some way? In contrast, when I spoke to Roddy's 'significant other' things felt more 'straightforward'. That individual was often teary, I felt I could empathise with the strain they felt, and I was flooded with a feeling of wanting to protect and help them.

The incongruity between the emotional tone and the content of Roddy's account is most likely what caused my uncertainty and made it harder for me to accept my feelings without desensitising. Goldie (2003) argues that when retelling narratives of our remembered pasts, like Roddy was doing, there must be the right kind of evaluation and emotional tone in order that the person can place themselves narratively within the events being remembered. He defines this as the difference between remembering something and recollecting it. Goldie argues that when an autobiographical event is tragic or traumatic (and it seems Roddy's experience is both), then finding the right emotional resonance becomes very difficult. The person becomes stuck with just the memory, which they return to over and over in a hope of turning it into a recollection, where their sense of self is reintegrated within the narrative account of their remembered past. This, Goldie says, is the way to find *self-understanding*.

As I have shown, understanding (and not understanding) is a theme that Roddy returned to many times in the interview. His extremely graphic and detailed account indicates that Roddy was attempting to piece together his remembered past, but was struggling to put his embodied self-experience at the centre of the narrative. His description of being a 'vessel' or 'vehicle' through which things were happening, suggest he did not feel like the agent of his story at the time. Perhaps he also struggled to be the agent of his story during the telling, because he still found it incomprehensible that he could have survived to be telling it.

Goldie (2003) explains that narratives are 'successful' for three reasons, one of which is their meaningfulness. This is the ability of one person to understand the other's experience by putting themselves 'in their shoes'. It is the moment of 'grasping' the others' mind, as Dilthey proposed (Palmer, 1969) and thoroughly exploring the intersubjective, I-You connection. It is challenging to reach this type of understanding when a) the other is struggling to understand themselves, b) the other is struggling to communicate their experience, and c) the material is so disturbing, overwhelming or frightening – essentially when it is too 'other' – that it becomes almost unbearable. Roddy's account illustrates each of these points. In particular he sometimes struggles to understand what has happened to him and to integrate his self-experience into his narrative, and I sometimes struggled to stay with his experience and sit with my understanding. It was especially challenging for me to reconcile the knife-wielding (self)-attacker of the bathroom scene, with the victim collapsed in the lobby of his building, bleeding to death, with the animated, intelligent man before me at the interview. I wonder how Roddy reconciles these different self experiences.

Roddy does though make masterful use of language to help communicate the depths of his experience, and thus does manage to 'make' me understand, in particular the terror and horror. Roddy's metaphors may have acted as 'safe bridges' (Shinebourne & Smith, 2009) for him, helping him express his difficult embodied experiences. However thinking of them as safe bridges does not acknowledge that they link one subjectivity to another. The bridge did not feel safe to me. Roddy's analogies and imagery – his bridges of communication - brought his terror and horror, momentarily, into my life. After the interview I felt relieved as I left. Later, when writing up my notes, just like Roddy, I found myself returning to the graphic, traumatic details and I felt nauseous. I wrote that I wanted to separate myself from Roddy. At the time, I had a sense that I did not want to care what might happen to him (though I certainly do not feel like that now). I felt choked by what he had told me. I felt hostile, and then depressed and helpless. The

account was harrowing. I was also aware of feeling voyeuristic and ashamed of this. I felt compelled to linger on the awful details, but I did not want to. One way to deal with my voyeuristic feelings might be to exhibit this story, in the same way that Roddy seemed to do with me. Though several years have passed since I met with Roddy, I have felt an imperative to share my experience of that encounter. I hope I have managed to contain the over-spilling emotion and to tease out the meaning, and therefore to allow the reader to have a sense of understanding. I hope I am not showing the reader Roddy's horror as a spectacle to be witnessed helplessly. It is my belief that by acknowledging my feelings, however difficult, painful or disturbing, however socially- or research-inappropriate they may seem initially, they can help lead to greater understanding, and therefore support, for those who have made suicide attempts.

Participants in our suicide study often volunteered themselves because they hoped their accounts might be of some benefit to others. Roddy shared this, but also felt telling his story might benefit himself:

*"Talking to you is actually part of my recovery treatment, because, you know, you have to face up to what you've done, because you go back to that thing about learning by your mistakes."*

Roddy wanted to understand himself and make meaning from the trauma of his suicide attempt. He connects his understanding with recovering and with avoiding any future attempt. If he can face up to his experience, then researchers should also be able to find ways to do so. Individuals and societies need places where stories of suicide attempts can be safely told, however horrific they may be, in order that they might gain shape, context and meaning through intersubjective dialogue. Without understanding, these stories lurk amorously unattached to the world, ready to terrorise us at any moment. People, like Roddy, who have made suicide attempts, need help to 'catch' their stories and reintegrate themselves into their autobiographical narrative.

Naturally, we must also be wary of the impact these stories can have on ourselves and on others. These include the possibility of triggering suicidal behaviour in another, vicarious traumatisation and distress, or un/aware emotional responses that could be harmful to the person recounting their story. This wariness though, may be one of the factors that stops people who have made suicide attempts from sharing them with others. Psychotherapy may offer a safe space for these accounts, but in the UK access to this is often limited to brief interventions. Crisis management is typically medical, not psychological. Roddy was able to afford some private counselling, and reported this very useful, though he wished for more support.

We know that suicide attempts are one of the strongest predictors of a completed suicide (see Van Orden et al., 2010), especially so when the attempt was highly lethal in medical terms (Gibb, Beautrais, & Fergusson, 2005). Whilst the Joiner (2005) interpersonal-psychological model explains this by suggesting that suicide attempts are the most 'potent' way that someone can acquire the capability to kill themselves (which in combination with thwarted belongingness and increased burdensomeness lead to completed suicides), there is another way in which a previous attempt may increase suicide risk. Whilst there is plenty of evidence to suggest that PTSD increases suicidality (see Krysinska & Lester, 2010), the traumatic impact of making a suicide attempt seems less well explored. Roddy's case demonstrates the emotional, embodied impact of a traumatic suicide attempt (and maybe all attempts are traumatic), and the consequential struggle to integrate self-experience into the remembered past, find self-understanding, and communicate one's own experiences to gain the understanding of others. One reason for the research community's reluctance to explore this area may be that it takes us to edges of our capacity for real, embodied, aesthetic and full understanding.

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