**Sharing is caring: A realist evaluation of a social support group for individuals who have been bereaved by suicide**

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**Abstract**

**Aim:** To understand the experiences of individuals attending a suicide bereavement social support group, and to explore the perceived impact of this on wellbeing.

**Design:** A qualitative study guided by a realist evaluation framework in which context-outcome-mechanism configurations were explored.

**Methods:** Data were collected from May 2020 - July 2020 using online semi-structured individual interviews with participants (*N* = 6), from the North West of England. Participants were recruited from the social media accounts of a suicide bereavement support group. Data were analysed using thematic analysis informed by the realist framework and context-mechanism-outcome configurations as middle-range theories.

**Results:** Effective social support for bereaved individuals includes prioritisation of building meaningful connections with like minded individuals, providing a safe space for authentic self expression in order for individuals to maintain relationships with their loved ones. Contextual factors that detract from support included: Societal and cultural stigma of suicide, self-stigma and societal gender norms. Mechanisms that influence the decision to seek support include: Not wanting to burden loved ones due to fear of judgement, a lack of understanding or desire to help yet dark emotions remain that need to be shared.

**Conclusion:**

In order for social support groups to be effective, special attention should be paid to facilitate meaningful connections, provide a sense of community in order to improve acceptance and belonging and allow for the maintenance of existing relationships. Support groups can play a part in wider coping mechanism strategies and could encourage and/or incorporate other activities to further support these individuals.

**Impact:** These findings provide an understanding of why bereaved individuals seek out support and under what circumstances. Policymakers have the opportunity to decrease demand on healthcare systems by creating, developing and delivering effective tailored support groups to suit these needs.

***Key words:*** *Death and dying, suicide bereavement, social support groups, thematic analysis, realist framework, context-mechanism outcome configuration, realist evaluation, qualitative research.*

**INTRODUCTION**

There are over 6,000 reported suicides per year in the United Kingdom (UK) alone (Appleby et al., 2015; Office for National Statistics; ONS, 2019). There are also many attempted suicides each year which impact between 36,000 and 360,000 individuals each year (Pitman et al., 2017a). Studies have suggested that suicide bereavement may lead to more trauma or shock than other types of bereavement (Jordan & McIntosh, 2011). Those bereaved by suicide are more likely to experience excessive avoidance, intrusive thoughts, rumination and are at a higher risk of suicidal behaviour and mental health issues compared with the general population (O’Connor & Nock, 2014; Shear, 2012; WHO, 2019).

In the UK, mental illness costs the economy approximately £100 billion annually (National Health Service England, 2014; National Health Service; NHS, 2019). The NHS’s Five Year Forward Plan (2019) focuses on prevention over cure using integrated services, communities and social support in order to improve the health and wellbeing of society by 2024, including that pledge that every local area will have a suicide prevention facility by 2024 (National Health Service England, 2014; NHS, 2019). However, one in four individuals bereaved by suicide are not offered formal support after their loss, and are even less likely to receive or seek out informal support in comparison to more socially accepted sudden deaths (Pitman et al., 2017a;). This lack of support may lead to poor mental health outcomes (Gehrmann et al., 2020; Pitman et al, 2017a).

Reasons identified for not seeking support include lack of support system, social stigma, detachment and blame (Campbell, 2018; Ceral et al., 2008; Chapple et al., 2015; Dyregrov, 2011; Pitman et al., 2017a; 2017b; World Health Organisation, 2019). Western society is not traditionally grief literate (Glanz, 2007) as such supporting the bereaved may be challenging (Ceral et al., 2008; Glanz, 2007; Peters et al., 2016; Pitman et al., 2018; Swartwood et al., 2011), especially through less socially accepted grief (Chapple et al., 2015)

The aftermath of suicide bereavement is widely under researched with less than 5% of academic literature surrounding suicide relating to postvention (Andriessen, 2014; Andriessen et al., 2019; Dyregrov, 2011; Levi-Belz, 2019). The literature that does explore these viewpoints reveal a general consensus that social support is paramount, facilitating shared experiences reducing stigma, embarrassment, withdrawal, isolation and grief (Chapple et al., 2015; Hung & Rabin, 2009; Spino et al., 2016).

Studies exploring the needs and experiences of individuals bereaved by suicide are limited, particularly those which examine the use of social support groups (Andriessen et al., 2019; Hunt et al., 2019; Levi-Belz, 2019; Maple et al., 2010). There is a need to investigate the priorities for suicide bereaved individuals ito better understand their support requirements in order to implement and improve interventions. There are no studies which explore the experiences and perceived impact on wellbeing of individuals using informal suicide bereavement support groups in the North West of England. Whilst there are studies elsewhere in the UK, this study aims to further extend the small body of literature (Cameron & Solomon, 2020; Hardiman, 2004; Pitman et al., 2018; Ross et al., 2019) using a realist evaluation, which to the researchers knowledge, is the first of its kind in this topic of interest.

**THE STUDY**

**Aim**

To understand the experiences of individuals attending a suicide bereavement social support group, and to explore the perceived impact of this on wellbeing.

**Objectives**

The research objectives were to explore individual’s experiences with the attended support service, particualry focussing on percieved wellbeing, to gain an insight into the priorities of those bereaved by suicide. Also, to conduct a realist evaluation to establish how context and mechanisms influence outcomes experienced as a result of attendance at a sucide bereavement support group.

**Design**

This qualitative study was guided by a realist evaluation framework in which context-mechanism-outcome (CMO) configurations (Pawson & Tilley, 1997; Porter, 2015) were explored. These propose causative explanations of complex data stating what works, for whom and in what circumstances (Pawson & Tilley, 1997).

CMO configurations enable the representation of transferrable and generalisable themes as opposed to reflexive TA which does not attempt to explain data (Pawson & Tilley, 1997). The CMO configurations are presented as middle-range theories (MRT; Cartwright, 2020; Merton, 1968), allowing for deliberately narrow explanations of participants explaining suicide bereavement complexity and the advantages and disadvantages of using a social support group.

Context refers to the situation prior to the existence of the support group such as socio-economic environment and local culture (Greenhalgh et al., 2015; Herens et al., 2016; Jackson & Kolla, 2012; Jagosh et al., 2015). Mechanisms refer to how social support groups can trigger different outcomes for different people, delving into why the group works, for whom and under what circumstances (Macaulay et al, 2012). Mechanisms are factors that lead to outcomes. Outcomes are the social support groups’ impact by understanding how contexts and mechanisms combine to generate new theory (Herens et al., 2016; Jackson & Kolla, 2012; Jagosh et al., 2015).

**Sample**

Purposive sampling was used to recruit participants. Adverts were placed on the social media accounts of suicide bereavement support groups in the North West of England. Those who were interested in participating completed the participant information sheet and a consent form hosted in Qualtrics. Participants (*N* = 6, three males and three females), met the following inclusion criteria: over the age of 18, currently attending a bereavement social support group, spoke English and did not have neurological or developmental disorders or learning difficulties. All participants were allocated pseudonyms.

**Data collection**

Qualitative data were collected from May 2020 - July 2020 using individual online semi structured interviews. Participants were required to confirm they met the inclusion criteria for the study and consent to participation. Participants provided their email address in order for the researcher to contact them individually to arrange a suitable time and date for the interview to take place. No rewards, incentives or deception were used and all participation was voluntary.

Semi-structured interviews using an interview schedule adapted from a similar study were adopted (Torres, 2018) lasting up to 30 minutes. Interviews were conducted in English via video call over a 4-week period and recorded using a Dictaphone. These interviews lasted up to 30 minutes. Ethical approval was granted on 24/02/2020 by the University of Derby Ethics Committee.

**Data analysis**

Interviews were transcribed verbatim and analysed using a realist approach to thematic analysis (Braun & Clark, 2019; Braun et al., 2016; Wiltshire & Ronkainen, 2021).

CA used experiential, inferential and dispositional themes, useful to contribute to the development of new explanatory theories (Decoteau, 2017). Dispositional themes provided the context as to what must exist for a scenario to be plausible Inferential to combine inducive (tentative statements) and abductive thinking (redescribing into abstract statements) and experiential themes describing participants beliefs, feelings and intentions (Jagosh, 2020; Wiltshire & Ronkainen, 2021). CA refined themes and subthemes into theoretical insights informing CMO configurations, reviewed by JR. Code and theme development can be found in Table 1.

**Rigour**

Rigour was ensured by keeping a reflexive record during the data collection and analysis process. The researchers made accounts of the theoretical framework and methods used at each stage of the study. The sampling strategy and data analysis was clearly described, justified and relevant to the research question. Bias was avoided during the initial interview procedure by attempting not to ask leading questions, force response or impose opinion.

Multiple codes formed each theme and sufficient original evidence is presented systematically demonstrating the conclusions drawn (i.e. numbered and sourced original quotations from transcribed interviews) (Mays & Pope, 1995; Roberts et al., 2019). Interview audio recordings, written transcripts and final write up were checked by JR.

**Table 1.** Theme and subtheme summary of the context, mechanisms, and outcomes

|  |  |  |
| --- | --- | --- |
| **CMO** | **Theme** | **Sub-theme** |
| **Context** | It’s not me, it’s you | * Societal and cultural stigma
* Fear of stigma
* Mistrust
 |
|  | It’s not you, it’s me | * Self-stigma
* Stigma of others
 |
|  | Toxic masculinity | * Gender norms
* Fake it until you make it
 |
| **Mechanism** | Not wanting to be a burden | * Times up
* Barrier: Lack of understanding
* Maintaining healthy relationships important
 |
|  | Pulling you out of the darkness | * Grief a heavy weight to bear
* Alone time perceived negatively
* Social connection important
* For the greater good: benefiting others
* Comparable to professional support
 |
|  | Sharing is caring | * Shared experience
* You’ve got a friend in me
* Negate emotional darkness
 |
| **Outcome** | Sense of belonging and acceptance | * Sense of belonging
* Self acceptance
* Acceptance of others
* Self-reliance
 |
|  | Healthy habits | * Creative: Writing, journaling, art
* Spiritual: meditation, mindfulness, prayer
* Exercise: yoga, running, walking, gym, 5 a side football
* Diversifying coping mechanisms
* Social connection, sense of community
 |
|  | High hopes | * Focus on the future and facts
* Positive mental attitude
* Tattoo symbolic
 |

**FINDINGS**

The findings are presented according to the realist evaluation categories of context, mechanism and outcomes. The researchers identified three main contexts including: (i) it’s not me, it’s you, (ii) it’s not you, it’s me, and (iii) toxic masculinity.

**Context**

**It’s not me, it’s you**

Participant perceptions of their personal relationships in relation to bereavement were for the most part described in negative terms. Social acceptability and cultural norms tended to dominate discussions regarding support received from their community:

“*I'm a Muslim and this is for me is like something is totally haram or it’s totally restricted based on religion. So, for us, […] it's […] one of the worst things to do based on our religion and our culture*” (Anthony).

A lack of supportive relationships and inconsistent concern led to a need to express themselves differently, context dependent, concerned with a fear of stigma and mistrust of others: “*Some might laugh”* (Shaun) and “*You get people talking to you, to gossip about these things and ask how you're doing*” (Shaun).

**It’s not you, it’s me**

Suicide was considered a socially or culturally accepted death or bereavement even for those experiencing loss. Some participants portray self-stigma of their grieving process and attendance of a support group. Participants were initially apprehensive when attending the support group and were reluctant to develop a dependency on attending.

“*I was a non-believer, never had any kind of therapy, I’ve never believed in therapy, I’ve never seen the benefit of therapy, I’ve always been shocked and disgusted that it’s so big in other countries like America and how it’s always terrified me how easily we medicate*” (Charlotte).

Whilst seeking connection and relatedness with others appeared to be imperative to most participants, some participants considered themselves an outsider, expressing disconnect from other attendees who appeared to be benefitting from attendance: “*They actually enjoy going there, part of me thinks that's a bit crazy but I mean it is obviously helping some people*” (Shaun).

**Toxic masculinity**

Male participants highlighted societal expectations of men in regard to what is deemed to be appropriate, often affiliating with traditional masculine emotional expression preferring to conceal negative emotions: “*My coping mechanism with most things is just kind of bury it and not hope that it goes away, but you work it out in your own head, that's kind of what I've been doing*” (Shaun); and fearing loss of relationships: “*I've noticed I'm getting annoyed quicker [...] I don't really feel that happy all the time, but you just smile and just carry on, don’t you?*” (Shaun).

**Mechanisms**

The researchers identified two main mechanisms triggering outcomes. These mechanisms were: (i) not wanting to be a burden, (ii) pulling you out of the darkness, and (iii) sharing is caring.

**Not wanting to be a burden**

Participants demonstrated a need to feel connected and understood. Whilst many participants felt that when support was offered from loved ones, it was restrictive, time bound and inadequate to meet their needs: *“They expect that’s what you’re going to talk about, maybe for the first few weeks and then also that wanes very quickly”* (Charlotte).

Describing even well intended supporters aren’t able to relate: “*Their support and presence is, it's really amazing but I have other days where they don't understand, they'll never be able to understand”* (Stephanie). Opting to compartmentalise their emotions in order to maintain relationships: “*I’m not my whole self with them because I know that that’s not what they want […] but I’m ok with that, […] because I’ve got the support group where I can be myself”* (Charlotte).

**Pulling you out of the darkness**

Prior to use of a support group, grief was described as a heavy weight to bear impacting participants' ability to see a future: “*Before the support group, I won’t lie, it was difficult to see a future because I was in a pretty dark place, and I couldn't really see beyond, sort of first six months but now after the group, I've come a long way*” (Michael).

Alone time was a particular concern opting to partake in social activities to take their mind off it: *“If I'm alone too much like I can sort of go into a dark place so it's useful […] just to be social as much as possible”* (Michael) and “*I need to talk to someone, and I can't be alone with my thoughts”* (Stephanie).

Participants described their motivation to overcome their grief was additionally for the sake of others: “*Everything gets on top of you and you do take it out on the people closest to you, I feel [...] if I can get through these meetings, [...] then maybe my reactions to people and my general mood might improve, which might help other people as well*” (Shaun).

Life experience was considered as beneficial if not more so than formalised mental health support: *“A psychiatrist is one thing […], they're professional but they've also not necessarily been through the same issue, so I think it's good to speak to people who have been through this”* (Michael) highlighting the extent participants valued the support they received.

**Sharing is caring**

Social support groups can aid in making meaningful social connections with individuals who understand them. Once formed, individuals may choose to depend on each other and not attend a formal group: *“You build relationships when you come to the support group that often and you, I'd pop out and meet them for coffee sometimes”* (Chloe).

Social connection was a top priority to negate emotional darkness replacing them with positive and helpful actions: and *“get me out of the house and keep me moving and keep me socialised and give me a sense of normalcy”* (Stephanie).

**Outcomes**

The above context and mechanisms were found to trigger the following outcomes: (i) a sense of belonging and acceptance, (ii) healthy habits and (iii) high hopes.

**Sense of belonging and acceptance**

Social support groups can provide access to a supportive community of individuals who have been through something similar. Participants felt a sense of belonging, felt relieved to be supported and understood: *“The sense of belonging, I think the sense of understanding and [...] you have someone who can understand you and I think that's the kind of support that we all need, [...] I think this could be helpful for anyone who's going through something similar”* (Chloe).

 Participants learnt to understand and accept others and their own grieving process illustrated by: “*Learning that grief is individual, and everybody copes with it in different ways and there’s no right or wrong way to grieve and there’s also no right or wrong way to move on”* (Charlotte). Providing permission to be their authentic selves: *“What I didn't know before really was it’s okay to talk about your feelings and there is a massive stigma around it. [...] I feel that that's dropped, where I am able to feel a little bit more relief from kind of the anxiousness and the worry about what happened*” (Shaun).

**Healthy habits**

 Attending a support group was just one way participants were managing their grief, instead participants opted to diversify their coping mechanisms in addition to support group attendance including creative hobbies (journaling, art): “*Writing to him and getting it out really helps. But definitely talking about it and talking to other people is amazing. [...] I think probably the support group, and writing and art are the three best ones for me*” (Stephanie); spiritual (meditation, mindfulness, prayer), physical activity (yoga, running, walking, gym, football), being around others and finding a sense of community: “*Generally going to gym classes, going to play five a side football once a week, just being around people just definitely helps in a social setting*” (Michael).

**High hopes**

Participants displayed positive mental attitudes and an optimistic outlook for their future with a common desire to move on: “*learn from the situation and try and go forward as best as you can”* (Michael) opting to *“make the most of every single day”* being *“more mindful of how I'm doing it and how much time I'm spending with my loved ones”* (Chloe); and focusing on factual information: *“I’m still a daughter, I’m still a sister, I’m still a cousin, I’m still a granddaughter and I’m still a physiotherapist”* (Charlotte*).*

One participant got a tattoo as a permanent reminder to keep moving forwards: *“Signifies to me to never lose direction in myself, if I've learned anything from it, it's to just hold on a little longer”* (Stephanie).

**CMO configurations**

We present mid-range theories developed using realist logic to understand the connection between the context, mechanisms and outcomes connecting themes to present six CMO configurations explaining the data.

**CMO1**

Suicide holds a prevalent stigma within many societies and cultures (*context*), A lack of acceptability, understanding, and a reluctance to discuss suicide bereavement were directly correlated to whether participants felt supported (*mechanism*) which can lead to lack of authentic communication, secrecy and a need for an external outlet for their grief (*mechanism*)*.* The support group provided meaningful connections and increased self-compassion and self-reliance (*outcome*). This is emphasised by the following extract: *“I don’t want to be a burden. [...] But [...] that’s what you go to the support group to talk about, that’s the only thing you talk about”* (Charlotte).

**CMO2**

Bereaved individuals are not exempt from the stigma imposed by society and culture (*context*), expressing self judgment regarding grief management and reluctance to depend on support group attendance long-term, considered a tool to maintain existing relationships (*mechanism*). Attending facilitated a shared experience providing access to a supportive community considered as valuable as formal mental health support (*mechanism*), providing relief, others to depend on and cultivating grief acceptance (*outcome)* illustrated by: *“It’s learning that grief is individual, and everybody copes with it in different ways and there’s no right or wrong way to grieve and there’s also no right or wrong way to move on”* (Charlotte).

**CMO3**

Men bereaved by suicide may be reluctant to express emotion opting instead to comply with social norms of masculine emotional expression (*context*). Men feared interpretations of negative emotions, hoped their feelings would disappear without support, preferring to be seen as tough and brave rather than someone who needs help (*mechanism*). Social support groups can facilitate in partially reconditioning this response providing a safe space for individuals to express themselves to like minded individuals providing a sense of release (*outcome*). Illustrated with the followed extract:

*“I do still think that I am big enough and brave enough to deal with these issues on my own, but I do think what the centre does is give a helping hand and when days are a bit rough, then it's good to kind of release sometimes and just be in a different place than what you are in your life at the moment”* (Shaun).

**CMO4**

Not having adequate support (*context*) led to adjusting coping mechanisms (*mechanism*) to fulfil a need to belong (*outcome*). Seeking out external support as an outlet in order to continue having improved relationships with loved ones (*outcome*): *“I think the support group has been really lovely and just to have people who understand you, who you can speak to, and who are on the same wavelength and the journey. Overall this, yeah, this has been really helpful”* (Chloe).

**CMO5**

Whilst initially hesitant of seeking a support group (*context*), a need to control negative emotions when alone and unexpected emotional outbursts when with loved ones were key motivators for attendance (*mechanism*). The group provided relief, connection with others providing a sense of routine, consistency and normalcy (*outcome*). Illustrated by: *“The social settings and stuff as well just to […] forget about, because it's on your mind a lot so it's almost like to help get out your mind for at least like an hour […] to give your brain that rest that it needs to sort of repair itself”* (Michael).

**CMO6**

Not having adequate support (*context*) led to a need for an external outlet to switch off from the outside world, manage emotional outbursts and decrease time alone (*mechanism*) by diversify coping mechanisms combining support group attendance with physical, creative and spiritual activities (*outcome*) providing an opportunity for routine, socialising and improvement in self-esteem and self-acceptance:

*“The social settings and stuff as well just to […] forget about, because it's on your mind a lot so it's almost like to help get out your mind for at least like an hour […] to give your brain that rest that it needs to sort of repair itself”* (Michael).

**DISCUSSION**

A realist evaluation was adopted to explore the context and mechanisms for the perceived impact of a social support group on perceived wellbeing of individuals who have been bereaved by suicide. The findings assist in highlighting the important CMO configurations explaining middle-range theories. Identified elements necessary for improved well being included a sense of belonging, self acceptance and acceptance of others, diversifying coping mechanisms via healthy habits and having high hopes. Improved by developing shared connections with like minded individuals and diversifying coping mechanisms.

Contextual factors indicated barriers to receiving support prior to seeking out a support group including a concern as to how they were perceived by others and suicide stigma has previously been shown with previous the literature (Azorina et al., 2019; Chapple et al., 2015; De Groot & Kollen, 2013; Jordan & McIntosh, 2011; Pitman et al., 2014; Pitman et al., 2018) and social theory (Tajfel & Turner, 1979; Turner et al., 1987).

Similar to previous findings, this research suggests factors including stigma of therapy and self stigma (Azorina et al., 2019; Pitman et al., 2017a; 2017b; & Pitman et al., 2018) can become barriers to processing grief. Research exploring stigma and its relationship with suicide bereavement suggested that in order to combat stigma, embarrassment, withdrawal and isolation individuals need for belonging and acceptance to reduce a sense of hopelessness (Hung & Rabin, 2009; Mitchell et al., 2004; Spino et al., 2016) relating to belongingness theory (Baumeister & Leary, 1995) and Maslow’s (1943; 1954) hierarchy of needs.

As highlighted in the findings, men attempted to bury their emotions to conform to societal gender norms. This is not considered to be innate and is of great relevance due to suicide being the biggest killer of males under 45 (Billig, 1999; Campbell, 2018; O’Connor & Nock, 2014; Sharman et al., 2019; Vingerhoets & Scheirs, 2000). Male role models expressing emotion could help redefine masculinity encouraging boys to be emotionally expressive (Becht & Vingerhoets, 2002; Connell & Messerschmidt, 2005; Macarthur & Shields, 2015; Vingerhoets & Scheirs, 2013).

While these contextual factors created barriers, the mechanisms found the motivation for seeking out a support group included improved relationships with loved ones, not having to depend on them for support (Azorina et al., 2019; O'Connor & Nock, 2014). Interestingly, other mechanisms described a need for shared connection and remaining as social as possible to negate negative emotions when alone, a positive coping mechanism contrasting with existing literature which found bereaved individuals opted to withdraw (Azorina et al., 2019).

When assessing what improved the wellbeing of individuals bereaved by suicide, it appears the outcomes are consistent with existing literature. For example, previous research suggests exercise can reduce negative emotion and elevate self-esteem (Abraham et al., 2016; Khalsa & Gould, 2012; Khalsa, 2013; Riley, 2004; Steinberg & Sykes, 1985). Creative activities (Bat-Or & & Garti, 2019; Doka, 1989; 2008; Stroebe & Schut, 1999), spiritual and religious practices were found to be beneficial for processing disenfranchised grief (Doka, 1989; 2008; Stroebe & Schut, 1999); and spiritual and religious practices (Feigelman et al., 2019; Khalsa & Gould, 2012; Khalsa, 2013; Maltby et al., 2008; Muñoz, 2015) were considered beneficial coping mechanisms.

 It was evident that the outcome of acceptance aligned with existing literature (Andriessen et al., 2019; Azorina et al., 2019; Maciejewski et al., 2007; Prigerson & Maciejewski, 2008) and the dual process model (DPM; (Schut, 1999), which suggests bereaved individuals navigate between sense-making (i.e., realising suicide has occurred) and meaning making (i.e., finding a positive response) before arriving at acceptance.

 Our findings suggest a key outcome from attending support groups includes being hopeful for the future (Roberts et al., 2016; Turner et al., 2019) which encourages a transition from focusing on repairing the perceived wrong, to helping individuals flourish. One participant got a tattoo following their bereavement, which can become an alternative form of expression when unable to verbalise emotions (Karacaoglan, 2012).

**4.1. Strengths and limitations**

The strengths of this study include the use of a realist framework enabling the researchers to capture the quality of participants' subjective experiences and not dwell on the accuracy of the event (Willig, 2013). Therealist analysis allowed for the development of an in-depth understanding of contextual factors and mechanisms informing middle-range theories explaining what helps or hinders perceived well being of bereaved individuals.

A number of limitations of this research are recognised. Firsty, following on from the above strength the researchers acknowledge that middle range theories proposed only offer a partial representation of reality. The transferability and generalisability are limited due to participants being recruited from one bereavement social support group in the North West of England. Support groups differing in location, size or complexity would benefit from further exploration. Future studies also may wish to utilise a mixed methods approach and/or a longitudinal design to explore participants' experiences over a considerable period of time.

Additionally, demographic characteristics including age, sex, ethnicity and religion were not captured or explicitly addressed, future research may wish to explore these areas in more detail as these could have an impact on experiences. Participants were recruited from an advert placed on the support groups social media account, and, therefore participation was limited to those who have a social media account, who have access to the internet and are literate in the use of a computer or mobile device.

CMO configuration development depends on associations established by the researchers during analysis, meaning different researchers may have produced differing outcomes. The use of realist TA allowed for CMO configurations refinement yet was time intensive, something of note for replication (Rycroft-Malone et al., 2010). To the researchers’ knowledge there is no other CMO configuration conducted on support groups for individuals bereaved by suicide, therefore identification of solid outcomes is difficult (Wiechula et al., 2009).

**CONCLUSION**

Social support groups for individuals bereaved by suicide can be effective for individuals who have a need for an external outlet for their grief, providing a sense of community and a catalyst of creating meaningful connections with like minded individuals. Awareness of social norms is important to providing a meaningful service, in particular masculine emotional expression. This can improve self-compassion, self-expression, self-reliance, acceptance and belonging; as well as providing a sense of relief and allowing maintenance of existing relationships.

 Additionally social support groups can provide routine, consistency and normalcy to individuals' lives particularly when faced with strong negative emotions and alone time. Support groups are often not the only resource used as a coping mechanism, other strategies include physical, creative and/or spiritual activities which could be encouraged and/or incorporated into social support group development.

 Social support groups are seen as valuable, if not more so than professional support and as such policymakers have the opportunity to decrease demand on healthcare systems. Whilst views of participants cannot be generalised to the wider population, findings can be useful to informing the design, development and implementation of future social support groups for bereaved by suicide individuals providing accessible services that serve to improve the well-being of individuals bereaved by suicide. Further research is recommended to replicate this study within different localities, populations in order to improve generalisability of the findings.

**CONFLICT OF INTEREST**

No conflict of interest is declared by the researchers. The researchers have no personal involvement with the organisation.

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