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The emotional and analytic impact of working with disturbing secondary data

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Abstract

The paper discusses the effects on the researcher of reading disturbing secondary data (defined here as evidence gathered by someone other than the researcher). The case study is a qualitative sociological autopsy of suicide and the secondary data – written documents and photographs - are all from case files in a British coroner's office. After some ethnographic detail about the research setting and research process, there is some discussion in the paper of the diverse secondary data sources in these files, particularly in relation to the impact on the researcher. Some general observations are made about emotion in the research process and potential strategies for responding to emotion. The authors locate their responses to reading about suicides within the broader context of the social processing of death and distress and also consider whether or not emotional reactions to data have any analytical purchase.

Introduction

The impact of emotion on social research is often acknowledged by those who seek to put the research process in a human and social context (see, for example, Kleinman and Kopp, 1993; Carter and Delamont, 1996). There are many examples of studies where researchers have written about emotionally disturbing primary data sources. To give just a few examples, research projects involving interviews with victims of sexual abuse, cancer patients and bereaved children have all been discussed in terms of the impact on the researcher (see Scott, 1998; Cannon, 1989; Rowling, 1999; Grinyer, 2004; Rager, 2005). The face-to-face proximity of the researchers to these upsetting research topics make it easy to understand that there will be an emotional cost to these kinds of studies. However, there is relatively little comment in the literature on social research methods and methodology about the impact on researchers of working with secondary sources. By 'secondary' here, we mean evidence that has been assembled by someone else rather than data originally gathered by a researcher. This evidence is most likely to be documentary, but could also include visual and aural data.

As Hubbard *et al*. (2001) have observed, the impact of emotion on the (interpersonal) qualitative research process has been discussed by several authors, often within quite personal reflexive accounts. Accounts of emotion and research have of course been powerfully expressed within auto-ethnographic work such as that in Ellis and Bochner's (1996) collection. Aside from topics that have particular personal connection to the researcher, it might be anticipated that somebody interviewing people who have suffered some form of trauma may well require support themselves (Rowling, 1999). The psychoanalytical concept of 'counter-transference' (Freud, 1958) has been applied to the research interview process (Cannon, 1989, citing Laslett and Rapoport) in an attempt to make sense of the emotional impact on the listener of hearing another person's account of traumatic experience.

There is, however, a dearth of commentary on the emotional impact of secondary research which does not involve direct interaction with human

participants, such as the study of documents. One author who does, unusually, reflect on the personal impact of reading documents is Moran-Ellis (1997). She writes of her experience of what she dubbed 'pain by proxy' during a study of child sexual abuse. Her account sounds similar in emotional terms to our own which we describe below. Having been immersed in literature and data she says:

> I felt appalled by what I was finding out, and I felt much pain by proxy for the children who had been subjected to what amounts to physical as well as emotional and sexual assault. I could barely contemplate the pain they had felt… And yet I found I couldn't not think about it. (Moran-Ellis 1997: 181)

As Hubbard *et al*. observe, most of the existing accounts of emotionally-laden research have regarded emotion as a problem to be overcome, whereas those authors themselves believe it is important to consider 'emotionally-sensed knowledge' as part of the analytic process. This raises the question of whether emotion can be harnessed creatively as part of the interpretive process. Is this possible, or is such an approach not 'rigorous' or 'systematic' enough to be included within the realms of what is rightly termed 'research'? After describing our specific study in some detail, we go on to discuss this question of how 'useful' emotion can be to the research process. We also attempt to locate our emotional reactions within the wider social context of our research topics of death and distress.

Research Context

The material referred to this paper comes from a project to develop a qualitative sociological autopsy study of individual suicides. This is a demonstrator project for QUALITI, the Cardiff 'node' of the ESRC's National Centre for Research Methods. The research involves interviewing people bereaved through suicide, analysis of media reports of suicides and detailed examination of case records of individual suicides in a coroner's office. The project design follows the tradition of 'psychological autopsy studies' (see Hawton *et al*. 1998), but unlike

most such studies, we are seeking primarily sociological insights from qualitative data. The broad aim of the study is to explore the social context of individuals who commit suicide. Substantive findings from the research are intended to inform practitioners who deal with people who might be considering suicide or people bereaved through suicide. In this paper, however, we shall examine one specific methodological aspect, namely the impact on ourselves as researchers of the examination of coroners' records.

The coroner's records vary in size and detail. They can comprise of police descriptions of death scenes, interviews with relatives or friends of the deceased, witnesses to the death, pathology and toxicology reports, photographs of death scenes, transcripts of police radio transmissions, transcripts of mobile telephone or e-mail messages and suicide notes amongst other things. To a large extent the level of explicit detail is dependent on the circumstances and manner of death. However, each record or file details the result of tragedies – often in both life and death. The nature of the qualitative research undertaken meant that we have had prolonged exposure to the files.

Before explicit discussion of how disturbing data can have an impact on researchers, we describe the research setting in some detail. Some ethnographic detail about the physical setting and the content of files is important context to understanding the process of reading suicide files.

The Coroner's Court and Office

As we are not permitted to take material out of the coroner's office, the examination of the files has taken place in the room in which they are stored and it has therefore been important that the staff working in the coroner's office are happy with our presence. Access to the files was negotiated by the principal investigator some months before the researchers joined the project. In this time the original coroner changed, and a new relationship needed to be established with the new coroner. This was easier than it might otherwise have been due to the good relations already established with the coroner's officers and the coroner's positive attitude to the project.

The coroner's office used in this study is located in police service offices in a medium sized UK city. The police service building itself is large, and, as a result, is quite imposing. The coroner's office and court is to the side of the station, but access to it is through the main police station reception area, where administration staff work behind thick glass and people with general enquiries are often waiting. None of us had previously spent much time in police stations and there was therefore a slight sense of nervousness when entering the building.

Through a set of double doors marked 'Coroners' the atmosphere changes completely. The general police station reception is light, but has functional chrome benches secured to the floor and a feeling of impersonal civic functionality pervades. However, through the doors to the coroner's office and court the walls are pastel colours, doors are dark wood and whilst the style is still clearly institutional, there is a feeling of calm. Red leather benches line a small reception area. Through another set of doors is the coroner's court. This is surprisingly large, with rows of benches facing a raised platform where the coroner sits. It looks every bit a court of law. There is not much natural light, the black leather on the benches and the dark wood create an atmosphere of seriousness. Rather incongruously, there is a television and video on a large stand in the courtroom which is used to show videotaped evidence from scenes of death. At the back of the court there is a small room and this is where we have been working with the files. The room itself is fairly small with boxes of files stacked one on top of the other on shelves along two walls. As with the court, the room has little natural light. There is a large table pushed against a wall surrounded by several chairs with enough space for three people to work. At the opposite end of the courtroom to the file room are the offices of the coroner's secretary and coroner's officers. These offices are much lighter and have the airy feel of any other offices with lots of windows. There are pictures and notices on the walls of the main office where the majority of the administrative work of the coroner's is performed. However, it took a couple of visits to register that alongside postcards and pictures of family or friends, and notices about routine business, are anatomical diagrams of the parts of the

body and notices regarding deaths. Whilst that should not come as any surprise, since much of the work in the coroner's involves death, there was initially something unnerving about the ease with which those working in this environment had to be comfortable with their proximity to death. The explanation by the coroner's secretary when asked if she still found some aspects of her work upsetting was 'you get used to it', and, as with most routinised work with potentially distressing issues, there is pragmatism involved with the processing of deaths.

Handling the Material

It important to get a picture of the setting where the reading of the files takes place, since it has an influence on how we feel whilst working in the file room. The file room itself feels a little like a library, where there is a tacit expectation of quiet. There are two principal reasons for this. The first is that the files are catalogues of the deaths of real people. Even though we had not spoken about it, it does feel as though too much noise would be irreverent given the purpose of the room. It has an oppressive reverent atmosphere. The second reason for quiet is the proximity of the room to the court. Although we avoid visiting on regular court days, there have been occasions where inquests have been opened whilst researchers have been in the room and there is acknowledgement that it would be particularly embarrassing to disrupt the proceedings of the court.

The files are catalogued on closure of inquest and then filed according to the date of death. There are some inquests that can take well over a year to complete, depending on circumstances of death, and as a result the files are retrospectively added to. Because of the amount of material generated at an inquest involving suicide, these files are kept in folders and it is not possible to know what is inside them until they are opened and put out on the desk. This means that there is no initial control over what we might read or see. There have been a couple of occasions where photographs of scenes of death have fallen out of files and we have seen things that we were not prepared for. The

implications of this lack of control, and need for preparation, will be explored later in the paper.

We developed a basic template for recording data which acts as an aide memoir in subsequent discussion and analysis. To a certain extent this has determined how we work through the file. There are often ring bound booklets précising the salient points of the case, as the investigating police officers have seen them, for the coroner. These are useful for getting an overview of the particular file. However, for our purposes it is often the other material outside of the précised version that is of interest. There are often suicide notes in evidence bags, witness statements that have not been included in the ring bound booklets and transcripts of other material. This material is not left out of the coroner's reports because of a lack of rigour on the part of the officers. It is just that the job of the coroner is to establish the immediate circumstances and cause of death. As Atkinson's (1978) work has shown, a decision on cause of death relies on the coroner's common sense judgment about what kind of social and psychological circumstances might make suicide a reasonable course of action. So if a person hangs him/herself, has a history of depression and leaves a note, a suicide verdict is straightforward. However, for a sociological investigation the more peripheral material in the file may be very important for understanding the social context of a suicide. Because of this we have read the files closely, examining all the material that we can and immersing ourselves in these stories.

Description of data types and our responses to them

As has been mentioned, the files consist of several different types of data. In terms of the methodological remit of the project this was positive. We set out to develop an analytic framework for examining 'multi-modal' data. The handwritten comments on files, the medical language of pathologist and forensic reports, the emotive statements of witnesses often taken on the day of the discovery of bodies, letters to inquests from psychiatrists and psychologists, statements from investigating police officers and photographs of bodies and

scenes of death contribute to varied and rich syntheses of circumstances surrounding the deaths.

Suicide notes

The most affecting material in the files is the original copies of suicide notes. Whilst they do not necessarily carry the dramatic impact of photographs, they are often the most potent relics of the last moments of a person's life contained in the files. The condition of the notes, the material they are written on, the handwriting and the language used in them can make for exceptionally moving data. The notes are usually contained in clear plastic evidence bags and are written on regular A4 note paper, smaller jotter pad paper, the backs of letters, highly decorated notebooks and scraps of paper. They have been found in envelopes on the dashboard of the car containing a suicide victim, sellotaped to the door of a bathroom in a hotel where somebody had killed themselves, left on tables in the same room as the body, or in rooms away from the body, slipped under friend's doors. There have been messages left on personal computers, retrieved mobile telephone text messages and scrawled notes left on beds.

The need for some sort of explanation, apology or extirpation is evident in all of the notes. Handling the originals carries a great deal more impact than simply reporting words; however the situations in which many of these notes have been written weigh heavily on the final statements of people that have taken their own lives. Inevitably we find ourselves imagining the depths of misery that the author of a particular suicide note was experiencing at the time of writing. There are several examples in our data of apparent confusion and panic, where the gravity of the event about to take place seems to occur to the author during the writing of the note. This is particularly upsetting in the research context as the circumstances surrounding the event are catalogued in other parts of the file and the researcher inevitably constructs a mental picture of the extreme distress unfolding for the suicidal person.

Witness statements

The witness statements in the files are from a variety of sources, and perform a number of functions in the coroner's inquest. When researching from the files we have had to be mindful that the primary function of the material is to assist the coroner in coming to a verdict. As such, the depth of material to be found relates to the ease with which the coroner can return a verdict. Some witness statements relate closely to the immediate circumstances of death, rather than more detailed biographical data relating to the victims' lives. The result of this is that the material is focussed on the death itself, and tends to be very graphic.

Statements are taken from the police officers that were first at the death scene, ambulance officers that dealt with attempts to revive people, members of the general public who just happened to witness an event and family and friends who, if not having witnessed the death directly, provide the majority of the biographical data. Each of these different forms of statement carries its own potential effect on the researcher. The police and ambulance statements can potentially be stomach-churning and/or chilling in their descriptions of encountering a scene of death – entering a house or a room, approaching a car parked in a lay-by or walking through woodland – then discovering a person and ascertaining that they are dead. The descriptions of the bodies themselves can be distressing. We have studied accounts of the aftermath of extremely violent suicidal episodes involving dismemberment of bodies, descriptions of bodies in various states of decomposition, bodies hanging, bodies covered in vomit or faecal matter or found floating in rivers and lakes. These accounts inevitably concentrate on the descriptions of the physical circumstances surrounding the death as the police officers very rarely know the deceased.

Statements taken from close family members and friends are often complex. There is a mixture of emotion and 'fact' bound up in the narratives. These statements are usually taken shortly after the death and, as a result, the witness is often upset and shocked. However, there are occasions when statements are taken some time after the event, in order to establish facts, or because the witness wishes to add or change part of their original statement. In contrast to

the police and ambulance workers' statements, the family and friends' witness statements focus much more on the mood, movements and history of the person that has died. These statements do contain corporeal detail, as it is often these people that first encounter the bodies. However, it appears in our sample that the majority of people that find bodies remove themselves from the scene and seek help from someone else, a neighbour or the emergency services. It is the witness statements from the friends and relatives that are used to provide an historical context to the death to assist the coroner in reaching a verdict. The level of detail contained in these statements varies widely, from very sparse comment to pages of detailed accounts of the life of the deceased. The variance in detail is interesting in itself, and, although we cannot say with any certainty why there might be such variance, it is inevitable that we have spent time reflecting on possible reasons. For example, there have been instances where it has been obvious from one statement in a file that the person that died had fallen out with their family, and further in the file a separate statement given by a sibling has been very short and almost cold in tenor. Both detail and a lack of detail can have an impact on our emotional reactions to the suicides as well as our intellectual and analytical responses. An initial human reaction to the lack of detail in a case file could be to assume this is a lonely or shunned person, whereas more detail could suggest a picture of somebody who is loved, or perhaps loathed. The emotional content of the statements of friends and family is high. These documents are suffused with expressions of love, bitterness, regret, anger, blame, loathing, confusion and sorrow.

There are witness statements provided by people who happened to see an event. These range from neighbours that did not know the deceased well but saw, or sometimes smelt, something unusual, and then happened upon the scene of death, to drivers who were hit by, or hit, somebody attempting to kill themselves on a motorway. There are also occasionally circumstances where people have witnessed the suicide occurring. These statements are distinct from the graphic catalogue style of the police and ambulance statements and the emotionally charged grief or anger of the family and friends' statements. The statements from these unconnected people tend to convey a sense of horror in

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the witnessing of something gruesome and unanticipated. The witnesses in these instances have an element of bewilderment at the circumstances that they have accidentally witnessed, without the obvious emotional connection to the deceased. There are occasionally statements in which the trauma of witnessing the event has been conveyed through the relative incoherence of the narrative. In these cases the file has also contained a subsequent statement taken some time after the event.

There are also a handful of statements from people that had brief interactions with the person that died, such as hoteliers and chambermaids. These statements are used to establish certain information about the suicide immediately prior to the death if this cannot be provided by other witnesses. These statements are distinct from the other three types. They establish a context, or history, prior to death, but unlike the family and friends' statements contain little emotion. They have none of the cataloguing function of the professionals' (ambulance and police) statements, but are similarly devoid of emotion. They are given by people who just happened to be there, like the witnesses to death and bodies, but contain little sense of horror. They tend to focus on demeanour and mood of the eventual suicide victim, in the hours before somebody else discovers a body.

Psychological and Psychiatric Reports

It is reported that many people who kill themselves have used psychiatric and psychological services, with one in four people who take their own lives in the UK having had contact with specialist health services in the year before their death (Appleby 1999). Understandably many of the suicide case files contain letters from psychiatric or psychological services that outline the results of assessments or treatments undertaken by the suicide victim. These documents give an indication of the sorts of things the victim was saying to third parties before their deaths. The amount of information contained in these letters is of course controlled by the mental health practitioner. The impact of these letters is that they are drawn from the practitioners' files and include reference to conversations the deceased person has had with someone about their state of

mind. There is a detachment of the therapist working with a client/patient. Often there are references to other witnesses in these statements, to contextualise the relationships the deceased had with those around them. There have been cases where the psychological statement about the health of a person stands in direct contrast to the interpretation of the deceased's partner as to their well-being. These documents are interesting as they refer to conversations the deceased had with the practitioner specifically about their feelings or state of mind. This is in contrast to other witness statements that often involve a level of interpretation of the state of mind of the deceased, for example they 'seemed alright' 'appeared upset' and this can be 'although s/he did not like to talk about it'. The therapeutic relationship is set up on the basis of the client/patient's openness, so not surprisingly the data here are often somewhat different from the insights of friends and family.

The consequence of a combination, or all, of these types of statement being present in a file is that the researcher gets a much more rounded picture of the deceased than if there is a witness statement from one source alone. There are some files with very sparse evidence, and these tend to be upsetting for a different reason than if there are statements from several sources – a lack of context leaves the researcher feeling as though there should be more to describe the person and the event than a few sheets of A4 paper. However, the fuller accounts can provide quite a full account of the demise of a person into suicidal thoughts and acts. It would be claiming too much to say that the researchers get to feel as though they 'know' the person, but the variety of accounts and artefacts in the files certainly make the person and the event seem 'real' or very different from a story or fiction. There is much made of the desensitising effect of increasingly violent imagery in popular media (see Funk *et al.*, 2004, for example, for a recent study), but our experience working with the coroner's files has felt like exposure to a more powerful, 'real' violence than that portrayed in the popular media.

Reactions to the data

<u>Interactions in the room</u>

As has been mentioned, the room in which we have been working has a very distinct atmosphere and this has affected the feelings of the researchers when working alone, and when there have been more than one of the three of us in the room. It is easy to become absorbed in the files, and when working alone the time spent in the room is one of focused intensity. This intensity is generated for a number of reasons. The first is that we have a research remit, and wish to keep to that. We have decided that we would like to examine one hundred files in detail and we have a limited amount of time in which to do this. However, without explicitly verbalising it we have a way of working that incorporates a flexibility in approach that allows any one of us to go and do something else if we feel that we have had enough. When working alone, it is the case that the impulse is either to stay too long, or not go at all. This has led all three of us to work to our own time frames, or routine of work. One of us interprets their optimum time to be when their concentration flags, and this varies in length of time. Another of us generally tries to get through three files or stops when they think that they might start having interrupting or intrusive thoughts about the cases. The third member of the team has found through experience that one morning's work is enough, so plans their time accordingly. The interactions in the room when there are more than one person working involve a complex of the expectation of quiet, demanded by the surroundings, and the need to talk, demanded by the material and the presence of another person.

The primary interaction is one of off-loading details or feelings about a particular file. This tends to happen in one of two ways. The first is that one of us will simply say something about the nature of the case, for example 'this is unbelievable' and then start talking, uninvited, about the detail which is currently preoccupying them. The second is that one of us will be invited to talk because of messages that we are either consciously or inadvertently sending to the others in the room about our desire to talk, for example heavy sighing or looking

upset. This talk normally relates to upsetting details in the file. The physical size of a file often indicates the type of case it represents. Very large files suggest either complicated circumstances surrounding the death, deaths that involved violence and a number of witnesses or the death of a minor. The presence of photographs, which are kept in the file folders and contained in small ring-bound books, also contribute to the size of the file. If one of us retrieves a large file, or one which contains photographs, another will mention that they have noticed the size of the folder. This informal noting performs an important function in the enabling of offloading talk during the examination of the large file. All of us understand that there is a loose correlation between the size of the file and troubling content, if only for the fact that the bigger the file the more detail there is about the death.

There have been occasions when something in a file has triggered nervous laughter in one of us. This can lead to a situation where the disclosure of a detail that has provoked laughter, in a situation where giggling is taboo, is intended either to share the tension or to minimise the possible view of the person laughing as unfeeling or behaving inappropriately. There is much written on the role of humour in stressful situations (see, for example, Lefcourt and Martin, 1987), and we think that part of the sporadic fits of laughter and inappropriate humour is a reaction to the tension in this particular research setting.

Interactions outside of the room

The impact of the data on the researchers has inevitably extended further than the three of us. To varying degrees we all acknowledge that exposure to the material in the coroner's office has affected relations outside of the research team. The desire to talk about what we have been examining is strong, and we found that the evening after a visit to the coroner's would involve retelling of the upsetting aspects of the files to partners and friends. Whilst there is always going to be discussion of the working day, we found that the discussions some of us were having with people not associated with the research project were not necessarily helpful to either us or them. We also found that the subject of

suicide preoccupied our thoughts outside of the research project, with one starting to gauge their environment in terms of possible suicide locations and another having disturbed sleep as a result of dreams about suicide. Again it should be pointed out that many people dream about their work, and that we happen to be working with an upsetting topic. But the impact of intrusive thoughts about suicides has been particularly upsetting for those of us that have experienced them. In response to these reactions to the research we have developed an informal debriefing procedure. If any of us work with the files we will go to a space outside of the coroner's offices and our own offices and talk about the cases that we have been working on. This process allows for 'off-loading' talk within the research team and coincidentally serves to generate discussion and ideas for the project. The need to talk to partners and friends has all but disappeared and this has been beneficial for all concerned.

We have found that our attitude to the files has changed over the course of the project. We have a much better idea of what a file may consist of and of what kinds of death we might expect. At the same time as gaining analytical distance, and not reacting simply to the visceral horror contained in the files, we feel that we have realised a different sort of proximity in terms of the unhappiness of some of the victims of suicide that we have studied. Our changing attitude to working with the files does not fit with an emotional desensitisation one might expect working for a while with such material. In fact we feel we have become more sensitized to the desperation many victims of suicide experienced towards the end of their lives. This might be akin to the process of pain by proxy described by Moran-Ellis mentioned earlier.

Our relationship to the files has changed over time allowing us introduce the intellectual distance necessary for critical analysis, while the routines of mutual support we established helped us not to lose the empathy necessary for qualitative research.

Discussion

So do emotions have 'epistemological significance', as claimed by Hubbard *et al.* (2001: 135)? These authors claim (with reference to interpersonal research rather than secondary data) that researchers' emotional reactions are 'just as significant for how we make sense of respondents' experiences as our cognitive skills' (also p135). We only attempt here to answer this question with reference to our own study, so therefore in the context of the sociology of death and distress.

In Berger's view (1990:51), 'every human society is, in the last resort, men banded together in the face of death'. He sees social order and shared meaning systems as developing in response to death as 'the marginal situation *par excellence*' (p23). Encountering death, according to Berger, causes us to radically question 'the taken-for-granted "business-as-usual" attitude in which one exists in everyday life' (p43). Whilst Berger has been criticised for universalism and essentialism – what Shilling (2003: 160) refers to as his 'anthropological constancies' – he is surely right that meeting death will very likely cause us to question what we take for granted. Inevitably it makes us more alert to our own mortality and that of those dear to us. Our emotional responses to tales of death should rightly be located in the context of the social meaning of death.

Whilst we should rightly try to understand our ordinary human reactions to death, how should locate ourselves *as researchers* in relation to disturbing deaths? There is perhaps no useful comparison to be made with the experiences of people who know the deceased, as their reactions are of a different order. Even when compared with other kinds of close personal bereavement, the research evidence seems to suggest that bereavement by suicide is distinctive (Jordan, 2001). However, there are perhaps some useful connections to be made between our reactions as researchers and reactions to sudden deaths from people who do not know the person who has died. We could perhaps characterise two extremes of reaction here. On the one hand there is the reaction of the unconnected passer-by who happens to witness a

suicide and on the other hand there are the reactions of police officers who deal with the aftermath of the death or the coroner's office staff who process the case. Both these occupations – police and coroner's staff - involve routine death-processing work. There is nothing routine about dealing with death for most passers-by, however.

Suicide is profoundly taboo in a society that both sequesters death and denies suffering. The sequestration of death has been noted by several authors (e.g. Giddens, 1991; Mellor and Shilling, 1993; Wilmott, 2000; Lawton, 2000). Mellor and Shilling have argued that in late modernity, the experience of death has become increasingly privatised and strategies for coping with death have become increasingly precarious in the context of several features of late modernity, including the declining scope of the sacred. Wilmott (2000) argues that sociology has in fact contributed to the sequestration of death, by reinforcing the common-sense view that death is something negative that we need to learn to cope with. Cohen (2001) describes how, despite being surrounded by media images of suffering on a daily basis, we develop routine denial of the suffering of others in the world. In the case of suicide, we might observe that there are particular social processes associated with the routine denial of mental or emotional suffering that is in our midst. We are not thinking here of far-away trauma such as famine and war, but of personal suffering that is in a sense near-at-hand (though geographical proximity is of course not the same as social proximity). Recognition of these two taboos – death itself and suffering in others – might help to explain the shock of accidental observers of the aftermath of a suicide. In the coroner's files we encountered many examples of the reactions of accidental observers. These were people perhaps out walking their dogs or fishing or walking home after a night in the pub. Often the statements are very matter-of-fact, because the police statement procedures are not primarily set up to care with the distress of the witnesses, but sometimes the witness's shock is expressed verbally. To give just one example, a woman passing by who found a young man hanging in a park told the police

> At this point the enormity of it all hit me and I just wanted to be on my own. I then got back in my car and drove home. I can't remember what time I got in.

In another case there where two statements from the principal witness: the first taken directly after the event, the second a few days afterwards. This witness had encountered the victim with a length of wire round his neck on a bridge and pleaded with him not to jump. Having thought she had persuaded him not to, she turned her back, and he jumped, decapitating himself in the process. The witness's first statement lacks coherence and is characterised by incomprehension and shock. It is only in the second statement that she finds the words to express the effects this extremely violent event had on her:

> I also had to take a few days off work. For a long while after I couldn't sleep and the incident still remains vivid in my mind. My daughter took me to the Doctors where I was given sleeping tablets. He also offered me anti-depressants which I refused. I still find it terribly difficult to cross the bridge and it has changed my life massively. I have terrible regrets and often blame myself. This has affected me so much that I am considering selling my house.

We as researchers cannot claim to be in the same position as these passers-by, as we purposefully seek out suicide files and open them with some expectation of what we might find. It is not a shock to encounter a suicide per se, but nonetheless the contents can have a profound emotional impact, as we discuss above. Unless a researcher approaches a suicide file with specific previous experience of previous work on death processing, s/he is responding to the story of the death in much the same way as any lay person, so the observations above about the context of sequestration of death and denial of suffering are pertinent.

People who expect to process death and injury as a routine part of their work can of course become habituated to these things. To take the police as an example, psychological research shows that whilst there is a relationship

between severity of trauma and severity of post-traumatic stress symptoms in police officers (Carlier *et al.*, 1997), in fact their general stress levels are relatively favourable compared with other occupational groups (Hart *et al.*, 1995). Perhaps these moderate stress levels in the face of potential danger and trauma can be explained by the distinctive occupational culture that has been noted by many researchers (see Reiner's summary, 2000). To a certain degree, this occupational culture develops as a way of dealing with potentially distressing events. As we noted earlier in the paper, we have found ourselves to an extent getting used to reading about suicides, and in this sense there are parallels to be made with professional roles where death-processing is routine.

Reading about dead bodies disturbs us in part because it is *bodies* we are dealing with. An important aspect of embodiment to consider here is physical pain. We read about mutilated and decaying bodies and the extreme pain is one of the prospects in our minds. But we are not only reading about bodily pain. We are also reading the cataloguing of mental and emotional distress. Just as we become more vividly aware of our own mortality, by reading about unhappy lives and emotional crises we are likely to think about the possibility of our own distress. This might be a passing thought or it might stay with us for some time.

These observations, these connections between our emotional responses and some broader ideas about death and distress, are highly generalised. What about our emotional reactions to specific cases? Do these tell us anything useful? Hubbard *et al.* (2001) cite a few instances where an emotional reaction to a particular interview has yielded analytic insights. We would argue that this is not a fruitful approach to our study of suicides. We do not see it as helpful, for example, to privilege in any way a particularly upsetting case. There is a risk with reflexive accounts of the social research process that they slip into self-indulgence. As Kleinman and Kopp (1993: 155) put it, there is a risk of 'accounts that substitute self-understanding for sociological understanding'. Reacting to aspects of cases that chime with our own experience, for example as partners or as parents, may be unavoidable, but it would be inappropriate to mistake this emotional reaction for an analytic insight, when there may be just as much to be gained from understanding a case with no particular personal

resonance. There might perhaps be something to be said about dominant societal sympathies that we tap into – for example which suicides seem more 'understandable' than others in terms of our own empathetic reactions as lay observers – but this would be as far as we should go with emotional/analytic insights into individual cases.

Conclusion

So what does this leave us with? In terms of epistemology, we have to conclude that whilst emotional reactions might help us locate our topic socially and culturally up to a point, they should not effect our understanding of individual cases, except insofar as we might be able to reflect on dominant notions about reasonable empathy, which might in turn help us understand societal reactions to suicidal individuals.

Many commentators on social research methodology have recommended the creative use of intimacy in ethnographic encounters and qualitative interviews. Feminist commentators in particular have drawn our attention to the personal nature of the (face-to-face) research encounter and have suggested that interactive, collaborative and participatory research will show respect for the personal and often emotional aspect of the research encounter. But none of this applies to research with documents where the data are secondary. There is no emotional interaction beyond what we set up ourselves. The case example of reading suicide files illustrates the importance of what Rager (2005) terms the researcher's 'self-care' and also the need for support systems within research teams (Hubbard *et al.*, 2001) even when working with the apparently 'dry' data mode of archived documents and secondary sources of evidence.

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