

Remarkable Lives: Suzanne Rogerson in conversation with Jerome Carson.

Suzanne Rogerson and Jerome Carson.

## **Abstract**

**Purpose** – *The purpose of this paper is to provide a profile of Suzanne Rogerson.*

**Design/methodology/approach** – *Suzanne provides a short summary of her life and is then interviewed by Jerome.*

**Findings** – *Suzanne tells us about the suicide of her father and how for years she was unable to discuss this, before discovering she was probably suffering from complicated grief.*

**Research limitations/implication** – *Single case studies are just that. One person's story. However they offer us insights into suffering that cannot be glimpsed from large research studies.*

**Practical implications** – *The stigma attached to suicide means that people often avoid talking about it. The surviving relative is thus left to carry this enormous burden on their own.*

**Social implications** – *Suzanne draws attention to the documentary made by Professor Green, about his attempts to understand what made his own father take his life. Programmes like this can help demystify the issues surrounding suicide.*

**Originality/value** – *People sometimes dismissively talk about Psychology students choosing the subject as they want to understand themselves and their own pathology. For Suzanne this was a liberating process.*

**Keywords** – Suicide, Recovery, Anxiety, CBT, CAMHS, Hope

**Paper type** *Case study*

## Introduction

I can remember the first time I met Suzanne. She was in a class of students at Bury College. There was something quite different about her. Her height. Her obvious intelligence. Her intensity. I only got to teach her again in her third year. She seemed hungry for every scrap of knowledge we could give her as lecturers and her work was of strong First Class standard. When her supervisor left the University, I got to take over responsibility for supervising her Final Year Project. This involved qualitative interviews with parents of children with Autism Spectrum Disorders or other mental health problems. Clearly a subject close to her own heart as both she and her son experience anxiety. This connection gave her work an edge. I have no doubt that her life experiences will lead her to become an exceptional psychologist in the future. However, let her tell us her story in her own words...

## Brief biography of Suzanne Rogerson

As a young child I was a very shy and a worrier, and at primary school remember being sent to the library for feeling sick. Looking back now, I clearly had anxiety, with the somatic symptoms of stomach ache and feeling sick manifesting when faced with a situation I felt unsure of. At that time though, children weren't given the diagnosis of anxiety, and I'm not sure how well it was understood or even recognised. These feelings continued through high school and I was possibly showing signs of depression even then, but I don't remember questioning why I felt like that. I knew I was very like my dad, who was also shy, so think I accepted this was who I was. But because of his experiences he would always encourage me to do the things I wanted to avoid, as he knew I had to overcome my feelings of anxiety. I was extremely close to my dad, and always loved being with him, which helped compensate for the poor relationship I had with my mother.

In the summer before I started college to take my A'Level's, it was becoming clear how unhappy he seemed. His marriage to my mother was failing, and he felt stuck in a job that he didn't enjoy. He'd talk about feeling tired but wouldn't expand on that, nor would he go to the doctors, and at that age I couldn't comprehend how bad he was really feeling, or the gravity of the situation.

It was the August bank holiday weekend, and looking back there didn't seem anything unusual in his behaviour that day, but when I went to bed that night, he said "goodbye" instead of "goodnight", so I had a sense that something awful might happen. I struggled to get to sleep and when I woke early in the morning and saw that his car had gone, I knew what had happened. He'd left my mother a note saying where to find him, so my brother drove us,

with me still in my pyjamas and barefoot, and when we got near to the scene saw that the police had already arrived. I got out of the car before it had stopped, and ran screaming down the road, and had to be manhandled by a policeman over the bonnet of the police car to stop me from getting to him.

By chance, a lorry driver had seen his car with a hose attached to the exhaust pipe. He'd stopped and smashed a window to get into the car to turn the engine off, but it was too late.

He'd left a letter in the car for my brother, sister and I, which the police took as evidence, so I only got to read a copy of it later on, but at least I had that. The police were very kind, but I was in a complete state of shock and traumatised by what had happened.

There were no conclusions drawn from his inquest other than that he had taken his own life, with no mention of depression, which he had obviously been suffering with.

A year after his death I moved to Brighton, I wanted to get away from where everyone knew me, and knew what had happened. I got a job, bought a flat and tried to move on with my life. But I hadn't dealt with his death, and struggled with bouts of depression. If anyone asked how my dad had died, I'd lie because I didn't want anyone who hadn't known him, to judge him for what he had done. I'd heard others say before that people who take their own lives are selfish, and that used to make me so angry. I never felt angry with him, (even though one counsellor said I would!), I always understood how much he must have been suffering, and was just so sad that he hadn't been able to share it with me and get the help that he needed. Having personal experience of depression does help with that understanding, and after my last bout I found a really good therapist and had a course of Cognitive Behavioural Therapy (CBT). Although he touched on my dad's death, he mainly worked on my fractured relationship with my mother, which I then viewed was one of the main reasons behind my depression. But I was failing to recognise that I was still waking up with nightmares, and that hearing sirens or seeing police cars would bring back images of that day. I also constantly felt on edge, avoided going to certain places and disconnected myself from people, which I thought was either part of the depression, or just part of my personality.

It was only a few months ago when I was learning about post-traumatic stress disorder (PTSD) as part of my Psychology degree, that I started to identify with the similarity between some of my symptoms and those of PTSD. Then studying suicide and bereavement led to the realisation that by not talking about how he died, I was actually hindering the grieving process.

I now feel that I developed complicated grief, due to the nature of his death, my predisposition to anxiety and depression, the closeness of our relationship and the complete lack of support from my mother.

And I now have concerns that by keeping his suicide private, others may have mistaken my reasoning behind it, and wrongly concluded that I was ashamed of him, or by his decision. That couldn't be further from the truth.

But education really is the key component to recovering from his loss. By studying psychology, I have finally understood what he was going through, what I have experienced, and put my feelings into context. So with this knowledge I now feel in a position to move forward in my life, with an ability to help and support others who share these feelings.

Suzanne in conversation with Jerome

Jerome: Reading your story it seems that your father was the main influence on your life. In what ways have you made sense of his suicide?

Suzanne: Yes you're right, my dad was the main influence in my life, so to lose him at a young age was hard to make sense of. Although my personal experience of depression did mean that I was able to understand that he was ill when he made that decision, and that he had the distorted view that we would somehow be better off without him. In some ways it's harder to make sense of now, all these years later, possibly as I have never felt so ill that I contemplated suicide. I may have wanted to go to sleep and not wake up, but to actually meticulously plan and carry it out is hard to make sense of. And it is just really sad, as there is help out there for people feeling suicidal, although it may not have been so accessible then, and I know for men it's incredibly hard to admit their feelings and ask for help.

Jerome: Dealing with the suicide of a parent is of course immensely difficult to deal with. How did your two siblings cope? Did you help each other?

Suzanne: My siblings and I all handled things quite differently I think. My brother was in the Navy and had been home on leave when he died, so after the funeral he went back to sea, and he never really spoke about it at all. He still doesn't, so it's hard to understand how he feels, even now. My sister was also living away from home, but we are close, and I would turn to her for support a lot in those early months before I moved to Brighton. And we do still speak about dad from time to time, so I know I have her there if I need her.

Jerome: For many years you never said anything about your father's suicide. Are you talking about it now to other people? Is it helping?

Suzanne: I have started talking to others about his suicide now, but only to people I really trust. I still feel very protective of him, and don't want anyone judging him for his decision, so it makes me hesitant. But I also know it's important for me to talk about it, to help me come to terms with his death, so it's something I'll continue to work on, It doesn't come naturally though.

Jerome: You mentioned seeing two therapists. Do you feel either of them truly understood your situation and circumstances?

Suzanne: I've seen a few different counsellors over the years, but Malcolm Omar was the only therapist I felt really helped me. He was the last therapist I worked with, and although we speak about my dad, at that time I felt my depression was due to the poor relationship with my mother, so he may not have fully grasped what was behind it, as I hadn't shared my thoughts on the situation in enough detail with him.

Jerome: What does the concept of hope mean for you?

Suzanne: The concept of hope is that it is the one thing you can hang on to when everything else seems to be falling apart, and without it, there doesn't seem to be much point to being here. Even at my absolute lowest I don't remember losing hope that things would get better, although I do struggle to remember periods of time altogether when I was very depressed. I now have so much hope for my future, and my children's futures, that it does keep me going.

Jerome: What changes would you most like to see in mental health services?

Suzanne: The biggest problem is accessing services, with all the cuts in funding. So the changes I would most like to see, would involve a quick referral to the appropriate professional, and with much more adequate provision available. I haven't needed to seek professional help for over 10 years now, but have experience of the lengthy delays in getting my son referred to CAMHS. It took 12 months for his appointment to come through, and 6 sessions of counselling were all they were able to offer, and in the 10 months since they saw him, they have restricted the criteria for who they see so much, they are really only able to offer crisis care, which for the amount of vulnerable children and young people is frightening.

Jerome: What are your views on the use of medication for mental health problems?

Suzanne: I have taken anti-depressants in the past, and at times they were vital. But I never liked taking them long term, and they don't address the underlying causes. For me personally, I found I could manage my depression with exercise and supplements for lengthy periods of time, but when I started to slip backwards returning to medication was useful to get me back to a place where I could self-manage again. But ultimately, fully understanding what my symptoms were, meant I could focus on coming to terms with my dad's death in a way that no longer necessitates medication or treatment, hopefully. But I do accept that for some, medication may be the best option, so I would never judge anyone for needing to take them.

Jerome: How do you think mental health services can best help to promote recovery, which is said to be the goal of many services?

Suzanne: I'm not really clear if they do promote recovery, there was no evidence of this when I took my son to CAMHS. I think charities such as Mind do a much better job of promoting recovery stories, as well as offering individual's stories and perspectives, which can be so beneficial to someone who is struggling to come to terms with a diagnosis.

Jerome: Have you been inspired by any mental health or healthcare professionals you have come across?

Suzanne: I will always be indebted to Malcolm Omar, as he really did turn things around for me.

Jerome: In terms of people with lived experience of mental health problems, have any specific individuals impressed you?

Suzanne: Anyone who can say to a doctor, their family or friends, that they are struggling with mental health impress me enormously, as I know how hard it can be to first say it out loud, and especially children and young people for whom it is even harder. For the celebrities like Professor Green, who lost his dad to suicide at the same age I was, being so open with their own personal stories will make a difference to many.

Jerome: What challenges lie ahead for you? What do you most want to achieve in the future?

Suzanne: The challenges I face, are continuing to come to terms with my dad's death, which I feel more confident I am achieving now, whilst I finish my degree and go on to study at masters level. I would love to continue further with my studies to PhD level, and feel I can make a difference in other people's lives. And to help my son overcome his mental health problems, so that suicide is not something he will ever contemplate in his future.

Jerome: What would you most like to be remembered for?

Suzanne: Probably just for being someone that always tried her best, and kept pushing through, in spite of the difficulties she experienced. I always hoped some good would come out of my dad's death, and maybe by choosing to study psychology and work with people

with mental health problems, or in education, I will be in a position to help raise awareness and understanding of the challenges people face.

## Conclusion

We are all shaped by the events of our past. As Suzanne points out, in time even very negative events can help us develop as individuals. Suzanne has found some answers to her own situation in Psychology. She mentions how when hearing about the symptoms of PTSD in her lectures, she intuited that she may have developed PTSD symptoms after the death of her father, “hearing sirens or police cars would bring back images of that day.” I am convinced that Suzanne will go on to become a Practitioner Psychologist, able to use her own experiences, combined with the training she will receive “to help raise awareness and understanding of the challenges people face.” This will of course ensure, as she hopes, that “...some good would come out of my dad’s death.”

## About the authors

Suzanne Rogerson has just finished a degree in Psychology at the University of Bolton. She will shortly be starting a Masters in Positive Psychology.

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