

Philadelphia College of Osteopathic Medicine

Department of Psychology

IN THEIR OWN WORDS: PERCEIVED EXPERIENCES AND FAMILY
FUNCTIONING OF SUICIDE SURVIVORS BEFORE AND AFTER SUICIDE LOSS

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Dissertation Approval

This is to certify that the thesis presented to us by Wendy Shallcross Lam on the 29th day of May, 2014, in partial fulfillment of the requirements for the degree of Doctor of Psychology, has been examined and is acceptable in both scholarship and literary quality.

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Abstract

This research explored the unique experiences of relatives of individuals who have died by suicide, termed *suicide survivors*, in an in-depth fashion using qualitative methods. Through a semi-structured interview, the present study explored how families dealt with general stress prior to the experience of suicide loss, how they handled the loss of a family member to suicide, and what has been used to cope in the aftermath. A major focus was to explore whether or not the event of suicide dramatically altered family dynamics or if families continued a pre-existing interaction pattern established prior to the loss. The results revealed that there was overall consistency in their patterns of interaction both prior to and following the experience of suicide loss. The support of friends was regarded as integral to the participants' subjective well-being. Themes extracted from the interviews were compared with The Interpersonal Theory of Suicide (Van Orden et al., 2010) and the resulting theory ("the perfect storm model") integrates the elements that unified the experiences of the group of suicide survivors as a whole. In terms of intervention, results revealed that seeking out the support of others who have a shared experience of suicide loss was helpful in regard to mutual support and to instilling hope for the future. Additional processes of healing are explored and promoted as authentic options for mental health providers to use in their work with the particularly vulnerable population of suicide survivors.

Keywords: suicide, suicide loss, suicide survivors, bereavement, family functioning, coping, healing, grief

"Each one of us here today will, at one time in our lives, look upon a loved one who is in need and ask the same question: We are willing to help, Lord, but what, if anything, is needed? For it is true we can seldom help those closest to us- either we do not know what part of ourselves to give, or, more often than not, the part we have to give is not wanted. And so it is those we live with and should know who elude us, but we can still love them. We can love completely, without complete understanding."

- Extracted from the film *A River Runs Through It*

"Suicide. A sideways word, a word that people whisper and mutter and cough: a word that must be squeezed out behind cupped palms or murmured behind closed doors. It was only in dreams that I heard the word shouted, screamed."

- Lauren Oliver, *Delirium*

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Chapter 1: Introduction

Introduction

Research studies and public health records have documented the fact that suicide ranks as the second or third leading cause of death for adolescents (Kalafat & Lazarus, 2002); this, of course, is the population that school psychologists serve. In 2010 (the most recent year for which data are available), adolescents and young adults aged 15-24 had a suicide rate of 10.5 per 100,000 people in the population (American Foundation for Suicide Prevention, 2014). Thus, suicide represents a phenomenon of particular concern to institutions that serve large numbers of youth. As a societal institution that is charged with serving all youth of our country, the educational system is responsible for monitoring and addressing the mental health needs of students (Miller, Eckert, & Mazza, 2009). School staff needs to be aware of the risk of suicide that may be apparent in the behaviors and personal backgrounds of some students in order to attend effectively to the multi-faceted mental health needs of students (Andriessen, 2006; Lieberman, Poland, & Cassel, 2008).

Beyond merely delineating the warning signs and risk factors that constitute items covered in a risk assessment, it is important to note that some individuals may be at increased risk and therefore, particular attention should be given to them to ensure their safety. These individuals may experience several comorbid factors that contribute to the lack of connectedness that places them at increased risk for considering suicide as an option (Erbacher, 2011). In fact, diminished connectedness or a sense of belonging is a component in one of the prominent theories pertaining to suicide, The Interpersonal-Psychological Theory of Suicidal Behavior (Joiner, 2005; Joiner, 2009; Van Orden,

Witte, Gordon, Bender, & Joiner, 2008). Under this guiding set of assumptions, a person is likely to complete suicide if he or she possesses the desire to commit suicide (e.g., suicidal ideation) as well as the capability to act on that desire (e.g., suicidal attempt). Thus, the desire to die by suicide stems from the merging of both decreased connectedness/a sense of belonging and the perception that one is a burden to others. The final component of this model necessary for the actual suicide regards the capability to act on suicidal desire. This capability is acquired via exposure to and familiarization with painful experiences and provoking events; these underline the distinction between suicidal ideation and suicidal behavior (Ribeiro & Joiner, 2009). Thus, individuals who have a history of suicide attempts as well as engagement in other fear-inducing, risky behaviors such as exposure to physical violence, participation in physical fights, and experience of non-suicidal self-injury are deemed as being likely to overcome the fear and pain involved in using lethal means and therefore engage in actual suicidal behavior (Joiner, 2005; Van Orden et al., 2008).

In regard to risk level, the literature highlights some relevant ethnic and cultural factors. Acculturative stress is something that may account for the increased suicidal ideation noted among Latino students, for example (Centers for Disease Control and Prevention, 2004; Hovey & King, 1996). Also, the data show that certain ethnic groups are represented by disproportionate rates of suicide; African American males are increasingly completing suicide and Native American young adults are at the highest risk for completed suicide (Lieberman, Poland, & Cassel, 2008). Furthermore, Gay, Lesbian, Bisexual, Transgendered, and Queer/Questioning (GLBTQ) youth are more likely to attempt suicide and show suicidal ideation as they tend to experience several risk factors,

by virtue of belonging to a group that is not wholly accepted in society (Sandoval & Zadeh, 2008). These risk factors also include overall higher rates of depression, prejudice, victimization, substance abuse, and rejection from their families (Remafedi et al., 1998; Weiler, 2002). In this regard, school connectedness and positive relationships with peers are protective factors that may guard students against delving into suicidal thoughts and/or ideation (Erbacher, 2011; Lieberman, Poland, & Cowan, 2006). Finally, males (regardless of ethnic group membership or sexual orientation) are more likely to die by suicide, but females are more likely to attempt suicide (Berman, Jobes, & Silverman, 2006). Thus, although all suicidal threats should be taken seriously, it is pertinent for school staff to be aware of the increased vulnerability of some groups within the student body.

Psychopathological Disorders, particularly depression and substance abuse are additional factors that put an individual at increased risk because the research evidence demonstrates that more than 90% of youth who commit suicide experience symptoms related to a psychological disorder before they carry out their plans (U.S. Department of Health and Human Services, 1999). It is the thoughts of hopelessness and helplessness underlying depression that are especially problematic for suicide potential (Lieberman & Davis, 2002). Additionally, young women with body image issues, students with perfectionistic tendencies, students with impulsivity, and students who have been victimized (either by bullying or sexual or physical abuse) represent individuals who, by virtue of their emotional states, warrant frequent monitoring (Sandoval & Zadeh, 2008). Furthermore, if any of the disorders present in tandem for an individual (e.g., conduct problems/social disconnection and depression), the risk of suicide attempts increases

beyond rates seen when disorders present in isolation (American Association of Suicidology, 2006, as cited in Lieberman, Poland, & Cassel, 2008).

Familial factors and situational factors are also extremely relevant when considering the likelihood that a student might be contemplating suicide as a solution to problems he or she experiences in life. For instance, a family history of suicide and medical/psychiatric illness as well as economic strains, unemployment, family contention, grief, abuse, and broken relationships are associated with increased risk (Brock, Sandoval, & Hart, 2006; Sandoval & Zadeh, 2008; Van Orden, Witte, Cukrowicz, Braithwaite, Selby, & Joiner, 2010). Furthermore, there are features present in one's environment, referred to as suicide triggers, which may foster the conditions that lead to suicide when other risk factors are present (e.g., access to firearms; Moscicki, 1995). Also, additional precipitating events include: trouble with the law, the end of a relationship, losing a loved one, bullying/victimization, family dysfunction, school struggles and failure, rejection, abuse, exposure to trauma, illness or injury, extended separation from friends or family, knowing someone who died of suicide, and the anniversary of the death of loved one (Kalafat & Lazarus, 2002). Furthermore, social isolation (e.g., low levels of belongingness) and feelings of being a burden to others, particularly family members, have been found to be strong predictors of suicide in both children and adults (DeCatanzaro, 1995; Trout, 1980; Woznica & Shapiro, 1990; Van Orden et al., 2010).

In this regard, knowing someone who died of suicide, an identified risk factor and characteristic of vulnerable individuals, is an area which the present study will explore in-depth. In terms of some perspective on this particular group of individuals, in any given

year, approximately 30,000 people take their lives in the United States and the number of relatives and close friends of the suicide victim, termed *suicide survivors*, is substantial, with potentially millions affected (Feigelman & Feigelman, 2008). In line with this figure, it is estimated that there are six individuals who are grief-stricken for every single suicide that occurs (Hawton, Simkin, & Rees, 2008). The most recent statistics (from 2010) report that 38,364 suicides occurred that year and that the rates have increased since the year 2000 (American Foundation for Suicide Prevention, 2014). Given the vast numbers of people who are left to continue on in the aftermath of suicide, there is little systematic research that details the experiences of those who are left behind (Barrett & Scott, 1990).

In fact, it was not until the 1960s that individuals who lost someone to suicide were consulted by clinicians and policy-makers in order to learn about these individuals, their circumstances, and what could be of assistance to them in coming to terms with their losses (Wertheimer, 2001). Even though the development of ‘psychological autopsies’ in the late 1950s afforded relatives, friends, employers, and others who were acquainted with the deceased individual the opportunity to construct a picture of the person’s life, including the quality of personal relationships, the bulk of the current body of research surrounding the act of suicide is still centered on its prevention and intervention. Furthermore, there continues to be relatively little attention focused on the needs of suicide survivors, regardless of the need for targeted services to assist this vulnerable population (Ratnarajah & Schofield, 2007; Wertheimer, 2001).

Statement of the Problem

Despite the large numbers of people impacted by suicide, much evidence exists to suggest that suicide survivors may be at risk for developing complicated grief responses, and experience other psychiatric and medical hardships post-loss that include risk of additional suicide acts and engagement in self-destructive behavior (Bartik, Maple, Edwards, & Kiernan, 2013; Jordan, 2001; Jordan & McMenemy, 2004; Mitchell, Kim, Prigerson, Mortimer-Stephens, 2004). Suicide survivors are also prone to post-traumatic stress symptoms and confront distinctive bereavement issues that include feelings of guilt, blame-worthiness and shame that are reportedly unique to suicide loss (Cvinar, 2005; Jordan, 2001). Additionally, families are profoundly affected and typically experience dysfunction, changes in communication and interaction patterns, low cohesion, marital dissatisfaction, anger, shock; collectively, they face stigma and social isolation/social network destruction post-loss (Cerel, Jordan, & Duberstein, 2008; DeGroot, DeKeijser, & Neeleman, 2006; Dunn & Morrish-Vidners, 1988; Nelson & Frantz, 1996; Séguin, Lesage, & Kiely, 1995). In fact, families typically experience an intense sense of shame as they view themselves as a “bad family” that is incomplete, comparable to having “undergone an amputation” because a part of them is missing (Wertheimer, 2001, p. 97). As a result, suicide survivors reportedly identify with and see themselves as similar to other families who experience suicide loss (Wertheimer, 2001). In contrast, others suggest that suicide bereavement is similar to the grief course for other tragic deaths (including homicide) and imply that suicide bereavement is not different (Murphy, Johnson, Wu, Fan, & Lohan, 2012). Regardless of the degree to which or even whether suicide grief differs from other types of loss, the differences in bereavement are

likely to be qualitative rather than quantitative because grief tends to follow a very personalized, ever-changing path (Clark & Goldney, 1995; DeGroot, DeKeijser, & Neeleman, 2006; Hooghe, Neimeyer, & Rober, 2011). Grief is best handled when family members work collaboratively, speak openly about their feelings, and are sensitive and responsive to the needs of their surviving family members (Callahan, 2000; Schoka Traylor, Hayslip, Kaminski, & York, 2003). In fact, some experience a strengthening of the family post-loss and report feelings of closeness and safety as a result (Clark & Goldney, 1995; Nelson & Frantz, 1996). Thus, healing can occur despite the high propensity for negative outcomes. Participation in peer-facilitated support groups and internet support groups are reported to be helpful in the coping process, but a systematic effort to identify the individual characteristics and protective factors that support resiliency is needed (Feigelman, Gorman, Chastain Beal, & Jordan, 2008; McMenemy, Jordan, & Mitchell, 2008; Séguin, Lesage, & Kiely, 1995). Furthermore, the general level of family functioning prior to the suicide is not commonly addressed. The scant research of individuals who have considered or have attempted suicide suggests that their families were disengaged and were low in cohesiveness or psychological availability, but the comparative nature that experiencing suicide has on the family structure and dynamics pre and post-loss is wholly unclear (Cerel, Jordan, & Duberstein, 2008; Summerville, Kaslow, Abbate, & Cronan, 1994; Weich, Patterson, Shaw, & Stewart-Brown, 2009). Thus, it is an open question about whether or not the negative family outcomes reported in the literature, such as qualifying themselves as “bad” in nature, originated prior to the suicide or are a result of the loss. Qualitative approaches in which suicide survivors are asked what has been effective for them in their grief as well as to uncover what supports

they wish were available in their time of need will also provide critical information for interventionists in providing appropriate bereavement care (Clark & Goldney, 2000).

Purpose of the Study

The purpose of the present study is to examine the experiences of suicide survivors by focusing on their individual experiences of coping both pre- and post-loss within the context of their families. With an eye towards future intervention design, these interviews with suicide survivors will include investigation into what has been of particular help to them in their grief and what they would have sought out had it been available. By using qualitative methods one can more extensively assess the individuals' personal paths because this analysis may indicate the reasons why certain suicide survivors are more resilient and allow for the identification of essential protective factors. The present study also examines the distinctive impact of suicide by asking participants to reflect upon their family's patterns of interaction prior to the loss in times of difficulty (particularly in terms of cohesion and pattern of communication) and how the family dynamics compared with what was observed immediately after the suicide. For example, Wertheimer (2001) gathered the following reflections from interviews she held with surviving families who experienced a tightening of the family bonds post-loss:

Since Judy's death, Brian and his two sons have become much closer; although Chris and Rob were both in their twenties when their mother died and were no longer living at home, Brian feels that as a family they have learned to share much more with each other, and they have been able to talk together about her death. Family relationships often change and regroup themselves after a death, and for Dick it was the realization after his sister's death that 'there were only the two of us left' which he feels has resulted in a much closer relationship with his brother. (pp. 99)

A contrasting picture is painted in Wertheimer's interviews with surviving families who coped by severing communication with one another, avoiding all discussion of the suicide:

Feeling lonely and desperate after her husband's suicide, Irene rang one of her sons only to be told: 'Don't phone me, I can't handle it.' An attempt to talk with her brother produced a similar response: 'Irene, I don't know what to say to you, I can't handle it. I can't even come and see you; just leave it.' (pp. 98)

Regardless, the family dynamics prior to the suicide loss in these examples are unknown. Thus, these disparate reactions from family members cannot be adequately couched in the context of how the families generally handled conflict and stress prior to experiencing the tragedy of suicide.

To expand upon the research efforts that investigated grief and natural loss/loss due to cancer within the participants' family systems, this study will aim to investigate patterns of family interaction in the context of suicide loss. In light of the foundational literature on family interaction styles in the circumstance of loss due to illness, it is likely that individuals whose families endorse a higher degree of closeness and mutual trust prior to the suicide loss will report more open communication, a greater degree of family cohesion, more healthy forms of coping (e.g., openness in sharing emotions within the family system), and less social isolation or negative psychosocial consequences post-loss, as compared with individuals from families who are characterized by low cohesiveness and psychological disengagement (Kissane, Bloch, Dowe, Snyder, Onghena, McKenzie, & Wallace, 1996; Kissane, Bloch, Onghena, McKenzie, Snyder, & Dowe 1996; Schoka Traylor, Hayslip, Kaminski, and York 2003). Regardless, an analysis of patterns of family interaction quality that surface in the interviews with suicide survivors will be

revealing what reality the suicide survivors have experienced and will provide a valuable perspective for those who are invested in helping with their coping processes.

Chapter 2: Review of the Literature

Introduction

Despite the importance of focusing on the needs of individuals who are likely to engage in suicidal behavior, the emotional toll experienced by their surviving friends and family is profound, potentially unparalleled. This notion is unabashedly conveyed via George Howe Colt in his discussion of the Suicidologist Edwin S. Shneidman's famous reflection, "the person who commits suicide puts his psychological skeleton in the suicide survivor's emotional closet" (p. 429). Thus, the act of suicide is not an isolated, individual act. Suicide survivors have offered meaningful reflections in their own words, encapsulating the unmatched experience of losing someone to suicide. Alison Wertheimer (2001) expressed the following in her work detailing the unique needs of people bereaved by suicide:

Suicide is a complex and multi-faceted act shaped by many different factors. It is also replete with paradoxes. In most cases, suicide is a solitary event and yet it has often far-reaching repercussions for many others. It is rather like throwing a stone into a pond; the ripples spread and spread. (pp. 3-4)

In light of the domino-effect-like nature of the weighty repercussions, the occurrence of suicide beckons a family to reconsider what they find meaningful and essentially how they define themselves in the hereafter (Shneidman, 1981). Thus, the complicated and vulnerable position in which suicide survivors find themselves makes a case for the support and understanding to which this population is entitled. Furthermore, the importance of the family context, as well as the particular relationship between the person lost to suicide (the decedent) and the suicide survivor is important in investigating the phenomena of suicide as a whole (Barrett & Scott, 1990; Schneider, Grebner, Schnabel, & Georgi, 2011). The following is a review of the literature that sheds light on the unique

life experiences of suicide survivors, the nature of their bereavement as it compares with the grief process of survivors of other types of loss (e.g., accidental death, illness, anticipated natural death, homicide), and specific variables that characterize the families who mourn members who have taken their own lives.

Common Experiences in Suicide Bereavement that are Distinct From Other Types of Loss

According to Sudak, Maxim, and Carpenter (2008), suicide is regarded as the most severe loss that anyone can experience and the effects of suicide that are covered in the literature span not only the experiences of individuals, but also as well as how the family units function post-loss. In particular, studies reveal those suicide survivors' experiences of emotions, namely guilt and depressed mood following the loss, occurred frequently and to such an intense degree that the way in which they experienced daily life was dramatically altered (Schneider et al., 2011). Several common patterns of thoughts, feelings, and experiences that are unique to suicide are summarized in the following paragraphs.

Individual Experiences

Although experiencing a suicide will indefinitely change an individual, the healing process of mourning is intended to bring individuals to adjust to the changes in their lives, to accept a "new normal" (Salvatore, 2009). Thus, through time (estimated to be months to several years), bereaved individuals, in general, are able to gradually return to their previous level of social engagement and they do not display symptoms akin to depression or appear in need of psychiatric help (Ness & Pfeffer, 1990). However, this process does not consistently unfold seamlessly and suicide survivors may be at

particular risk for developing complicated, “pathologic” grief responses that influence their behaviors post-loss (Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004). Specifically, these responses include: preoccupation with thoughts of the loved one, experiencing disbelief about the death, invading and intruding memories, an intense urge among individuals to withdraw and isolate themselves from others, and the experience of symptoms associated with neuroticism above the level seen in the general population (DeGroot, DeKeijser, & Neeleman, 2006; Dyregrov & Dyregrov, 2005). The isolation has been further delineated into a loss of self as characterized by a loss of connectedness, loss of intimacy, decreased motivation, and restriction of personal emotions (Hoffmann, Myburgh, & Poggenpoel, 2010). Contrary to the assumptions that guilt regarding the quality of the relationship prior to the loss may worsen grief (as can be true for any type of loss), surviving individuals who enjoyed close relationships with the decedent have also experienced traumatized grief responses (Mitchell et al., 2004). Furthermore, the intense expression of anger and blame directed toward others, including God, have been observed (Hoffmann et al., 2010) as well as displays of elevated levels of shock and explosive anger (Ness & Pfeffer, 1990).

Suicide survivors may also be at risk for developing other psychiatric and medical hardships post-loss that include the risk of additional suicide acts (Jordan, 2001; Jordan & McMenamy, 2004; Mitchell et al., 2004; Séguin, Lesage, & Kiely, 1995) or engagement in risky behaviors (Bartik et al., 2013). In effect, experiencing the suicide of a loved one breaks the taboo of suicide and “the unthinkable can become thinkable... and it’s a real option which it wouldn’t be to a lot of people” (Wertheimer, 2001, p. 163). In that same vein, Bartik and colleagues, in their interviews with adolescents who lost a peer to suicide

uncovered, among other themes that suicide survivors engaged in behaviors that put themselves directly into harm's way in the aftermath of loss:

At that stage I was dabbling with drugs a bit. Once Keith died I did everything I could to not think about it, not feel anything. Just any reason I could to take drugs I would...I ended up being off my head and taking so many drugs that they weren't even working. I would just take anything people were giving me... I was self-harming. (Bartik et al., 2013, pp.214)

Beyond the effects noted in the physical realm or as observed through changes in behavior, research efforts have uncovered the fact that suicide survivors experience a host of distinctive bereavement issues that center on their feeling states, and subsequently, how they come to view themselves as they cope with their loss. In particular, suicide survivors experience exaggerated feelings of guilt, blame-worthiness, shame, stigmatization, rejection, and plaguing curiosity concerning "why" their loved one(s) chose to die by suicide (Cvinar, 2005; Dyregrov & Dyregrov, 2005; Jordan, 2001; Lindqvist, Johansson, & Karlsson, 2008; Rawlinson, Waegemakers Schiff & Barlow, 2009; Sudak et al., 2008). It is noteworthy that the search for an explanation as well as contemplation about how the responsibility of the death should be assigned is not common in the bereavement literature concerning other types of loss (Jordan, 2001; Ness & Pfeffer, 1990), and therefore is a unique thought process that suicide survivors contemplate. In this regard, Suzy, a survivor of her father's suicide commented:

I'm sure if someone commits suicide, it's not at all like they died of a heart attack or a stroke...it isn't straightforward; there's an awful lot of things to be sorted out, about why they did it, what was wrong. (Wertheimer, 2001, pp. 66)

Furthermore, in comparison with individuals who experienced a loss due to natural causes, the levels of depression and perceived loneliness were significantly higher among

suicide bereaved (DeGroot et al., 2006). Other researchers have uncovered the fact that suicide survivors, in comparison with individuals who lose loved ones to accidental death or unanticipated natural death, share some grief experiences, but suicide bereavement appears to include a comparatively more intense experience of common grief factors, notably rejection and shame (Barrett & Scott, 1990). Qualitative investigations into the intrapersonal realm of suicide survivors also uncovered the themes of confusion and a pervasive sense of helplessness, post-loss (Lindqvist et al., 2008). Some suicide survivors, especially after witnessing their loved one's suffering with mental illness and hopelessness, report relief as a sense of calm is restored (Wertheimer, 2001). However, in the same regard, "it is rare for suicide survivors to experience uncomplicated and unmitigated relief" (Wertheimer, 2001, p. 161).

Beyond the distorted view of themselves and accompanying changes in behavior that the suicide survivors exhibit, suicide survivors' views of the future can be altered and, further, the loss can directly impact their relationships with others. In their interviews with suicide survivors, Hoffman and colleagues also discovered that suicide survivors feared forging relationships with others after the loss, as exemplified in the following statement:

I push people away...I don't want anyone close to me...because if they say they love you, like my brother did, they just leave you...if people like that can put you through so much pain, what can stop a stranger?... I find it very difficult to have somebody very close to me...so I keep by myself. (Hoffmann et al., 2010, pp. 18)

Additionally, in a series of qualitative interviews, researchers uncovered the ideas that the modifications in relationship status are exemplified by the changes in role expectations within the family; these are accompanied by pressure for individuals to fulfill a specific

role that they may not be wholly prepared to do (Hoffmann et al., 2010). In this light, a majority of the research touches upon family factors because the surviving family members are the closest individuals who are impacted by suicidal death (Barrett & Scott, 1990), and that bereavement can be influenced by the quality of the relationship relatives had with the deceased individual prior to the suicide (Hawton & Simkin, 2003). Thus, in regard to the importance of relationships and the central role that family members play in the aftermath of suicide, it is likely that the nature of the family dynamics in the time after the loss, the psychosocial stressors experienced by the family, and the experiences of the individuals that compose the family, are essential to understanding the entire picture of a given suicide survivor's experience.

The Family Context in Suicide Loss

Given the previous discussion, suicide bereavement can be conceptualized as an interaction between a qualitatively different or unique grief process and the personal factors of the individuals involved (Séguin et al., 1995). Thus, aspects of vulnerability or resiliency that typify a family may influence the grief trajectory of the individuals within the system. For instance, Séguin and colleagues found that in their study group, parents who were suicide survivors had a history that was significant for childhood losses as a result of divorce or marital separation and, in turn, as adults, they experienced a greater number of marital problems (including divorce) than adults who lost their children as a result of accidents. This study team also uncovered the fact that suicide survivors had family histories of higher comparable rates of psychological disorders and that they experienced an elevated level of interpersonal stress with their sons before the death. As such, the tone set forth in the research literature reveals that *how* families respond to

suicide may relate to their general functioning as a family, observed prior to the suicide (Séguin et al., 1995). Further, in regard to the characteristics of families who experience suicide, an analysis of the patterns of interaction prior to and post-loss is informative in conceptualizing how future suicide survivors may experience loss.

How Surviving Families Cope with Loss

Families are profoundly affected by the nature of this loss and they typically experience dysfunction, changes in communication, low cohesion, marital dissatisfaction, anger, shock, and collectively, they face stigma and social/isolation/social network destruction post-loss (Cerel, Jordan, & Duberstein, 2008; DeGroot et al., 2006; Dunn & Morrish-Vidners, 1987; Nelson & Frantz, 1996). A sampling of the factors that influence the degree to which family members relate to one another while experiencing grief are explored individually in succeeding paragraphs. It is noteworthy that in relation to some of the trends examined, researchers unearthed a few characteristic patterns of interpersonal relationships that they attributed to the way in which the family functioned in general prior to the loss. Exploration of such patterns provides the reader with a continuum of behavior for comparison as well as a rationale for the vulnerability frequently observed post-loss.

Family role-related factors. Akin to many of the individual factors noted previously, it is noteworthy that these factors are experienced in relation to the individual who died; in response to the particular void that individual leaves in the family structure. For instance, parents who lose a child to suicide commonly report feelings of guilt because they could not effectively intervene and keep their child safe (Nelson & Frantz, 1996), because they could not successfully carry out their roles as parents. Also, the act

of suicide could be viewed as a protest against the family and a critique on the family members' abilities to make the decedent feel supported and nurtured (Ratnarajah & Shofield, 2007). Thus, the loss is experienced as grief in the absence of their child as well as disappointment in their own actions or perceived inability to function according to their presumed roles within the family. Profound emotional reactions are also attributed to the disruption in the natural order, in which death should occur with parents preceding their children (Schneider, 2011). Additionally, parents may withhold outward expressions of grief, which could be healthy in the coping process, to their surviving children, because they may want to "protect" them (Jaques, 2000). In terms of children's reactions to the loss of a family member, the roles in the family may be restructured because the children take on a heightened care giving role, one that is developmentally inappropriate (Jaques, 2000). Siblings who lose a brother or sister to suicide commonly report that they felt alone in their grief because their parents were overwhelmed and emotionally unavailable to them and, as a consequence, struggled to fulfill their parental roles (Dyregrov & Dyregrov, 2005). Individuals experiencing these sets of circumstances have been coined the "forgotten bereaved" (Dyregrov & Dyregrov, 2005, p. 714), and it has been determined that their needs are best addressed by resources outside of the family, although such resources are not commonly provided.

Thus, the roles that the individual family members typically play, or believe they should play can be dramatically disrupted by the occurrence of the suicide. In a related vein, the shame that surviving individuals internalize may affect how suicide survivors interact with others and how they receive the help offered to them by others both inside and outside of the family (Séguin et al., 1995). Therefore, within the context of their self-

blame they may isolate themselves and not regard their immediate family as potential supporters or share their experiences with them (Ratnarajah & Schofield, 2007; Séguin et al., 1995), therefore, refraining from interacting in a way to which they were previously accustomed. Despite the impact of suicide, some researchers attribute the poor coping processes, such as the ones previously noted, to a pre-existing difficulty in coping in a positive manner with life circumstances that had characterized the family as a whole (Séguin et al., 1995). Other researchers emphasize that those bereaved by suicide may be considered at-risk by virtue of suicide identifying vulnerable individuals (Clark & Goldney, 2000).

Relationship changes and communication. A variety of research investigations have described the resulting relationship quality between individuals in the family following the loss of a member to suicide. In a qualitative study in which participants could expound upon the nature of their loss and express the changes they noted in their own words, Hoffmann et al. (2010) noted that significant changes occurred in relationship dynamics (including family and social relationships), post suicide loss. One patterned result was that close relationships were strained or experienced a decrease in the level of depth that previously characterized it (Hoffmann et al., 2010). Another reaction that Hoffmann and colleagues observed was that individuals avoided interacting with people with whom they shared a close relationship, and/or suicide survivors were not likely to discuss with others the reason for their loved one's death. In this regard, researchers interpret the idea that suicide survivors may not be forthright in openly discussing the cause of death, because they are aware of the social reactions, isolation,

and stigma that accompany suicide loss (Cvinar, 2005). In fact, Wertheimer (2001) refers to this common reaction as a “conspiracy of silence.” For example:

Brian found it difficult to talk openly about his wife’s suicide; as he said, ‘I think all parties involved in suicide try to hide it to some extent, don’t they? I mean, I used the expression ‘Judy was killed.’ I don’t say that she took her own life. As Pam recalled: ‘ at the time you’re so vulnerable that everything hurts, everything. You’re bruised so easily. Having to tell other people can feel like rubbing salt into a wound...telling other people meant it was impossible to deny what had happened. (pp. 127)

As a result, given the nature of the loss, the difficulty in discussing the topic of suicide, and the subsequent difficulty in relating to others for fear of having to discuss the suicide, the quality of suicide survivors’ relationships with others are impacted. In this vein, some research highlights the fact that suicide survivors experience a substantial amount of difficulty in talking about the suicide event with their family members and also of sharing in grief as a united group (McMenamy, Jordan, & Mitchell, 2008). Despite these difficulties, individuals are likely to seek out some trusted family members for support, but they may disregard or experience active interpersonal disputes with other family members with whom they do not endorse a close relationships (McMenamy et al., 2008). Thus, there may be a shift in relationship dynamics because suicide survivors may gravitate (if at all) toward members whom they trust to the exclusion of fostering other familial relationships.

In light of the changes in relationship dynamics noted here, some authors take issue with the narrow respect with which the impact of suicide is viewed. Particularly, Cerel and colleagues (2008) indicate that the context of the family is of prime importance because family members can influence one another through their reactions and, as a result, set the tone for communication within the whole system. However, the Cerel

research group expresses concern that the intricacies of the family system are not commonly addressed in research and practice. In this vein, the personal, longitudinal life trajectories of individuals should be examined to grasp an understanding of both the protective and risk factors that are essential for effective suicide prevention (Séguin et al., 1995). These trajectories undoubtedly include the nature of individual relationships as they fit within the larger family system. Séguin and colleagues (1995) argue that despite the commonly researched construct of guilt as separating suicide bereavement from other types of bereavement, it is the role of post-loss shame and its long-lasting nature within the immediate family that could intensify the stigma associated with suicide bereavement and obstruct positive family interactions. However, this assertion is complicated by the open question about whether the suicide and the family reactions in bereavement are, in fact, best understood through analysis of the pre-existing quality of family relationships. In this regard, researchers who incorporated retrospective measures in analyzing the relationships of suicide survivors with the decedents have found evidence for poor quality or stressful personal family relationships in which frequent quality time was not spent together prior to the suicide of one of its members (Cerel, Fristad, Weller, & Weller, 2000; Séguin et al., 1995).

Problematic responses of the family to suicide. In accordance with the documented changes in relationships, social isolation was also observed amongst suicide survivors (Ness & Pfeffer, 1990; Séguin et al., 1995). Furthermore, more mood disorders and problems with behavioral control have been observed in children who lost a parent to suicide and it is possible that these problems existed prior to the occurrence of suicide in the family (Cerel et al., 2000). Additionally, Séguin et al. (1995) assert, “the

environmental impact of a suicidal person on a family may result in additional family disruptions and a higher frequency of discord which may interfere with parenting functions” (p. 496). As a result, the findings in the literature are complicated by the fact that individuals function amongst the influential systems of their families. Thus, it is unclear how much of the dysfunctional attributes of surviving families observed post-loss were present, or were burgeoning prior to the loss, potentially perpetuating through intergenerational effects (Cain, 2006; Clark & Goldney, 2000). In other words, it is unknown how many of the negative effects observed post-loss were direct implications solely of the suicide.

Characteristic stressors of surviving families. There is some research evidence that families who lose a member to suicide have suffered more psychosocial stressors prior to the loss as compared with other families who bereave a general loss. For example, the suicide-bereaved families included in the work of Cerel et al. (2000) were found to have experienced more divorce or marital separation before the suicide. These families were also more likely than comparison families in the study to contain family members (including the decedent) who sought out treatment for psychological needs (including substance abuse) prior to the suicide event. Elevated divorce rates reported amongst surviving families and family histories of psychiatric diagnoses were also documented in other studies (Séguin et al., 1995).

Multicultural aspects of suicide loss. It is clear from the aforementioned discussion that the particular culture of the family (e.g., their patterns of interacting that are divorced from the dominant norms of larger society) can impact how suicide survivors cope with a traumatic loss. However, there is evidence that the particular

sociocultural context holds much clout in how individual families relate as a consequence of suicide loss. Specifically, Tzeng, Su, Chiang, Kuan, and Lee (2010) provide insight into the sociocultural nature of suicide loss via a qualitative investigation amongst suicide survivors in Taiwan. Specifically, as reported by Tzeng et al., in Taiwanese society, suicide is viewed in an extremely negative light because it violates the moral code of behavior (Confucian ethics) that underlies how individuals within families and within the greater society structure their interactions with one another. In this regard, when a suicide happens in a family, the surviving family members suffer much social rejection and experience a profound level of shame and dual blame (blame of self and blame cast by others) that deeply alters the familial bonds (Tzeng et al., 2010). The resulting negative family relationships, as explored through the work of Tzeng et al. (2010), were disconnected to the point of ignoring one another and treating individuals in the family as if they were “invisible.” Tzeng et al. (2010) included the following portion of their qualitative interviews to illustrate the resulting family relationships in direct relation to suicide loss:

My older sister’s suicide has really affected us a lot. Before the event, both my father and I had a good relationship; now it is as cold as ice. It’s really cold...freaking cold! When we meet, we ignore each other and treat each other as though the other were invisible. We are related by blood but we don’t talk to each other. For more than 10 years, nobody has had the guts to talk about my sister. We became very distant. (pp. 190)

These findings suggest that given the values in different world cultures surrounding suicide, suicide survivors may be particularly vulnerable in drawing support from members of their families. As another research participant reflected, “We should have become closer after this event. How come we were separated after my father passed away?” (p. 190).

In stark contrast to the above-mentioned discussion, as a result of investigation into culture-specific themes surrounding suicide, Silverman, Smith, and Burns (2013) discuss the facts that some cultures, such as those from South Asia, may view suicide through a different cultural-contextual lens. Specifically, suicide may be romanticized in light of the traditional practice of women taking their own lives (through self-inflicted burning) after their husbands have passed away, a ritual referred to as *Sati* (Silverman et al., 2013). Additionally, suicide is viewed as a respectable way to handle a hopeless situation in Japan, such as when one's ideals conflict with behavioral expectations (*Hara-Kiri*; Ventegodt & Merrick, 2005). The remaining family members, in these contexts, may experience a host of feelings associated with the ritual of suicide that are unique, as compared with how people from other cultures view suicide. Thus, an understanding of cultural factors is integral to providing culturally sensitive services; interventionists should be prepared to work within these particular post-loss dynamics to address the precise needs of a diverse base of clients and their respective family systems.

Additionally, research conducted by Compton, Thompson, and Kaslow (2005) illustrates the importance of interventionists in educating diverse, urban clients about *how* to build meaningful familial relationships and elicit support from their families when struggling with aspects of suicidality or suicide loss. Specifically, the research team found that social connectedness and support (e.g., reaching out to others for emotional support when distressed) as well as strong family relationships were considered protective factors for low-income African Americans and, therefore, should be supported through psychological service provision to best serve this vulnerable community (Compton et al., 2005).

Common Characteristics of Suicide Survivors' Family Dynamics

From the descriptions of how families cope, there was suggestive evidence that those families who lose individuals to suicide share a host of characteristic experiences/emotions, spanning the feelings of guilt and blame to confusion and questioning (Jordan, 2001). Additionally, Séguin et al. (1995) indicate that shame seems to be a unique and core experience for suicide survivors. In this regard, some research points to the social ramifications that surviving families are exposed to because they experience avoidance from others in society and it is believed that blame (the external experience of shame) underlies this reaction (Ness & Pfeffer, 1990).

In addition to descriptions of family approaches to coping with the loss(es), research findings also point to some characteristics that surviving families shared prior to the loss that may imply a general level of dysfunction. These characteristics, as documented in Cerel et al. (2000), include: high rates of divorce, psychological problems, and stressful life events such as financial problems, abuse, substance abuse, etc., that occurred before the suicide. Given the particular nature of suicide loss and the observed difficulties that suicide survivors and their families face, the discussion will turn to how suicide loss relates to other forms of abrupt loss (e.g., loss due to accidents or homicides). Research indicates that the unanticipated nature of suicide as it compares to natural death, for instance, complicates a direct comparison (Barrett & Scott, 1990). However, comparisons between different types of spontaneous loss allow for a meaningful discussion about whether or not the difficulties outlined previously are unique to suicide or if they are related to the loss that individuals experience as a result of simply an unanticipated death. Comparisons with other types of loss also allow for analysis of how

the fault of another human being (e.g., car accident death due to a drunk driver, premeditated homicide) compares to a situation in which a person is not directly responsible for the loss (e.g., the accident occurred as a result of the brakes failing in a vehicle).

Comparison of Suicide Bereavement and Grief Experiences in Other Types of Loss

It is difficult to directly compare bereavement due to suicide and bereavement due to other types of loss, because there are presumably a multitude of different factors surrounding the causes of death and the specific feelings such forms of death elicit. Additionally, grief is a very individual, personal process that unfolds, based on the needs and response style of the individuals involved (Hooghe, Neimeyer, & Rober, 2011). Therefore, any attempt to directly compare the experiences of one group of mourners to another is complicated and the results, therefore, should be interpreted in the context of the variables, methodology, and sample group utilized in the studies (Ellenbogen & Gratton, 2001). However, despite the general claims cited in the majority of the clinical case studies and the research literature denoting that suicide grief is of a different quality than the grief experienced in response to other forms of death (Ellenbogen & Gratton, 2001; Sudak et al., 2008), there is a body of literature that highlights the common aspects of the bereavement experience shared by suicide survivors and others who are mourning a loss from a different cause.

Comparisons with Deaths Due to Accident or Homicide

A majority of the studies that constitute the research literature suggests that suicide bereavement is decidedly different from the bereavement related to other causes of death (Sudak et al., 2008); however, Murphy, Clark Johnson, Wu, Fan, and Lohan (2003) assert that it remains unclear if suicide survivors suffer most acutely (as evidenced

by the most negative outcomes) over the course of time. As a result, Murphy et al. investigated the outcomes of parents who mourned the loss of their children who died by accident, suicide, or homicide. They utilized longitudinal methods in their research and their guiding assumption was that loss accommodation takes longer when a child's death is caused by violent means (Séguin et al., 1995). Their results revealed that the amount of time that has elapsed since loss appears to be a central factor in understanding suicide survivors' grief as a whole. Specifically, parents whose children died by suicide did not report any longer time needed to accommodate the loss of their children than parents who lost their children as a result of accident or homicide. Furthermore, all types of deaths were related with negative outcomes reported by the families; this is exemplified by parents' elevated reports of Post Traumatic Stress Disorder (PTSD) symptoms when other persons killed their children, as was reported by the families who lost their children to homicide. Further, the parents' perceptions of adjustment revealed that most of the families did not report being able to place their children's death into perspective (how the authors defined accommodation) until, at minimum, the third year post-loss (Murphy et al., 2003).

These findings are complemented by the results of Barrett and Scott's (1990) comparison of family members' experiences as a result of losing either a spouse or parent to suicide, accident, expected natural death, and unanticipated natural death. Specifically, all participants reported a similar recovery course characterized by a comparable quality of recovery at approximately two- four years post-loss (Barrett & Scott, 1990). Furthermore, Séguin et al. (1995) also found that suicide survivors' overall grief reactions did not substantially differ from parents who grieved a family member's death due to

accident as early as six months. Regardless, suicide survivors experienced more psychological distress earlier in the bereavement process than parents who suffered accidental loss (Séguin et al., 1995). Thus, the authors concluded that recovery from grief is complex and is not merely determined by the specific type of death experienced nor is it directly related to how grief is initially experienced.

In this light, although the results are not consistent in the literature, there are authors that claim that the mode of death is connected to qualitative (rather than quantitative) differences. In this vein, the differences observed in bereavement may be in the *themes* connected to suicide survivors' grief (Clark & Goldney, 2000). Clark and Goldney include in their discussion the following themes, which are characteristic of suicide bereavement, some of which were expounded upon in the previous discussion: shock, relief, disbelief, horror, questions of how and why, guilt, blame, rejection, shame, loss of trust, wasted life (i.e., remorse at unfulfilled talents and opportunities), crisis of values (i.e., confusion in personal and existential values and beliefs), suicidal thoughts (i.e., to join the deceased or from loss of meaning and purpose in life), fear of another suicide, unfinished business (i.e., wishing the deceased had known how much he/she was appreciated), anger (at the deceased for the emotional pain, at being cheated out of a relationship, at others, at not being able to retaliate), and grief recovery (i.e., reasoning that the deceased is out of emotional pain and had fulfilled his or her wish, finding new meaning from the loss).

According to the divergence seen in the research previously discussed, it is unclear whether or not suicide bereavement is definitively different from or more difficult than bereavement as a result of other causes. For instance, according to Ellenbogen and

Gratton (2001), given flaws in the methodologies of some existing studies, there does not exist a strong foundation from which to make a claim concerning the nature of suicide bereavement as it compares with other losses. Rather, the authors propose that research in this field should aim to further control for the basic factors affecting bereavement (e.g., age, gender, kinship), systematically analyze the impact of the quality of the relationship to and with the deceased, and evaluate the interaction between individual/family factors and environmental factors before making claims surrounding the vast intricacies that surround the issue of grief (Ellenbogen & Gratton, 2001). Having said that, suicide bereavement is a complex phenomenon; regardless of whether or not it is fundamentally different in form or quality from other bereavement, it yields some troubling psychological sequelae in suicide survivors and it is essential that clinicians address these in treatment (Ness & Pfeffer, 1990). Therefore, from an interventionist's point of view, it is essential that the family system should receive bereavement services, given the increased likelihood that surviving family members could contemplate suicide during their grief (Jordan, 2001) and potentially struggle with psychosocial factors that have deemed the family as vulnerable prior to the loss (Séguin et al., 1995).

Characteristics of Healthy Coping

In light of the information presented in the previous sections, following suicide loss, it is essential to gather resources for surviving families to help them in their time of need. Further, it is important to identify what constitutes a mourning process that supports healthy coping habits for this vulnerable group.

Peer Support Groups for Coping with Suicide Loss

In light of the distinctive bereavement issues and experiences of stigma that suicide survivors face, they are also placed in a predicament of finding the “right fit” in the professional help that they seek in order to cope. As it turns out, a substantial number of suicide survivors have found solace in joining peer- facilitated/suicide survivor-led groups. In fact, these groups are the preferred model of help, relative to treatment from the medical-psychiatric profession (Feigelman & Feigelman, 2008). In a systematic analysis of these groups, Beverly Feigelman and William Feigelman explored the unique nature of peer-facilitated suicide survivor support groups as they played the role both of researchers and of participant-observers. In their analysis, they utilized Schulman’s dynamic principles as a framework from which to articulate how suicide survivor support groups assist in the therapeutic process of their members. Specifically, the following 10 principles of mutual aid were demonstrated to be of help in addressing the multifaceted needs of group participants: (1) The “All-in-the-Same Boat” phenomenon, (2) Discussing a Taboo Area, (3) Mutual Support, (4) Individual Problem Solving, (5) Sharing Data, (6) The Dialectical Process, (7) Mutual Demand, (8) Rehearsal, (9) Universal Perspective, and (10) The “Strength-in-Numbers” Phenomenon. Of note, these groups are successful because they allow suicide survivors to voice their feelings openly and authentically. Members are also provided the opportunity to offer help to one another, allowing the participants to identify their similarities and work collaboratively to form a natural therapeutic setting, complete with mutual trust. Furthermore, these groups are valuable in supplying the bereaved individuals with peer examples of coping and survival as well as affording them the opportunity to advocate within the community and reduce stigma

(Clark & Goldney, 2000).

Importance of Communication and Cohesiveness

In terms of coping within the bonds of family, grief is best handled when family members work as a group, speak openly about their feelings, and are thoughtful, sensitive and responsive to the needs of their surviving family members (Callahan, 2000; Nelson & Frantz, 1996; Schoka Traylor, Hayslip, Kaminski, & York, 2003). In this regard, suicide survivors noted that being surrounded by supportive others with whom they were well-acquainted was helpful in handling the immediate shock (Lindqvist et al., 2008) and that the construct of expressiveness was related to the closeness that a family reported during their time of grief (Nelson & Frantz, 1996). In fact, Dyregrov and Dyregrov (2005) emphasize open communication about loss and a “shared experience of the loss within the family” for the ultimate health of the family (p. 721). However, the core features of expressive, open communication and family cohesion are difficult for some families to achieve. In this regard, family therapy is regarded as a viable option to help families cope with loss; however, the effectiveness is dependent on the strength of the family bonds, on their social support networks, the ability to communicate with one another, and the members’ self-esteem (Kaslow & Aronson, 2004). Communication appears to be a core feature in working through loss as a unit; however, it does not simply improve in time (Nelson & Frantz, 1996). Rather, despite the general decrease in overt conflict observed in surviving families, improved communication patterns and a tightening of relationships within the family appear to be something that families need to work on actively in order to achieve healing (Nelson & Frantz, 1996). Conversely, if families experience less cohesion and they struggle as a result to adapt to change, then they are at

relative risk for further attempted suicides amongst their members (Compton et al., 2005).

Typologies of Family Coping Styles in the Context of Natural Loss

Large research teams that were led by David Kissane (1996a; 1996b) sought to uncover if there were any patterned responses amongst surviving family members who had lost either a parent or a spouse to cancer. The surviving family units participated by filling out questionnaires that addressed issues such as preferred coping patterns and co-occurring risk factors. As a result, the families were categorized according to a model containing the dimensions of expressiveness, conflict, and cohesiveness. Kissane et al. (1996a) discuss the fact that cohesiveness stood out as a core factor in what defines a resilient family. Specifically, it is because the individuals in the family enjoy a genuine closeness with one another, are open to expressing the continuum of emotions (including negative emotions associated with grief), and share a balance of support across members that they experience success in coping. These families (who constitute about 1/3 of the families studied) do not display open disagreement and are referred to as *supportive* (Kissane et al., 1996a). In contrast, these researchers associated conflict with destructive family dysfunction and identified a grouping in which anger, aggression, poor communication and organization, and disconnectedness were prevalent; this is the *hostile* maladaptive family grouping (Kissane et al., 1996a). They also defined a *sullen* grouping which shared some characteristics with the hostile group, but they usually had a domineering family member who mandated prescriptively how the family was going to function (Kissane et al., 1996a). The remaining two groupings of families were the *conflict-resolving* and *intermediate* (“ordinary”) families because they represented

intermediary points on the continuum. The conflict-resolving families demonstrated some level of dysfunction but also possessed the quality of cohesiveness and the intermediate families possessed some cohesiveness but did not struggle with the conflict underlying dysfunction; rather, the results suggested they are likely to allow overarching societal rules, rather than their family's consensus, to dictate the decisions they make as a family (Kissane et al, 1996a).

In terms of the implications of these typologies on clinical factors, Kissane et al. (1996b) found that the hostile and sullen groupings experienced more depressive symptoms and suffered more psychological anguish in comparison with the other groupings. Intermediate families were slower to re-engage with their social networks, but the supportive and conflict-resolving families did not display problematic patterns of behavior in relation to bereavement and social adjustment or endorse symptoms associated with a wide-range of psychopathological disorders (Kissane et al., 1996b). Of chief importance, the supportive families experienced intense levels of grief; however, the ability they had to unreservedly express and share their distress surrounding their loss, as a collective group, enabled them to work through their sorrow and preserve their mental health (Kissane et al., 1996b). Thus, the support they provided one another as a cohesive, expressive group who was open to sharing a multitude of emotions and thoughts in bereavement fared well despite all foreseeable risks. The authors discuss the resulting utility of classifying grieving families according to these dimensions because it allows interventionists a foothold into comprehending the process through which a particular family is going to grieve. Furthermore, this understanding reveals optimal

places in which a family would benefit from targeted support in order to help facilitate their grief process in an effective, adaptive manner (Kissane et al, 1996b).

Typologies of Family Patterns Within the Context of Suicide Loss

In contrast to the work with families and the grief they suffer, in the context of natural loss, Cerel et al. (2000) sought to investigate the parental and family functioning of children and adolescents who experienced bereavement as a result of losing one of their parents to suicide. Participants were interviewed one month after the death of the parent and the authors categorized the suicide-bereaved families into one of three categories. Their defined category, *functional families*, showed no evidence of psychological problems or family difficulties prior to the loss. The majority of suicides in this category occurred as a result of chronic medical hardships and physical illness. Conversely, *chaotic families* demonstrated characteristics of psychopathology and family conflict prior to the suicide event. Within these families, there was evidence of physical abuse and general dysfunction within the family. *Encapsulated pathology families*, on the other hand, included families in which the decedent suffered symptoms of psychopathology, but the other family members were deemed to be psychologically intact and displayed healthy patterns of interaction. In Cerel et al.'s work, approximately half of the participating families were regarded as chaotic according to their descriptive categories, suggesting that families who lose members to suicide may experience a generally elevated level of dysfunction and conflict prior to the event of suicide. It is noteworthy, however, that in addition to a relatively small sample size, the methods used in this investigation included semi-structured interviews. As a result, it is unclear what

the particular nature of the dysfunction resembled, in terms of how the surviving family members perceived it or would choose to describe it in relation to their life experiences.

Suicide Survivors' Family Interaction Patterns in Relation to Healthy Coping

Regardless of the familial risk factors specific to suicide survivors discussed in the previous section, there is a body of research, indicating that some surviving families experience a fortification of the family post-loss and that those who overtly address pain and grief in a shared fashion can experience this increased closeness with family members (Clark & Goldney, 1995; Dyregrov & Dyregrov, 2005; Nelson & Frantz, 1996). Specifically, some research has uncovered the fact that a number of the suicide survivors that were interviewed ended up restructuring their lives so that they were able to work toward the goals that the deceased held, ultimately creating new purpose and meaning in their own lives after their loss (Clark & Goldney, 1995). In light of our knowledge of constructive, healthy forms of coping (e.g., cohesiveness and expressiveness as discussed in Kissane et al., 1996a and Kissane et al., 1996b) that have been restorative to grief-stricken families, it is unclear about how to best support this process in surviving families. In this regard, despite the conception that suicide is a profound experience that could be negatively life altering to a family, the way in which a family's style of functioning factors into an anticipated prognosis is unknown. In terms of the resilience that interventions are aimed to promote within families, it is an open question about whether or not there are family profiles (akin to what has been observed in non-suicide grief in the work of Kissane and colleagues) that would help or hinder a family's ability to heal and cope constructively with its loss. In order to address this question, systematic analysis of family interaction patterns and management of stressful situations both prior

to and post the suicide loss are essential. However, the general level of family functioning prior to the suicide event is not commonly addressed, so direct comparisons between pre-loss patterns of functioning and the family structure and dynamics post-loss have not been widely explored (Cerel, Jordan, & Duberstein, 2008).

Pre-existing Family Interaction Patterns

Some research evidence implies that family patterns of poor attachment and troublesome interactions as observed in families affected by suicide prior to the loss, are unique (Jordan, 2001). However, in regard to the findings that each family member's individual response to the loss transformed the family dynamics as a whole (Clark & Goldney, 1995), the fluid nature of these dynamics appears to be influential within a family. Presumably, these dynamics could also have shifted in response to other events that the family experienced prior to the loss and may have proved powerful in forming the psychological/interpersonal state that the family was in upon receipt of the news that a member died due to suicide. Regardless, there is scant research in the literature that explores the interaction patterns of the family both prior to and following the suicide loss.

In one such attempt, Nelson and Frantz (1996) investigated the effects of the death of a child by suicide on the family dynamics of affected families as they compared with families who grieved because of losing a child to illness or accident. They uncovered the fact that there was much consistency in the interaction patterns observed amongst the participating families both prior to and post-loss, suggesting that families' levels of perceived disengagement, conflict, expressiveness, and cohesion were unaffected by the type of death. These results suggest that the more expressive and sharing the family members were with one another prior to experiencing the death, the

more likely they would be to continue that supportive pattern of interaction during challenging times of bereavement.

Another approach to uncovering core family interaction patterns involved interviewing individuals who have survived a personal suicide attempt, in regard to how they viewed their family's characteristics. Summerville, Kaslow, Abbate, and Cronan (1994) revealed that a majority of the urban adolescents who have attempted suicide report that their family's style of functioning was disengaged and was marked by low cohesion, as well as low levels of perceived warmth. It is noteworthy that the *perception* of support may play a larger role than the actual availability of support (Compton et al., 2005), suggesting that if families are at the very least present and attentive to some degree, a member who is struggling may not feel entirely isolated, helpless, and vulnerable. Furthermore, in another investigation that utilized predictive statistical modeling, Weich, Patterson, Shaw, and Stewart-Brown (2009) concluded that maternal psychological unavailability early in life (prior to age 5) predicted attempted suicide (by the age of 16) and was associated with thoughts surrounding suicide. Having said that, the general pattern of research findings reveal that families whose structure is defined by low cohesion and disengagement are problematic for coping with loss and co-occur with suicide-relevant factors. However, it is unclear about when in the family's history such destructive patterns were adopted. A goal of the present study is to investigate whether or not disengagement and poor communication accurately described the family's style of interaction prior to experiencing a suicide or if these were resulting responses to the trauma of suicide loss. Furthermore, in light of the highly personalized bereavement experiences that could influence subsequent interactions with others (e.g., if the loss

involved a parent versus a lover; Barrett & Scott, 1990), a research method that could effectively and authentically probe the intricacies of loss and family problem solving is warranted.

The Promise of Qualitative Research Methods

As a result of this previously mentioned research review in which a variety of methodologies were used, it appears that using quantitative means of gathering and analyzing data is inadequate in identifying and exploring the subtleties and nuances that are present in suicide loss (Jordan, 2001). Rather, given the highly personal nature of loss and the value of analyzing both the family interactions and the personal reflections in the words that the suicide survivors elect to use in narrating their experiences, qualitative research methods are deemed appropriate for creating a deeper understanding of suicide survivors' experiences, including what they identify as helpful in their healing (Flynn & Robinson, 2008; Rawlinson et al., 2009). Furthermore, in some research studies (Dyregrov, Dieserud, Hjelmeland, Straiton, Rasmussen, Knizek, & Leenaars, 2011), individuals bereaved by suicide positively endorsed the experience of speaking about their losses because the act of sharing created an opportunity to derive meaning, develop insight, and offer help to others. In particular, speaking in a structured setting with a skilled and competent researcher allowed the participants to partake in emotional and cognitive exercises that lead to reframing and making sense of the loss. Additionally, speaking openly with a trained professional benefitted them because their involvement allowed them to develop an awareness of the bereavement process and where their experiences fit within it (Dyregrov et al., 2011).

Summary and Research Questions

According to recent data from the Centers for Disease Control (CDC), in the year 2010 alone, 38,364 people successfully completed suicide, averaging 105 individuals who died per day in America (CDC, 2012). Naturally, among these individuals, friends, family members, and co-workers/classmates will be left behind to cope with such loss (Hawton & Simkin, 2003). Despite the large numbers of people impacted by suicide, much evidence exists to suggest that suicide survivors may be at risk for developing complicated grief responses, experience other psychological trauma and suffer medical complications post-loss that include risk of subsequent suicide ideation and/or death (Jordan, 2001; Jordan & McMenemy, 2004; Mitchell et al., 2004). Suicide survivors are also prone to post-traumatic stress symptoms and confront idiosyncratic bereavement issues that include feelings of guilt, blame-worthiness, rejection, and shame that some researchers purport are unique to suicide loss (Cvinar, 2005; Jordan, 2001). Additionally, families are profoundly affected and often experience dysfunction, changes in communication, low cohesion, marital dissatisfaction, anger, shock, and collectively face stigma and social isolation/social network destruction post-loss (Cerel et al., 2008; DeGroot et al., 2006; Dunn & Morrish-Vidners, 1987; Nelson & Frantz, 1996). In contrast, others suggest that suicide bereavement is similar to the grief course for other tragic deaths (including homicide) and imply that suicide bereavement should be conceptualized as a comparatively intense suffering because it is not distinct in form (Ellengoben & Gratton, 2001; Murphy et al., 2003).

Regardless of the degree to which suicide grief differs from other types of loss, the differences in bereavement are likely to be qualitative rather than quantitative,

because grief tends to follow a very personalized path (Clark & Goldney, 1995, 2000; DeGroot et al., 2006; Hooghe, et al., 2011; Rawlinson et al., 2009). Grief is best handled when family members work collaboratively, speak openly about their feelings, and are sensitive and responsive to the needs of their surviving family members (Callahan, 2000; Schoka Traylor et al., 2003). In fact, some survivors have conveyed, through personal interviews, that they have experienced a strengthening of the family and have had experiences of increased closeness after the loss (Clark & Goldney, 1995; Wertheimer, 2001). Thus, healing can occur despite suicide survivors' experiences of such an unpleasant life event. Participation in peer-facilitated support groups and internet support groups are reported to be helpful in the coping process, but a systematic effort to identify the individual characteristics and protective factors that support resiliency is needed (Feigelman & Feigelman, 2008; Feigelman, Gorman, Chastain Beal, & Jordan, 2008; Séguin et al., 1995). In particular, peer-led suicide survivor support groups have formed as a result of the need for assistance at the grass-roots level. Experts endorse these because they are valuable for bereaved individuals to come to terms with their feelings, normalize their emotional reactions, and benefit from observing peer models of coping/survival (Clark & Goldney, 2000). Furthermore, the general emotional tone and quality of family functioning prior to the suicide is not commonly addressed or expounded upon in the literature. The scant research regarding the attitudes of individuals who attempted suicide suggests their families were perceived as disengaged and low in cohesiveness or psychological/emotional availability (Summerville, et al., 1994; Weich et al., 2009). However, the comparative nature that the experience of suicide exerts on the family structure and dynamics pre and post-loss is wholly unclear (Cerel et al., 2008;

Clark & Goldney, 2000; Summerville et al., 1994). Thus, whether or not the negative family factors (including troublesome interaction patterns) reported in the literature were present prior to the suicide event or surfaced as a result of the loss remains an open question. Qualitative approaches in which suicide survivors can take part in interviews are promising in addressing the research question/problem of the current study, which is what is the nature of the experiences and family functioning of suicide survivors before and after suicide loss?

As a result of this previous discussion regarding what has been documented and what remains to be known in research on suicide survivors, it is the hope of the present study to delve deeply into their stories and to better understand the reality they have come to know. Furthermore, it is the aim of this study that through exploring the stories of suicide survivors not only will their silence be broken, but also that their voices will reveal the ways in which they both yearn for healing and also have achieved new resolution. The resultant understanding of the nature in which suicide survivors articulate their specific needs is essential knowledge for our current mental health care providers as they prepare to offer authentic, meaningful resources and empathetic support to surviving families.

Chapter 3: Method

Overview

The purpose of the current study was to examine the experiences of suicide survivors by focusing on their individual experiences of coping both pre- and post-loss. Specifically, the proposed study examined the distinctive impact of suicide by asking participants to reflect upon their families' patterns of interaction prior to the loss in times of general difficulty (particularly in regard to the factors of family cohesion and patterns of communication/expressiveness) and how these family dynamics compared with what was observed after the suicide occurred. A *grounded theory* approach of qualitative research design was utilized because the author aimed to develop a general explanation (a theory; Creswell, 2013) of the context in which suicide survivors convey the fact that a suicide in their respective families has occurred. An additional aim of this research investigation was to formulate a general explanation that pertains to the process by which families coped with suicide bereavement, as formed by the reflections of the suicide survivors who provided input via interviews. The author chose qualitative methods because these methods allow for more extensive assessment of individuals' personal paths. Additionally, this form of analysis may indicate the reasons why certain suicide survivors are more resilient and allow for the identification of essential protective factors. With an eye toward future intervention design, the information gathered through interviews with suicide survivors included investigation into what has been of particular help to them in their grief and what they would have sought out, had it been available.

Participants

Inclusion/Exclusion Criteria

The participants of this study included twenty-one individuals residing in the United States who have lost at least one family member to suicide. In light of the need to balance some of the confounding factors that surface in investigations of complex phenomena such as grief as discussed in the literature (Ellenbogen & Gratton, 2001), participation was restricted to individuals who have lost a family member (as opposed to a friend or co-worker) to suicide. Individuals also had to be a minimum of 18 years of age to participate, the upper end of the range denoting the age of consent in the United States of America. In order to participate, participants were self-selected and were actively seeking support (i.e., through peer support groups) or expressed the idea that they were at a point in their grief processes where they were comfortable in volunteering to talk about their experiences of coping with loss. With this in mind, and in order to take part in the study, participants needed to indicate (with a yes/no response) whether or not they were comfortable speaking about their losses (see discussion below). Following the model set forth by Dyregrov, et al. (2011), participants were interviewed, at the very earliest, a minimum of six months post experiencing the loss of a loved one to suicide. Specifically, the participants in Dyregrov's qualitative research with suicide survivors experienced their losses 5-18 months prior to study participation (median = 11 months); these participants positively endorsed the experience of being interviewed about their losses at the time in which they participated. Furthermore, as part of the introductory statements in the study, participants were reminded that they could discontinue at any point and they were periodically asked for consent throughout the interview, in order to continue.

Additionally, in accordance with Dyregrov's (2011) recruitment procedures, participants had no self-reported history of previous suicide attempts of their own. Participants were informed of the intent of the interviews, including the requirements that they: (1) had lost a family member to suicide more than 6 months previously, (2) indicated no prior personal suicide attempts, and (3) were emotionally ready to speak openly about their losses prior to participation. The participants were volunteers and were a sample of convenience.

Recruitment

Participants were recruited through peer support groups and other organizations supporting suicide survivors. These organizations included the following: American Foundation of Suicide Prevention (Greater Philadelphia Chapter), Delaware County Suicide Prevention and Awareness Task Force, American Association of Suicidology, Survivors of Suicide of the Delaware Valley, and Pennsylvania Youth Suicide Prevention Initiative. The primary mode of recruitment was through email correspondence between the study's author and the organizations that were listed, who forwarded the research participation flyer to potential parties/stakeholders. Flyers (Appendix A) advertising the aims of the present study were disseminated (via email) to leaders of the previously mentioned organizations/peer support groups in the counties surrounding and including Philadelphia, Pennsylvania. The flyer was also posted to the clinician survivor email list of the American Association of Suicidology (AAS). Additionally, the flyer was sent to an email list of individuals who volunteer with the American Foundation of Suicide Prevention, an organization in which the author serves as a volunteer. On a few occasions, information pertaining to the study was passed on by word of mouth from

study participants who knew of others who have been impacted by suicide in their families and would, potentially, volunteer their time to participate.

When interested individuals contacted the author via email, the following brief description was offered about the study activities:

Suicide Loss in Families Study

In any given year, approximately 30,000 people take their lives in the United States and the number of suicide survivors (those left behind after a suicide loss) is substantial, with potentially millions affected. Given the vast numbers of suicide survivors, there is little systematic research that details the experiences of those who are left behind. A systematic effort to identify the individual characteristics and protective factors that support resiliency in families is needed. Also, the general level and nature of family functioning prior to the suicide event is not commonly addressed. The purpose of the current study is to examine the experiences of suicide survivors by focusing on their individual, perceived experiences of coping, both pre- and post-loss, with their families, as well as what has been of particular help to them in their grief and what they would have sought out had it been available. The interviews that will be conducted in this study are very important because we want to hear directly from those who have experienced suicide loss. The nature in which suicide survivors articulate their specific experiences and needs as well as their family's experiences and needs is essential for authentic mental health care initiatives.

Individuals who are interested in participating are asked to complete a brief questionnaire about their experiences and participate in an interview that could take 1-2 hours to complete. Participation is completely voluntary and participants are allowed to discontinue participation at any point.

Your responses will be audiotaped, but no information about you that could reveal your identity will be kept.

After reviewing this description, individuals were then asked to complete a series of recruitment questions and to send their responses (in the form of “yes” or “no”) to the author via email in order to be considered for participation. The recruitment questions were as follows:

- 1) Are you 18 years of age or older?
- 2) Are you willing to speak with the interviewer about your loss?
- 3) Have you lost a family member to suicide more than 6 months ago?
- 4) Do you have a personal history of previous suicide attempts?
- 5) Are you a resident of the United States?

In terms of the protection of the research volunteers, participants had to have had more than 6 months pass since their losses as well as openly state that they felt comfortable speaking about the details of their losses with the interviewer. If individuals indicated that they were 18 years or older, were residing in the United States, were willing to speak about a suicide loss in their families that had occurred more than 6 months prior to the time of responding to the author's email, and if they did not have a personal history of previous suicide attempts, they were encouraged to set up a time in which the author could interview them.

It is noteworthy that on three occasions, potential participants did indicate that they had a history of previous suicide attempts. In this regard, the following message was sent to them via email:

I am so thankful for your interest in the study! However, I regret to inform you that you are not eligible to participate. When my advisor and I asked for approval for this study from my university's Institutional Review Board, we posed the preliminary questions for the safety of responders. One of those questions, obviously, was about previous suicide attempts; it is known, that in MOST cases, individuals who have attempted suicide previously are at greater risk to attempt it again. We are now in a position in which we must stick to these preliminary eligibility criteria. Regardless, I apologize that you cannot participate, but I will be sure to reach out for further research opportunities that do not possess the same stipulations. Thank you again.

On one occasion the decision was made that it was not appropriate for an individual to participate because the person whom she lost to suicide was a boyfriend whom she dated intermittently for less than one year. Because the study was about immediate family relationships, through a mutual decision arrived by the author and chairperson, it was determined that this individual may not have been able to speak fully to the family dynamics, which are the prime focus of the present study. As a result, she was sent the following response:

I am so thankful for your interest in this line of research. Unfortunately, after speaking with my advisor she mentioned to me that we need to keep this study focused on family relationships that are defined by immediate family. Although I am sure you would have tremendously important input to offer, for this particular study you are ineligible to participate. However, I will definitely keep you in mind for future research that focuses on a broader definition of family/intimate relationships.

Thanks again for your interest and have a happy new year!

As a further method of protection, study participants were provided with a list of referring counseling centers and resources with which they could consult in the event that participation brought about any unforeseen negative consequences or unearthed complicated feelings that are best explored with a trained professional (see Appendix B). Additionally, in terms of protecting the participants' interests, a guiding assumption of the present study was that interviewing these individuals and allowing them to tell their story may be "therapeutic in itself" (T. Erbacher-Duff, personal communication, April 15, 2013). In fact, research efforts have shown that individuals bereaved by suicide positively endorsed their experiences of undergoing interviews centered upon their loss because they were able to create meaning, develop insight, and offer help to others via a

structured conversation (Dyregrov, Dieserud, Hjelmeland, Straiton, Rasmussen, Knizek, & Leenaars, 2011). In that regard, it is hopeful that the activities of the present study would be of benefit to participants.

In accordance with the systematic grounded theory approach of qualitative research, such as indicated by Stauss and Corbin (1998, as cited in Creswell, 2013), the researcher (study author) conducted a number of first hand interviews with survivors of suicide. A precise number of participants was not proposed in the initial stage of study planning because the goal of a qualitative research approach is to gather enough information to fully develop (or *saturate*) the developing theory (Creswell, 2013). In other words, interviews continued to be conducted (and subsequently, participants continued to be recruited) until new themes no longer surfaced in the interviews and there was convergence in the major themes across interviews.

Measures and Materials

Two separate levels of querying were utilized to gain insight into suicide bereavement in families: participants' qualitative responses from the semi-structured interviews as well as the quantitative data obtained from participants' completion of a demographic form. First, open-ended questions were employed to gain in- depth information and were prefaced by the following introductory remarks:

I will be asking you a series of questions today and I am hoping that you will reflect on experiences that you have had in your past. There are no right or wrong answers; I just want to hear about your experiences and your honest feelings in response to them. I encourage you to tell me as much as you remember and are comfortable revealing. There are no set number of things that I want you to tell me; just please speak to what comes to mind when I pose a question to you. Please let me know if you have any questions at any point of this interview or if you wish to discontinue. Your responses will be audiotaped but no information about you that could reveal your identity will be kept. Do you want me to use your actual first name or a pseudonym? Are you ready to begin?

The questions that were included in the interview were as follows:

- 1) Most families experience multiple stressful times and all families go through stress. Please tell me about a stressful time before your loss of (name of loved one).
- 2) How did you all deal with this? Could you tell me how that was handled in your family?
- 3) I know that you lost your (individual's name/relationship to suicide survivor) and I want you to tell me about that. Could you describe that?
- 4) How did you all deal with this, could you tell me how it was handled in your family?
- 5) How are you feeling today, and is that different from immediately after your loss?

Depending on the nature of the responses provided to the open-ended questions, follow-up questions or probes that were also open-ended were asked for the purposes of clarification and/or elaboration when needed, and when the researcher felt it to be appropriate. For example, these questions included; "Tell me more about...?," "Could you describe that?," "Could you help me understand that more?," "What do you mean by?," "Could you give me an example?," etc. At the end of each interview, the participant was asked if he or she had any further questions or thoughts he or she would like to share. These responses were also audiotaped. The participants were thanked for participation and were asked to provide additional information via a demographic questionnaire (see Appendix C). This questionnaire included the following information: year of birth (to calculate the age of participants), gender, ethnicity, religion, relationship

of individual(s) whom they lost to suicide (i.e., grandfather, grandmother, father, mother, sister, brother, cousin, niece, nephew, half-sibling, step-child, etc.), gender of individual whom they lost to suicide, year and month in which the loss occurred and age of decedent at that time, whether or not participant lived in the same household at the time of the loss, setting in which participant lived at the time of the loss, means used to die by suicide (e.g., firearm, overdose, hanging, etc.), whether or not he or she has ever or currently has thoughts of suicide, whether or not he or she has ever attempted suicide (as a result of the criteria for participation, no participants reported that they had attempted suicide), and activities that the interviewee has utilized in order to cope with loss and whether or not he or she found these options helpful according to a “yes,” “no,” or “never attempted” format (e.g., read books, utilize internet support groups, conduct internet research/reading, access internet support sites, attend face-to-face peer support groups, spend time alone, talk to friends/family, attend grief conferences, involvement in advocacy, attend counseling, consultation with a psychiatrist, sharing memories of loved one with others, participation in awareness events, etc.). They were also asked to provide open-ended responses in regard to whether or not there were any other approaches that they have used and that they found to be helpful in coping with their losses; they were also asked to describe anything they wished had been available as they were coping with their losses. Finally they were asked to endorse (“yes” or “no”) whether or not they or any of their family members had ever received psychological treatment. The rationale for gathering demographic information after the interview took place is that the researcher aimed to prohibit the interviewees from offering simplistic answers to the open-ended interview questions. In that regard, the “yes” or “no” format of the demographic

questions concerning a sampling of coping activities may inadvertently prime interviewees to provide brief responses or lead them to think they would have to discuss the various activities listed on the demographics questionnaire, thus potentially placing limits on the direction in which the interview could take.

All participants' interviews were recorded as they were interviewed so that their responses could be transcribed for analysis at a later point in time. The author utilized the Quick Time audio recording software that was installed on her personal computer. After the interviews were transcribed, the voice files were secured on a password protected computer and the paper files were secured in a locked file cabinet at the author's home. Additionally, to protect the identity of the participants, as discussed previously, nothing that could reveal the participants' identities was kept and they were allowed to use a pseudonym throughout the interview if they so desired. A numbering system was utilized because the demographic sheet and transcript were paired according to a common number so that the demographic variables could be analyzed in light of the interview content at a later time.

Research Design

The present study was conducted using a qualitative inquiry approach, specifically *grounded theory* research, which follows specific steps in data analysis. The primary outcome of the study is a theory or set of proposals that explain the elements that unified the experiences of the group of suicide survivors as a whole. In light of the aims of the present study, the theory or set of explanatory statements addressed participants' recollections of their shared family experiences and perceived familial interaction patterns both prior to and after the experience of suicide loss.

Procedure

By providing the author's contact information on the recruitment flyers, individuals emailed the author and, if preferred, an appointed time was determined to speak by phone or via an internet communication format (e.g., Skype). If the participant wanted to speak in person, face-to-face interviews were scheduled and conducted in a mutually agreed upon public place (e.g., a local coffee shop or a public library), or on two occasions, in the interviewee's home, following the general interview format discussed previously. Prior to participation, the interviewee was informed about the necessity of recording their responses and the steps that would be taken to protect their privacy.

Throughout the interviews, the author was prepared to probe multiple aspects of the interviewees' experiences; it was hoped that the experiences would be told as complete stories, replete with a continuum of emotions. Additionally, in light of the powerful role that friendships play in the grieving process, interviewees were asked whether or not they found their friends to be helpful after their losses. The purpose of this line of questioning was to capture whether or not friends are conceptualized as chosen family when individuals confront difficult life situations or perhaps when a suicide loss greatly impacts family members as well. Furthermore, if the interviewees chose to discuss their loved one's suicide as the stressful event that their family experienced (in response to question #1), they were prompted to reflect upon another stressful/challenging situation that their families faced in order to provide a comparison about how the family handled the suicide loss.

In light of the themes discussed in the research literature, the author was prepared to probe the interviewees' responses as they unfolded, in regard to the quality of their

relationships/connections to their loved ones. Given the approach of qualitative inquiry, the author utilized a very general, global line of questioning in which the statements, “Tell me more...” and “Could you explain what you mean?” were used to gather responses that were authentic to the words and expressions the interviewee would use to reflect upon and describe their experiences.

Following completion of each interview, the researcher wrote a journal entry as a way to reflect emotionally upon each interview experience as well as to consider any potential, unintended human influence imposed by the researcher. Thus, the content of the journal entries also included a section in which the researcher reflected upon her feelings about the interview, about the participant, or about anything the interview brought up for the researcher. In this regard, a goal of the journaling process is to help reduce researcher bias from interfering with the objective research protocol. The other section of the journal entries concerned reflections about the content of the interview as well as any thoughts the author had as the interview content related to the aims of the present study. This portion of the journal also allowed the researcher to reflect on the emerging themes that surfaced in comparing the content of the interviews (*memoing*; Creswell, 2013).

As a separate step from the journaling process, the researcher transcribed the interviews word-for-word into a text file after the interviews were completed. Transcription involved the author playing and re-playing the recording numerous times in order to transcribe the conversation into an electronic document that served as the data source. The transcribed information was then read and re-read by the author numerous times and the dominant themes were identified. Specifically, *categories*, or units of

information composed of events and occurrences, became the data that was subsequently analyzed (Creswell, 2013) by both the investigator and members of the validation team (discussed in the next section).

Data Analysis

The first phase of analysis began with *open coding*, in which the researcher reviewed the transcripts for major categories of information and formed a list of dominant themes. The next step involved *axial coding*, in which the researcher pinpointed one open coding category on which to focus (the “*core phenomenon*”) and then returned to the transcripts (data) to create categories around this core phenomenon (Creswell, 2013). The factors that contributed to or caused the core phenomenon (*causal conditions*), resultant reactions to the core phenomenon (*strategies*), situational factors (both broad and narrow) that impact the core phenomenon (*intervening conditions*), and outcomes related to the strategies (*consequences*) were identified in accordance with the systematic *grounded theory* approach (Creswell, 2013). A series of dominant themes that were related to the core phenomenon (*axial coding*) were identified and a series of probable explanations (propositions or hypotheses) and descriptions were formulated to describe the relationships between elements and categories in the model. The overall process consisted of going back and forth between the participants’ transcripts, gathering new stories through subsequent interviews, and then returning to the evolving theory to fill in the gaps. The growing theory or explanation was compared with the evolving categories and elaborated upon, concerning how the process appeared to occur for the participants as a whole (*constant comparative method of data analysis*; Creswell, 2013). The end result of this entire process was a theory that was developed by the researcher, in

which the themes from the current study related to the tenets of Joiner's Interpersonal Theory of Suicide and explained the elements that unified the experiences of the group of suicide survivors as a whole.

To further examine the potential categories and themes that underlie the developed theory, a validation team was formed. This validation team helped reduce bias and offered perspective beyond that of the study author. The team consisted of the research investigator and three other individuals. One member was from the dissertation team and a suicide survivor (the chairperson); one member was a peer school psychologist familiar with the qualitative approach to research, and the third member was a clinical psychologist who has qualitative research experience and has extensive expertise working with individuals who have lost someone to suicide and/or have been suicidal themselves. Two of the members of the team were licensed doctoral-level psychologists and one was a doctoral student who is a nationally certified school psychologist. Across all of the team members, in light of their research and clinical experience in working therapeutically with others, they were selected because they would be able to relate readily, the content of the interviews to common themes/issues they have noticed in their clinical work. The validation team members were assigned from 10- 21 transcripts to review. Specifically, the chairperson read all 21 transcripts and the other team members read half of the transcripts. The validation team reviewed the transcripts on an individual basis prior to meeting as a group and when together, they brainstormed and discussed the emerging categories and noteworthy examples they highlighted in their review of the transcripts. At the end of the meeting, the author shared the list of dominant themes that she had formed throughout the data collection process and as a result of the

reflective journaling. It is important to note that the author's identified themes were not shared prior to the groups' brainstorming session because it was the goal for the validation team to discuss their observations while "blind" to what the author deemed as essential themes in light of the aims of the study. As the author reviewed the themes that she independently identified, the group worked collaboratively to determine whether or not the groups' review of the transcripts confirmed, disconfirmed, or added to the author's initial list of themes. The involvement of the team's discussion led the data to become aggregated, by benefit of their ongoing analysis, reading, and discussion. At the conclusion of the meeting, the group had formed a definitive list of the dominant themes that all consistently endorsed. Furthermore, in light of the group's discussion of theoretical and explanatory models that exist in the research literature, it was determined that Joiner's Interpersonal Theory of Suicide (as discussed in Van Orden et al., 2010) appropriately addressed the majority of the themes that were identified in the present study.

It is noteworthy that the student member who participated in the team meeting was not the originally intended student member. In fact, the original student member was a clinical psychology graduate student who was asked to participate, given her interests in suicide prevention research as well as her experience of losing a family member to suicide, some years prior. However, this student could not participate in the discussions at the time in which the validation team meeting was scheduled because just that week she was informed that her father had died by suicide. This student's unfortunate experience in losing another family member to suicide is sadly and profoundly reflective of the research trends that suggest that once a suicide occurs in a family, the likelihood of

subsequent suicides are increased (Bartik, et al., 2013; Jordan & McMenamy, 2004; Mitchell et al., 2004). The student expressed the thought that she was not comfortable meeting in the discussion group with the validation team because she foresaw the process of discussing suicide in light of her very recent loss to be too painful. The author and dissertation committee agreed with her decision and sought another team member that was able to provide insight on the transcripts that the former participant was assigned to read. The student who discontinued participation in the validation team provided the author with the notes she took on the transcripts she had read. The notes were not shared with the validation team. Rather, the author reviewed them and it is noteworthy that the notes confirmed a majority of the themes that the author independently identified in terms of family coping patterns.

In addition to the unified theory that was formed as a result of transcript analysis, descriptive statistics and frequency data were also used to describe and summarize the demographic information. In this regard, frequencies were examined relative to the number and types of activities that were attempted in order to aid coping and also the factors of gender (of both participant and decedent), ethnicity, religion, age (of both person and decedent), kinship relationship to the decedent (e.g., father, sister, uncle, etc.), and means used in suicide in order to explore any patterns that may exist.

Chapter 4: Results

Data Sources and Collection

The interviews and accompanying transcripts that comprise the database for this study were gathered, analyzed, and interpreted over the duration of approximately three months. During this time frame, the author recruited suicide survivors through various suicide prevention organizations (as discussed previously), local suicide survivor support groups, a clinician's survivor email list from the American Association of Suicidology, and also through referrals that study participants made to other suicide survivors. A total of 34 individuals volunteered to participate in the study and provided information in regard to the eligibility questions; however, only 21 participants went on to participate in the study activities and their data were included for analysis. Of the individuals who answered the eligibility questions but did not participate, four did not meet eligibility criteria because they indicated that they either had attempted suicide in the past ($N = 3$) or the person they lost to suicide was not an immediate family member ($N = 1$). Nine additional individuals who did not participate in the study met eligibility criteria, but they did not follow through in correspondence with the researcher in regard to selecting a time or place in which to conduct the interview. It is noteworthy that much of the data collection took place over the winter holidays and at the start of the New Year, which may account for the struggles some individuals encountered in making time to participate. In fact, three additional individuals (who are not counted in the total number of individuals who volunteered) have since contacted the author to schedule an interview, but they were unable to participate in this study because saturation was reached and data collection was determined to be completed at the time in which they established contact.

The author offered to keep their contact information on file in the event that she and/or her colleagues conduct subsequent studies on the topic of suicide survivorship. An additional six individuals (who are not included in the total number who volunteered to participate in the study) contacted the author after receiving the participation flyer but neglected to provide responses to the eligibility questions.

The 21 participants in this investigation agreed to complete a demographic information questionnaire and engage in a semi-structured interview with the primary author/researcher. Thirteen of the interviews were completed over the phone with the remainder of the interviews taking place in-person (two in the participants' homes; three in public places that included coffee shops and a library study area) or via the use of a software application that allows video calls over the Internet or phone (two conducted via Skype and one conducted via Facetime application). The author spent time prior to the interviews establishing rapport and answering any questions that the participants had before they began the study procedures. The author also engaged in discussion with the participants at the end of the interview, during which she discussed her personal interests and motivations in conducting suicide-relevant research. The participants responded positively to all interactions with the author (e.g., expressed the fact that they were encouraged that she was conducting research on this topic); this was especially true when she revealed that her family had also been impacted by suicide. Most often, the participants expressed the notion that they appreciated someone wanting to hear about their stories because they have noticed that various people with whom they come into contact are not generally comfortable discussing the topic of suicide loss. In fact, some indicated that individuals seem to avoid them for fear of saying the "wrong thing."

Furthermore, some individuals reflected that they enjoyed the opportunity this study afforded them to talk about their loved one's *life* (in terms of the loved one's interests and the accomplishments they achieved while they were alive) rather than their deaths.

Throughout the investigation, the author continued to journal after each interview about her own comfort level and the perceived comfort level of the interviewees, about her thoughts on the pace at which the interview took place, and, the potential themes that were emerging.

Data Analysis and Interpretation

Data analysis in qualitative research consists of organizing the data for analysis, then reducing the data into themes through a process of coding (Creswell, 2013). As a result, the grounded theory approach of qualitative research involves a framework that allows a researcher to construct categories from the acquired information (drawn from the interviews; open coding), note where the categories interrelate (axial coding), and create an explanation that integrates the categories (selective coding) and culminates with a collection of theoretical proposals/explanatory hypotheses (Creswell, 2013).

The interpretation of the interview content in terms of the overall themes that each interview contributed was an ongoing process throughout the entire three-month data collection period and beyond. The author re-read the transcripts and reviewed her process notes (content in the journal entries relating to the evolving themes) on a frequent basis in order to identify the dominant themes inherent in the participants' stories. The themes the author identified through journaling were regarded as the most salient, capturing of the essence or nature of the transcript. After roughly the third interview, the author moved from reflecting on the "gist" of the interviews in a holistic sense to identifying specific

categories and their connections to other categories that surfaced across transcripts. The author then sought to group the illustrative examples of the participants' statements as they corresponded with the identified categories. In the validation team meeting, the group brainstormed ideas from their reviews of the transcripts while "blind" to the categories/themes that the author identified. As a result, additional categories and examples of illustrative statements were further considered and refined. At the conclusion of the meeting, the author discussed her identified categories/themes with the validation team. From that discussion the themes were cross-referenced and the group was able to construct a culminating list of the dominant themes that surfaced in all members' reviews of the transcripts. The inclusion of the validation team was a measure to reduce bias and to ensure that the themes that the author identified were substantiated by others' perusal of the transcripts. Finally, the author presented the list of themes to the second committee member, an expert in qualitative methods, in order to verify that the themes were comprehensive and made sense to a person who had not read the transcripts.

Findings

Discussion of findings. The research findings were divided into two separate sections: a) demographic findings and b) description of findings in regard to the qualitative interview/research questions. The first section describes demographic areas (information derived from the demographic information questionnaire) that are pertinent to understanding the context from which participants spoke about their suicide losses. The second section provides descriptive summaries of participants' responses to the research questions in regard to how they and their family handled a stressful time prior to experiencing loss, how they and their family handled the loss of a family member to

suicide, and reflection upon how they are feeling at the point of interview, in comparison with immediately after experiencing their loss. The participants' descriptions are further broken down according to the dominant themes that pertained to the research questions. In particular, the themes (discussed as a function of the time when the question was posed in the interview, e.g., first question versus fifth question) correspond to the progression of how the individual reflected on his or her life experiences prior to, during, and post suicide-loss. Although the elements that participants have found to be helpful in coping with and in healing after their loss did not constitute a specific research question, the information that participants provided on this topic was rich and informative about what suicide survivors need in the aftermath and in the years beyond. As a result, these themes which are related to coping, healing, and overall growth are also discussed. The assigned pseudonyms are used throughout this document to protect the participants' identities and ensure anonymity (see Appendix D for list of pseudonyms and accompanying demographic characteristics).

Demographic findings. The participants of this study were 21 suicide survivors who were residing in the United States. One participant failed to return a completed demographics questionnaire form so her responses to a majority of the questions were not represented in the demographics data from which the following findings are reported. There were 16 females and 5 males who participated; they ranged in age from 28 – 73 years old (Mean = 53 years old). Twenty of the participants identified as White and one indicated that she was Biracial (her mother was from Cuba and her father was a Jewish American). When surveyed about religious affiliation, 45% of the surveyed participants indicated that they did not have a religious affiliation. The remaining participants

identified as Christian (5%), Jewish (10%), Jewish by conversion/spiritualism (5%), some connection to a Unitarian Universalist Church (5%), Presbyterian (10%), Protestant (10%), and Roman Catholic (10%).

In regard to information related to the participants' experiences of suicide survivorship, eight of the 21 participants (38.10%) indicated that they have experienced more than one loss in their lives to suicide and/or there was more than one suicide loss reported within the family. Across all of the surveyed participants, there was the indication that they experienced/had a family history of a total of 29 losses to suicide. More than three-quarters of the sample indicated that they lost a male family member to suicide (75.86%) because the participants reported a total of 22 (of the 29 total losses) males in their lives/family history who died by suicide. In this regard, a majority of the sample reported that they lost a son to suicide (six of this type of kinship relationship was reported; 20.70% of all losses reported). The additional kinship relationships to the deceased included: four fathers (13.79% of all losses reported), three brothers (10.3% of all losses reported), three male spouses/romantic partners (10.34% of all losses reported) and a grandfather (3.44% of all losses). In terms of female relationships, two individuals lost a mother (6.90% of all losses reported); one lost a sister (3.44% of reported losses); one lost a daughter (3.44% of reported losses), and one lost a niece (3.44% of reported losses). Additionally, three cousin relationships (two males and one female; 10.34% of all reported losses) were reported, as well as four relatives who were classified as "other" (Aunt, Great-Great Uncle, Brother-in-Law and Son-in-Law; 13.79% of all losses reported). A majority of the surveyed participants indicated that they had received psychological treatment from a professional counselor, psychologist or psychiatrist (85%

of the surveyed participants), and at least one of their family members had also received psychological treatment (85% of the surveyed participants). Furthermore, 30% of surveyed participants (N = 6) indicated that they have had thoughts of suicide; however, no current thoughts of suicide were reported. Additionally, none of the surveyed participants indicated that he or she had personally attempted suicide.

Participants showed great variability in regard to the approximate number of years that have passed since the occurrence of their losses. It is noteworthy that participants reported only the dates of losses that they could remember, so there is incomplete information in light of the total number of losses reported. The incomplete information that was provided pertained to the losses of people within the family whom the interviewee did not know or did not share a close relationship with prior to their loss. Otherwise, exact dates typically were given for the losses of close members of the immediate family. Given the provided information, an average of 9.32 years had passed since participants experienced suicide loss (range 1.58 years- 47.92 years). Approximately twelve percent (11.54 %) of the sample had lost a family member within 1 to 2 years; 38.46 % within 2 to 5 years; 26.92 % within 5 to 10 years, and 23.08 % experienced the loss over 10 years ago. In terms of the calendar month in which the decedents died, the suicide losses occurred most frequently in May (16% of reported dates of loss) because four suicide deaths were reported to have occurred within this month.

In terms of the age of the suicide victims at the time of the suicide, decedents ranged in age from 17 to 75 years (Mean = 33.14 years old) at the time of their deaths. A majority of the participants did not reside in the same household with the family member

that they lost to suicide (71.4%), and most of the participants resided in a suburban setting at the time in which they experienced suicide loss (71.4%; 28.6% resided in an urban setting and none resided in a rural setting).

In terms of the means that the decedents used in the suicide act, participants reported twenty-six losses in which details were known about the suicide event. A majority of the losses occurred as a result of firearms (N = 13; 50% of reported losses). The following means were reported across the surveyed participants and percentages are reported in terms of the percentage of losses reported: asphyxiation (N = 1; 3.85%); firearm and hanging (N = 1; 3.85%); drug overdose (N = 4, one was also accompanied by alcohol consumption; 15.38%); hanging (N = 2; 7.69%); hanging and drug overdose (N = 1; 3.85%); fall from a bridge (N = 1; 3.85%); hit by a train and decapitated (N = 1; 3.85%); hit by a moving vehicle (N = 1; 3.85%), and suffocation (N = 1; 3.85%).

Participants also provided information about whether they found a variety of approaches helpful in coping with their loss(es). Overall, talking to friends and sharing memories were the approaches regarded as being most helpful in the coping/healing process (85.7 % and 81% of surveyed participants, respectively; see Table 1 in Appendix E for participants' endorsements of all surveyed approaches). In contrast, despite the number of individuals included in this study who participated in peer-to-peer support groups (seeking outward for support), it was interesting that more did not attempt Internet support sites (42.9% indicated that they have not attempted this form of coping).

Participants also provided information in regard to any additional approaches (other than the ones listed in the demographics questionnaire) they have found to be helpful in coping with their losses. Overall, the participants revealed several approaches

that they found to be helpful in their experiences. For example, a few of the participants further elaborated upon the high quality of support they received from participating in Internet support groups, grief counseling, or face-to-face suicide survivor support groups. One participant indicated that because of her Internet support group she “got a sense of realistic hope that it would get better.” Others shared reflections indicating that they appreciated knowing that they were not alone and that they had a forum to share positive memories of their loved one(s). One participant powerfully conveyed the importance she has found in openly sharing her experience in the following statement:

I tell my support groups every month that I need to talk about this death at least once a month in group because otherwise he would sit in the back of my brain, fester there, and kill me. I say it because I believe it is true.

In particular, it was of importance for those in grief not only to feel heard, but also that others would be willing to listen in a patient fashion. In fact, for one participant it was spending time with her surviving family and the reminders from friends in the form of phone calls, cards, flowers, emails, and visits from her “community of love” that really helped her to focus on all the positive things she had in her life. Other participants provided responses that they found it helpful to focus on new births in their families as well as nurturing for and caring for pets. One participant found meaning and healing in serving as a guide and mentor to others who have experienced suicide loss by providing his services of answering on-line/direct questions about suicide and suicide loss from other suicide survivors. Additionally, some participants indicated that doing something constructive (e.g., painting the house) or creative (e.g., producing artwork) was especially helpful in their healing process. This creative impulse was particularly inherent in one individual’s response in which she sought to travel and to explore/reconstruct certain

spaces in her life (e.g., modifying the home that she had shared with her husband to make it feel like her own, post-loss).

Through the participants' responses, it was evident that forming some traditions after the loss (e.g., family-wide participation in a walk/run representing a charity of interest to the decedent, visiting the cemetery, etc.) and engaging with objects that would serve to rekindle memories of the suicide victim (e.g., reviewing condolence letters, sympathy cards, and looking at pictures of happier times) have helped individuals to work through the grief. One participant offered the idea that she keeps a specific type of journal that serves as a source of connection between her and her mother who died by suicide. She describes her unique approach in this way: "I keep a journal that is basically ongoing letters to my mother. It is like a one-sided conversation that serves as a way to keep her alive. It allows me to share with her my life experiences."

Furthermore, beyond the use of anti-depressant medications to address the resulting depressed feelings, participants endorsed several therapeutic techniques that they have found to be helpful; these include the following: playback theater, Feldenkrais Method (aimed toward improving self-awareness and functional movement), tai chi, bioenergetics, breath work, mindfulness meditation (an 8 week course in the technique), and use of a shamanic healer. Other participants indicated that yoga and physical exercise (two of the 21) was helpful in their healing process

In terms of structured practices, one participant indicated that the time and space of attending a religious service on a weekly basis for the duration of a month (a Unitarian Church) was particularly healing for her. Another individual indicated that reading devotionals specific for the loss of a loved one within the realm of traditional religious

teachings has been of assistance to her. Furthermore, another individual reflected that a supportive work environment that provided structure to her day was important in coping with her loss.

The participants were also given the opportunity to indicate if there was anything they wished had been available as they were coping with their losses. Their responses revealed that a variety of their needs went unmet in the aftermath of suicide. Specifically, one participant indicated that in retrospect she realized she needed support for her child because her ability to be emotionally available was jeopardized in her grief. She phrased it as, “I did need help with my daughter who was having a hard time dealing with her own grief, and did not have her mother available to her.”

In addition to the awareness of the tendency for children’s needs to go unmet, a prevalent observation was that adults were not aware of the available resources and that they advise that there to be better access and support for surviving individuals and families. Particularly, the timing in which resources could be made available was an expressed concern because it was recommended that they become available either at the time of loss or shortly thereafter. In this regard, a participant reported the following:

I do not believe there is enough postvention support or even awareness of the support that is available. We have eight (peer-led support) groups in this five county area. That isn’t near enough or awareness that they exist is almost nil. I also believe that Human Resources and Employee Assistance Programs need training on postvention. Most prevention initiatives are started by survivors who also support postvention. Once prevention becomes the focus, postvention loses its importance. This is something I am working on. The postvention that is focused on is to prevent contagion in schools. The rest of us flounder.

Another participant indicated that she did not know where to find a space for speaking honestly with others, yet another participant volunteered that she would like to see more social awareness so that others could feel free to talk about suicide. In terms of the

quality of existing, known postvention service options, one individual shared the thought that although she enjoyed the services she received in a therapeutic setting (counseling and medication management), the cost of outpatient mental health services and insurance coverage was prohibitive to her. A preference for a longer duration of existing bereavement groups, from six to ten or more weekly meetings also was made known. In contrast, despite the assistance of peer support groups (e.g., Survivors of Suicide is composed of laypersons), an additional participant indicated a desire to speak to a counselor that wasn't prohibitively expensive rather than rely on the guidance of lay people.

In terms of procedural aspects of the aftermath of suicide, one participant indicated that there needs to be:

less indifference and insensitivity by emergency responders who come to the scene immediately after the loss, and that there needs to be more sensitivity and/or cooperation from the medical examiner office when providing demographic data for the death certificate and when the family asks follow-up questions.

Furthermore, some individuals revealed that they were confused and commented about the number of overwhelming decisions that had to be made. In fact, one participant conveyed that her surviving brother:

wished there was a grief counselor or someone at the funeral home to help him with all of the practical funeral arrangements because he was too proud to reach out to me but would have liked an outsider/professional because so many decisions needed to be made.

Another suicide survivor also cried out for assistance with the everyday tasks of life, including those which she was not able to articulate *how* she needed help:

I wish there had been a sanctuary/retreat somewhere to go and stop for a bit. I wish there had been people who could have truly helped me financially rather than helping themselves when I was so vulnerable. I needed someone to sit down

and show me a simple plan; someone to help with the paperwork and housekeeping. Everyone wants to help, but usually they bring food and sit which is necessary, but I had so much food and flowers that all went to waste. Someone to recommend a handy man if you are a widow. I can see babysitters, etc. People tell you just let me know if you need anything. Well, I did not know what I needed. It is as simple as that. You desperately need someone who can sit with you for short periods of time at first and help you with things. And, they can't wait for you to call because you won't.

Descriptive findings. The questions from the semi-structured interview included five questions that were designed to probe how the participants and their family members functioned across a broad span of time. The questions were worded so that they would elicit the participant to provide stories and anecdotal examples, allowing for rich, descriptive content from which common themes and processes could be identified. Specifically, the questions addressed how interviewees and members of their families handled difficult life circumstances prior to their loss, during the suicide loss itself, and how they feel at the current time in relation to their time of loss. The participants were able to convey their thoughts openly regarding their experiences. The information was essential in exploring the family climate, as it existed prior to and following the experience of suicide loss. Similar themes and patterns emerged in analysis of the interviewees' responses in regard to the general construct of suicide loss, the relevant factors/circumstances that were potential contributors to the suicide act, and what parties have found to be helpful and/or contributing to their general healing/growth hereafter. It is noteworthy that the potential contributors to the suicide act that were discovered became an unintended theme that emerged in the analysis. The potential contributors are discussed in Chapter 5 as they relate to an existing theoretical model, the Interpersonal Theory of Suicide. The specific themes are discussed as they relate to the interview questions in the order in which they were asked in the semi-structured interview protocol.

The management of general stress in the family prior to experiencing suicide

loss. Participants responded to the first interview question phrased as the following:

“most families experience multiple stressful times and all families go through stress.

Please tell me about a stressful time before your loss.” After participants discussed a

specific time that they could recall, they were asked “How did all of you deal with this,

could you tell me how that was handled in your family?” Through discussion of the

particular incidents and the familial response to these hardships, participants’ responses

revealed a broad range of themes relevant to their families’ patterns of interaction,

experiences, and worldview that were in place prior to the experience of suicide loss.

Furthermore, through analysis of responses to these questions, a number of characteristics

of the decedent, as revealed through the participants’ shared familial experiences relevant

to suicide loss, were uncovered. These themes are discussed separately below.

Mental health concerns. Participants frequently reflected that some members of their families struggled with various forms of mental illness, particularly mood disorders.

Wesley lost his sister to suicide; upon reflection on his childhood with a mother with bipolar disorder stated,

My mom, we love her to death, but she, uh, she was very stressful for us, uh, growing up...now I know it wasn’t verbally abusive, but I almost compare it to something that was almost like physically abusive. It was like a verbal attack like, just uh, it got on your mind...I know it’s hard to understand as a kid but, uh, you know, I felt like if we had like a huge like group counseling, like even if all five of us went to a counseling session with my mom- I felt like being more open about it and getting help all together, cause we’re like, as a family, like I felt like he (referring to the participant’s father), I really wish he would have done that when we were younger. Because it has a ripple effect, um, I mean I can’t speak for my older sister, but for me, I actually, um, see a psychologist like every once in a while. I have, um, anxiety right now.

When prompted to speak about a stressful time, Rebekah elaborated upon her childhood of living with her mother who would eventually take her own life:

It was stressful living in a house with a single mom who had multiple personalities unknown to us, um, her working everyday and us trying to survive. One minute she'd be okay and the next minute she'd flip out on us...it could be sweet as pie one time and then the next time she's throwing things against the wall and, and it's just, it would be, it wouldn't happen like slowly, Like it would happen- she could be nice at one second and then the next second, she's somebody else completely...and she was in and out of mental institutions and psychiatrists, and groups, and it just seemed like...they didn't, she couldn't get the coverage, the insurance coverage to get the help that she needed.

Ashley commented that her brother suffered from both schizophrenia and from bipolar disorder and he was formally diagnosed when he was 28 years old. In her words,

And before that, he was very, you know, very successful, very um, for lack of a better word, normal. Um, and then things started changing with him. Um, we all kind of noticed something and he progressively got worse. And he sold his house and moved to New York City and um, that's when things really got bad for him. And he was in and out of mental hospitals and at one point he was missing for I think about two months. And my mom was, you know, on the phone with the NYPD all day, every day.

Ashley described her brother's erratic behavior through this example:

He went off his medication again and as a result, he was uh, arrested for sending threatening emails, uh, to the United States Government and he was in prison for a year. And um, he didn't even uh, remember sending the- he was so out of it that, you know, he didn't remember it. He couldn't even believe that he did it.

Vince spoke at length regarding the nature of his son's marriage, leading up to the time in which his son ended his life. Vince's words in regard to his daughter-in-law and her family are as follows:

We met the family, her family and apparently as is often the case, you know, basically everybody had what I recognize now is Bipolar disorder. I mean, her mother, and he (Vince's son) were sort of in the midst of these folks who, you know, just-, you know, behaved very, very bizarrely at times. And I don't think- he was kind of outmatched. In any case, he loved her dearly and was trying to do anything to save his marriage and, uh, you know, I mean, meanwhile, her disorder

was pretty much taking control of her life. And she was off her meds and, you know, he would try together to put the damage back together. I mean, we found, for instance, tapes from answering machines he had at work that would have a hundred phone calls. From her calling him up and berating him.

Abuse. The experiences of abuse in various forms (physical, sexual, and emotional) surfaced as a theme in numerous interviews.

Ari, who lost his daughter to suicide, recalled a realization he had when thinking about his relationship with his wife,

I realized that I had, um, for 25 years I had been in an emotionally abusive relationship and hadn't noticed. You know, I had been afraid of her anger and stuff.

Ari conveyed that his wife's general pattern of interaction stretched beyond the family and complicated his interactions with other adults with whom his family associated. He confessed,

She was a teacher at one point. She would yell at the headmistress and colleagues and parents and students so much she eventually got fired. Or she would go to meetings at school, parent-teacher meetings and scream, and, I um, you know, my job was to attempt to shield her from the world, you know, like not let anybody know that she was fired because she was yelling at everyone. And I negotiated a settlement where they wouldn't tell anyone, you know, and um, so she would not yell at me, but the anger was there intimidating me while I didn't say anything. That was the way- that was the dynamic.

Ruth, who lost a niece to suicide, revealed that her grandparents sexually abused her.

They molested us as children and my father found out about it and my grandfather would not admit to it. He said we were lying...and then the way my father got him to confess, he said, 'Pop, I'm gonna take you to the priest and you're gonna swear in front of the priest that you didn't do it.' My grandfather broke down- he couldn't lie to a priest. So then my father- we were never allowed down there again. He wouldn't talk to them and then he got sick so my mother let them come back into the house to see him.

Erin lost her son to suicide and she experienced much stress in the process of raising her children during their early years. Specifically,

My son's father was a lethal batterer and um, I had my back broken and many other injuries and we went through it as a family; my two older daughters, my son and I, um, we got away from the batterer and we got him out of our lives and we recovered, and we worked together as a family unit.

Sonja, a woman who lost her son to suicide, recounted that her husband displayed neglectful behavior, even when she fell ill and needed medical attention. She recounted his approach in the following example,

My husband, he didn't care. You know, it was like a burden to him. Um, even when he took me to the hospital. You know, he had to bring his briefcase with all his work like it was such a... (began to cry and could not complete thought).

In another interview, it was clear that witnessing abuse or knowing that abusive behavior was carried out in the home was problematic to those who were spared.

Katerina, who lost her brother Richard to suicide, reflected upon the childhood experiences of her and her siblings,

There were definitely favorite children. And this is like the pathology of my mother, I guess. She picked her favorites and, and those were the two... like my brother Richard, he died by suicide, I think it was harder on the two who didn't actually get the physical punishment. You know, to have to hear their siblings screaming.

Katerina continued,

If you were to look at our family, you would never... I mean, they were church-going people. We were not, we were not terrible kids. You know, we were good kids. And ah... you know, um, you would just never guess that it was there, and it was there nonetheless in our family. I believe that this all led up to my brother's not being capable of dealing with major stress.

Divorce and family separation. Throughout many of the interviews, participants revealed that their families faced relationship hardships that ended in divorce or separation. In fact, many of the participants recounted divorce as the most stressful experience in their lives, trumped only by the experience of suicide loss.

Katerina revealed,

Um, I think the most stressful time that I experienced was when I was divorced...you know, it was a long, acrimonious divorce and up to that point in my life it was the most stressful thing...children were like put on the block as possessions.

Yvonne, who lost her husband to suicide, reported the following after she discovered that her husband had been having an affair with a female co-worker:

We talked about the possibility of the marriage ending. And then we decided that that wasn't going to be an option. And that was probably about a year and a half, it was stressful. I mean, we definitely thought that maybe it was time to end it. And then we decided not to.

Ingrid, who lost her son to suicide, followed,

It is probably when his father and I got divorced would have been most stressful. Actually, and the time leading up to that, going back and forth trying counseling and all of that, I think was very hard on everybody...there was a lot of back and forth leading up to it. And um, it was a lot; it could have been a long period of time where the kids, I don't think, nor their father and I knew exactly what would happen next. We were, you're feeling, in these situations, you're feeling your way along...when I graduated from college is when he decided he would leave. And I always tell people, my independence, his fear of my independence, I think was the reason he left...there was a lot of pressure from me for him to behave in certain ways that he just wasn't capable of or didn't want to do. So the divorce itself was then followed by um, people taking sides and the kids all moving out and moving with their father except for one, and then you know, that was messy and then I started dating and got remarried and that was not taken well at all. And their grandmother...what I could tell you about that, is that um, my one son who had said to me, 'She was not your number one fan.'

Jolanta, who lost her father to suicide, discussed her mother's diagnosis of borderline personality disorder and the interpersonal difficulty she observed within her family system throughout her childhood. She disclosed,

So there was like a lot of stress related to her and her and my Dad's divorce. It was just crazy. I mean, she was just- created like an environment of stress. So I think we all kind of clung together (referring to her and her siblings) to kind of get over the trauma of her.

Angelina, who lost both biological parents to suicide, recounted,

I began looking up my biological Dad again. And I had gone through periods of this before, where I had just thought about finding him and wanted to get in touch with him, and um, I know that their divorce between he and my mother was, um, consensual, though very sad. But, you know, I was curious and wanted to find him. So I was going online and looking and what I ended up finding was his, uh, death certificate. So that was a really big shock and I wasn't sure what to do with that...

Ari revealed that he was married for 25 years with three kids when he came out as a gay man. Specifically,

I came out to my ex-wife in the middle of July and my kids two weeks later, and I lived in the, on the third floor of the house in my oldest daughter's bedroom for...until May. And then it became clear that I didn't fit in the house anymore. So I started looking about. Um, she (referring to his ex-wife) remains 14 years later, um, white hot angry.

Exposure to violence. A few of the participants revealed that the individuals they lost to suicide had borne witness to trauma and violence, particularly through military service.

Matthias provided some context of how exposure to trauma impacted his son who he later lost to suicide:

He was in Fallujah twice in 2006 and 2007. When he came home from Fallujah in 2006, he wasn't the same person he was when he left. Um, he was very violent. He was home for his 30 day leave and he was just so hyped up, totally vigilant always. You know, awake, he was having trouble sleeping. Um, he'd have to drink in order to fall asleep...and one night he was playing, I guess, video games with somebody online and just his language and his actions and what he was doing were really scary.

Linda lost her son to suicide as well and she shared the following changes suggestive of drug use that she noticed since he returned from combat:

I saw a change in his personality. Um, lack of focus, he seemed to be, um, and really, it just hit out of the blue, the smoking the cigarettes and the pacing back and forth. And um, I saw some sweating, um, not just a couple of times where he

was just so upset. And then he opened up to me. And he was concerned, he said, 'Mom, I can't make the right decisions. I keep messing up my life.

Family patterns of general dysfunction. Beyond these categories, there were patterns of behaviors discussed within the family and interaction patterns that were regarded as maladaptive by participants.

In relation to displays of hostility in his home, Wesley stated the following:

Um, and like some of the things I think about, probably from childhood, like um, I guess another stressful thing was, my Dad was an aggressive driver. I know a lot of families, a lot of people can joke about that, like, oh, you're an aggressive driver and yaddah, yaddah, yaddah, but um, it actually got on to me, like mentally, and as a kid I had anxiety and uh, in the car while he drove.

Rebekah, who was raised in a single-parent household with twin sisters who were 21 months younger than she disclosed,

We went to school and...she'd have a hard time making ends meet, but you know- we did, we did it. And I did what I could because I didn't want to always make her mad. So like if they (referring to the twins) didn't do what they were supposed to do as far as housework and chores and stuff, then I, I would do it just to keep the peace. So um, I'm not a confrontational person and I never was and to know her coming home from work and seeing a dirty house, or whatever, I just, I didn't do it. I couldn't handle that backlash of what was going to happen if she came home from working all day. So um, we tried family counseling. We tried individual counseling. The family counseling didn't go very well cause nobody would talk.

Substance abuse. Alcoholism and the use of illicit substances was a common theme that surfaced across the participants' stories.

In a profound example, Gisela, who lost her husband to suicide, shared the following example to give context to the trauma he was exposed to as a result of his mother's struggles with addiction:

My mother-in-law, his mom, um, ...although she is a very, very sweet lady, how she couldn't handle it very well and did not, um- really wasn't a good mom to him. And she was, um, she became an alcoholic herself and was addicted to some pills, um, and um, there was some very unpleasant scenes that my husband, um,

was involved in, in his childhood. Um, where his mom would get drunk and he would have to hide in his bedroom and she would pounce on the door, um, and I think one or two times he told me he actually had to take a gun out of her hands because she was drunk but she was going to kill herself. And I think there was just, there was just no room for affection and emotions in the family. Um, you know, he was telling me a couple times when he became a teenager he was very insecure, and he was talking with her about something and she would just give him the message of, just go on, you know, just don't bother me with that.

Angelina, who lost both biological parents, replied,

My mother was an alcoholic and so was my step-father...um, between that side of my family and my mother's side there was a lot of drinking and substance abuse problems. So that was very much the center of, uh, stress for me when I was aware that it was a problem, probably around age 10 or so...they would go out a lot on the weekends and leave my younger brother and I home with a babysitter for him and then I would just be there or at a friend's house or whatever, but um, one night I was home with them and, um, my parents had called and said they were in an accident and- they always drove when they drank- so um, there was never any safety when it came to how they made their decisions around their drinking.

Physical illness. On several occasions, participants revealed that either they or members of their families experienced physical illness that served as a stressor to the family system.

Sonja, who lost her son to suicide shared,

Um, so the stress was making me sick to the point where, you know, I had to stop working and, then um, and I had um, they even did something where they had to cut my head open because they thought maybe I had this thing called giant cell arteritis. And I just kept getting sicker and skinnier, and skinnier...so I think there was so much stress in the house in some ways...I always blame myself- I think if I wasn't so...um downtrodden for lack of a better word, then he (referring to her son) would have been freer to come to me, you know? ...if I didn't get sick and go (to the hospital) and it's the truth, that I would have been able to help George (her son) more.

Matthias, who lost his son to suicide, struggled through Hodgkin's Lymphoma in the years prior to losing his son. His illness caused his personality and behavior to change dramatically. He recounted,

I didn't handle the chemotherapy very well. I was actually allergic to one of the chemotherapy drugs that they gave me. So I had to be on a lot of steroids, which cause me to become very angry and very sick on top of the chemo. Um, so it was very stressful with, um, just being not myself...when I was sick I wasn't really aware of what was going on in the home...I was very self-centered, very um, didn't really care about anything or myself or my family. I just was very angry.

Linda also lost her son to suicide and explained how her husband, her son's stepfather, struggled with cancer. There was disagreement among the family members about what course of treatment would be best. Specifically, Linda revealed that her one son insisted on certain options that were in conflict with what the majority of the family members advocated for. As a result,

We let him discuss what he thought and gave him ample opportunity to show us, you know, his research and everything...but then we just quietly but firmly went about our um, way...we left it open saying that if Tim was not comfortable with (the name of the rehabilitation facility) that we would indeed think about moving to another facility. So I think since we left that and discussed it, it was uh, it worked out.

Problematic familial communication patterns. Participants frequently observed that their families did not share much with one another, particularly in terms of discussing their thoughts and feelings.

Phillip, who lost his father to suicide, provided the following reflection of his family,

So, my mother, um, people thought that my mother was a great mother. On the outside, people would rave about my mother. My mother was very attractive. And from the inside, in terms of, um, you know, great food, being taken care of, we lived in probably the nicest house in the neighborhood. And um, you know, my dad always had lots of things that we did that the neighbor kids would always want to come over and play with. But emotionally, my mother was, um, I think very shut down and she lived through the depression and took care of some other kids when she was, I think, she was 10 or 11...so in terms of being, um, on the task side, my mother, it appeared great, but in terms of the emotional side, I don't- I think my mother was very shut down. And, um, you know, it took me a long time to kind of figure that out.

Ruth, who lost a son-in-law and niece to suicide, revealed that serious issues like her own father's diagnosis of cancer were not openly discussed in the family. She shared,

My father's family, they were the old-fashioned Irish and they kept everything hidden and one day I was at my aunt's house, my father's sister, and somebody was collecting at the door for cancer- and she said 'oh, I'll give you money- my brother has cancer.' And I was a little kid- like the shock of it- 'cause I knew what cancer was and it was bad. And that's how I found out he had cancer.

In some recollections, participants revealed that members of their family did not react in the face of an extremely difficult situation in ways that brought the family together. For example, Matthias' family experienced a time, prior to losing his son to suicide, in which his youngest daughter ran away from home for four days. In reaction to the days of confusion, Matthias shared an observation about an incident that "really changed" his relationship with his wife,

I made sure that she got her (referring to his daughter's) pictures on TV. I was up like all night talking to, um, places across the state of Pennsylvania. You know, my wife was sleeping...my wife tends to put things under the rug.

There were also instances in which participants revealed that the communication patterns varied across the family, depending upon the individual family members. For example, Angelina relayed differing experiences because she described that her grandmother was "not a talking-about-your-feelings type of person." However, her mother, who eventually took her life, spoke openly with Angelina in many heart-to-heart conversations that spanned Angelina's childhood. In one significant conversation, Angelina's mother openly expressed the depths of her depression and contemplation of suicide. Specifically, she revealed that 'if I die, just know that I love you.'

There were also problematic conversation patterns noted by participants in regard to their family members' general style of communicating.

Carla, who lost her father to suicide, conveyed,

My father would just get really angry, just yelling. Just really short fuse, um...high standards. I mean, nothing abusive or anything, but just yelling...and to the point of I remember him telling me growing up 'if I yell at you and you don't deserve it, just yell back at me so I recognize it.' Like, he was very aware of his deficiencies.

Lisette, who lost her brother to suicide, commented on his reluctance to open up to her and how that greatly disappointed her,

I was done trying. I was, you know, such a huge family person and just always wanted that, um, you know, that closeness with my brother. And, you know, I guess it's like he kind of became bipolar and depression and what have you. You know, there were times when he put his wall up. You know, to push me out. And all I wanted to do was to be in there and you know, just got to the point where, you now, I kind of stopped. You know, I went elsewhere to look for that.

Narcissistic patterns of interaction. Several interviewees recounted family experiences and patterns of behavior prior to the suicide loss, suggesting that some family members possessed narcissistic characteristics and therefore placed much pressure on others to carry out their unrealistic demands and/or operate within the family relationships in circumscribed ways. Many of the stories that participants conveyed elaborated upon the narcissistic tendencies, but a statement made by Erin summed up the family dynamics that her family of origin dealt with in terms of both of her parents having Narcissistic Personality Disorder. Her reflections are in relation to how her family "helped" during her divorce that occurred prior to her family's experience of suicide loss. She relayed,

They (in reference to Erin's parents) actually, instead of helping me financially, they actually bought some things for me and never paid for them. Which is hard to imagine, but it's true. Um, so in some ways they made it more difficult. Um, and my mother was a master, very, you know, anything you might know about narcissism, narcissists are very, very manipulative. And um, so at the time that I was going through the domestic violence, um, my mother was managing the relationships. And so, you could get in trouble if I talked too much to my sister,

and my mother didn't know about it. She would get very angry. She was good at triangulating and isolating and managing all three relationships so that everything went through her.

Emotional pain experienced in childhood. The theme of general pain or sadness prevalent in several of the participants' and/or decedents' childhoods was evident.

For example, Giovanna, who lost her brother-in-law to suicide, recounted some essential details from what she knew of his early life, prior to marrying her sister. She stated, "I know some about Christopher. His mom died when he was nine. His father remarried when he was ten, to a woman who didn't really like Christopher." That rejection, according to Giovanna, laid the foundation for subsequent difficulties in relationships.

An imbalance of treatment between siblings was evident in some accounts. For example, Monica, who lost her cousin to suicide, remembered aspects of her childhood that provoked much sadness in her, to the point that she cried while revealing accounts in the interview. Monica shared an example that epitomized her family's matter-of-fact approach of helping her deal with a misunderstanding regarding an imbalance of privileges between her and her siblings,

I would get a dollar as an allowance...well my stepbrother and sister would go to their grandparents' and there was a granny and an aunt and an uncle, so they got a dollar from each of those people. So every Sunday, I'd come home with my dollar and every Sunday my brother and sister would come home with three dollars each. And they would really, you know, wave it around in my face and talk about all the things they're gonna buy, whether its um, matchbox cars or candy or whatever, and so every week this imbalance was pushed on to me and it would make me cry. And I was a little kid and I didn't understand...and I have realized that this is a very stressful point with me that if I'm, you know, if I'm working on a project and I'm doing the same work and I found out that someone is getting paid more than me for the same job, that sets off rage in me that, that goes back decades...(in the past) my family just tried to explain to me that I just have to understand that this is how things are.

Jolanta, who lost her father to suicide, recalled her feelings in regard to her childhood of being raised by her mother,

It was just very unpredictable with her. Which, when you're a little kid, that's very difficult because you, you know, look to your mom especially as kind of like, you know, consistency and they love you no matter what, and she didn't really provide that. And like any type of- if there was something I was looking forward to like uh, um, you know dance recital or something, there by some huge trauma before that where I would either miss it or almost miss it or there was just some kind, there was always like, a, a blow-up. Um, and think I finally, I think I was like 11 and I left and it was very traumatic. I like literally ran away from home and like ran to my Dad's house- this was like pre-cell phones and everything...um, but yeah, she just, there was a lot of just drama I guess, um, surrounding everything. Um, breaking things, and just, you know, her tantrums and what not. And she used to beat my Dad up.

Prior experiences of suicide loss. As established in the demographic data reported previously and supported by research, in several of the interviews, participants revealed that they had lost more than one individual in their families to suicide. In this regard, Sonja revealed that prior to losing her son, her aunt, who was her maid of honor in her wedding, also died of suicide.

Carla, who lost her father to suicide, relayed the following,

Oh, I should probably mention too, that my dad's great uncle committed suicide. Cause I know suicide tends to run, um,...so I think like in old age, I think the thing is that he became sick and didn't want to become a burden and had shot himself too.

Accumulation of loss/disappointment/external stressors. The theme of the decedent losing loved ones or experiencing an accumulation of unfortunate events surfaced in a number of the interviews.

Matthias, who lost his son to suicide after he had returned from military combat reflected, in regard to his son's experience in losing his grandmother,

She (the grandmother) loved her grandkids so much. And um, she was just a very caring and giving person. So it was hard when we found out that she was

sick...um, my son Zachary- that was his favorite grandmother. The night before her funeral, um, we had to leave early to go the next day so I told him we would have to get up at 7 in the morning...well he went out that night, got drunk, and didn't wake up the next morning. And um, I was really angry at him because he didn't get up so I went upstairs and I did something that I knew I shouldn't have done, but I wasn't really thinking, and I touched him and he jumped up out of his bed and he beat the crap out of me...and he never really um dealt with any type of grief...except in the war.

Giovanna discussed the series of stressful and disappointing events that occurred in her

brother-in-law's life that occurred prior to him taking his own life,

Christopher was driving and they hit somebody and they died and Christopher went to jail for a year. He got out of jail when he was 18, but he learned how to be a mechanic, so he got a job as a mechanic. He worked at the gas station...for 25 years... When Christopher was married to, I don't even remember her name, um, the mother of his children, uh, twice he found her in bed with a guy in the neighborhood...and then they got divorced and he worked at this gas station for 25 years. And the man always said that he would sell it to Christopher...and one day, Christopher went to work, um, and the man had sold it to this young kid. He never told Christopher...so he put an application into a school bus company and he got the job. So he went to work there and then he just bought a new truck and that got totaled. And uh, I'd say about 6 months before Christopher died, he went over to his stepmother and, um, bought her a Flyer's t-shirt and stuff, you know, because she liked hockey. And just tried to be nice to her, tried to visit a couple of times, you know. And she had given back the t-shirt and said 'What do you want me to do with this?' and you can see how things accumulated in his life.

Several of the interviewees revealed that their loved ones experienced some form of external pressure prior to the suicide act, including primarily financial and employment stress.

Jolanta shared that her father had been experiencing a great deal of work-related stress in the time leading up to his death,

My dad was so I think, like toward the end, like disconnected with like himself, and like his body even. And just, it's like, I don't way to say its society, but like when he was pushed to like work and work and work and that became his life and...I think he was just so disconnected from everything.

Wesley remarked that his sister, Serena, whom he lost to suicide, experienced much school-related stress immediately prior to her death. He recalled,

uh, and, actually like a week before that I remember like Serena calling me up before- she was definitely like stressed out about school, like more than she should of. Um, and, I mean, she's like a pretty good, like she graduated high school, um she did have, a uh, like a slight learning disability. um, you would never be able to tell. Like, um, you know, meeting her in person. But, uh, she struggled in school a little bit. She graduated high school and started college. Um, and um, she went to school locally at the Community College. And, um, she was doing good there. Um, I mean she got good grades. And, um, I think she was struggling with maybe like two courses and I think it was like math or something like that. And um, I think it's, it was that that like unfortunately like, you know, she gave me a call the week before it happened. I remember she reached out to me on that date and she was doing a project. I remember her like calling me and like asking for advice. I gave her advice on, like how to go about researching for the project that she was working on at the time. But I definitely knew it like, the tone of her voice, like talking with her, that, like something was wrong.

Carla discussed how her parents were forced to close their real estate business due to financial mismanagement. Her father reportedly died by suicide shortly after their business closed. She explained, "um, so my dad died and left my mom with like \$100 in the bank; they didn't own a house, they didn't own a car..." She then went on to relay after the interview that in the days leading up to her father's death, the family discovered that he bought several lottery tickets, suggesting how focused he was on finding ways to remedy his family's financial woes.

High expectations/self-criticism/un-fulfillment. It was evident that many of the decedents held high expectations for themselves or others held high expectations for them and when things did not go as planned in their lives, they experienced much stress.

Carla shared that her father would refer to himself as a failure, despite her view that he was supportive of her and that he had been a good parent,

So he always saw himself as a failure. Like he went to Penn, his family had done well, he was supposed to do well. My mom, brother, and my uncle, um, when

they immigrated from Cuba they had made tons of money, like multi-millionaires in Miami real estate so my parents always saw themselves as never really good enough. So money was always a big issue...so it was just always like we weren't good enough...even though things were fine...he would say 'I'm a failure, I didn't do this right. You know, I'm sorry I didn't give you this and blah, blah, blah...but he just didn't think that he was good enough...My grandmother, his mother, was really hard on him all the time. And I think that was probably part of it.

Ari, who lost his daughter to suicide, recalled her perfectionistic ways that brought about much of her self-criticism, despite evidence to the contrary,

You know, she had very low self-esteem. You know, to hear other people talk about her all the time, she was like the life of the class or one of the party but she thought everybody thought she was stupid or she couldn't express herself well or that she was the only one in class who did not have a partner. Um, aspects of life were hard for her.

In addition, Yvonne, who lost her husband to suicide, conveyed that her husband was raised in a household in which the expectations that his parents held for him were not grounded in reality, ultimately causing him great difficulty in making sense of the hardships he encountered in his life. Specifically, according to her mother-in-law, "Her son never did anything wrong in his entire life" despite evidence that he had experienced typical mishaps throughout his young life.

Additionally, some decedents were regarded as putting much pressure on themselves to succeed in all factors in their lives. In this regard, Vince, who lost his son to suicide, added, "Antonio was a very high achiever. I mean, he always worked, paid off his student loans, all kinds of stuff..." Further, Ruth reflected in regard to her son-in-law, "Everything he did was competitive." Thus, she figured that he pitted his success and socio-economic status against his friends and never regarded himself as doing enough for him and his wife.

A theme that also surfaced is that some individuals were extremely analytical and their surviving relatives believe that their levels of intelligence or tendencies to think deeply about their surroundings/the meaning of life may have placed them at risk for suicide.

Specifically, Lisette, who lost her brother to suicide, remarked,

He was extremely intelligent, like brutally intelligent. Um, and I also believe that that triggered a lot too...I really believe that, it might sound crazy, but sometimes people are too smart. They think too much and analyze too much and you know, and I think that's one thing that triggered it too.

Furthermore, a few participants shared that their loved ones who died by suicide experienced dissonance in regard to their occupations and the negative effect they perceived to have on others in their work.

Gisela offered the following in reference to the influence of her husband's work in 2008,

Well, just in the sense that my husband was an investment counselor and, um, things at work became very stressful. You know, he, um, stopped having fun at work. He actually really liked what he was doing, liked helping people. And I think he slowly realized at that time there was really nothing he could offer people. And he saw people losing their money and um, you know, became just very depressed about it.

Ingrid, who also lost her son to suicide, followed,

He (her son) was in the stock field for a bank. He did the, um, you know, he was the guy when you go to the bank and they tell you they have a financial guy who can help you- that was Jeff. Which he, by the way, hated. He felt it was unethical the way he was asked to do things. He had a lot of difficulty being, you know, forcing people. He always felt like the charm was not right. He was always feeling like people- he was very nervous that people would think he wasn't handling their money correctly. It was not a good place for him to be because he had apparently more anxiety that we ever knew he had, and I think he was holding it back. And in the last ten days it exploded in his head was what it seemed like.

Resilient patterns. Despite the majority of the participants conveying the idea that they dealt with stressful experiences in which their families were not particularly helpful or supportive, a few participants conveyed experiences of family cohesion.

Ashley reflected upon the time in which her father lost his job:

We would talk to my Dad and make sure, you know, that he wasn't like feeling depressed or feeling, you know, like helpless or, you know, his confidence wasn't, you know, disrupted. Um I would say that we definitely tried to do things to keep his mind off of it. And we would get together with my extended family more often...trying to keep things as normal as possible. Just trying to, you know, keep- we're a funny family I would say. And so we, you know, just always tried to laugh and joke...you know, we all know how to find the humor in it.

Yvonne described an example of how she supported her stepchildren when they returned from their biological mother's house in a state of distress,

And when they came over, of course, they're all in tears, they're all upset, and we sat down and said 'What happened?' And they sat and you know, they obviously cried and talked and they were afraid- which I can't blame them. And um, we just sat and talked it out. You know, let them talk until you know, it was like ok, now what do we do?

The individual experience of suicide loss. Participants responded to the third interview question, phrased as follows: "I know that you lost your (individual's name/relationship to suicide survivor) and I want you to tell me about that. Could you describe that?" Through discussion of their particular loss experiences (sometimes in relation to their family), participants' responses revealed a broad range of themes that are discussed separately in the following section.

Stage of pure pain. Participants frequently described their initial feelings of loss in terms of physical sensations or pain. For example, Wesley commented, "Yeah, like it hurts like anything...to this day it still hurts."

Yvonne recalled,

In the early days, I describe it as; I don't think there was a pore in my body that didn't hurt. I didn't know that you could hurt that bad and still stay sane...that shock, ah, I don't even know how to describe it, but I would spend nights on the floor in a fetal position in my bathroom just going, 'just breathe, just breathe.' You know, the panic attacks. Because I would only sleep about two hours and then I would be up and I would be having the recurring nightmares.

Ashley, who lost her brother to suicide, described the pain her mother exhibited,

She had this cry for that week that was like a scream and a cry in one. Where she would just grip the island in the kitchen and just bend over it and just cry and, you know, just this loud, blood curdling cry that would just, you know, totally, um, and it was debilitating to me, just to hear her cry in that manner. That anything- I mean, I was a wreck that whole week but watching her in that way was, you know, it was- I can hear it, like if I think about it, I can see her. I can hear her. It was just that scarring and, you know, you never want to see someone that you love like that just... I mean, it was just pure pain coming out of her.

Ashley continued, "When she would cry, I would cry; when I would cry, she would cry.

It was just kind of this ping-pong effect where, you know, she started then, I mean, and it felt like it never stopped."

Isolation. Many participants revealed their hardships in relating to others immediately after experiencing suicide loss.

Jolanta remarked,

Everything was kind of like muted and like, it was just weird, watching people. I just felt like the world is so different, but nobody- it's just that weird kind of like, there was just like a disconnect. It's like everybody else's life is obviously the same. Like you're walking down the street, people are laughing, and you know, but for me it was like, my world is over. And it was like hard to, kind of like...relate to people. I was just like, very kind of like quiet and reserved and probably very negative.

Some participants elaborated upon how they struggled to connect with their family post-loss. Specifically, Sonja, who lost her 17-year-old son to suicide, supplied the following,

My mom, you know, she had a full time job, a part time job, a boyfriend, so she was absent every attempt; even when he died, she was out of state or out of the

country, or something, you know. So, and then, my thought is like ‘Who do you go to?’

Blame. Participants’ responses revealed that blame was a common experience post-loss; it spanned blame of the victim, blame of one’s self, blame of other family members, and/or blame cast toward life circumstances. The experience of blame also translated to the family, concealing the cause of death for fear of others casting blame on them.

Monica, who lost her cousin to suicide, states,

So we all, we all just blamed University of Pennsylvania’s architecture school. We all just say, you know, if he had never gone to grad school, he’d be alive today. Because it was the stress that put him over the edge... but then, why did his father have a gun in the house?

Additionally, some participants experienced blame within the family system.

Yvonne explained how difficult the loss of her husband was, in addition to the blame cast on her by her mother-in-law.

It’s my understanding because one of my very close friends called her (referring to the mother-in-law) after he died and she blamed me...and she said ‘Did you tell the children?’ and I said ‘yes.’ And she said ‘I don’t agree with you doing that.’ And I said ‘Well, you know what, in my family we don’t keep secrets...they’re young adults who have a right to know what happened and what was happening. So they can, maybe understand, rather than blame themselves.’

Yvonne also expressed that she was fearful of the blame that her husband’s children may have cast on her. Specifically, she stated: “I was afraid that the kids were gonna blame me. And never want to talk to me again because I was the one living in the house.”

Further, Rebekah recalled the words her maternal grandmother used upon news of the suicide of her mother:

My grandmother, her mother, blamed all three of us (referring to the three daughters of the decedent). And told us that it was all of our fault that she did this. And um, that if we wouldn’t have acted up and if we would have just listened and

did what we were supposed to do and all, that none of this would have ever happened.

Guilt. Much like the experience of blame, it was a common experience for participants to report feelings of guilt.

Erin, who lost her son to suicide expressed,

Um, that's an incredibly difficult piece of a suicide. Because you're dealing particularly with suicide and the amount of family guilt is, that's the thing that is the hardest for all of us. And where we need the most support. Because we all think we didn't do enough.

Ingrid, who also lost her son to suicide and serves as a support group leader to other survivors, followed,

You immediately feel like it's all your fault. I mean, I don't know anyone that I talked to that doesn't feel that way. So there will always remain the sense that there was something I could have done.

Sonja, another survivor of a son who died by suicide, reflected,

In the beginning you go through- I went through every day of his life thinking what I could have- I started from the day he was born and then I even went to like, prenatal and thought 'Oh, well maybe this, or maybe that.' I made myself crazy! I was the queen of like beating myself up, and even like, oh if I didn't give him a jelly bean, maybe he wouldn't have gotten diabetes. And then if he didn't get diabetes, he wouldn't have had depression, and, it was like I...but finally, I think that's what you have to go through. There's no other way around it.

Anger. Anger was a common reaction that participants relayed they felt at some point after receiving news that their loved one died by suicide. It was also noteworthy that anger was experienced and expressed differently by members of the same family.

Jolanta conveyed her siblings' varying experience in response to their father's loss:

"me and my sister cried a lot. Like we, I think, maybe me more than her, and even like, I wasn't angry at first. It was more just like- I mean I was just so sad. And I was sad for him. Um, but my brother was angry.

Specifically, Jolanta expressed the following in relation to the time in which she broke the news of her father's suicide to her brother: "I called him (in reference to her brother) and the first thing, he just screamed, 'Fuckin' coward!' "

Lisette continued in regard to her anger and the way in which her brother's death resonated with her and her parents,

You know, it's like holy crap, that's their son! You know, that they had, you know, and my dad, my dad had to frickin' see that! You know, like, and, and, -- Wow! And, and the anger of it all, you know, toward my brother. Like oh my God, once again...like cause he was always um, selfish in a way.

In contrast, some participants reached a point of perspective in which they no longer felt anger.

For example, Giovanna revealed the following: "I could never be angry at someone for doing this because if that is the best idea they could come up with-how bad did they think their life was?"

Shock. Participants generally expressed their extreme disbelief that the suicide loss had become their reality.

For example, Sonja phrased her experience,

It was just a nightmare. And you can't even believe it sometimes. You still just can't believe it actually happened, you know. And sometimes you just, you know, I remember saying that to a therapist and they said 'Maybe you will never believe it.'

Rebekah, who lost her mother roughly 20 years ago, commented: "I still don't have closure. Um, there's days that I'm not convinced that she's gone."

Yvonne, who experienced suicide loss as a result of her husband's death, conveyed: "I went to work in the morning as a wife and I came home and I was a widow by night. That's how quickly your life changes."

Katerina, who lost her brother to suicide, reflected that the shock of the suicide elicited strong feelings about how she viewed her family and ultimately, how she felt about herself and her place in the family as a result. She commented,

My pain was so acute that I, I wasn't suicidal. But I wouldn't have cared if I died...like Luke was gone, my family is really fucked up, more than I ever imagined. Like I knew there were issues and I couldn't believe that now we fell into *this* category. And I just felt so horribly flawed. But even more importantly, I mean, I had lost a guy I knew really loved me. And that was really hard! I was sure of his love more than I was sure of my parent's love.

Ruth, who lost her son-in-law and niece to suicide, contributed,

What can I say- it's just the most devastating, it's worse than any death. I'm a hospice nurse...and I mean, I've seen all kinds of accidents, we've had people die in accidents in my family, cancer, heart attacks, but none, no death takes you and puts you in just utter shock like a suicide does. But somebody dies at their own hand is unbelievable.

Yvonne followed,

There's usually not a pretty story behind it (in reference to her husband's suicide). No matter who, you know, who can, even if they, you know, had a long history of suicide attempts and all that, it's still not a pretty story. There's not, you know, like to me it's the ugliest death there is. And I know that murder is horrific and I'm not taking anything away from it. They're all senseless, but this one though as it was explained to me- I read it somewhere- I think the reason that makes it so ugly is that you hate the murderer but you love the victim. And they are the same person.

Further, Rebekah, who lost her mother to suicide reflected,

It hurt because I thought that she trusted me enough to talk to me about stuff. But she didn't. There was so much that she didn't...ever tell me. And I think that she did it on purpose, not to be mean, but I guess, not to get me upset. But, I thought

that our relationship was better than that...and it wasn't in the end. But I also don't know who it was. Like I say that, sometimes I think that it wasn't her that did it. That it was one of the personalities that did it.

Missing the deceased/experience of sadness. Many participants indicated that they intensely missed the individual(s) they lost to suicide and noticed their absence on a frequent basis. For example, Ashley indicated, "I still think about him every day. I still miss him and all of those things just as much as I did, you know, two years ago when it first happened."

Carla, who lost her father to suicide, provided,

Now so, now I think about my dad every day. We were really close, and being a parent, I think it's always, oh, my dad would have loved this. Or, I think about my mom being useless with her parenting advice... so yeah, I think about him all the time, not because of the suicide, but because I miss my dad and here I am a parent... you know, so it's mostly positive stuff. And just cause he's not around to share in this stuff.

In regard to this topic, Ashley commented, "Once they pass away, you know, you never say their name the same way again unless you're telling, you know, a happy story that you still end up crying at the end of anyway."

Additionally, participants revealed that they became aware (more so in reflection after the loss) of the psychological pain with which their loved ones lived. and they experienced sadness in regard to their cognizance of their loved ones' suffering.

Katerina, who lost her brother to suicide, elaborated,

You know, my brother was a courageous person. When I got the inkling of his pain when he died, I couldn't believe that he had lived with this anxiety for so long. His physical anxiety was so bad because he was afraid to go to bed with it at night because he knew he would wake up with it in the morning. Like it was just, like it would be like a 9 or 10. Like couldn't eat, couldn't sleep, and then he was afraid that it would just get a little better by evening and he would know that it would wake him up at 4 in the morning again. And he lived like that, for a really, you know, months untreated.

Use of possessions and victim's favorite things as a way to re-acquaint. Several participants shared that they experienced some psychological disconnection from their loved one post-loss, and that exploring their personal objects or engaging in activities of interest to the victim helped them to re-establish the connection. Sometimes the survivors reported that they found new understanding or meaning in regard to the loved one after exploring such artifacts or personal interests.

Specifically, Erin conveyed that exploring the lyrics of a song that her son enjoyed helped her to gain insight into his mindset,

I think the most significant thing for me, what is, that for the longest time after John died, I didn't remember John as John. I remember, the only thing I knew about John is that he was my son that killed himself. That, and it took years, three years at least, for me to start remembering him as a person other than that...um, it took a long, long time and the first thing I actually did was listen to the music (in reference to a favorite CD her son owned) and when I did that, I realized that if you can find in that music, the words he was hearing, which, and he was like, there was a um, yellow brick road and he couldn't find his way home...symbolically, he was listening to, it sounds like, he was trying to be somebody he wasn't. And he didn't know what to do with that. That was when I first began to like feel him as a person again.

Lisette, who lost her brother, followed,

We had to clean out his home; my husband and I cleaned out his home- a thousand million books. And CDs and we had to sell his house, so it was busy, you know. And I was making it busy because it kind of, plus it was weird because I had only been to his house once and so it was like kind of getting to know...him that way but without him there and, you know, now it's like, it's all done. Like 3 years later, but it's still so sad! Now it's sad- it just sucks. You know, everyday I think about him.

Giovanna discussed how possessions and the musical preferences of her deceased brother-in-law have played a role in her coping post-loss,

I have his pocketknife in my make-up. And every day I used to touch it- it's like 3 days a week, but, I just hold it, and put it back. Um, about a year and a half after he died, I was driving home from the shore. 70 miles an hour, playing Christopher's music, I was crying...my heart out. I thought, this is not good, and

so I pulled over and I just cried and cried and cried. At that minute, I decided that I was going to live the best life that I could. And do all the stuff that I knew Christopher wanted to do, liked to do, but couldn't do anymore because he's not here. He couldn't stay.

Conscious decision to be open about suicide. Some participants discussed their thoughts in believing that they felt they had to be honest with others in terms of how their loved one died.

Giovanna expressed,

I will never be embarrassed that Christopher committed suicide. Because he was a good man and that one bad decision didn't define who he was. And the fact the he committed suicide- I'm not embarrassed, I want it to matter to people. But, I feel bad that he was driven to that...you know, you can't hide stuff like that. We're at the funeral telling people, shaking people's hands saying that he had a heart attack and nobody believes it...I look at it in a different way in that he was such a good man that nothing would ever take away from that.

Rebekah, who lost her mother to suicide, explained,

And I understand somewhat why she did it. And I can talk about suicide to people and I can and that's one of my biggest things, because I don't want people to go through this, I don't want kids to go through this...like it's so heavy, it's such a subject that nobody wants to talk about. And um, one of the, uh, support group people said that her priest wouldn't even let her have a group in the church because they're not allowed to talk about suicide in their church. I mean, it's a fact of life that it's happening and it's happening more and more and because people don't know about it and don't know that there's...that's one thing I've done and that's one thing I'll do is talk about it.

Even if participants do not speak openly to all others that their family member(s) died by suicide, it was still apparent that they took a stance in which they wanted to address the issue of suicide directly. In this regard, Carla explained: "I'm teaching social work practice to MSW students and I definitely spend more time now on suicide assessment. I don't tell them that my dad died, um, but I definitely talk about how we don't talk about it enough."

Search for meaning and the “why.” Many participants indicated that at first they were intensely curious about the reason *why* their loved one sought to end his or her own life. As a result, they spent much mental energy thinking about that topic.

Yvonne revealed,

So that- I think will always haunt me. It still does. There are times when I’m just like ‘why, why, I mean like. what was the deal here?! What happened? I just want to know! I mean I think it’s natural human curiosity.

Yvonne followed, “In the early days, I was obsessed with finding answers. Like I said, I went to a million different psychics....I still don’t have any answers, I’m just saying”

Several interviewees conveyed examples suggesting that either they or the decedent prescribed to thought processes that were spiritual in nature. In some cases it appeared that the suicide survivors reflected upon such thought processes in order to make sense of or find comfort amidst the suicide aftermath.

Angelina, who lost her mother to suicide, conveyed her mother’s spiritual perspective. Specifically, she discussed with her mother her fears about her mother’s expressed suicidal thoughts and she mentioned,

She (referring to Angelina’s mother) was like ‘well I will be there, I just won’t be there as me. I’ll be there you know, as a bird or I’ll be there as a butterfly or a bumblebee or something.’ Um, so she was very spiritual in that way.

Angelina followed,

So I have a weird spiritual-like complex with nature...So um, I like that because she kind of left us with that, so it’s- it is even though I didn’t electively say that’s how I’m going to remember her, because of her always putting that in our heads, um, every time I see something like that near me, I feel comforted.

Giovanna, who lost her brother-in-law to suicide, recounted many “signs” and connections to him that she has encountered in the time since her loss. For example, she explained,

My daughter went to the Flyers, the Winter Classic, it's in Boston. a couple years ago. Because my kids were devastated that their uncle Christopher died...um, so they went to the Winter Classic and there was what, 40 thousand people there. And she was walking into the stadium and she said, 'Mom, a guy walked by me that looked just like Uncle Christopher, exactly.' And she said, 'I turned around and looked at him as he walked past me. And he turned around and looked at me.' And she said 'And I looked back at him and the back of his jersey said (family last name). And that's Christopher's last name.' So out of 40 thousand people, that's the person. A lot of us have to believe that Christopher is with us.

Some participants indicated that they preferred to think that they would eventually be reunited with their loved ones, and that there was a greater power overseeing occurrences.

Wesley, who lost his sister to suicide, remarked,

I mean, like the poor thing, I still feel for her and I hope we see each other again...one of these days. I'm not religious but hopefully I'm a good person. If I'm a good person, hopefully I'll go somewhere good I guess wherever that may be. Um, and hopefully I'll see her again.

Katerina articulated,

I feel like I'm guided and I feel like he's around me. I really don't know what form. I don't even want to...I don't know if our little brains are big enough to comprehend the universe, to perceive the light of God kind of thing, but like, I'm very secure in the way that some people are secure in their faith. I have a strong faith that it is all good... It's just so deep inside me.

Although participants reached different conclusions about whether or not they would continue to entertain the question of “why”; whether they found comfort, or whether they found that pursuit no longer fruitful; a common theme was that the experience of suicide undoubtedly changed them in profound ways.

Vince shared,

It changes you- you're different. I very much resent terms like 'heal,' 'process,' and 'move on.' None of those things happen. You have a big hole where your loved one was and you, you build-rebuild your life around it, but the hole is still there. It never fills in. I mean, healing is what happens to a cut finger. I mean, a suicide is rather like a bilateral amputation. You may learn to hobble around on prostheses, but don't tell me you're ever gonna be the same that you were before.

Thoughts that they should have seen it coming. Despite some participants'

knowledge of their loved one's sadness or decompensating mental health, some participants revealed the fact that they struggled to acknowledge that their loved one was suffering to the point where suicide was considered. For example, Sonja remarked: "You know, we had warnings. We could go to therapy; we could work on things; we could look out and, you know, I don't know if people just didn't want to...uh, look at it, they were too scared..." In a related vein, Ruth reflected that even though she was a nurse, she didn't see any signs that her son-in-law was contemplating suicide. Ruth elaborated: "Because, you know, you always think, um being in the medical field, that you should recognize things. But you don't, especially when it's close to you. You never think they would do something like that." Lisette expressed that she remains with "the guilt of not seeing the signs more." Further, she revealed that she placed much pressure on herself because she reflected, "the guilt of it is just not, not...pushing more to try to save him."

However, even for participants who acknowledged that it was a possibility for one of their loved ones to consider suicide, there was denial present on some level.

Ingrid, who serves as a support group leader, shared,

I mean, I think I knew it was a possibility. But, you know, in talking to other people that feel the same way and we all look at each other and say 'yeah, but did you really want to believe your son would commit suicide?' No you didn't.

Keeping busy. Several of the participants revealed a pattern they noticed in themselves or other individuals within their family of keeping busy in the wake of suicide loss.

Carla explained how she took a train from Philadelphia to Florida after she was informed of her father's passing. Her reflections in relation to this experience revealed her general mode of functioning, characterized by keeping active and "doing,"

I'm always so busy. Well, like the train ride was really good for me because I got to just think and be still. And I tend to not be still in general. I think it's hard, I get very bitter.

Vince noted a shared reaction pattern between himself and his son because they became engrossed in their respective works. Vince explained,

I mean, he's never said it (in relation to his surviving son), but I mean, he's, he's buried himself in his work because he never comes out of it. He's had relationships and things like that. But the thing is, I sort of see the same thing in myself – there's the work I do in suicide is my support system. I mean, that's how I cope with it. I don't, you know, I really don't know what I would do if I didn't have to do- if I didn't have this, because it keeps me close to Luke (the son who died by suicide).

Intellectualization. Some participants displayed a tendency to explain their feelings and experience as if they were speaking about another individual, suggesting that speaking in first-person emotional terms was not their preferred way of conveying their experiences. Additionally, some participants who had psychological training tended to discuss their experiences in terms of theoretical positions rather than using down to earth examples of their thoughts and feelings.

For example, Phillip, who lost his father to suicide, tended to speak about suicide in abstract terms,

And I think people, now this is conjecture- that people who take a suicide route don't have, or are struggling with, I don't know if they are- I guess it would vary

if they are struggling with what others will think. Because at some point, they must not care what others think.

However, although Phillip was inclined to intellectualize his experience of losing his father to suicide, he eventually described an experience at a therapist-training workshop in which he was able to engage in some emotional release. Phillip recalled,

I started to sob, and I sobbed and I sobbed and I sobbed. ..and um, I was on my back and I remember some, the only connection I could make was that there was some trauma from my childhood, um. I had a birth defect and I had an operation when I was four and there was some recollection of that and I didn't get on my feet and walk around so I probably hyperventilated for about a half an hour. I said, "Oh my God, I must have all of this emotion in me." It was like having the bends and coming to the surface. It changed my life to get that kind of release and discharge and breaking open for me, a whole lot of things that have been stored in my body emotionally. And I was blessed to have this emotional discharge which led to me eventually opening up a personal growth center...and um, changed my life.

Significance of "firsts." A theme that surfaced in discussion was how individuals felt in relation to their experiences of the first holiday, birthday, vacation, for example, that they had without their loved ones in attendance.

Ashley, who lost her brother to suicide, shared,

In the beginning, ah...there were a lot of firsts for me. Like, the first time somebody said 'How many siblings do you have?' um, was a very...uh...big question. Um, and I was like- uh, I was thrown right back to that day and I was- I mean, I felt like I was thrown against a wall. And, um, I didn't know what to say. I had no idea what to say and all I felt like I could say was I have two brothers. And luckily, that was it...and I just felt like, you know, I can't believe I'm dealing with this. I can't believe that, you know, I have to think about how many brothers I have or how many- you know, like things like that. And I know that it's been a hard question for me ever since.

Ashley continued,

And there's things that I haven't even experienced yet in my life that I know are going to be, you know, very, very upsetting. Like I think about, you know, when I get married someday or when I have kids someday. And he's not gonna be there. And I know, you know, even the future "firsts"- like the first time I have a child.

Or the first time my brother, you know, he has a child and, and, you know, Uncle Scott isn't there.

Trauma of experience. Participants frequently shared gritty details about the violent or grisly nature of their loved ones' deaths, suggesting that the mental picture of the way in which their loved ones ended their lives remained with the suicide survivors. It is important to note that, given the topic of this study and the nature of the details that were conveyed in the interviews, that the researcher had to be mindful to engage in activities that addressed her self-care needs. As a result of exercise and the presence of supportive others in her life with whom she could confide and debrief after conducting the interviews, the researcher was able to regroup and conduct subsequent interviews.

Lisette's brother, after a long bout of declining mood, isolation, and struggle with migraines committed suicide, using a firearm, in his home. In regard to the hours after the death, she conveyed,

...like when we're sitting there all of a sudden everybody leaves and you hear water running upstairs and I'm like, 'What's that?' and my dad's like 'Well, somebody has to clean it up.' And I looked at my dad like 'Are you fuckin' kidding me?'...the guilt of him (in reference to her husband) having to do that! Like, it was unbelievable.

Monica explained how her cousin Michael operated in ending his life: "Michael got his father's gun and after researching the quickest way to die, aimed it between his two ribs and shot it directly into his heart."

Erin described her complex feelings in regard to her son's death via train. Specifically,

He laid in such a way that the train decapitated him. And, uh, which I'm sure he explored and found out that that's a painless way to die. Um, but it's also horrendous for the train people...so I wrote a letter to the train people apologizing explaining that if it weren't for schizophrenia, he would never have done such a

thing...um, you now, I hate that he made somebody else the instrument in his death, but I guess I get it on some level, I dunno.

The family experience of suicide loss. Once participants discussed their specific loss experience(s), they were asked “How did you all deal with this? Could you tell me how that was handled in your family?” Through discussion of the particular incidents and the familial response to these hardships, participants’ responses revealed a broad range of themes that are discussed separately in the following paragraphs.

Consistency in interpersonal response style pre- and post-loss. The general consensus obtained from the interview content is that the affected families generally followed a consistent interaction pattern, post-loss as they had prior to the loss. In this regard, families who were not likely to talk openly and freely with one another in times of stress prior to the loss and/or did not elect to spend time with one another, tended to continue that pattern of poor or no communication after the loss. In fact, some families experienced a further widening of the gap between members after the loss.

In this vein, Ari reflected upon his relationship with his ex-wife prior to his daughter’s death and commented, “She was crazy before and she’s crazy now.”

In fact, in line with Ari’s ex-wife’s pattern of interacting with her family, he shared that she did the following at a memorial service for her deceased daughter,

I know how she was 11 months later at the cemetery, at the unveiling of the stone. She was, um, I know that she- I was very concerned...she was screaming to her two surviving kids that she wished- she should have killed herself and Aviva should have lived! It’s like all they needed to hear was that their mother was going to kill herself at that moment. I mean, she was just not behaving very thoughtfully. But she meant it, I know. She’s, she’s, uh, a very high functioning, mentally imbalanced person.

In regard to comparing the quality of family relationships pre- and post-loss, Matthias followed,

My wife and I, um, really, our relationship has really pretty much disintegrated. Um, there were some cracks in our relationship prior to the suicide and that just pretty much finished it off. Um, we're basically cohabitating.

Vince concurred that if a family did not share a healthy relationship prior to experiencing suicide, that there were bound to be tremendous challenges after experiencing a suicide,

I mean, nothing against suicide loss- if anybody tells you it makes you stronger, it doesn't. I mean, it destroys you. Uh, I mean, if...you don't have some kind of strength there, if you don't have some strong bond there, there's nothing about that kind of loss that brings you back together.

The distance and self-focused qualities that Katerina had experienced in her relationship with her parents prior to losing her brother to suicide was evident in her discussion of her parents' response to hearing about her brother Richard's death. She explained the family tension and division in her own words,

Now my parents, in typical fashion, they had been, Richard was having all of these issues. And they just sort of left it to his siblings to take care of him and they went to Hawaii. And they got to Hawaii. They were probably taking off on the tarmac when he shot himself. They got to Hawaii and my brother had called them. And they, of course, called back. And when they called back, we were down in Maryland picking up his, you know, we were making arrangements. Anyway, my mother said that they weren't coming back. She said we had to make do; he was dead.

Sonja spoke about her relationship with her mother that was historically characterized by a great deal of distance, both geographically and psychologically. Sonja also did not share much closeness with her husband both prior to and post- loss of their son.

Sonja, in regard to her mother's reaction, post-loss of Sonja's son remarked,

My mom, you know, she had a full time job, a part time job, a boyfriend, so she was absent every attempt, even when he died; she was out of state or out of country, or something, you know.

Sonja shared the following about her husband,

My husband- he wouldn't um, he went to therapy with our son a couple times but then he wouldn't go. And the therapist was saying 'Get him back in here.' And

then I'd tell my husband and he would say 'No, I don't have to go.' So yeah, it was a freakin' nightmare...he didn't want to go and hear that he, you know, was never around or that he was mean, or you know, that he...- no he didn't want to. It was easier to go to work and, you know, put it all on me...and so I wanted to talk about it (referring to her son's death) but nobody else- well my husband first of all, he didn't want to talk about anything.

Conversely, the general trend was for families that enjoyed feelings of closeness and time spent with one another prior to the loss tended to continue that pattern after the loss.

In this regard, Ashley, who conveyed instances, in her reflection, of how her family banded together in stressful times prior to the loss, shared how they handled the loss of her brother,

I think for my family- no one ever was angry and no one ever, you know, thought, you know, how could he do this to us? It was never about us; it was just about the struggle that he went through and we really tried to focus on the fact that, you know, he was no longer in pain and he is no longer suffering. I think is really the route that my family tried to take.

Erin, who also enjoyed close relationships with most of her immediate family prior to the loss contributed,

I tried to recognize that this is their brother they lost. And that they need a mother. And they need a mother that, you know, focuses...and so I'm watching everybody, um, do that. Uh, care for each other and, um, uh give each other space and remember each other, and um, check in on each other, and there's a lot of that. And, um, you know, and we have learned more about each other.

Even though there was some segmenting post-loss in Yvonne's family after she lost her husband, she mentioned that she was blessed with her children who helped her through it.

In this regard, she said "Because we had to help each other."

Significance of "firsts" and post-loss times of celebration. Several interviewees conveyed how emotional the anniversaries of their loved ones' deaths were, as well as any large event that called their attention to the loss of their family member. Discussions

of how the family chose to acknowledge such events provided a window into their post-loss cohesion overall.

Erin, who has historically enjoyed a warm relationship with most of her immediate family members, discussed the importance of observing her deceased son's birthday,

My sister texted and said that she and her husband wanted to come up and visit us this weekend. And they did last year too. And the reason everyone comes is that it's John's birthday...I explained what we were going to do and that some of the stuff that we were planning to do on John's birthday probably weren't that kid friendly and she said, 'I can go either way...it's entirely up to you.' And then she follows it with 'It depends on what kind of weekend you want. A loud, noisy kid weekend or a quiet adult weekend. So then I was able to go, "I really want the quiet adult weekend", and she was like great. So in that way, it allows us to be honest with one another without, um, hurt feelings or stress or any of that. Um, so I think, I probably think that's probably the key.

Furthermore, Erin revealed the difficulty that her family experienced in actually celebrating these occasions but nonetheless, their commitment to gathering. She said "We had a wonderful Christmas. Um, it was a tremendous amount of effort to be happy and joyful, but it was important to do."

Conversely, some families who struggled to pull toward one another in order to cope reported negative emotions that surfaced in times that have occurred after the loss.

Matthias explained,

It's hard for us to go to a wedding or a family function because he's not there. You know, just the loss of him plus everything that my wife and I did for him and raised him. It seems like, um, it's sad to me because it seems like it was not a waste at the time. But now it seems like a total waste, everything was for nothing. Even though I know deep down, that's not true, but that's sometimes how I feel and it makes me sad.

Loss that occurred closely after suicide loss. In some cases another loss due to health complications occurred within the family in close proximity to the suicide loss.

For example, Carla indicated that three months after her father died by suicide, her paternal grandmother passed away. Carla mentioned,

So I don't know how my Grandmother coped (with the loss of her son). I think she lost the will to live...because I don't know what she died of, to be honest. I couldn't even tell you...I think it was just old age at that point. I think she just like lost it. Like she wasn't walking, she wasn't exercising; she wasn't trying to do stuff. Everyone thought she would make it to 100. With walking to the dining hall for dinner, she started getting dinner delivered to her. Like that kind of stuff stopped. So, yeah, I think she just lost the will.

Additionally, some families reported that they were unable to resume their pre-loss level of functioning, causing them to experience loss in other life domains.

Matthias revealed,

I just miss him so badly. And um, I'm just- I am doing much better than I have been doing, but it's still very difficult for me. Um, I'm on, you know, I lost my job. I don't have a job to go back to at this point. Um, so I was able to be on long term disability and, then um, to collect social security. Um, so that makes me sad too because, um, I lost my career...so along with him, my whole family lost a laundry list of things.

Family is left to pick up the pieces. For several of the participants, a theme of figuring out logistics amongst their family was prevalent. However, this theme also corresponded with the pre-loss cohesion of the family because families who were close and problem-solved well with one another tended to continue that pattern of interaction post-loss.

Lisette, who lost her brother to suicide, recalled,

You know, so it was like all of a sudden our family, my husband, and my parents got in this little huddle, you know, where it was like, this is what we need to do. And my husband took control. You know, he (referring to Lisette's brother) didn't have a will, he didn't have anything. He wasn't married...and we also because very, um, um, I can't think of the words, um, we didn't want- we wanted to tell my niece...at a certain time and in a certain way and we didn't want her mother to know too much. We um, became very protective, I guess, of the situation too, with them. So it's kind of like we kind of, you know, just wanted to kind of bond.

Conversely, in instances in which families operated in a more fragmented fashion, it was clear that serious ramifications accompanied the burden of the post-loss problem solving falling on one or a few individuals.

Rebekah, who lost her mother (who was a single parent to Rebekah and her 16 year old twin sisters) to suicide, expressed,

I was 18; I was in high school getting ready to graduate and, um, so I had to worry about that. Then I had to worry about the house and getting rid of the house and trying to figure out how to get the bills taken care of 'cause I didn't have money, to um, pay them all. So I didn't do it, I didn't, I didn't grieve.

Segmenting in the family. A theme that became apparent is that families typically experienced a segmenting of support amongst its respective members. In this regard, even if a family was drawing together overall to support one another, it was observed that individuals within the family system would form especially tight clusters to the exclusion of other family members. In this vein, Monica commented, "Suicide really breaks up families because there become factions."

In a very graphic example, Giovanna relayed how the family of her brother-in-law, Christopher, reacted in anger toward Giovanna's family, particularly the surviving wife (Ellen) of the decedent (Christopher). Thus, both sides of the family were at odds and were unable to come together to support one another in the wake of the loss.

Giovanna recalled,

There was a knock at the- no, I went out to the kitchen to look and I see a girl coming up the drive who looked very, very angry and um, well she said, "Where's Ellen? (Christopher's wife)...then there was another girl behind her and two really big guys. And I'm like 'What?' ... Josh, Ellen's youngest, who was devastated by losing Christopher, was sitting on the sofa and they were waving these papers at him. And he didn't know what they were talking about. I didn't know what they were talking about...and I tried to keep Ellen in the other room...and then when Ellen left the bedroom and came out, a very, very large fight started...and um, I called 911. And then, uh, this girl punched Ellen,

knocked her out, and she was on the floor. She came to, she stood up and they started arguing, fighting more...and the cops took them away and told them not to come back.

Some interviewees also reported that there was a segmenting of emotional responses within their families, which complicated how surviving family members related to one another.

Giesela supplied the following example,

I think one thing that surprised me as a therapist, um, a little bit, and maybe it shouldn't have, is the fact how different we all grieve and, um, that although we're close as a family, at the same time, it's really hard to support each other in their grief because, especially when the grief is very fresh and raw. But I still see a little bit of elements of that where my older son becomes very emotional and starts talking about it and, you know, sometimes he gets angry. He's angry at his father. And my younger son really can't tolerate it. He would leave immediately. Um, and then sometimes I feel like I am reaching, um, my limits listening to my older son and sometimes I have to tell him 'You know, you really have to talk with your therapist about this because I feel like it's pulling me down.' So, I think that is very interesting that, you know, I guess before this happened, all of us thought in a family, you can help each other. And in a way you are helping each other but, you know, everybody has their limitations of how much of each other's grief you can take on.

Changes in family relationships. Although a majority of the families demonstrated consistency in the quality of their interactions both prior to and post-loss, it is important to note that there were a few instances in which a change in the family relationships occurred.

Yvonne noticed some changes in how her family related post-loss of her husband, her stepchildren's father. The roles in the family shifted as a result.

In Yvonne's words,

And they became very close. I mean, there were times when they would all be home when I felt like the outsider. And, you know, some of that is because they all lost a father. You know, but I didn't see it at that time. I was like, well, I, like are you punishing me because you think that I wasn't there for you type of thing. Like almost like- it was hurtful at the time- because I needed them too. Um, uh, so

I think, you know, that for a while, but in some ways, that happened even before their father died...but it was more pronounced to me at that time.

Carla revealed that she was not uniformly close with all three of her brothers after the loss of her father. In fact, despite the fact that she and her one brother, Alan, engaged in some of the post-loss logistical work together (e.g., planning the funeral, managing the estate, etc.), she felt as if he didn't think she was doing enough. In this regard, she shared, "Yeah, I'm close with Mitchell and Logan. Alan and I don't talk at all. Although at this point there is nothing negative- we are just very different. I think he's very consumed in his own life. He's got two twins. Him and his wife, they're into the publishing world. They write books, and they're into traveling, and all their stuff." Carla continued, "All I know is that Alan and Mitchell now really don't talk since they started fighting over the estate. So I think the grieving over my Dad's loss kind of made them to argue."

Seeking support outside of the family. It was evident that a majority of the participants found their friends to be an integral source of support, sometimes filling in where family members were unable to be supportive.

Yvonne shared,

I don't even know how my friends did it. They listened to me babble for hours. I had one friend who lives in North Carolina...she would call me every single day. Even when- and she would say 'You don't have to talk to me. Just tell me you're ok.' Um, other friends just showed up. Like the first birthday that I went through, um, they grabbed- they just planned a weekend at the beach. They all came together. There's like, there's like 7 of us. We all went to the beach and they're like 'You're not spending your birthday alone.' So they would organize girls' weekends and everybody would get together...they just wouldn't let me go, damn it!

Phillip, who lost his father to suicide, expressed throughout the interview that his family (both extended and immediate) was not very cohesive or supportive of him. As a result,

he described: “And I have gone out to create. I’ve been in impossible families, so which are difficult, and I have gone out to create alternative families and communities.”

Additionally, participants indicated that experiencing a suicide in their families made clear who in their support network was genuine. Specifically, Lisette stated,

If people are going to judge us, then they are not our friends. You know, that’s one thing that you do learn when you go through something like this. Who truly are your friends and who’s really going to stand by your side.

Lisette continued,

My mom talks about my brother often. But it’s not like that open communication where I am one who, not that I love to talk about it, but I need to talk about it, you know. That’s where my girlfriends come in...you really need that good friend to really open up with in a different way.

Ashley expanded upon the concept of supportive friends to discuss the support her family received from friends who knew the survivors as well as the decedent.

Ashley discussed the support her parents received from their friends in the aftermath of her brother, William’s suicide,

They were very supportive and they were there for her constantly. Um, and they basically, um, would do anything for her. And she would talk about it with them and they would be a listening ear, and um, they really tried to empathize with her as much as possible, and I think for all of them as mothers, they were really able to, um, understand. And I think that’s the reason why they were able to be there for her as well as they were, is because they all knew my brother, um, since he lived with them (in reference to her parents). When they would all get together, he would always be there. You know, he was always invited. And they all knew his struggle. And they all knew what he was going through. And they were very supportive of him and he was very open with them. And I think that, you know, they were very upset when he passed away because they were not only upset because their friend’s son passed away but they were upset because William passed away.

Importance of physical togetherness. Despite the importance that participants assigned to open discussion with others in regard to the loss, in several instances

participants conveyed that the mere willingness of an individual/group to be there with them in their pain was valued.

Ashley revealed the following about her father, a man she did not regard as the “talking type,”

Um, he didn't, I mean, he really didn't talk about it though that I know of. But he did have good friends up there (in the Poconos). Um, that even if they weren't necessarily talking about it, they were still there for him. You know, and they would still do things with him. And keep him occupied, and keep him busy and have laughs and jokes and have good times.

Lisette discussed the importance of seeing her parents on a routine basis for dinners even though they did not tend to talk openly about the loss of her brother.

Newfound appreciation for certain family members post-loss. Several participants commented that they were surprised with regard to the level or quality of support that they received from members of their families. The surprising nature stemmed from the strained or less developed relationship quality that they shared with these given members prior to the loss.

In this regard, Erin reflected,

Don (Erin's son-in-law) was the one that helped me the best. He, and I didn't know, if you had asked me before which one was going to come to your rescue, I never would have picked him. No, but he is the one. And he sat next to me for those hours. And I do remember that. And those hours when I was waiting for my sister to come- he kept feeding me tea. I remember that. I kept thinking that I was going to swim away. Um, because he didn't know what else to do, but he sat next to me, arm around me, and every time somebody tried to tell me to shut up, he told them to shut up and go away. He said 'Go someplace else but she needs to work through this.' He was sort of the person just keeping everybody at bay and just letting me let it out in every way that I could...but I never thought it would have been him. Never ever. I mean, I love all of my kids, but I just wouldn't have picked him as- he's not the touchy feely guy. I just never would have picked him as that guy. So in that way, you know, I saw a whole different side of Don I never even knew existed and there it was.

Lisette indicated that the relationship between her and her husband grew closer as a result of witnessing how he took the reins and helped the family through the logistics and decisions that needed to be made after her brother died by suicide.

Lisette shared,

My husband is the one who just did everything. Um, and if anything, it became, we became extremely, so much closer. It was like, who ever? You know- it's, I looked at it like, this could totally rip a marriage apart or this could totally bring it so much closer than anybody could imagine. And that's exactly what happened.

Katerina has reflected on her family's functioning since the loss of her brother, Richard, and she has come to a different appreciation of her father,

I didn't know how my dad loved me, loved us. Um, He was telling me about like, wow, you know Richard, he liked jazz; I liked jazz. Uh, I didn't know, uh, he had a very generous spirit that I didn't know about. Um, you know, even though my mother was really uptight about finances, my brothers, my brothers got themselves in all kinds of credit card debt and my dad just gifted them like a tremendous amount of money and bailed them out. No questions asked. It was like- He understood that everybody was in pain.

Perceptions of general functioning after the passage of time. The final question of the interview protocol included inquiry phrased as the following: "How are you feeling today and is that different from immediately after your loss?" Participants varied concerning whether they reported that they perceived things to be holistically easier or harder after time passed since facing suicide loss. Most often participants reported that they had persisting feelings of general sadness and that they missed the decedent. The intensity of the emotions or experiences of memories tended to resonate in a less intense fashion now, compared with immediately after the loss. Furthermore, the experience of the intense memories tended to linger less as a function of passing time.

For example, Ari conveyed,

The first 8 months is pretty repetitive. You know, it's just, it was unbearable. Uh, it was well, for 6 months back then, I called them Post-traumatic startles. I would just get, anytime day or night, I'd get like, um get ambushed by some terrible thought...now, um, as I continue to heal, deep stuff comes up that hadn't come up before because I'm able to handle it, I would say...so it was a wound that I could deal with and then it went away. You know, but it doesn't, they don't stay, they don't, you know, ...they are definitely shorter duration...I guess they're less intense also.

Erin corroborated that thought with her reflection,

So now, I still, he (her son) still is the first thing I think about. You now, I wake up and it's not that I go through my life and 20 minutes later I think 'Oh yeah, and my son's dead.' It's always still there. But it's not traumatizing anymore.

Ingrid reflected,

You know, the only thing that gets you past that is time, I think. I think you need to allow...it's a different, it's a, you know, the grieving process is a different- you never really get to an acceptance. And, the guilt, the feeling there was something you could have done- it's almost like you have to mull it over and mull it over and mull it over and take one step at a time.

However, there were a segment of the participants who indicated that their feelings varied day to day in regard to their loss. Thus, an overall pattern of feeling was difficult to identify.

Erin, who lost her son to suicide roughly two years ago, shared,

Well, yeah, it is- it's worse I think. Um, but today's a bad day. But, um, I was numb the first 6 months. Um, I mean, I cried tons and everything, um, but I didn't- also, you know, he didn't live here. So his, um, absence wasn't immediately felt...so lately I've been really struggling with the realization that I'm- the concept of never seeing him again is...very distressing. And it's not a concept that you get right away. Um, and, so it takes time to soak in, and I don't think it's all there. But there are things that are different when the first, um, that first year, I never woke up without re-experiencing the trauma.

Overall, however, the majority of participants endorsed the fact that they regarded the quality of their life post-loss to be "different." There was a desire, across participants, to

move forward and the approaches in which they have found to persevere post-loss will be discussed separately.

In regard to the experience of suicide within the family, Vince commented,

It just keeps going and at some point, though, it doesn't get any better, it just stops getting worse...and then you sort of get caught up with it and, you know, life doesn't leave you alone. You still have other children, you still have a job, you still have to provide for yourself. And um, you know, then you realize, well, you gotta do something to help yourself.

Seeking out support of friends. As discussed previously, a majority of the participants often sought out the support of friends, a chosen family of sorts, to cope with their feelings post-loss.

Jolanta revealed the following about the steadfastness of her friendships after she experienced the loss of her father to suicide,

I was very probably selfish in my friendships too. Like I just, I took and took and like I had nothing to give. So I'm just very lucky that so many of my friends like stuck with me throughout it. Because looking back, I'm like, oh my God- like I just really was like a huge drain on probably everyone.

Importance of support groups and empathetic others. Participants heavily endorsed attending peer-led suicide survivor support groups as an essential, helpful element in their healing processes. Participants advocated for the empathy that the group members could offer as well as the hopeful perspective of a healing that those individuals who have grieved longer could extend.

Matthias shared the following after listening to a peer who had recently lost her husband and proceeded to blame herself for all that she perceived she could have done to prevent the suicide,

It was like an epiphany for me. Because it's like, 'that's me.' And there is absolutely nothing that I could have done, um, to stop it. And even if I did stop it that night, there would have been other opportunities...but after that woman said

that, um, it was like...it was like it was lifted from my shoulders. It was really strange, like that day, like that instant, like I just felt so much better. Knowing that in my mind I couldn't have done anything...um. I found, I find a lot of solace in going to the SOS group meeting. And being around other people who are experiencing the same thing, because, um, their other family and friends and regular people have no idea, because they've never experienced this.

Sonja offered,

Oh, I started going to meetings probably 3 months after George passed, and I've been here and there and, but um, at some points I'd go every week- I'd find different ones- you know, they're really beneficial and there will be other times, you know, where I hadn't gone for months and months. But, um, it helps to be with other people who are going through the same thing. And then to see, um, you know, you're really not alone because it's a very lonely place. You know, I want to talk about George. He was, um, you know, he was just so important to me that I can't, and yet, you know, who am I going to talk to about George?

Erin, who lost her son to suicide, stated,

Cause people don't say his name (referring to her deceased son) out loud! I just want to mention it. So, um, it's really, so that's a critical, important part of that group, is giving parents a place to talk about their kid.

Linda, who lost her son to suicide, recounted that she felt at peace with her grandsons' future because her grandson's mother was taking them to a grief group for young children. She revealed,

I realized that they were doing ok. They have a wonderful program...and they have gone there and my daughter-in-law was faithful about taking them and they went to another one that most of the participants had loved ones that died from suicide. So I saw them and they seemed to be happy.

There were a few participants who did not mention attending support groups but conveyed the positive, insightful impact of conversing with other suicide survivors in less structured settings. For example, Jolanta shared,

I was going to, like, a new gynecologist because I was up in, um, North Jersey just for, like, the year working and, you know, you have to fill out like all the different forms and I was like, 'ok, he's deceased.' Why? I'm like 'suicide.' So then like the Gynecologist, who I have never met, he like brings me into his office first and he's like looking through my chart. And he's like, 'suicide.' He's like

‘My brother committed suicide.’ And I mean, this was so- maybe it was only like a year later- but it was like, it just so like, wow, like... And he’s the first person that I met because I had never gone to like suicide survivor day or anything. He was the first person I met like...ok. I left and I was like I almost needed a drink because I felt violated. I was like, “Oh my God”, like, I’m like at the Gynecologist, and like, for the first time really talking to a stranger about like, you know, my dad. But it was nice, because it was like, there’s like other- I think part of it, right after it happens, is you feel so alone. Like nobody can possibly understand what you’re going through. And it’s like, Oh my God- this guy has been through it. And he’s like this functioning... like, he’s a person, you know. And he knows what I’m talking about. And it was like oh, ok. Like I’m not the only one that like feels like this.

For some individuals, attending awareness events in which they were amongst a crowd of suicide survivors was profound, whether they spoke to others at the event or not. Angelina discussed the fact that when she was ready to participate in awareness events, specifically the Out of the Darkness Walk with the American Foundation for Suicide Prevention, that it was a tremendously positive experience for her. She said: “And I was like, you know, making all these improvements and finally doing something public, you know, and I really just wanted to be around people who had experienced the same feelings I had, and that was really powerful.”

In line with the preferences that participants noted in regard to speaking with and spending time with individuals who implicitly understand their experiences, the cathartic aspect of merely talking about their loved ones was deemed important. In reflection about the experience of being interviewed for this project, Erin remarked “The best part of this interview was getting to talk about Bob and tell you how bright he was and what he accomplished.” She has reportedly found that individuals who are not sensitive to suicide loss commonly ask her to speak about aspects related to his death (e.g., how he died) rather than about his life (e.g., his talents and interests).

Beyond the therapeutic effect of attending support groups, participants revealed how they have sought to serve in leadership roles in such groups with positive effects. Sonja, for example, indicated that she had a greater desire to help others and the path of serving as a support group facilitator seemed well-suited to her in fulfilling that goal.

Desire to spark change. In light of the expressed desire to help people and help families who have been impacted from suicide, Erin stated “The world forgets about you four months after it.” As a result, surviving families have a unique perspective about how the pain lingers. This awareness reportedly led participants to reach out to others who have experienced suicide loss in order to reassure other survivors that they would not be neglected; that their pain was unique and that there is hope. Other survivors sought to volunteer their time and energy in suicide prevention efforts.

Rebekah, since having been impacted by her mother’s suicide, noted that despite the advocacy efforts that have been made thus far, society has a long way to go in order to address the issue of suicide appropriately.

Rebekah, in comparing the suicide prevention advocacy events to those for Breast Cancer asserted,

And there’s advertisement after advertisement and there’s, you go down there, and there’s all these tents of information and give-a-ways and everything that day. And then you go and you go down for the Suicide walk and there’s two tents. And there’s no news coverage and there’s no advertisements and there’s no anything cause nobody wants to talk about it.

Use of humor. A theme that arose was the healing power of humor.

Ashley, who lost her brother to suicide, reflected,

Like, you know, even on the way to the funeral, um, we were talking about William and, you know, my brother was saying ‘You know, he would hate this, He would think this is so stupid that we’re all going here and doing this.’ And we were saying in the car that, you know, he would have much rather, you know,

everybody just went out to a bar and, you know, got hammered. You know, and said- it as like, just little things like that, um, were therapeutic in a sense, to just kind of, you know, talk about silly things he did and laugh about. You know, the things that he would say and the things that he would do. And tell stories and it kind of gave us a sense that he was still, he was still there and he was still a part of all of us in all of our memories I think. So, humor was definitely a big part of it.

Angelina recalled a comical scene that occurred shortly after her mother's suicide,

I remember the night, the night before the memorial we were getting, we were just like hanging out late. Everybody was there- we had dinner at the house. Um, and somebody, I think it was my grandmother, put on, um, like Neil Diamond- and she loves him. Now granted, she was completely gone, like drunk off the roof gone. And, um, she started doing a little kick-line. She dances a lot when she's drunk, yeah. She's like in her 80s but she can still do it. And it was just so her and so funny, we just got up and danced with her. And, we were like laughing and joking, and um, singing, and it was so hysterically dysfunctional- but it was, it was them, you know. To me that was comforting because those are my memories of them, just doing crazy things and being uninhibited. That's them. So to be able to function like that under high stress was very comforting to me.

Family's focus on young children and the next generation. A prominent theme that multiple participants discussed was the power that focusing on the next generation had for their family in coping with the suicide loss.

Carla, who lost her father to suicide, relayed that she was pregnant at the time her father died. She conveyed the following about what the expectations were for her, as well as how the birth of her new baby influenced how she and her family coped,

Take care of the baby...take care of me and the baby. Um, it was interesting to and it was interesting how healing that was for people seeing me. So, um, but how healing- like, you know, one life goes, and everyone here comes another life and blah, blah, blah. Now, to take care of the baby. And so, that's how I coped I guess.

In a related vein, Vince commented,

You know, my daughter, I think, um, she dealt with his loss, I think the reason we have a grandchild is because she lost her brother...it's almost like she needed somebody to love...and, you know, the interesting thing is, his- my grandson's birthday, he's 15 now, is the day before Luke's (the son who died by suicide)

birthday. Yeah, it's really kind of remarkable because it...you know, it would have been a really painful time, but we just, you know within a year and a half, two years of the baby being born, we couldn't be upset on Luke's birthday because we had this baby...basically that was a tremendous help and that's something probably- I mean I would not underestimate what a positive effect that had on us. He didn't replace Luke in any way, shape, or form, but I think it's kind of hard to cry and grieve and bereave when you're holding a baby.

Phillip followed, "The part of me that knew my dad had loved me so much, that some hope or fantasy, that if he had known that he had a grandson coming, that it would have made a difference."

Importance of caregiving. Across the interviewees' responses, it was apparent that either serving as a caregiver to another life or noticing the impact of others' caring efforts was healing and contributed toward endorsements of hope, post-loss.

Linda shared how owning a dog helped her to re-integrate with the people around her post-loss,

And I met the same people walking their dogs and a few new ones when I moved around the corner. So the dog helped me stay focused, stay in contact, and greet and talk to people that walk their dogs.

Sonja revealed,

I got a dog. That was my daughter's thing, and I have to say, she's been, I never in a million years thought that, um yeah, she definitely has helped me so much!...owning the dog, I mean, I know it sounds crazy...but I- she just, um, has really helped me more than- I mean, I've done medication, I've done therapy...she's been great.

Sonja also discussed how her daughter has coped by helping her and that this action was in line with her general temperament. Although it is a reverse in the typical family roles, she reflected,

And then my other daughter, Cassidy, she's, um she dealt with it, but she's dealt with it more, I think being a caretaker for me. Which, is not the way it's supposed to be, I know it's messed up. But...she's a nurse, and I guess that's her nature.

Wesley, who lost his sister to suicide, reflected,

The other thing that I did too, like every year, um, that helps as well is um, at her grave, um each summer, um, I plant sunflowers there- it was her favorite, uh, flower. At her gravesite there is like, we have like a little garden set up right above her grave. Uh, and the sunflowers, it's nice during the summertime, how they rise up and uh, they are honestly a little bit taller than the gravestone so it's just, it's nice to have like that life, like something, you know even though Susan passed away, to have something living like right where she is, like something growing and thriving.

Keeping rituals and honoring the victim. Some participants revealed that they engaged in activities that were meaningful to the victim as a family or on an individual basis in order to pay tribute to their loved one.

Wesley shared,

Um, you know, we still miss her everyday but um, the, the, the time that has just helped so much with like with remembering her and also like each year, we do that, like doing that annual race really helps too, like getting everybody together and family. Um, to remember her.

Giovanna mentioned that her brothers have paid tribute to their deceased brother-in-law, Christopher, by taking a vacation that they have all discussed doing together when he was still alive. Giovanna recounted,

And the next year, in July, um, 5 of my brothers, Christopher included, were supposed to go to an Alaska fishing trip. That they had been planning for like two to three years. It was my brother's 40th birthday and that was his gift from his wife. So they weren't going to go, but then they decided that the four of them would go anyway. And, um, ...they took some of Christopher's ashes with them, and, um, his cigarettes, cigar things or something- he used to like to smoke. And, um, a bottle of Jack Daniels, and, um, they were on a glacier, and they found a waterfall, and they took all that stuff out with them, and they put Christopher's ashes in this waterfall and they all swished their hands in it and drank the Jack Daniels, and smoked the cigars, and talked to Christopher and said the stuff that they weren't able to say at the funeral.

Giovanna further revealed,

...I made a conscious decision to go to every baseball game I could- we loved baseball. And I thought- Christopher would like this. Christopher is watching me do this and I will think of Christopher while I'm doing it.

Use of social media and the internet. It is noteworthy that given the cultural changes that are occurring at the present time, participants had Internet-based options available to them; some participants found these to be particularly helpful post-loss. For instance, Matthias indicated that he and his son's friends created a Facebook page in honor of his son. The page included videos from the memorial service and served as a forum for friends and family to post thoughts they had in regard to their loss. Matthias indicated that the page has been active for roughly three years, and to this day people continue to post reflections, share memories, and upload pictures of Matthias' son as a way to keep his memory alive.

Other participants indicated that they utilized the Internet as a way through which to seek support for themselves by connecting with other suicide survivors.

Katerina discussed how she was able to reach out and benefit from the kindness of others as well as bestow kindness in her own right, post-loss. Katerina mentioned the following interaction,

So, there was a woman in Australia who I think like three months after- she lost her daughter. I think of like Auntie Em, you know, like the Wizard of Oz, out in the outback there, and losing your daughter. I just can't even imagine! Losing my brother was so bad, I just can't even imagine! So I sent her some books that were helpful to me... and so I sent her a couple of books, because I didn't know what else to do except to tell her, you know, that it does get better and they are all telling me that it does. And that was the lifeline... She was so good, she was so kind. But she never got over that kindness of like getting books in the mail, you know. But that is the kind of thing that keeps you going.

Shift in life mission/advocacy Numerous interviews revealed that the experience of suicide in the family propelled individuals to re-assess their lives and engage more

fully in formal suicide prevention efforts, to reduce the likelihood that other families would experience the horror they have come to know.

Vince provided an articulate reason for the movement toward advocacy,

Certainly it's all because my son died, because there's a part of me that's driven, but I don't know whether it's, uh, I'd like to think that, you know, that I've confronted it. That I'm not running away from it, I'm not hiding from it. But at the same time, I'm at a loss to say. I still think it comes back to though, why it was never answered, never worried about, never trying to answer the "why" for him, I'm still obsessed with that "why" as far as all the other people dying.

Summary of descriptive findings. In summary, the majority of the participants indicated that their families confronted numerous stressors prior to experiencing the loss of a family member to suicide. These stressors that were experienced within the family system included: mental health issues (including character pathology such as narcissism), abuse, divorce or family separation, exposure to violence, maladaptive interaction patterns (e.g., anger and intolerance expressed in interpersonal communication), substance abuse, physical illness, poor communication, emotional pain in childhood, family history of suicide, and external stressors and loss. Additionally, participants reported feeling that individuals within their families held unrealistic expectations for themselves or others and members of their families displayed actions or revealed thoughts that were indicative of personal un-fulfillment. Despite the large majority of individuals who described pre-loss patterns that included descriptions of these factors, a few participants reported patterns of resiliency in their families which were characterized by the family's tendency to talk openly with one another, spend time together, and share in exchanges of positive affect (e.g., use of humor in their interactions).

In light of the experience of losing a family member to suicide, participants reported, in their own words, many themes in regard to family functioning that were

based upon recollection and their shared family experiences with the decedent. These themes include the following perceptions: feelings of pain, isolation, blame, guilt, shock, and sadness/longing for the deceased. The interviewees' contributions revealed that they engaged in various activities/thought processes in which to find meaning, in light of their tragic loss. Furthermore, suicide survivors engaged in relevant grief-oriented psychological processes (e.g., intellectualization and analysis of the warning "signs" that they missed or did not fully acknowledge) and lamented the difficulties they encountered in adjusting to their "new normal" in the aftermath of suicide.

In regard to the comparison of family interaction styles both pre and post-loss, the affected families generally followed a consistent interaction pattern post-loss as they had prior to their losses. Thus, families who were not likely to speak openly and freely with one another in times of stress prior to the loss and/or did not elect to spend time with one another, tended to continue the pattern of poor or no communication after the loss. In fact, some families experienced a further widening of the gap between the surviving members after the loss. Families were also reported the experience of divisions or of an uncomfortable shift within the roles members played. Conversely, the trend for families that enjoyed feelings of closeness and time spent with one another prior to the loss tended to continue this pro-social interaction pattern after the loss (regardless of whether or not they discussed details relevant to their suicide loss when together). The participants also indicated that it was particularly difficult to "move on" in light of holiday celebrations and anniversaries that served as reminders of their loved ones and also in light of additional losses that occurred within the family subsequent to the suicide event. Some families, although it was not common across the participants, reported that they were able

to band together and experience a newfound appreciation for the support that family members were able to offer. The interviews also revealed the power of support that was received outside of the family home via connections with compassionate friends. In fact, a majority of participants reported that they sought support outside of the family often in the form of grief therapy and/or peer-led support groups (face-to-face or online).

In discussing the experience of life after suicide loss, participants revealed that the loss was profoundly painful and that the sadness lingered. However, the intensity of the pain and the experience of trauma appeared to dissipate as a function of time, in particular after the first 6 months had passed. Participants revealed, however, that the quality of their life post-loss was undoubtedly “different.” The participants by and large expressed the fact that they had a desire to “do” something in order to cope with their losses. In this regard, they offered several suggestions that they found to be helpful in their healing processes that included the following: involvement in support groups, discussion of their loss with empathetic others, seeking out support via their friendships, engagement in suicide prevention advocacy efforts, use of humor in recollections of their loved ones, and keeping rituals in order to honor the decedent. Participants also shared that serving as caregivers to surviving members of their families (particularly those who were younger and constituted the “next generation”) as well as caring for animals was helpful in shifting their perspective toward the promising future life that those who are left behind are left to lead.

Chapter 5: Discussion

Summary of the Findings and Comparison to Existing Literature

The purpose of this qualitative study was to explore the unique experiences of relatives of individuals who have died by suicide, termed *suicide survivors*, in an in-depth fashion. Those individuals who are left behind after a death by suicide are understudied and may be at risk for developing complicated grief responses, future suicide attempts, as well as other psychiatric and medical hardships post-loss (Bartik, et al., 2013; Jordan & McMenemy, 2004; Mitchell et al., 2004). Additionally, according to the literature, families are profoundly affected and typically experience dysfunction, changes in communication and interaction patterns, low cohesion, marital dissatisfaction, and collectively face stigma and social isolation/social network destruction in the aftermath of suicide (Cerel et al., 2008; DeGroot et al., 2006; Dunn & Morrish-Vidners, 1988; Nelson & Frantz, 1996; Séguin et al., 1995; Wertheimer, 2001). In contrast, some experience a resulting strengthening of the family and report heightened feelings of closeness and safety (Clark & Goldney, 1995; Nelson & Frantz, 1996). Although there are several existing studies that have examined the effect that suicide has had on the resulting functioning of a family, there is a limited amount of information about the patterns of functioning that existed prior to the experience of suicide loss within affected families (Cerel et al., 2008). Even less information is available regarding the experience framed in suicide survivors' own words. Rather, a majority of the existing literature is quantitative in nature; therefore, it was deemed worthwhile to investigate the experiences of surviving families using qualitative methods to further probe the distinctive aspects of their experiences. Through a semi-structured interview, the present study explored how

families dealt with general stress prior to the experience of suicide loss, how this compared with how they handled the loss of a family member to suicide, and what the interviewees have used to cope with life after the loss.

In regard to the established findings in the literature involving those who face suicide loss, the outcomes of this study (dominant themes identified) were in accordance with the literature that illustrates the fact that suicide survivors generally experience the following stressors in their families *prior to* experiencing suicide loss (sometimes extending as far back as childhood): poor quality or stressful personal family relationships, presence of mood disorders or other psychological problems in the family, and a host of stressful life events such as financial problems, abuse, substance abuse, and divorce/family separation (Cerel et al., 2000; Séguin et al., 1995). Additionally, the content of the participants' interviews in the present study disclosed that suicide survivors, as previously established in the literature on this subject, generally experienced the following factors post-loss: anger, blame, social isolation, guilt, sadness, horror, trauma, impairment in their daily activities, curiosity concerning reasons "why" their loved one(s) turned to suicide, and grief recovery/finding new meaning post-loss (Clark & Goldney, 2000; Cvinar, 2005; DeGroot et al., 2006; Dyregrov & Dyregrov, 2005; Hoffmann et al., 2010; Jordan, 2001; Lindqvist et al., 2008; McMenemy et al., 2008; Rawlinson et al., 2009; Sudak et al., 2008). It is noteworthy that although some reflections indicative of shame (which was commonly noted in previous studies) were reported, the experiences of shame were largely reported as occurring among members of the participants' extended families. Rather, the sampled participants appeared to take a stance in which they were apt to speak openly about the fact that they lost a loved one to

suicide. This conclusion, however, must be considered in light of the characteristics of the sample because a majority of the participants were recruited through their involvement in support groups. As a result, the comfort they may possess in speaking unapologetically about suicide may have been developed through participation in such groups in which overt expression and honesty is encouraged. Conversely, it is also possible that the individuals who seek out face-to-face support groups may possess personality traits characterized by a willingness to be open and share their thoughts and feelings with others. Thus, the sampled participants' experiences of shame (or lack of it) may differ from participants in other research studies who were not active members of support groups.

In respect to the family functioning post-loss, as revealed through the content from the qualitative interviews, many of the existing findings in the literature were also supported. Thus, interview content (linked to the salient themes identified) indicative of marital dissatisfaction, low cohesion, and poor communication were largely reported as well as participants' familial reactions of anger and shock post-loss (Cerel, Jordan, & Duberstein, 2008; DeGroot et al., 2006; Dunn & Morrish-Vidners, 1987; Nelson & Frantz, 1996). In accordance with previous studies on family functioning, the families in the present study, especially those who did not openly communicate with one another prior to the loss, indicated that they were not likely to overtly discuss the factors surrounding the cause of their loved ones' deaths; they struggled to talk about the suicide event with their family members, and/or were unable to share in grief as a united group (Cvinar, 2005; McMenamy et al., 2008). Additionally, the data from the current study revealed that family risk factors for suicide such as divorce or marital separation and

general dysfunction prior to the suicide event, were also in agreement with findings reported in the literature (Cerel et al., 2000; Séguin, et al., 1995).

Furthermore, the theme of segmenting found in the present study supports the observations made by McMenamy et al. (2008). McMenamy and colleagues' investigation of the natural coping efforts of suicide survivors concluded that family relationships can be regarded as helpful sources of support in the aftermath, but that it was easy for relationships to become strained and/or members of the family did not engage in open communication with one another. Specifically, the results of the current study lend support to the fact that some survivors may rely more on some family members for support, yet they may withdraw from or engage in active disagreement with other family members who are seen as overall unsupportive in their grief processes. Thus, the findings from the present study illustrate the fact that there is a tenuous balance because family members can be regarded as essential sources of support, yet they can also be the most difficult individuals with whom to relate and communicate in times of distress (Jordan, 2001; McMenamy et al., 2008).

A major focus of the investigation was to explore whether or not the event of suicide dramatically altered family dynamics or if families continued a pre-existing interaction pattern established prior to the loss. The results revealed that there was overall consistency in their patterns of interaction both prior to and post the experience of suicide loss, supporting the research findings of Nelson and Frantz (1996). Thus, family members who tended to communicate openly with one another and spent time in each other's presence largely followed this pattern of interacting with one another after suicide loss. Conversely, family members who reported interpersonal disconnection and

dysfunctional patterns within the family prior to the loss (e.g., substance abuse, untreated mental health concerns, family discord, poor communication, etc.) tended to experience continued family strain and perceived interpersonal distance post-loss. These results complement the findings of Séguin and colleagues (1995) as well as those of Cerel and colleagues (2000) in regard to their observations because *how* families respond to suicide relate to their general functioning as a family prior to experiencing the suicide event. Additionally, a majority of the family interaction patterns described by the participants in the present study were characterized by descriptions indicative of disengagement and low rates of emotional exchange/availability (both prior to and following suicide loss). This finding provides evidence that the majority of the interviewed individuals perceived that their families interacted in a way that was challenging to the healing process (Summerville et al., 1994; Weich et al., 2009).

It is noteworthy, however, that the results of the present study build upon the existing literature because not only were maladaptive patterns demonstrated in a consistent fashion for some families but that there were also participants (albeit a smaller voice within the sample surveyed) who endorsed consistency in family interaction patterns that were largely positive and supportive in nature. As a result, analysis of these families' patterns allowed for the uncovering of promising protective factors.

The construct of expressiveness, which has been related to the closeness that a family reports during grief (Nelson & Frantz, 1996) was valued by participants but was not regarded as the sole factor through which families could show support for one another. Thus, the themes of family togetherness (importance of physical togetherness) and continuation of family celebrations together (regardless of whether factors relevant to

the suicide loss were discussed) as identified in the present study were held in high esteem by participants whose families appeared to interact in a wholly supportive and positive fashion. Rather, it is possible that the construct of cohesiveness that Kissane and colleagues (1996a; 1996b) discussed appears to best describe those participants in this study who conveyed resilient patterns within their families. Thus, the families who were open in sharing a variety of emotions with one another (including their grief experienced) and enjoyed a balance of support across family members (e.g., avoided segmentation) appeared to endorse general patterns of interaction and functioning that were suggestive of healing and wellbeing. However, because discrete, objectively defined outcomes indicative of the construct of healing were not measured in the current study, the endorsement of cohesiveness could stand for further empirical substantiation.

Although a number of the participants reported perceptions of social isolation as a result of losing a loved one to suicide (in accordance with the findings of Cerel et al., 2008; DeGroot et al., 2006; Dunn & Morrish-Vidners, 1987; Nelson & Frantz, 1996), an important protective factor was revealed in the content analysis that essentially counteracted the experience of stigma and social network destruction post-loss that is commonly reported in the literature. In this regard, Ashley offered an important example of how her family's friends displayed continuity in their support,

They were very supportive and they were there for her constantly. Um, and they basically, um, would do anything for her. And she would talk about it with them and they would be a listening ear, and um, they really tried to empathize with her as much as possible and I think for all of them as mothers, they were really able to, um, understand. And I think that the reason why they were able to be there for her as well as they were, is because they all knew my brother, um, since he lived with them (in reference to her parents). When they would all get together, he would always be there. You know, he was always invited. And they all knew his struggle. And they all knew what he was going through. And they were very supportive of him and he was very open with them. And I think that, you know,

they were very upset when he passed away because they were not only upset because their friend's son passed away but they were upset because William passed away.

This example suggests that if an extended social network is made aware of a given family's hardships and, in turn, wholly embraces the family, then the loss of an individual to suicide translates to a shared loss within the network rather than to a loss that a family must bear alone. As a result, this illustrative experience beckons the question: If families are pre-emptively open with others and are transparent in regard to the difficulties they encounter in times of general stress, are they then allowing their social network to best integrate and offer the most authentic support in times of extreme stress? It is possible that a protective factor is the willingness of individuals/families both to reveal what support they need and to remain open to receiving it when it is offered.

In accordance with McMenemy et al. (2008), the results of the present study also revealed that close friends were highly endorsed as helpful sources of support in suicide grief. In fact, seeking out support of others was regarded as a dominant theme because 86% of the participants who completed the demographics questionnaire indicated that talking to friends was helpful in coping with their losses (zero endorsed that it was not helpful). This is a promising finding in light of the difficulties that participants reported within their families. Thus, the supportive endorsement of the friendship network offers hope that support is available, it just may have to be sought out beyond the boundaries of the family at times. Furthermore, although families were regarded as helpful (especially spouses and children rather than extended family, as discovered through the interviews; 71% of the sample indicated on the demographics questionnaire that talking to family was helpful, whereas 14% indicated that it was not helpful), the qualitative data obtained

from the present study complemented the quantitative data acquired from McMenemy and colleagues (2008). Specifically, the patterns of the present study reflect the findings of McMenemy et al. (2008) because, on the whole, talking about the suicide within the family and sharing grief within the family was regarded as difficult. These results are indicative of the helpfulness that proactive measures, such as constructing times in which a family is encouraged to bond during shared experiences and utilization of interventions to foster effective, authentic communication, could offer.

A majority of the study participants (62% of those who attempted such a strategy) indicated that attendance in suicide support groups and interacting with others who have also experienced suicide loss was remarkably helpful in their healing processes. These findings are also supported in the literature because speaking one-on-one with another survivor is frequently regarded as helpful in coping with the aftermath (Feigelman & Feigelman, 2008; McMenemy et al., 2008). In particular, according to the content of the interviews discussed previously, the principles of the “all in the same boat phenomenon,” discussing a taboo area, mutual support, and sharing data (as discussed in Feigelman & Feigelman, 2008) were particularly powerful in the healing process. Furthermore, in accordance with previous study findings (Clark & Goldney, 2000), the peer examples of coping, as well as the outlet that peer-led suicide survivor support groups allow for participants to advocate/extend good will to other suicide survivors resonated with participants. In particular, participants revealed that witnessing the example of another suicide survivor who had experienced a loss in the past and was able to return to a functioning, productive life, offered them hope that they could also heal post-loss.

In regard to other forms of activities that participants deemed helpful in their coping process, it was evident that reading books and utilizing the Internet for reading resources were perceived as helpful (71% and 68%, respectively of participants who completed the demographics questionnaire); this is in accordance with the findings of McMenemy et al. (2008). However, the current study findings revealed that use of Internet support groups were not commonly attempted. In light of the high endorsement of the current sample for face-to-face support groups, it is likely that Internet-based support groups may offer some of the viable aspects of the shared experience and appreciation of empathetic others that was uncovered as dominant themes in the analysis, but in an accessible fashion to individuals who are unable (either personally and/or geographically) to attend in-person support groups. It is possible, however, that the participants in the present study, who were largely recruited through their connections to peer-led suicide survivors support groups, may be particularly drawn to the face-to-face format of the group and may not be as highly inclined to seek such support on the Internet. Regardless, in light of both research findings (Wilson & Marshall, 2010) as well as the observation made by several of the participants in terms of obstructed access to psychological support services, exploration of Internet support groups should be encouraged to address that stated need. It is possible, as also reported by at least one participant, that suicide survivors do not possess awareness that such groups exist; therefore, dissemination of this information needs to improve.

In regard to the value of conducting research with suicide survivors using qualitative methods, it is worthy of note that these previously mentioned results were obtained in light of the tone of voice, inflection and raw emotional displays that

participants exhibited in describing their experiences. It was apparent from conducting the interviews for the present study that these participants were profoundly affected by the family experiences they conveyed, suggesting that the loved ones they lost to suicide were also deeply affected by said experiences. Thus, bearing witness to the affective nature that the presence of these factors exerted in participants' lives was a benefit that conducting a study using qualitative methods could offer. Thus, when participants revealed the depths of the psyche that they came to know through exposure to the ramifications of major mental illness within their families in addition to the destruction they observed as a result of substance abuse/other forms of abuse, the feeling of pain was acute and thus likely to be true to form of the experience of suicide within the family.

Significance of the Findings

Although conducting a psychological autopsy was not among the original proposed aims of the study, it became clear that seeking information from the surviving members of the families was the best way to gather information in regard to a low base rate behavior such as suicide. Thus, the input from study participants provided a window from which the researcher could propose risk factors that were conveyed through participants' perceptions, based upon recollections of shared family experiences that potentially inclined their loved one to turn toward suicide. As a result, through content analysis of the interviews, a collection of dominant factors was identified as present in the decedents', or *suicide victims'* histories. These factors are proposed to have combined and contributed toward a weakening of the victims' threshold for suicide and increased the likelihood that a suicide event could occur. The factors that make up this proposed model, entitled the "Perfect Storm Model," are discussed in detail in succeeding

paragraphs. Furthermore, aspects of the Perfect Storm Model are conceptualized relative to ways in which they both relate to and fit within an influential model in the existing literature, The Interpersonal-Psychological Theory of Suicidal Behavior (commonly referred to as the Interpersonal Theory of Suicide; as discussed in Van Orden et al., 2010).

Joiner proposes that the simultaneous psychological experience of perceived burdensomeness (the misperception that one is so inept that one's existence is a burden on loved ones and society at large) and failed/thwarted belongingness (the state of one's feeling alienated from valued social circles including family) are essential components that contribute toward one's desire to die (Joiner, 2009; Ribeiro & Joiner, 2009).

However, the desire to die is not sufficient alone for an individual to cross the threshold of natural self-preservation and apply lethal means to the self. Rather, the lethality of suicide occurs only when the capacity for suicide is also present (Joiner, 2009). The capacity for suicide is the ability for one to act on the desire to die and it has been proposed that this capacity is developed through time so that the individual becomes desensitized to the pain required to inflict fatal self-injury (Joiner, 2009; Ribeiro & Joiner, 2009; Van Orden et al., 2010). In light of Van Orden and colleagues' work (2010) in which they related a vast sampling of empirically-demonstrated risk factors with the constructs of the Interpersonal Theory of Suicide (Thwarted Belongingness, Perceived Burdensomeness, and the Acquired Capability for Suicide), the proposed Perfect Storm Model (see Figure 1) includes dominant themes drawn from the present study that could conceptually fit within the components of the Interpersonal Theory of Suicide. An important distinction between the proposed model and the scholarship of Van Orden et al.

(2010) is that the factors that are included in the proposed model are a collection of factors that were present in the participants' recollections of a loved one who eventually died by suicide (e.g., confirmation that suicide occurred in light of the dominant factors) rather than a collection of risk factors from the immense reaches of the literature. The factors (or dominant themes) from the present study as they relate to the constructs that constitute the Interpersonal Theory of Suicide are discussed in the following section.

Thwarted belongingness. In regard to the low levels of belongingness and social isolation that would contribute to causes of passive suicidal ideation, the theme of perceived distance and social withdrawal in familial relationships identified in the current study appears to be conceptually related. Thus, comments such as: "you know, last minute, he wouldn't come up for a family gathering- he never came to any of my kids' stuff...you know and I look back and I think it was mainly because he wasn't comfortable," (Lisette) reveal a sense of low connectedness that could fit within the Interpersonal Theory of Suicide. In light of the literature that physical pain and social pain (e.g., rejection) share common psychological connections and physiological pathways (MacDonald & Leary, 2005), it is probable that some decedents felt an intense level of disconnection that made it hard for them, physically, to bring themselves to interact with others. As a result, the struggle in being physically present may have contributed in a cyclical fashion to the perception of feeling integrated within their family. Additionally, the high incidence of loss through death and divorce/family separation reported among study participants provides another line of data that is conceptually similar to thwarted belongingness and is also evident in previously existing literature on delineations of the constructs of the Interpersonal Theory of Suicide (Van

Orden et al., 2010). Furthermore, the high degree of family conflict and poor communication patterns that were reported to exist within the majority of the participants' families is also associated with the absence of reciprocal care that Van Orden et al. related to thwarted belongingness.

Perceived burdensomeness. The individual's belief that they are a burden to others, particularly their families, is a theme that was commonly identified through analysis of the participants' perceptions on the decedents' thoughts and actions in the present study. In particular, the dominant themes of self-criticism and unrealistically high expectations that decedents appeared to hold for themselves appear to relate to the *Liability* indicator that Van Orden et al. (2010) proposed. Specifically, according to Van Orden and colleagues' work, *Liability* was conceptualized as "my death is worth more than my life to others." Thus, it is possible that the decedents in the current study viewed their contributions to their loved ones and, potentially to the world at large, as being so problematic that they felt expendable and thus, suicide appeared to be a viable option. These internalized aspects of how they *should* have been rather than *who* they became may also relate to aspects of low self-esteem, self-blame and shame that underlie the Self-Hate that Van Orden et al. (2010) conceptualized within the construct of Perceived Burdensomeness. Furthermore, the themes of the decedents' dissatisfactions with their employment and/or concerns with the financial well-being of their families (e.g., their ability to provide for their family's well-being) also conceptually relate to the distress elements found in Van Orden et al.'s representation of decedents' beliefs of burdensomeness.

Acquired capability for suicide. According to the theory, in order to complete suicide, individuals must become fearless in regard to the behaviors associated with suicide. Of note, humans have an innate capacity to fight for their lives and the ability of one to take one's own life has to be developed. Thus, the capacity for suicide is acquired through time in an accumulative fashion and even exposure to others' pain and injury may contribute to the development of the lethal capacity and fearlessness about death (Joiner, 2009). Joiner and colleagues refer to exposure to physical pain, including non-suicidal self-injury, self-starvation, and physical abuse that contribute toward the developed physical pain tolerance or habituation to pain (Joiner, 2009; thus the reason why physicians are deemed vulnerable, given this hypothesis). In accordance with Van Orden et al. (2010), the following themes from the present study could fit within the acquired capability construct: painful childhood experiences (that include childhood maltreatment and abuse), exposure to trauma (particularly via military service and anger expressed within the family), and family history of suicide loss. In addition to the indicators of acquired capability that Van Orden et al. (2010) included, the results from the present study suggest that the following categories also be conceptualized as contributory to the capability of suicide: physical illness within the family (either the decedent or other immediate family members), abuse (physical and sexual), and substance abuse.

In conclusion, the proposed model offers a conceptual framework from which to meaningfully group the dominant themes that were identified as a result of analysis of participants' responses. The themes that are represented are not intended to form an exhaustive list, but rather highlight the major elements (both interpersonal and

intrapersonal) that could account for how the family dynamics learned in this study impacted the reasons why suicide occurred within the participants' families. The findings from the present study, when evaluated with regard to where they could correspond in the Interpersonal Theory of Suicide, offer confirmation for several aspects that were presented within the theoretical exploration conducted by Van Orden et al. (2010). The themes extracted from the transcripts are also in accordance with research that has documented viable risk factors for suicide (Brock, Sandoval, & Hart, 2006; Kalafat & Lazarus, 2002; Sandoval & Zadeh, 2008) and represent aspects that are on the forefront of suicide survivors' minds when they engage in a relatively brief retelling of who their loved ones were and the contexts in which they lived.

Beyond the graphic representation of the Perfect Storm Model (see Figure 1), a series of hypotheses/probable explanations are offered. Therefore, it appears that perceived distance in relationships with others, loss that occurs in terms of the boundaries or state of relationships (e.g., divorce, death, or separation), and poor communication patterns could potentially contribute (in isolation or in conjunction) to an individual's sense of disconnection, or low perceived belongingness within a family/social network. Additionally, some individuals' tendencies to hold themselves to exceedingly high expectations and criticize their efforts and/or experience external stressors in the form of financial pressures and/or dissatisfaction with their life pursuits without the benefit of healthy coping skills, may regard themselves as a burden toward their family or society as a whole. As a result, in line with the tenants of the Interpersonal Theory of Suicide, individuals who experiences these perceptions of social/familial disconnection and view themselves as weighing others down may engage in suicidal ideation (thoughts or

preoccupation with suicide). Crucially, if additional factors are present that have desensitized a given individual to pain (especially physical in nature), he/she may actually attempt suicide. In light of the findings of the current study, the factors of family and/or individual exposure to substance abuse, exposure to trauma and/or abuse, and exposure to physical illness in the family may contribute to an increased likelihood that a member of the family system will attempt suicide.

Impact of the Findings

The Perfect Storm Model serves an important function because it draws awareness to a collection of family and individual factors that, if addressed in a proactive, therapeutic manner, could potentially serve to decrease rates of suicide. In this regard, given the consistency of interaction patterns noted both prior to and following suicide loss, possibly if families were able to proactively address some of the concerning aspects/interaction patterns, the possibility of enjoying relatively positive interactions and cohesion after the experience of stressors could be heightened. In light of the support the results of the current study provide for Kissane et al.'s concept of cohesiveness (as illustrated by the theme discussed previously of the importance of physical togetherness), encouragement for families to spend time together and bear witness to the continuum of emotions that members display during such experiences may be valuable for increasing a sense of togetherness and acceptance. Further, if families could be encouraged to identify problematic interaction styles such as those that surfaced in the present study (e.g., angry style of communicating, lack of sharing in emotions and perspectives, no communication, withdrawal, etc.), enrollment in family counseling to advise in strategies to improve these patterns could prove invaluable, potentially in terms of life and death.

Some promising suggestions to address aspects of family disconnectedness were identified as themes that individuals used in their healing processes post-loss. Specifically, participants indicated that they used pictures, music, and objects as a way to re-familiarize themselves with the decedent. Participants also indicated that they experienced the decedents' interests as a way to honor them in the forms of traveling to locations that the decedent enjoyed, listening to their loved ones' favorite music, posting reflections on social media as a tribute, and creating scrapbook pages/memory books, to name a few. The common element of all of these activities is that involvement in them served to continue a connection between those who died and those who remained among the living. Furthermore, in light of the proposed low connectedness that may have contributed toward the victims' initial considerations of suicide (thwarted belongingness) teamed with participants' endorsements of these activities in their reflections of what has helped them cope with the loss, it is reasonable to suggest that families deliberately work to share in creating memories. Thus, families could proactively create connections through sharing experiences of common interest together, engaging in social media activities together, and sharing music with one another. These activities, albeit difficult for some families to initiate, could provide a firm foothold into places or situations where the development of authentic connection could begin.

If the surviving families are unable to form stronger connections, the healing tendency of suicide survivors to find a purpose post-loss and to find community, stands as an authentic mental health option that should be recommended. Thus, despite the overall dim picture that the participants painted in regard to the general quality of interactions that they had with their families through the lifespan, the overall message

from participants rang true that this group of suicide survivors displayed traits of resiliency because they refrained from passivity and sought support, or created community, in other networks in which they found optimal fit. The hopeful messages that some supports come in various forms, and are not necessarily dictated by blood relatedness, should be extended to any affected individual. In this regard, the tendency to seek out the support of friends in light of a family tragedy could broaden the definition of friendship to include those that are *chosen family*.

The results of the present study also support the findings of McMenemy et al. (2008) because, on the whole, suicide survivors endorsed the beneficial quality of speaking with others who lost loved ones to suicide. As a result, it is possible that formal intervention efforts to create a network in order to link suicide survivors with one another immediately post-loss may be fortuitous to the bereavement trajectory of grieving individuals and families. In this regard, further publicizing the existence and availability of peer-led suicide survivor support groups is warranted. People who fit the “first responder” role such as funeral directors, clergy, law enforcement, and emergency medical professions are likely candidates to receive intensive education about how to respond compassionately and connect suicide survivors with active support groups and resources. However, as asserted in McMenemy et al. (2008), there remains concern about the maladaptive communication patterns and resultant functioning that occurs within families. Unless individuals attend support groups with their respective family members, it is unclear how their interaction patterns can be directly addressed and potentially remedied. As a result, an organized push for families to attend group meetings

together and/or construct a plan in which individuals are instructed to disseminate what is discussed in group meetings to their respective family members is highly recommended.

Additionally, the results of this study suggest that soldiers returning from combat are a particularly vulnerable group. This observation is supported by recent research indicating that suicide rates among veterans have risen since 2004. Specifically, the Department of Veterans Affairs (VA) has reported the following rates of 37.2 suicides per 100,000 for men and 13.6 suicides per 100,000 for women in VA care in 2005 (the latest data available; Kuehn, 2009). Although only two of the participants in the present study revealed that they lost loved ones (sons) to suicide after returning from military combat, the dramatic way in which the interviewees recounted that their personalities changed prior to and after returning from combat was alarming. In fact, Matthias revealed at the conclusion of the interview that three additional people in his son's platoon (out of 18) died by suicide since returning from active service. Thus, the availability of targeted mental health services (especially for PTSD treatment), and potentially, some publicity and subsequent connection to support groups through the Veterans Association is warranted. Further, in light of the number of suicide survivors within the veterans' community alone, veteran suicide survivor support groups should form to address the unique needs of their population.

Importantly, the experience of gathering data from the interviews revealed that suicide survivors are confronted with a variety of complex emotions and are thus left in a vulnerable state, apparently for years following the loss. In this regard, the implications for mental health professionals or other sources of support are that suicide survivors may not wholly benefit from prescriptive strategies or advice. Rather, the themes that

participants divulged of finding newfound appreciation for surviving family members and the focus on fostering new life/caretaking imply that suicide survivors may need to be given the space (and perhaps opportunities for volunteer work) to form self-insights. In this regard, participants revealed that they eventually learned what they needed in order to heal or to move on in the best way possible for themselves. Thus, although the gentle support and compassion of others should be encouraged, suicide survivors may value the acknowledgement that given time, they can find their way forward.

Limitations

The primary limitation of the present study regarded the self-selected sample from which the data for the current analysis was drawn. In that regard, the interviewed individuals represent people who were willing to speak at length about their families and their loss experiences, a unique characteristic given the sensitive nature of the topic of study. Additionally, the participants were also individuals who, on the whole, have actively sought out support via peer support group networks. In fact, the recruitment flyer was sent specifically to leaders of local support groups to disseminate to their group attendees. Thus, given the nature in which participants were recruited, they may have been biased to discuss their experiences to an extent that is not representative of the population of suicide survivors as a whole. Thus, the resulting overall positive endorsement for support groups may also be a finding that is not generalizable beyond this group of participants, given their connection to (and in some cases continued attendance) in support groups. The question then is how do researchers access those who are unlikely to attend support groups? Are there dramatic, perceived differences in their subjective nature of well-being? Given the promise of social media and the nature of the

Internet, future studies may utilize such sources to potentially tap into the network of individuals who may derive more comfort in seeking out information in an anonymous (e.g., not face-to-face) fashion.

In light of the bias of this sample to seek out support via face-to-face suicide survivor support groups, this group may be conceptualized as a more “involved” group who is likely to engage in active forms of coping when confronted by stressors. Thus, this group may not be representative of the population as a whole, considering how they respond to and handle life difficulties. This observation may account for the high percentage of individuals who completed the demographics questionnaire and indicated that both they and members of their families sought out psychological treatment (85%). Also, because the questionnaire did not require participants to indicate the reasons why they sought out psychological treatment (e.g., addressing school-based bullying issues versus abuse by a family member), no conclusions can be made in regard to whether or not accessing psychological services had anything to do with family dysfunction.

Another limitation was that the group of participants was largely homogeneous ethnically, culturally, and geographically (20 of the participants identified as White and one indicated that she was Biracial; 71.4% of participants resided in a suburban setting and 28.6% of participants resided in an urban setting). Therefore, the differing ways in which suicide can be regarded and conceptualized as a function of culture and region of residence (as demonstrated in the research of: Compton et al., 2005; Silverman et al., 2013; Tzeng et al., 2010; Ventegodt & Merrick, 2005) could not be explored in this study.

Another potentially confounding factor is the length of time that participants reported had passed since the suicide event. The mean length of time was 9.32 years, with great variability across participants. Thus, the results cannot be generalizable because it is possible that suicide survivors' viewpoints may differ drastically, depending on where they are in their bereavement trajectory. Future studies could address this concern through inclusion of and direct comparison of participants who represent defined time periods post-loss (e.g., those who experienced loss 1-2 years ago versus those who lost a loved one 5-10 years ago). Furthermore, given the nature of human memory and the distortions that occur in accuracy, given lags in time relative to the emotional state of the reporter (Kennedy, Mather, & Carstensen, 2004), the reliability of the retrospective data collection characteristic of the current study could be drawn into question. Regardless, the results of the present study are presented as suicide survivors' *perceptions*, and their contributions are respected as the meanings that they have constructed as a result of their natural processes of self-analysis.

The present study also did not include a direct comparison group of individuals who experienced loss other than suicide loss. In this regard, it is unclear if the feelings, family experiences, and resulting reactions reported from participants in the present study were wholly unique to suicide loss. In light of the work of Murphy et al. (2012) in which that research group asserts that suicide bereavement is not different from the grief experienced in reaction to other tragic deaths; it is important to discuss this issue. Thus, inclusion of participants who have lost loved ones suddenly because of homicide or accident, for example, in a qualitative study would be helpful for deciphering what is unique to suicide and what is merely reflective of sudden loss.

Further, in any discussion on behavioral analysis, the popular maxim is offered: “the best predictor of future behavior is past behavior.” In this regard, the research reveals that one of the strongest predictors of future suicide ideation, suicidal behavior, attempts, and eventual death as a result of suicide is a history of prior suicide attempts (Van Orden et al., 2010). Despite the knowledge that the participants’ family members had completed suicide, it is unclear about whether or not the decedents had experienced previous attempts. In a few interviews, a participant spontaneously offered the information that her loved one had previously attempted suicide. For example, “At least my family knew that George had prior attempts because I wanted people to, you know, look out... (Sonja)”; however, inquiry into previous attempts was not a formal question in the semi-structured interview protocol or participant demographics questionnaire. Thus, because participants did not uniformly provide information in regard to their loved ones’ numbers of attempts or engagement in non-suicidal self-injury, it was impossible to evaluate the habituation-relevant aspect of acquired capability in the Interpersonal Theory of Suicide.

Beyond the value of investigating the prior suicide attempts of decedents, this research design also did not allow for assessment of suicidal behaviors of participants. In regard to the research indicating that suicide survivors are at risk for committing additional acts of suicide (Jordan, 2001; Jordan & McMenemy, 2004; Mitchell et al., 2004; Séguin et al., 1995), the nature of the present study could not allow investigation into this point. Thus, because part of the exclusion criteria for potential participants included history of suicide attempts, the perspectives of participants in the present study did not include individuals who have since engaged in this risky pattern of behavior.

Future Directions

In light of the overall goal of prevention and well-being, a primary question that remains open regards the particular trajectories of individuals who appeared to be generally resilient both prior to and after the suicide. Additionally, there were some families that appeared to experience some segmenting patterns within the family. In that regard, studying the cohesive groupings within families may be fruitful. In light of the pursuit of probing the concept of resilience, future studies could incorporate a follow-up interview question with suicide survivors of “How well do you feel today?” and provide a Likert scale measure (1 = terrible; 5 = great) to identify those whose experience should be analyzed for particularly strong healing patterns. As a result, specific factors that have contributed toward such a positive representation of individuals’ current life status could be identified and promoted as a model of health and resiliency.

It is also unclear about how the coping strategies are utilized in light of the length of time that has passed since experiencing the loss. In light of the assertion in McMenemy et al. (2008) that suicide survivors may need to utilize different types of resources at different points in their processes of healing, it may be beneficial to investigate those forms of healing/outlets were most beneficial to participants and when these occurred.

It became apparent when discussing support group involvement with a participant (who was also a support group leader) that there may be differences in the experiences of suicide survivors as a function of the specific kinship relation that they lost to suicide.

Specifically, Ingrid, who lost her son to suicide, expressed the following:

...people who have difference losses have very different experiences. And one of the most dramatic that I see is the difference between a person who lost a child

and a person who lost a parent. I mean, people who lost parents hardly ever come to support groups. And they don't, and I can't tell you how many people who lost parents have talked to me who didn't do anything about it for 10 and 15 years. So my, um, my suggestion is to try to see if you can get people who lost parents because you'll probably get a different story than you would from somebody who lost a child...they're varied. I mean, spouses and siblings come (to support group meetings), not the least are the parents. Parents are the most vocal. They will talk forever like me.

Given the convenience sampling of the participant pool of the present study, the nature in which the experiences of suicide survivors, in light of their primary kinship relation lost to suicide could not be systematically addressed. Although it is beyond the aims of the present study, it may be promising to conduct a deep qualitative analysis regarding particular types of suicide loss as defined by specific kinship relationships. Such an analysis will allow direct investigation into potential subsets of suicide survivors and reveal important aspects of their experiences. An investigation such as this may provide invaluable information to inform the work of grief counselors, particularly counselors who work with family units.

Given the strong endorsement for peer-led suicide survivor support groups, it is an open question about whether participants' experiences post-loss have been directly impacted by the amount of time (or number of sessions) in which they have attended support groups. This observation is partially formed by a participant's comment that she "would have preferred a longer duration of bereavement group from six to ten to more weekly meetings" (Linda). It is therefore questionable if Linda would have been in a different psychological place had she attended a bereavement group for a longer duration. Thus, future studies may want to inquire formally about the length of time that participants have attended support group meetings and/or what role they have played in these groups (e.g., attendee who has yet to speak aloud to the group versus leader). This

data could allow for an assessment into the activity level and degree of integration into a support group community and how those factors may relate to coping outcomes.

Furthermore, in light of the homogeneity of the present sample, future research should investigate the experiences of suicide survivors of different religions/cultural/ethnic groups to assess whether or not attendance in support groups (or other means of coping identified in the present study) is endorsed and/or accessible to a wider community of people.

In terms of the coping approaches that participants endorsed in the demographic questionnaire, further clarity could be offered to clinicians if a larger sample is recruited. Specifically, an area for future direction could include statistical analyses of demographic variables and the forms of coping that are endorsed. For example, do male survivors read more books? Do younger participants use the Internet more often in their coping processes? Because the sample from the present study is rather small and composed primarily of females, these trends could not be explored for the benefit of mental health service providers.

As revealed through the journaling process that the author conducted at the conclusion of each interview, it was apparent that the interviews conducted in person were preferred, in terms of the benefits of body language, eye contact, and the opportunity to focus the interview (e.g., participants were not potentially distracted by other people in their homes or by elements in the surroundings). This observation begs the question: Are there meaningful differences in the content acquired via data collection conducted in person versus over the telephone or Skype? Furthermore, do participants who deem that it is preferable to talk over the phone (possibly for scheduling

convenience or discomfort surrounding a discussion of this sensitive topic in person) actually open up more freely if encouraged to speak in person? How would participants who experience both formats rate their highest levels of comfort (repeated measures design with counterbalancing)? These questions are intriguing in light of the richness of data that could be acquired and of information that could be obtained in regard to interview format; these may be beneficial in shaping qualitative methods overall.

In the present study, a majority of the participants did not reside in the same household with the family member that they lost to suicide. Thus, it is unclear about the degree of exposure to finding the decedent's body and/or continuing to live in a home in which the absence of the loved one is rekindled daily by virtue of the shared space might influence survivors' perceptions post-loss. This question is informed, in part, by a reflection of one of the participants (Yvonne) in which she conveyed her experience of continuing to live in the family home after her husband's suicide and their adult children's' reactions to coming home for visits:

You know, they would go back to their lives where their father wasn't an everyday part of their life and it was much easier for them. And then when they would come home, like, they would have to go through that adjustment again. Like I would always watch them- and they would come in and it would be fearful, well not fearful, but they would be teary-eyed, and me, I'm coming in everyday.

This reflection encourages future research on the direct comparison of suicide survivors' experiences of those who physically found the body or lived with the individual at the time of death and those who lived in a separate dwelling. It is an open question if there are different grief trajectories as a result of witnessing the deceased individual (or not) and dramatically having one's daily life disrupted post-loss (e.g., the very apparent absence of the loved one in daily life) or not.

Finally, by happenstance in this study, the author interviewed a parent and a step-daughter from the same family. Both individuals discussed their experiences of losing the same individual to suicide. The author found it interesting to hear a common, shared experience through the eyes of two different perspectives. This experience beckons a future study in which the experiences of individuals from the same family are directly and systematically compared for their commonalities and unique differences. A study designed in this fashion may nicely complement the notion discussed previously of analyzing the loss experience as a function of kinship relation. Assessment of various family members' experiences using qualitative methods would provide a very full context and assist researchers to understand the perceived family dynamics by all parties involved.

Conclusion

The findings of this study support many of the previously demonstrated research patterns uncovered, regarding the individual and family factors that exist within the lives of suicide survivors. Additionally, the themes from the present study also align with the well-established risk factors that contribute toward suicidality. The study design addressed the open question about whether or not the negative family factors (including troublesome interaction patterns) reported in the literature were present prior to the suicide event or surfaced as a result of the loss. The current findings reveal, amongst a self-selected sample of suicide survivors, that problematic interaction patterns were largely present prior to the suicide event within surviving families. Despite the gritty illustration of these patterns that the qualitative methods of this study brought to light, several promising protective factors that were suggestive of resiliency were identified.

These factors included a family's tendency to spend time together, communicate (in general, not necessarily about loss), and engage in an open fashion (e.g., create connection) with one another and with extra-familial social networks.

Regardless of the difficulty that participants experienced in coping with the tragedy of their losses, the resulting messages were hopeful because they underscored the valuable support they had received from friends (often in ways that family could not) and from their peers who attended suicide survivors support groups. The importance of finding individuals with whom to share in the grief, particularly those who could understand from a place of empathy, appeared vital to suicide survivors' growth. In this regard, the call to connect suicide survivors with one another early in the grief process and make accessible all of the psychological resources available to this vulnerable population is heard loud and clear, directly from the voices of those affected.

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Appendix A

Have you lost a family member to suicide?

Do you want to help others prevent suicide
by breaking the silence?

Will you be willing to participate in
a research interview?

The interview will focus on the experiences
of families affected by suicide loss



If you are interested in participating in this study or need
more information, please contact:

Wendy Lam

wendysh@pcom.edu

Appendix B

RESOURCE SHEET FOR PARTICIPANTS

Don't try to handle your pain alone. There are lots of people who understand what you're going through and are ready, willing, and able to help.

When in urgent need to speak with someone, call one of the National Suicide Hotlines (toll-free/24 hours a day/7 days a week):

1-800-SUICIDE
1-800-273-TALK

Although the research team is not able to recommend individual therapists, the following sources may help you find a local mental health professional:

- ❖ Ask your doctor for a recommendation
- ❖ Contact the departments of psychiatry, psychology, counseling, or social work at your local university or hospital
- ❖ Use the American Psychological Association's locator service at locator.apa.org or 1-800-964-2000.
- ❖ Contact The American Psychiatric Association's referral service at apa@psych.org or call 1-888-357-7924 and press 0 to speak with a customer service representative
- ❖ Contact the National Association of Social Workers' referral service at naswdc.org or helppro.com/HP/BasicSearch.aspx
- ❖ If you are a veteran, contact Veterans Affairs at mentalhealth.va.gov/gethelp.asp
- ❖ The Substance Abuse and Mental Health Services Administration maintains lists of therapists as well as treatment centers at store.samhsa.gov/mhlocator
- ❖ For low-cost options, visit the Mental Health America website at nmha.org/go/help or call 1-800-969-6642
- ❖ If you have insurance coverage, you can contact your insurance carrier for in-network referrals
- ❖ Access the Employee Assistance Program (EAP) through the human resources department of your job/work
- ❖ If you attend a suicide bereavement support group, you could ask the facilitator and/or other group members for recommendations
- ❖ Google "Depression Research Center" together with the name of your city or local university
- ❖ Visit the following websites:
 - The American Association of Suicidology- www.suicidology.org
 - The American Foundation for Suicide Prevention- www.afsp.org

Appendix C

PARTICIPANT DEMOGRAPHICS QUESTIONNAIRE

We would really appreciate your support in answering the following questions. Your input is very valuable to us and is helpful in supporting other suicide survivors.

In what year were you born? _____

What is your gender? (please circle): FEMALE MALE PREFER NOT TO ALIGN

To what racial group do you belong/identify?

Mark "x" on the appropriate line:

- White (not of Hispanic, Latino, or Spanish origin)
 - Black or African American
 - American Indian or Alaska Native (print name of enrolled or principal tribe: _____)
 - Hispanic, Latino (a) or of Spanish origin
 - Asian-American, Asian, or Pacific Islander
 - Biracial (print ethnicities)
-
- Multiracial (print ethnicities)
-

If you have a religious affiliation, please indicate what it is:

Who did you lose to suicide (please mark "x" next to as many as needed):

- Mother
 - Father
 - Grandmother
 - Grandfather
 - Brother
 - Sister
 - Son
 - Daughter
 - Spouse/Partner
 - Cousin
 - Niece
 - Nephew
 - Other (please describe):
-

Gender of individual(s) whom you lost to suicide: _____

Date of losses (es) (year and month):

Age of decedents(s) at the time of suicide:

Did you live in the same household as the deceased at the time of your loss? (please circle): YES NO

In what setting were you living at the time of the loss (please mark “x” on the appropriate line)?

- Urban
- Suburban
- Rural

Means used in suicide (e.g., firearm, drug overdose, hanging, etc.):

Do you currently have thoughts of suicide?	YES	NO
Have you ever had thoughts of suicide?	YES	NO
Have you ever attempted suicide?	YES	NO

Please mark “x” about whether or not you found the following approaches helpful in coping with your loss:

	YES	NO	Never Attempted
Reading books			
Internet research/reading			
Internet support sites			
Internet support groups			
Face-to face peer support groups			
Spending time alone			
Talking to family			
Talking to friends			
Attending grief conferences			
Involvement in advocacy			
Counseling/psychiatry			
Participation in awareness events			
Sharing memories of my loved one(s)			

Please describe any other approaches you have used that you found to be helpful in coping with your loss:

Please describe anything you wish had been available to you as you were coping with your loss:

Have you ever received psychological treatment from a professional counselor, psychologist, or psychiatrist? (please circle):

YES NO

Has any of your family members ever received psychological treatment from a professional counselor, psychologist, or psychiatrist? (please circle):

YES NO

Appendix D

PARTICIPANT DEMOGRAPHICS

Pseudonym	Age of Participant	Primary Kinship Relation Lost to Suicide	Age of Decedent	Means Used in Suicide	Number of Years Post Loss
Katerina	58	Brother	47	Firearm	8.83
Carla	36	Father	75	Firearm	2.58
Wesley	31	Sister	22	Hit by a Car	6.08
Phillip	73	Father	50	Asphyxiation	47.92
Erin	59	Son	22	Hit by a Train	1.83
Ingrid	72	Son	Not provided	Prescription Drug Overdose & Hanging	6.83
Lisette	47	Brother	47	Firearm	3.17
Sonja	54	Son	17	Hanging	4.589
Giovanna	Not provided	Brother-in-Law	47	Firearm	5.50
Ashley	Not provided	Brother	Not provided	Hanging	Not provided
Angelina	28	Mother and Father	53 (Mother) 45 (Father)	Overdose (Mother) Firearm (Father)	2.25 (Mother) 9.25 (Father)
Ruth	68	Niece and Son-in-Law	39 (Niece) 40(Son-in-Law)	Overdose (Niece) Firearm (Son-in-Law)	12.83 (Niece) 4.5 (Son-in-Law)

Matthias	52	Son	25	Firearm	3.42
Vince	69	Son	28	Firearm	17.17
Giesela	47	Husband	47	Firearm & Hanging	1.58
Ari	63	Daughter	25	Overdose	2.75
Rebekah	38	Mother	42	Jumping from a Bridge	19.83
Linda	71	Son	41	Firearm	2.17
Jolanta	33	Father	52	Firearm	6.75
Monica	54	Significant Other and Cousin	59 (Significant Other) 29 (Cousin)	Firearm	2.5 (Significant Other) and 2.75 (Cousin)
Yvonne	54	Husband	52	Firearm	6.83

Appendix E

Table 1

Percentage of Participants' Endorsements of the Helpfulness of Common Coping Approaches (With Corresponding Number of Participants in Parentheses)

Approach	Yes	No	Never Attempted	Nothing Indicated
Reading books	71.4% (15)	9.5% (2)	4.8% (1)	14.3% (3)
Internet research/reading	66.7% (14)	--	19.0% (4)	14.3% (3)
Internet support sites	33.3% (7)	14.3% (3)	33.3% (7)	19.0% (4)
Internet support groups	28.6% (6)	9.5% (2)	42.9% (9)	19.0% (4)
Face-to-face peer support groups	61.9% (13)	14.3% (3)	9.5% (2)	14.3% (3)
Spending time alone	61.9% (13)	14.3% (3)	4.8% (1)	19.0% (4)
Talking to family	71.4% (15)	14.3% (3)	--	14.3% (3)
Talking to friends	85.7% (18)	--	4.8 (1)	9.5% (2)
Attending grief conferences	38.1% (8)	14.3% (3)	33.3% (7)	14.3% (3)
Involvement in advocacy	57.1% (12)	4.8% (1)	23.8% (5)	14.3% (3)
Counseling/psychiatry	57.1% (12)	9.5% (2)	23.8% (5)	9.5% (2)
Participation in awareness events	52.4% (11)	4.8% (1)	23.8% (5)	19.0% (4)
Sharing memories of loved one(s)	81.0% (17)	--	4.8% (1)	14.3% (3)

Appendix F

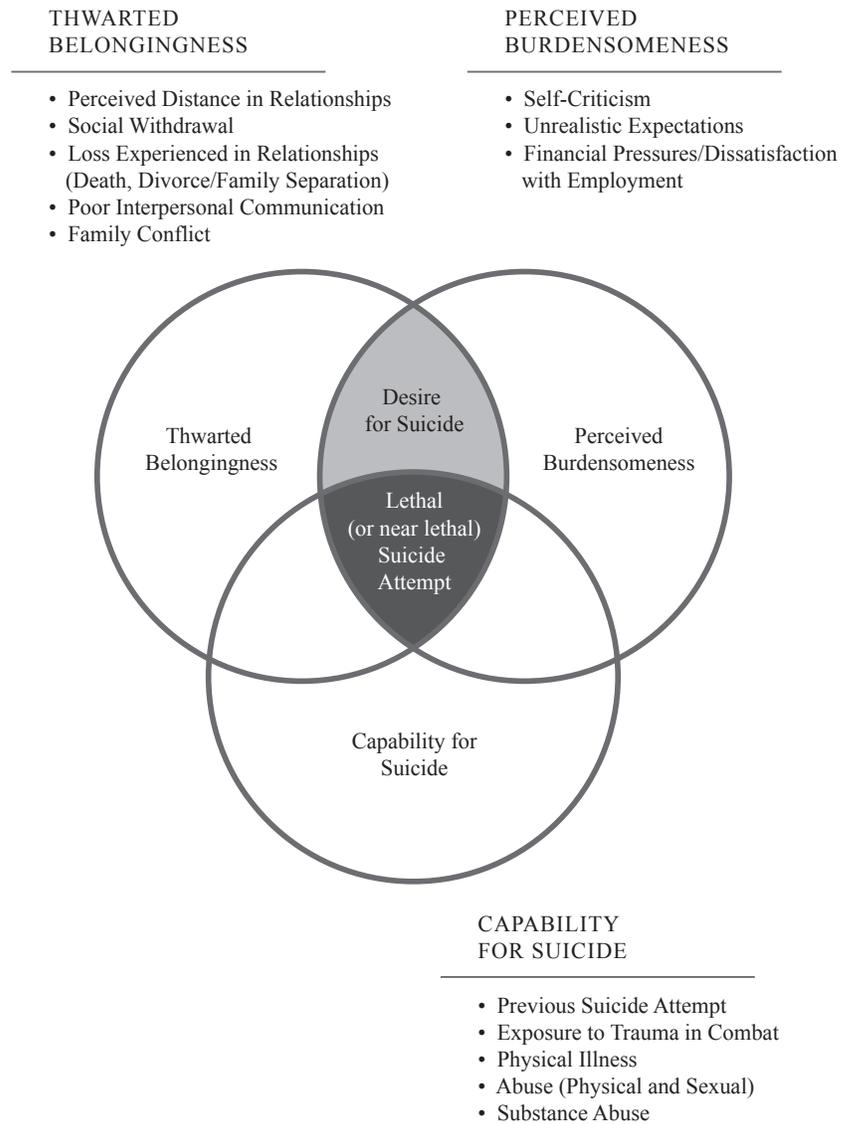


Figure 1. Assumptions of the interpersonal theory of suicide (adapted from Van Orden et al., 2010) with elements that constitute the proposed perfect storm model included outside the venn diagram as bulleted lists.