2021

Understanding the Role that the Internet and Social Media Plays in Suicide Survivor Bereavement

Catherine Merle Perusse
Walden University

Walden University

College of Counselor Education & Supervision

This is to certify that the doctoral dissertation by

Catherine M. Perusse

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Melinda Haley, Committee Chairperson, Counselor Education and Supervision Faculty
Dr. Jeremy Linton, Committee Member, Counselor Education and Supervision Faculty
Dr. Ithuriel Gale, University Reviewer, Counselor Education and Supervision Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Understanding the Role that the Internet and Social Media Plays in Suicide Survivor Bereavement

by

Catherine M. Perusse

MS, Capella University, 2010

BS, Parkland College, 1992

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

February 2021

Abstract

Every year more than 47,000 individuals die by suicide in the United States, leaving behind numerous family and friends who become suicide survivors. While there are prodigious amounts of research on suicidal behavior, little research has focused on what the surviving family members, friends, and community members need after the loss. Many suicide survivors use social media to address their grief and pain in a very public manner. A constructionist social theory of grief and existential phenomenology provided the framework for this qualitative study to examine the use of the Internet and social media as a forum for those grieving the loss of a loved one to suicide. Suicide survivors were recruited through purposeful sampling and interviewed about their experiences using the Internet and social media as a coping tool for dealing with their loss. Four themes emerged from the research: intrapersonal, interpersonal, community, and societal. These themes identified how positive social change can result from survivorship and the use of the Internet and social media as a tool for growth. Through this study, I contribute to social change by providing more knowledge about how suicide survivors can address their needs after losing a loved one. Additional research will allow mental health professionals, medical providers, and natural supports (e.g., friends, family, or clergy) to understand this population's needs. This new knowledge also provides insight for website designers who work with groups such as the American Foundation on Suicide Prevention and others in providing online opportunities for grieving, making their efforts more effective, especially for those living in rural areas.

Understanding the Role that the Internet and Social Media Plays in Suicide Survivor Bereavement

by

Catherine M. Perusse

MS, Capella University, 2010

BS, Parkland College, 1992

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

February 2021

Dedication

This study is dedicated to my oldest and youngest sons, Daniel Robert and Bobby, who inspired me to learn everything possible to understand suicide and how to increase our knowledge of how the suicide of a loved one impact survivors and to assist survivors in their grief.

Acknowledgments

I want to thank my husband, Ted, who always provided support and love during this grueling process. He was willing to give up many things, events, and time together for me to complete this process. Secondly, my daughter Alexandra, for consistently providing support, encouragement, and advice as I struggled through this research. Ali was always there when I needed to talk, whine, or cry.

Also, I absolutely could not have completed this goal without the ongoing patience, advice, and support of my entire committee, Dr. Melinda Haley, Dr. Jeremy Linton, and Dr. Arden Gale.

Table of Contents

List of Figures

Chapter 1: Introduction to the Study

Every year more than 47,000 individuals die by suicide in the United States (Drapeau & McIntosh, 2018). Each of these suicide deaths leaves behind numerous family and friends who become suicide survivors. Andriessen (2014) described suicide survivorship as someone who may be experiencing high levels of distress that has lasted for a considerable length of time and may have thoughts that their life had changed forever after losing someone due to suicide. Little research has focused on what surviving family members, friends, and community members need to cope after a suicide, especially in rural areas (Miers et al., 2012).

Researchers have indicated that the death of a loved one by suicide is typically an incredibly complicated life task (Bailey et al., 2015). Often due to the stigma associated with suicide, survivors can feel hesitant to discuss the manner of death, leading to feelings of isolation (Niederkrotenthaler et al., 2014). Because suicide survivors often experience strong and painful emotions, sharing feelings of guilt and shame can lead to feelings of discomfort and fear from others that it could happen to themselves (Levi-Belz, 2016). As rural areas may have limited access to support such as face-to-face support groups, the Internet's use may increasingly provide this service.

In this chapter, I provide background information about the use of the Internet for suicide survivors and literature supporting the need for this study. I include the study's purpose, the relevance of the problem to the counseling profession, and the implications for social change. Additionally, this chapter contains an operational definition of suicide and suicide survivors, the main research question, and the conceptual framework

supporting the study. Finally, I list the assumptions, scope, delimitations, and limitations of the study.

Background

There is a prodigious amount of research related to the experience of being a suicide survivor, defined as someone who has lost a loved one or friend to suicide. Neimeyer and Klass (2014) stated that loss from the death of a loved one is not a private process, but one that exists within the social and cultural arena. Neimeyer and Klass stated that often after particularly a suicide death, individuals could question their identity moving forward, which results in a need to find meaning in the loss. The authors stated that this search for meaning is often an essential step in healing after the suicide loss. This search for meaning can take many forms; Andriessen et al. (2018) found that often adolescents who have lost someone to suicide identified the difficulties of grieving personally while still needing to interact with other grieving individuals. The researchers also identified a theme of personal growth after the suicide, which included greater awareness of the fragility of life and an increase in compassion for those who were struggling.

Silvén Hagström (2018) found that youth who lose a parent to suicide may struggle with feelings of guilt and social stigma; these youth can have feelings of self-stigmatization about their perceived responsibility for the death. I chose numerous specific key subtopics that relate to suicide bereavement. These include perceptions of suicide, family perspective, parent's perspective, sibling's perspectives, friend's perspectives, spouse or partner perspectives, community impact, meaning making,

support, spirituality, online support, Facebook, and Twitter. My review of the research led to my choice in selecting these subtopics.

Groff et al. (2016) stated that it is crucial to recognize that the individual experiencing suicidal bereavement identifies the barriers to support, such as social obstacles such as stigma surrounding suicide and access to care. The historical implications for families of individuals who complete suicide have ranged from losing property rights, being outcast by the community, and experiencing loss of community support (Cvinar, 2005). Cvinar (2005) posited that these historical implications for family members after a suicide might contribute to survivors experiencing self-stigma. Pritchard and Buckle (2018) found high levels of anger experienced by suicide survivors aimed at themselves, others, and the individual who died. Researchers have found that the mental health of individuals who are grieving the loss of a significant other due to suicide reported 63% higher scores related to complicated grief (Bellini et al., 2018). Pitman et al. (2017) found that individuals who had lost someone to suicide reported less support from friends and community that those who lost someone to an accident or heart attack.

The existence of suicide survivor support groups is growing and moving to the online environment (Feigelman & Feigelman, 2011b). The authors noted that participants reported that the friendships established in support groups were the most supportive, especially for those who lost a partner or child. Mckinnon and Chonody (2014) stated that the lack of trained mental health and medical providers might be a barrier to suicide survivors engaging in help-seeking behaviors. Maple et al. (2010) conducted a narrative qualitative study and identified that parents who lost a child to suicide often felt that the

manner of death had enclosed the family behind a “wall of silence” (p. 242). Dyregrov and Dyregrov (2005) found that siblings often felt very alone with their grief as they did not want to burden their grieving parents further. This theme of being alone surfaces frequently in the literature on adolescents and children (Dyregrov & Dyregrov, 2005; Dyregrov, 2009; Powell & Matthys, 2013). Adams et al. (2019) found that siblings struggled with emotional reactions and moving through the grief over time, which included the already reported meaning-making process in which parents and other adults engaged.

Pritchard and Buckle (2018) conducted a qualitative study that examined the online posting of individuals who has lost a partner or spouse to suicide. The authors reported that one of the primary themes was feelings of guilt and the struggle to understand the action of their loved one. Erlangsen et al. (2017) found an increase in health and psychiatric issues for those individuals who lost a partner or spouse to suicide. Not only are individuals impacted by a suicide, but communities as a whole seek to understand the phenomenon. Fountoulakis et al. (2011) reported that often, communities initiate suicide prevention programs to address the needs of community members. One such technique is the use of gatekeepers, defined as individuals who interact daily in a face-to-face manner with a substantial number of community members, such as clergy, medical practitioners, teachers (U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012). These gatekeepers are trained to recognize individuals who might be at risk of suicide, engage with them, and encourage help-seeking behavior (U.S. Department of Health and Human

Services, Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012). Meaning making appears to be a universal task related to the suicide death of a loved one. Praetorius and Rivedal (2017) reported that survivors could often experience frustration and loneliness as they search for answers to the question of why their loved one chose to end their life. Often suicide survivors struggle with long-held religious beliefs about the moral implications of suicide (Castelli Dransart, 2018). The author also reported that there is minimal research on the impact religious beliefs have on the healing process after a suicide.

Finding support is often a struggle for suicide survivors, and the use of online support groups or memorial sites has evolved to meet this need. Speaking to, and of, the dead is an integral part of the grieving process and allows bereaved individuals to express their grief. However, finding individuals who are comfortable listening to these stories is often extremely difficult (McKay & Tighe, 2014). There is a wide array of options for support online, including Facebook, Twitter, standalone web pages, and support groups. The use of these online methods for obtaining support and comfort is increasing along with a need to more publicly memorialize a loved one who has died (McKay & Tighe, 2014). Chapple and Ziebland (2011) stated that individuals reported that they rarely used the Internet as their only source of support, and most reported seeing a counselor or engaged in a peer support group. The last decade has seen an increase in the use of the Internet to memorialize loved ones who have died by all causes, including by suicide (Bailey et al., 2015). Many suicide survivors use social media to address their grief and pain in a very public manner. There is an identified gap in the literature related to how

social media is changing the mourning process for individuals who lose someone close to them and even less research that is related to suicide survivors. Obtaining insight provided by research into this area may contribute to social change as the use of the Internet increases alongside an increase in suicide rates. The Internet has significantly changed the way many interact with their community, allowing individuals to obtain more knowledge about how suicide survivorship and use of the Internet as a support will encourage development of information that is healing.

Problem Statement

Every year more than 47,000 individuals die by suicide in the United States (Drapeau & McIntosh, 2018). Each of these individuals leaves behind numerous family and friends who become suicide survivors. Methods for identifying these survivors is open for debate. Andriessen (2014) described suicide survivorship as someone who had a relationship with the individual who died by suicide and who may be experiencing high levels of distress that has lasted for a considerable length of time and may have thoughts that their life had changed forever. While there is a great deal of research on suicidal behavior, there is little research focused on what surviving family members, friends, and community members need to cope with this life event in the best manner possible (Miers et al., 2012).

Coping with the death of a loved one by suicide is typically an incredibly complicated life task (Bailey, et al., 2015). Because of the stigma associated with suicide, individuals who are survivors often feel reluctant to reveal the manner of death, leading to feelings of isolation (Niederkrotenthaler et al., 2014). As suicide survivors can

experience painful emotions, sharing feelings of guilt and shame can lead to increased concerns and even feelings of discomfort and fear from others that it could happen to themselves (Levi-Belz, 2016).

The last decade has seen an increase in the use of the Internet to memorialize loved ones who have died by suicide (Bailey et al., 2015). Many suicide survivors use social media to address their grief and pain in a very public manner. There is an identified gap in the literature on how social media is changing the mourning process for individuals who lose someone close and even less related to suicide survivors. Gaining a better understanding of how and why suicide survivors use social media and the Internet for support will help these sites better serve these individuals. The information gained will also provide all professionals, such as counselors, physicians, and even website designers, additional insight into the experience of surviving the death of a loved one by suicide to enhance online support services available to these survivors. At this point, there is little research to effectively guide most professionals in helping suicide survivors navigate the use of online support services after a suicide loss. Without this knowledge for both professionals and survivors, they cannot comfortably recommend nor use these often-useful online resources.

Through this existential phenomenology qualitative research, my goal was to gain a better understanding of how this platform for expressing pain, longing, grief, and a desire to remember loved ones, provide support to, and functions as a new manner of grieving for suicide survivors. There was little research on the process of mourning in general within the social media platforms and significantly less on how social media is

changing how suicide survivors manage their journey. Also, the barriers that suicide survivors faced when living in a rural area may lead to additional issues of accessibility of support from counselors, physicians, and support groups. This knowledge provides insight for other survivors, who often lead survivor groups and mental health professionals who often support these individuals. Through this study, I contribute to social change by providing more knowledge about how suicide survivors can address their needs after losing a loved one. Additional research will allow mental health professionals, medical providers, and natural supports (e.g., friends, family, or clergy) to understand this population's needs. This new knowledge also provides insight for website designers who work with groups such as the American Foundation on Suicide Prevention and others in providing online opportunities for grieving, making their efforts more effective, especially for those living in rural areas.

Purpose of the Study

The purpose of this existential phenomenology qualitative research was to explore the interactions of individuals who have been bereaved by the loss of a loved one by suicide, referred to as suicide survivors, and who use the online forums and online support groups such as Twitter and Facebook. I found a lack of research on the process of mourning in general within the social media platforms and significantly less on how social media is changing how suicide survivors manage their journey. The results of this study may provide insight for other survivors and mental health professionals who often offer support to these individuals. Additional research will allow mental health

professionals, medical providers, and natural supports (e.g., friends, family, or clergy) to understand this population's needs, especially in rural areas.

Research Questions

RQ1: For individuals, who identify as a suicide survivor, what themes emerged in their use of online memorial, support, informational, or discussion forums?

RQ2: For individuals, who identify as a suicide survivor, what is the perceived support that participants gained from interactions online?

Theoretical Framework

I chose to use an existential phenomenological approach to my research. Phenomenological research seeks to understand better the lived experience of an individual experiencing an event (Creswell, 2013). As the researcher using this theory, I sought to compare and identify what experiences that the participants underwent that were similar (see Creswell, 2013). The discussion of grief theory was essential to this research study, in that understanding how individuals bereaved by a suicide death must face some unique obstacles in their integration of this event. Counselors and survivors themselves need to understand grief theory as it provides a structure for delivering services and understanding what behaviors after the suicide mean for the individual as well as their community. Because of this, I chose to focus on the social constructionist theory of grief and how this theory explained the process of integrating a suicide death into an individual’s life. This theory states that loss is not a private, cognitive process, but rather a process that challenges people to redefine their lives, without the dead individual,

in not only a private manner but also in an intensely social, cultural, and emotional way (Neimeyer & Klass, 2014).

I chose to focus on the use of social media and the Internet in the grieving process and made the use of a social constructionist theory of grief particularly applicable, as social media and the Internet are based on interactions with other members of society. Neimeyer and Klass (2014) developed this theory and suggested that when faced with a significant loss, such as a suicide death, a person's self-narrative can be disrupted to the extreme, resulting in the need to recreate their self-narrative that does not include the lost individual. Constructivists view grief and loss differently, focusing on understanding each person's personal and unique experience (Goldsworthy, 2005). Neimeyer and Klass stated that this theory views how humans address their losses (i.e., death, moving, changing jobs, or loss of possessions such as a home) is through our identities within our social environment. The authors stated that this process is very public and social. I chose this theory because it addresses the social aspect of grieving and social media is, by definition, the interaction in a social environment. Shensa et al. (2016) stated that increased interaction using social media in recent years has increased opportunities for social networking. The authors stated that adults' adult use of social media increased from 9% to over 90% between the years 2003 and 2017. This increase has also resulted in social media use as a support mechanism for grieving (Neimeyer & Klass, 2014).

The use of qualitative methodology allowed me to gather information individually from each participant, gaining insight into their unique experience. The constructionist approach suggested that both private personal mourning and public mourning are

interpretative and communicative activities (Neimeyer & Klass, 2014). I found that the very public way online posts support suicide survivors supports this idea and is supported in several research studies that I thoroughly discussed in Chapter 2.

Nature of the Study

In this study, I have focused on existential phenomenology qualitative methods to gather information. Researchers who use qualitative research seek to gain detailed knowledge about a particular experience (Yüksel & Yıldırım, 2015). Qualitative research is appropriate for gaining an in-depth understanding of how suicide survivors cope with the loss of a loved one and what role online forums, online support groups, Twitter, and Facebook provide using a phenomenological lens.

The recruitment requirements for participants were as follows: (a) suicide survivors (defined as someone who lost someone they love to suicide), (b) the death of their loved one occurred more than 1 year ago, (c) the participant was over the age of 18, and (d) the participant had interacted on the Internet in some manner for support. I chose to use a purposive sampling methodology known as criterion sampling to identify participants with specific characteristics. I chose this technique because of its ability to employ individuals who have specific life experiences related to the topic this study is examining (see Patton, 2014). Because of the extremely rural nature of much of the Pacific Northwest, the relative rarity of suicide, and possible reluctance to revisit such a complicated topic, I was concerned that I might have difficulty recruiting enough participants from the closest three counties as they are very rural. For this reason, I chose to include participants who had lost any loved one to suicide instead of only participants

who had lost a spouse or child to suicide. I recruited adult individuals who also lost someone in their life before they turned 18 years of age, which allowed me to gather information on how adolescents use social media when grieving. I did not need to recruit additional participants from other rural areas further away, as I was able to reach saturation from recruits within the desired counties. My goal was to remain in rural areas to generate information about how the Internet can support those who live far from face-to-face support mechanisms. I developed a semistructured interview protocol that allowed each participant to build their own story about suicide loss and their use of the Internet and provide some direction for interaction. I used a five-step process of analyzing the data, which I explain in full detail in Chapter 3.

Definitions

I used the following definitions within this study:

Blogs: Blogs are defined as web-based communication that uses software to facilitate the creation and maintenance of the content (Garden, 2012).

Chats: Chats are defined as interactive communication using web-based platforms that allow real-time interaction (Boyd & Ellison, 2007).

Facebook, Twitter, and Instagram: These are defined as social networking sites that use a web-based platform where individuals construct a profile, chose a list of other users that they wish to communicate within a variety of ways (Boyd & Ellison, 2007).

Internet: The Internet is defined as a collaboratively run, worldwide disseminated pool of computer networks with tools for people to use for information access and communication as an individual, group, or mass environments (December 1996).

Internet forums: These are platforms where individuals can interact via messages and include topics ranging from suicide support to recipes. Forums are a component of social media technologies and can take many different forms to include blogs, social networks, photo sharing, social gaming, and virtual worlds (Aicher & Jacob, 2015).

Online memorial: These are defined as web pages created on the web to honor and memorialize someone who has died (Andriessen, 2014).

Suicide Survivor: A suicide survivor is defined by Andriessen (2014) as an individual who had a relationship with someone who completed suicide and who may be experiencing high levels of distress that has lasted for a considerable length of time and may have thoughts that their life had changed forever.

Suicide survivor support group: This is a group of individuals who has all lost someone they loved to suicide that meets and provides a safe and understanding place to share thoughts and feelings (Feigelman & Feigelman, 2011b).

Assumptions

The first assumption I made concerning this study was that participants would respond openly and honestly about their experiences as a suicide survivor and their interaction on the Internet. While every person's experience is assumed to be unique, numerous common themes did emerge. These themes may then enhance the quality and availability of supports for suicide survivors.

The second assumption is that suicide survivors in the future will benefit from the knowledge gained and integrated into support platforms based on the participant's experiences. I found that while memorials and support groups on the Internet are

growing, there was little research about the positives and negatives of using this method of support.

The third assumption is that professionals, including mental health providers, medical providers, volunteer groups, web pages users, and other forums users desire to learn more about how and what supports suicide survivors. Each of these groups of possible support people does this work because they care, and adding to the knowledge available for their implementation is assumed to be useful.

Scope and Delimitations

The scope of my study was to increase the knowledge base about the perspectives of suicide survivors in their use of the Internet to cope with the grief after a suicide loss. I chose this topic and population because little research specifically addressed what suicide survivors gained from their interaction on the Internet. Adding to the existing knowledge about what suicide survivors seek from their interactions on the Internet will allow sites that provide chats, blogs, and support groups to suicide survivors to meet their needs better. I specifically chose to do individual interviews due to the sensitive nature of being a suicide survivor. I chose to do a qualitative study to understand how suicide survivors perceived their experiences on the Internet.

I also examined public forums to see if a wider population confirmed or contradicted the themes I discovered in this study. I was limited in the suicide survivor web pages I could explore, as most had a confidentiality agreement clause and public access was limited. Limited access was especially true on Facebook support pages. While other grieving individuals also use the Internet in their healing process, I limited my

study to suicide survivors to narrow the focus. I chose to use an existential phenomenological approach to better gather information about the perceived benefits and risks of using the Internet to express, process, and heal grief from the loss of a loved one to suicide. I specifically chose to limit my study to the following recruitment criteria: (a) suicide survivors (defined as someone who lost someone they love to suicide), (b) the death of their loved one occurred more than 1 year ago, (c) the participant is over the age of 18, and (d) the participant has interacted on the Internet in some manner for support. I chose to use a purposive sampling methodology known as criterion sampling to identify participants with characteristics. While these findings may not be transferable to all suicide survivors, using this conceptual framework to examine the study's participants' lived experience may indicate transferability to Internet users who live in rural areas in the Pacific Northwest to memorialize loved ones lost to suicide.

In selecting web page blogs or forums, I used the following Google search criteria: *suicide survivor, suicide loss, mourning a suicide loss,* and *suicide prevention*. In examining the search results, I limited my examination to the sites with the largest number of individual views or posting and public access, which was often limited. While these postings did not necessarily reflect suicide survivorship in a rural area, the themes allowed me to compare them to those developed in my study.

Limitations

One of the primary limitations of this study was that being qualitative in nature, the number of participants was seven. This means that applying these findings to the general suicide survivor population is limited. However, the generalization of the results

of this study was not the objective. Transferability to other suicide survivors who live in similar rural areas of the country is more applicable.

Another limitation of this study was the inherently small size of qualitative studies, which, by design, prevents the transferability of results to all suicide survivors. A second limitation I identified was that this study was focused only on suicide survivors. The results did not reflect the perceptions or experiences of other grieving individuals and their use of the Internet. Another significant limitation was my own experiences as a two-time suicide survivor, which could allow biases to impact the study results. To address this issue, I identified my potential for bias, engaged in continuous self-reflection, used bracketing, elicited feedback from my committee, and used member checking (see Creswell, 2013). Also, I asked open-ended questions, avoided personal beliefs or expression of my values, and made sure participants could express their perceptions fully.

Significance

My dissertation has filled a gap in knowledge by focusing specifically on the perceived benefits or risks associated with Internet support for suicide survivors. This knowledge may increase the ability of websites, chats, and online support groups to provide much-needed support to grieving suicide survivors. My study was unique as the use of the Internet for grieving and receiving support after a death is a relatively new phenomenon, and the individual needs of suicide survivors require more research (Bailey et al., 2015; Bailey et al., 2017; Cesare & Branstad, 2018). Additional knowledge about the needs of suicide survivors and how they interact on the Internet can encourage

positive social change by enhancing understanding of what survivors need. The knowledge gained from my study can provide counselors who are working with this population with more information to enhance interactions, both online and face-to-face, with clients who are suicide survivors. This represents positive social change, especially in rural areas where face-to-face support groups may be many miles away.

Summary

My purpose for this study was to understand the experiences of suicide survivors as they interact on the Internet to gain knowledge and support. I chose to use an existential phenomenological approach to my research. Phenomenological research seeks to understand better the lived experience of an individual experiencing an event (Creswell, 2013). I chose to focus on the social constructionist theory of grief and how this theory explains the process of integrating a suicide death into an individual's life. I specifically chose to limit my study to the following criteria: (a) suicide survivors (i.e., defined as someone who lost someone they love to suicide), (b) those who experienced the death of their loved one more than 1 year ago, (c) the participant is over the age of 18, and (d) the participant has interacted on the Internet in some manner for support. I chose to use a purposive sampling methodology known as criterion sampling to identify participants with particular characteristics. Also, I examined public forums not associated with my participants to see if a wider population confirmed or refuted the themes I discovered with this study. I was limited in the suicide survivor web pages I could explore, as most had a confidentiality agreement clause, and public access was limited. This was especially true on Facebook support pages.

Support for suicide survivors is a challenging arena, especially for those who live in rural parts of the country, which often leave grieving individuals feeling isolated and alone. Increasing the knowledge about helpful interactions on the Internet offers additional resources to suicide survivors themselves and to counselors who support these individuals through their grieving and healing process. Increased insight into the use of this medium for addressing the needs of suicide survivors might allow for increased access to useful services. In Chapter 2, I discuss my literature search strategy, the foundational theory I used to guide my study, and I review the literature related to my subtopics.

Chapter 2: Literature Review

Every year more than 47,000 individuals die by suicide in the United States (Drapeau & McIntosh, 2018). Each of these individuals leaves behind numerous family and friends who become suicide survivors. Methods for identifying these survivors is open for debate. Andriessen (2014) described suicide survivorship as someone who had a relationship with the individual who died by suicide and may be experiencing high levels of distress that has lasted for a considerable length of time and may have thoughts that their life had changed forever. While there is a great deal of research on suicidal behavior, little research focused on what surviving family members, friends, and community members need to cope with this life event in the best manner possible (Miers at al., 2012).

Coping with the death of a loved one by suicide is typically an incredibly complicated life task (Bailey et al., 2015). Because of the stigma associated with suicide, individuals who are survivors often feel reluctant to reveal the manner of death, leading to feelings of isolation (Niederkrotenthaler et al., 2014). As suicide survivors can experience painful emotions, sharing feelings of guilt and shame can lead to increased concerns and even feelings of discomfort and fear from others that it could happen to themselves (Levi-Belz, 2016).

The last decade has seen an increase in the use of the Internet to memorialize loved ones who have died by suicide (Bailey et al., 2015). Many suicide survivors use social media to address their grief and pain in a very public manner. There is an identified

gap in the literature on how social media is changing the mourning process for individuals who lose someone close and even less related to suicide survivors.

Through this existential phenomenology qualitative research, my goal was to understand how this platform for expressing pain, longing, grief, and a desire to remember loved ones, provide support to and function as a new manner of grieving for suicide survivors. There was little research on the process of mourning in general within the social media platforms and significantly less on how social media is changing how suicide survivors manage their journey. This knowledge will provide insight for other survivors and mental health professionals who often support these individuals. Through this study, I contributed to social change by providing more knowledge about how suicide survivors can address their needs after losing a loved one. Additional research will allow mental health professionals, medical providers, and natural supports (e.g., friends, family, or clergy) to understand this population's needs.

I provided information and reviewed current research associated with suicide survivor prevalence, knowledge of treatment options for suicide survivors, stigma experienced by suicide survivors, and bereavement related to suicidal deaths. Organizations like the American Association of Suicidology have worked to increase the demand for further research and even sponsor a Suicide Survivor Conference every year as part of their Annual Suicide Prevention Conference (American Association of Suicidology, 2018). Recognition of the unique needs of suicide survivors is increasing, and further research is needed to determine the best way to support these individuals (Gaffney & Hannigan, 2010; Honeycutt & Praetorius, 2016). In this chapter, I discuss my

literature search strategy, the foundational theory I used to guide my study, and review the literature related to my subtopics.

Literature Search Strategy

I conducted a systematic review of the empirical literature and used the following databases from 2002 to 2018: EBSCO, PsychINFO, PsychARTICLES, MEDLINE, and Academic Search Premier. I also chose to use Google Scholar because of its ability to identify nationally funded research and approved websites, such as The Substance Abuse and Mental Health Services (SAMHSA). Search terms included *suicide, suicide survivors, suicide and religion, adolescent suicide, suicide, mental health, suicide bereavement, online suicide survivor support, suicide survivor and Internet, suicide survivors and technology,* and *suicide survivor grief*. I chose to limit searches to scholarly peer-reviewed documents to ensure that information obtained from these resources had met the highest level of quality and reliability in presenting data and results.

Theoretical Framework

The discussion of grief theory is essential to this research study, in that understanding how individuals bereaved by a suicide death must face some unique obstacles in their integration of this event. Counselors and survivors themselves need to understand grief theory as it provides a structure for providing services and understanding what behaviors after the suicide mean for the individual as well as their community. Thus, I chose to focus on the social constructionist theory of grief and how this theory can explain the process of integrating a suicide death into an individual's life.

Social Constructionist Theory of Grief

Neimeyer and Klass (2014) explored the grieving process from a social constructionist perspective and posited that individuals use narrative processes to find meaning between individuals rather than just in an intrapsychic manner. Human beings depend on stability and permanence, while life and death provides ongoing changes and losses (Neimeyer & Klass, 2014). This theorist stated that loss is not a private, cognitive process, but rather a process that challenges us to redefine our lives, without the dead individual, in not only a private manner, but also in an intensely social, cultural, and emotional way (Neimeyer & Klass, 2014). Neimeyer and Klass suggested that when faced with a significant loss, such as a suicide death, a person's self-narrative can be disrupted to the extreme, resulting in the need to recreate their self-narrative that does not include the lost individual. The suicide survivor might even question their own primary identity as a mother, wife, or sibling. These researchers have indicated that the search for meaning after losing someone to death brings to life a desire and even the survivor's need to make sense of the death on an intrapersonal and interpersonal level (Neimeyer & Klass, 2014). The search for meaning appears to be a significant step in the healing process when someone loses a person to suicide (Neimeyer & Klass, 2014). These researchers have also indicated that the processing of grief and loss successfully, the search for meaning, allows individuals to grieve more healthily and integrate the loss into their life (Neimeyer & Klass, 2014). Neimeyer and Klass stated that this theory views how humans address their losses (i.e., death, moving, changing jobs, or loss of possessions such as a home) through their identities within the social and cultural

environment. The authors stated that this process is very public and social. I chose this theory because it addresses the social aspect of grieving, and social media is, by definition, interaction in a social environment. Shensa et al. (2016) stated that increased interaction using social media had increased social networking opportunities in recent years. The authors stated that adults' use of social media increased from 9% to over 90% between 2003 and 2017. This increase has also resulted in social media use as a support mechanism for grieving (Neimeyer & Klass, 2014). Neimeyer and Klass also indicated that individuals who can integrate the loss into a spiritual narrative could prove to be adaptive for many survivors, as it gives the loss a universal significance (Neimeyer & Klass, 2014). This theory is relevant to my study as most suicide survivors express a need for identifying who they are after the death of their loved one and how they find meaning in their pain.

In this section, I discuss and critique two studies related to mine and used the social constructionist theory of grief as their theoretical framework. Andriessen et al. (2018) conducted a qualitative study that examined grief and adolescents' mental health from a social constructionist perspective. The authors sought to investigate how adolescents experienced grief and mental health in their social interactions online after being bereaved by a suicide death or other causes of death. The researchers conducted recruitment through bereavement, health, youth programs, and announcements using flyers, posters, and websites (Andriessen et al., 2018). Andriessen et al. recruited 39 adolescents, 30 of whom were female and between the ages of 13 to 27 years of age (M = 20.59, SD = 3.24) at the time of the interviews. Participants had experienced a total of 51

deaths, with nine participants experiencing more than one death (Andriessen et al., 2018). The authors reported that, on average, the death occurred 5 years before the interviews (M = 4.92, SD = 3.08). The age of the participants at the time of the death ranged from 13 to 18 years (M = 15.39, SD = 1.78). Andriessen et al. stated that participants reported that individuals lost to death were a grandparent (n = 12), a parent (n = 6), sibling (n = 4), friend (n = 12), and family friend (n = 4). The researchers did not report further additional details related to their sample but stated that these details could be requested (Andriessen et al., 2018).

Andriessen et al. (2018) conducted semistructured telephone interviews constructed of open-ended questions, which allowed the interviewer to ask for further details. The authors included additional questions after the six initial interviews related to memories and lessons learned. The researchers chose to have all interviews conducted by Andriessen and these lasted for 17-45 minutes (M = 43.36, SD = 15.13).

Andriessen et al. (2018) identified two main themes associated with the participant's experiences after their loved one's death. The first theme identified was "grieving apart together" and related to how participants described their grief as the need to grieve very personally while interacting with other grieving individuals, and for some of the participants found they had a continued bond with the individual who died (Andriessen et al., 2018). Participants revealed that interacting on a blog, Facebook page, or web page dedicated to the individual who died often experienced an increased sense of closeness and intimacy to the deceased loved one (Andriessen et al., 2018). The other central theme was personal growth, which included life lessons and self-care topics

(Andriessen et al., 2018). Andriessen et al. discovered that many participants reported an increased awareness of how fragile life is and a greater appreciation for living life to its fullest, which also included an increased sense of compassion for other individuals and their struggles. Included in this was a stronger sense of the need for self-care, such as increased self-awareness and the need for self-care for themselves in terms of mental health needs (Andriessen et al., 2018).

Andriessen et al.'s (2018) study limitations included that the interviews were self-reporting from individuals who wished to share their experience and may have brought in selection and recollection bias. Also, because a large percentage of the participants were female, the results may not be relevant to males (Andriessen et al., 2018). I encountered the same limitation in my study as more women chose to be engaged in the research. This study was essential to my study. It examined the complex nature of grief and how it is intertwined with individuals, their interactions with others who also grieve, and individuals who were not directly impacted by the death. This study provided support for my study, as I examined survivors' interactions online related to the death and memorializing their loved ones who died by suicide.

Silvén Hagström (2018) examined the experience of parent suicide in adolescents in a qualitative study using various narrative material. Silvén Hagström used a narrative methodology where the focus was on meaning-making and identity after the loss from a constructionist grief lens. The author chose to examine the "what and how" youth communicate their experience in losing a parent to suicide to others, such as peers or adults. Silvén Hagström examined four types of materials. Face-to-face interviews with

four daughters who had lost their fathers to suicide, a memoir that was performed in a public theater by a young woman who lost her mother to suicide, 21 individual chat threads written by suicide bereaved youth of four different websites (the websites were not identified), and a chat blog on a website designed for youth who were experiencing grief from a suicide (the website was only identified as Swedish speaking). A chat thread is typically a running commentary of text messages that relate to a single topic or question; in this case, the experience of losing a parent to suicide. Threads are used in many forms of user discussions on the Internet, such as web-based forums, blogs, chat rooms, and email.

Silvén Hagström (2018) used interviews with suicide bereaved daughters ($N = 4$) who lost their fathers during their youth. The four face-to-face participants were self-selected, in that they asked to be included in the study (Silvén Hagström, 2018). Silvén Hagström also chose to examine chat threads ($N = 21$) originated by the youth who had lost one of their parents to suicide on four different web pages. A chat is a discussion that takes place in real-time between two or more recipients. The author did not identify the number of youth or which websites. The author also chose to include conversations from a chat, identified as Swedish-speaking chats; no statistics were provided for this material.

Silvén Hagström (2018) found that first there was a preoccupation with why their parent chose suicide; second, participants reported feelings that their parent died a stigmatized death, both morally and even described it as deviant behavior. The author reported that it was a common theme that youth did not speak about their parent's suicide and that they experienced self-stigmatization about their perceived responsibility for the

death. This study is vital to the profession as it gives recommendations on therapeutic approaches to helping youth cope with the suicide of a parent. This study provides insight into some of how youth perceive the suicide of their parent, which may allow for the development of better techniques to approaches into how to help youth process those feelings in therapy. Also, this study points out themes that may surface in my study. The author identified no limitations, but perhaps self-selection of youth who were ready to talk or chat may have contributed to self-selection bias. Self-selection is also a consideration in my study as I gathered participants who self-select for inclusion.

The studies provided in this section provided support for the use of this theory in my work. Through my study, I sought to understand the use of Internet forums as a method for moving through the grief found in specifically the suicide of a loved one or friend. Understanding the limitations of these studies provided me guidance in developing my study.

Literature Review of Key Subtopics

I chose numerous specific key subtopics related to suicide bereavement for my review of the literature. These included perceptions of suicide, family perspective, parents' perspective, siblings' perspectives, friends' perspectives, spouse or partners' perspectives, community impact, meaning making, support, spirituality, online support, Facebook, and Twitter. My review of the research led to my choice in selecting these subtopics. I have provided definitions for each subtopic to ensure a clear understanding of the topic I have discussed.

Suicide and Suicide Survivors

Crosby et al. (2011) defined suicide as “death caused by self-directed injurious behavior with any intent to die as a result of the behavior” (p. 23). The Centers for Disease Control and Prevention considers suicide as a national imperative with national ranking. Suicide is the second leading cause of death for 10-34 years old and the fourth leading cause of death for 35-54-year-olds (The Centers for Disease Control and Prevention, 2014). These statistics indicate that the number of individuals who must deal with the grief from the loss of a loved one due to suicide is tremendous.

Professionals have debated the definition of a suicide survivor for many years (Jordan, 2008). In this paper, I chose to use the following definition presented by Jordan and McIntosh (2011), who defined suicide survivors as "someone who experiences a high level of self-perceived psychological, physical, and social distress for a considerable length of time after exposure to the suicide of another person" (p. 7). Frey et al. (2016) stated that little research had been conducted regarding the responses of family members and friends. Still, there is some indication that stigma from friends and family members is often a predictor for increased depressive symptoms for suicide survivors.

In the last few years, researchers have created numerous sets of guidelines that can be used by mental health professionals, physicians, and communities to assist in providing evidence-based services both before and after a suicide-related event. The guidelines offer best evidence resources for suicide prevention and postvention (e.g., interventions after someone has died by suicide), which include efforts to decrease the harmful impact of experience related to suicide and to increase access to support during

the healing process needed after a suicide loss (Survivors of Suicide Loss Task Force, 2015). The Executive Summary of the U.S. National Postvention Guidelines calls for

- "Healthy and empowered individuals, families, and communities.
- Universal strategies, which are interventions accomplished on behalf of the entire population (e.g., the public).
- Clinical and community preventive services.
- Selective strategies, which are interventions implemented on behalf of people who are at risk for adverse mental health or other unhealthy outcomes in the aftermath of a suicide (e.g., people who have been exposed to a suicide).
- Treatment and support services.
- Indicated strategies are interventions delivered on behalf of people who are currently experiencing adverse outcomes because of suicide. Strategic Direction 4 focuses on surveillance, research, and evaluation of the impact of suicide and of interventions designed to ameliorate its effects" (Cook, 2017, p. 623).

These guidelines offer a framework for designing and implementing individual, community and national programs that provide support related to a suicide death. Having national guidelines help ensure that evidence-based interventions are provided to all environments. This information is needed in addressing how the use of the internet is used to support individuals.

Groff et al. (2016) stated that it is crucial to recognize that the individual experiencing suicidal bereavement identifies the barriers to support, such as social obstacles such as stigma surrounding suicide and access to care. Hall et al. (2014) stated that individuals who experienced suicide bereavement were more likely to assume blame for the death in some manner, such as failure to recognize that the individual wanted to die, or was extremely unhappy, or feeling hopeless. Often these beliefs included that suicide survivors “should” have known that the suicidal individual felt that death was preferable to how they were currently feeling (Hall et al., 2014). Other researchers stated that this thought process was typical as an integral part of suicide bereavement (Mcmenamy et al., 2008; Young et al., 2012). Jordan and McMenamy (2004) have speculated that this thought process is typical because survivors believe that suicide is a choice and that a suicidal loss "should" be preventable.

There has been much discussion regarding how researchers and practitioners can identify who should be considered a suicide survivor (Berman, 2011). In the past, the standard used in legal cases for victim compensation estimated that six individuals per deceased were negatively affected by the death (Berman, 2011). However, Berman (2011) stated that the use of this legal definition is based on a guess and not backed by either empirical testing or validation. Researchers have often used different methods to identify and define the number of suicide survivors; this has led to numbers ranging from six to 12 individuals significantly impacted by each completed suicide (Berman, 2011). Berman identified other frequently used definitions, which may include different relationship levels ranging from blood relationship to emotionally-based levels of

relationship, such as marriage, friendship, or being a coworker to the individual who died (Berman, 2011). One commonly used definition is that "a survivor is usually regarded as a person who has lost a significant other (or loved one) by suicide, and whose life is changed because of the loss" (Andriessen, 2009, p. 43). By contrast, Jordan and McIntosh (2011) used the following definition: "A suicide survivor is someone who experiences a high level of self-perceived psychological, physical, and social distress for a considerable length of time after exposure to the suicide of another person" (p. 6). The authors felt that this definition more accurately defined the vast array of individuals affected by a suicide death. This research indicates how the circle of impacted suicide survivors is often wider than often acknowledged. Many individuals can be negatively impacted when a suicide occurs.

Perceptions of Suicide Death

Jordan and McIntosh (2011) described a model to help identify who might be at risk after a death by suicide that includes identified circles of vulnerability relating to a person's geographic proximity and psychosocial proximity to the deceased, and whether they are an in a population at risk (e.g., the survivor also suffers from a mental health disorder). This model uses these concentric circles of vulnerability to illustrate how based on geographic, social, or psychological proximity, or by a survivor's engagement with the deceased there could be ever-widening levels of impact (Andriessen, 2014; Public Health England, 2015).

Within this model, the outermost circle addresses common responses to death, such as a sense of loss or sadness. The next circle represents responses that often

accompany an unexpected death, such as shock, disbelief, and sadness. The third level of responses relates to a violent death, such as an increased sense of shock, horror, or disgust at the manner of death, with a sense of loss and sadness. The final and smallest level includes responses typical of grief expressed by family or close friends after a suicide loss, including all the previously mentioned feelings, but typically at higher levels (Jordan, & McIntosh, 2011). This was evident in my own study, where the individuals whose loved one chose a painful method of death, were bothered by how the individual who died suffered.

This model addresses the contradictory perspectives that can occur if discussing the needs of survivors, survivor clinicians, and survivor researchers who have experienced a loss by suicide. These contradictory perspectives can occur when discussing or comparing the needs of survivors, survivor clinicians, and survivor researchers who have experienced a loss by suicide. An example of this might be the sister of a homeless man who died by suicide. The sister was also coping with medical and financial stressors and had a distant relationship with her brother; she reported experiencing little long-term distress over her brother's death (Jordan & McIntosh, 2011). Whereas a social worker who had just worked last week with the homeless man might experience feelings of guilt and sadness, feeling that she "should" have done more to help the individual who died by suicide (Jordan & McIntosh, 2011). Andriessen (2011) reported that while suicide survivors have been a part of the study of suicide, it is essential to remember that this is not a uniform group. The author stated that there may be significant differences in each unique experience because of the differences in

relationships. This information provides insight into how the differences the relationship and interaction with individuals who die from suicide can impact emotional impact for the survivor. Awareness of these differences, can assist in determining the need for further research as well as professionals who may work with survivors that perhaps might not be considered a survivor using current definitions.

Family

The impact of a family member's death may cause families to struggle as they seek to integrate the experience into their family story (Hanschmidt et al., 2016) significantly. Cvinar (2005) discussed the historical implications for families, such as losing property rights, being outcast, and loss of community support. This stigmatization by religious and legal consequences for survivors was thought to provide a level of prevention, as suicidal individuals might be deterred from completing suicide because of what it might mean for their remaining family (Cvinar, 2005). These punishments or stigmatizations may contribute to suicide survivors experiencing a sense of self-stigmatization that may impact their self-image (Cvinar, 2005). An example might be a mother who feels that she failed in her job as a mother because her son chose to end his life. After all, mothers are supposed to protect their children. Hanschmidt et al. (2016) described self-stigma as an individual's perception of their social standing, experience, and belief about others' negative feelings resulting in an adverse self or family image. These authors stated that the idea of self-stigma illustrates how the grieving process may have a negative impact as the survivors internalize such negative beliefs or attitudes, and increased shame and self-blame can result.

Williams et al. (2017) found that a family who experiences a loss from suicide often perceived that family stigma was generally a factor in their grieving and that anger and family disintegration was often the most common theme in the participants they studied. They also found several common coping strategies that families used to address the perceived social pressure. Examples of coping skills included survivor families, leaving their hometown, and moving to new locations to avoid meeting community members who knew about the death. Coping mechanisms also included families isolating themselves from their community and disengaging from their religious affiliations. Pritchard and Buckle (2018) found high levels of anger experienced by suicide survivors aimed at themselves, others, and the individual who died. Participants stated, "I am so angry right now. I'm angry that I am self-absorbed and negative, which is the complete opposite of my personality. He's done this to us; we are all in this mess because of him" (p. 38).

The stress, grief, and perceived stigma associated with the death of a loved one by suicide often result in suicide survivors reporting mental health issues, such as depression, low self-esteem, and anxiety (Bellini et al., 2018). Researchers have found that the mental health of individuals who are grieving the loss of a significant other due to suicide reported 63% higher scores related to complicated grief (Bellini et al., 2018). Complicated grief is a grief experience identified as severe, prolonged grief that includes some type of functional impairment (Hall et al., 2014; Shear & Mulhare, 2009). These researchers also found that individuals with high scores of complicated grief correlated positively to depression symptoms and feelings of hopelessness. Bellini et al. (2018) also

found that participants experienced fewer positive beliefs about the future and had lower perceptions about their life being fulfilling.

In one of the most extensive studies done to date involving almost 3,400 participants, Pitman et al. (2017) conducted a quantitative, cross-sectional study in the United Kingdom (UK). The researchers wanted to identify whether there was a difference in support received for suicide survivors and other individuals bereaved by sudden death. Pitman et al. also examined what kind of support, such as formal (i.e., counseling, psychiatrist) and informal (i.e., friends, community) that was received by the suicide or sudden death survivors (Pitman et al., 2017). Pitman et al. hypothesized that people bereaved by suicide were less likely to receive formal or informal support than people bereaved by other causes of sudden death.

Pitman et al. (2017) sampled 3432 participants, 18-40 years of age; the researchers did not provide any other demographic information on participants. Pitman et al. obtained their sample from 37 of 164 UK higher education institutions consisting of 659,572 mourning and non-mourning students and staff (Pitman et al., 2017). The authors did not provide a further breakdown related to these groups. The researchers compared the use of both formal and informal support after the sudden death of a loved one, including those deaths by suicide, to assess a specific hypothesis that individuals bereaved by suicide received fewer supports than those bereaved by other causes of death (Pitman et al., 2017). Pitman et al. included those bereaved by sudden death, identified as death by suicide, death by sudden unnatural causes (e.g., car accident), and death by sudden natural causes.

Pitman et al. (2017) used a sample size calculation based on a separate study conducted by the same researchers in 2016 on the link between suicide grief and a suicide attempt that indicated at least 466 participants were needed in any single group (two-tailed analysis; 90% power). The researchers examined the perceived support and access to services of three groups of individuals who had lost a friend or family member to suicide (*n* = 614, 17.9%), individuals who had lost a friend or family member to sudden unnatural causes (*n* = 712, 21%), and individuals who had lost a friend or family member to sudden natural causes (*n* = 2106, 61%).

Pitman et al. (2017) used an online questionnaire that gathered sociodemographic and clinical characteristics. The authors also used assessment instruments such as the Adult Psychiatric Morbidity Survey to assess for suicidal ideation and the Composite International Diagnostic Interview to screen for depression. Pitman et al. had participants complete the Grief Experience Questionnaire answering ten Likert-scaled questions such as "since the death, how often did you feel avoided by friends?" (Pitman et al., 2017, p. 2).

Pitman et al. (2017) stated that participants were primarily White women (*n* = 2784, 80%), who had lost someone to suicide (*n* = 499, 14.5%), to sudden natural death (*n* = 1709, 49.8%), or sudden unnatural death (i.e. murder, accident) (*n* = 576, 16.8%). Pitman et al. also reported that there were no statistically significant group differences regarding gender, sudden natural death, female (*n* = 1709, 81%) men (*n* = 397, 19%), sudden unnatural death, female (*n* = 576, 81%, men (*n* = 136, 19%), and suicide, female (*n* = 499, 81%), men (*n* = 115, 19%); age ($\overline{x}\mu$ = 25) the authors did not provide additional

data related to age, ethnicity, sudden natural death, White (*n* = 1877, 89%), sudden unnatural death, White (*n* = 645, 91%, and suicide (*n* = 561, 92%). The authors chose to use the five categories used in the United Kingdom for National Statistics to base socioeconomic status; social class 1.1 and 1.2, sudden natural death (*n* = 603, 29%), sudden unnatural death, (*n* =224, 32%), and suicide, (*n* = 176, 29%); social class 2, sudden natural death (*n* = 684, 33%), sudden unnatural death (*n* = 234, 33%) and suicide (*n* = 204, 33%); social class 3, sudden natural death (*n* = 259, 12%) sudden unnatural death (*n* = 77, 11%) and suicide (*n* = 68, 11%); social class 4, sudden natural death (*n* =90, 4%), sudden unnatural death (*n* =34, 5%), and suicide (*n* = 32, 5%); social classes 5, 6, 7, and 9, sudden natural death (*n* = 409, 19%) sudden unnatural death (*n* = 115, 16%), and suicide (*n* = 113, 18%); socioeconomic status missing (*n* = 109, 3%); or lapse in time since death , less than two years, sudden natural death (*n* = 707, 34%) sudden unnatural death (*n* = 186, 26%), and suicide (*n* = 168, 27%); more than two years since death, sudden natural death (*n* = 1399, 67%) sudden unnatural death (*n* = 526, 74%), and suicide (*n* = 446, 73%). The authors did not provide additional information related to time since the death.

Pitman et al. (2017) found that (*n* = 725, 21%) of their participants reported receiving no formal support, such as counseling or physician, and no informal support such as friends, clergy, and non-professionals. Pitman et al. found that individuals who lost a loved one or close friend to suicide were less likely to receive immediate support (*adjusted OR (AOR)* = 0.73, 95%, *CI* 0.59 to 0.9) and significantly more likely to delay seeking or obtaining support (*AOR* 1.33, 95%, *CI* 1.08 to 1.64). The authors also found

that individuals who had lost someone they loved to suicide reported significantly less informal (i.e., family, friends) than individuals bereaved by sudden natural death such as heart attack or stroke (*AOR* = 0.79; 95% *CI* 0.64 to 0.98) and individuals experiencing the loss due to unnatural causes (*AOR = 0.74; 95% CI* 0.58 to 0.96). These findings supported their hypothesis that there is a relationship between the manner of death and the support that individuals received after the suicide death (Pitman et al., 2017). Pitman et al. reported that the increased stigma scores in their study indicated a greater need for qualitative research to understand the perceptions of the stigma that often follow a loved one's suicide death.

This study highlights the need for more research into forms of support that can reach those feelings of stigma or self-blame. It also supports the need for my research project assessing what individuals who feel stigma and who do not seek support might find more helpful, such as Internet groups or blogs. The study's limitations were that sample responses came from primarily females, which questions the generalizability outside of that group. The participant's age span was also limited due to the participants being drawn from higher learning institutions (Pitman et al., 2017). Strengths included the large participant pool size and the fact that participants included both those related and unrelated to the individual who died (Pitman et al., 2017).

Pitman et al. (2017) found data supports the belief that individuals who are not related to the dead individual can be significantly impacted in a negative manner. Also, this research was able to directly contrast group responses that indicate that those bereaved by a suicide death perceived a reduced level of support from family and friends

as opposed to those bereaved by loss due to unnatural causes (Pitman et al., 2017). I successfully obtained a wide array of ages, but participants who self-selected were primarily female.

The current research indicates that suicide grief support effectiveness must include individualized approaches (Feigelman et al., 2018). Often, individuals experiencing grief feel the need to share their feelings of loss and experience. Still, those who also experience more severe psychiatric or psychological symptoms may require clinically-based support (Feigelman et al., 2018). Feigelman and Feigelman (2011a; 2011b) conducted a two-part study that examined the dynamics of suicide support groups and how participants used this resource to move their healing forward using observation and qualitative interviews. Feigelman and Feigelman (2011a) sought to understand what factors motivated suicide survivors to engage with a suicide survivor's support group and why many of those who engage in a suicide survivor support group chose to withdraw as time passed after the suicide death. The authors posited four hypotheses; H_1that individuals who attend church will be more likely to seek out a suicide survivor's support group, H_2 that suicide survivors who come from larger families are less likely to engage in suicide survivor support groups, H_3 that higher levels of distress, anger, depression, and anxiety are more likely to be engage in suicide survivor support groups, and H_4 that those individuals bereaved by a suicide who had unproductive or less positive interactions with bereavement professionals (e.g., physicians, counselors, psychologists) were more likely to seek out a peer support group.

In Part I of this report, the authors collected data from 540 grieving parents and focused on 462 participants who reported being suicide survivors. The authors recruited participants for this study from a wide variety of survivor support groups such as peer-led support groups, with notices about the survey listed on the Suicide Prevention Action Network (SPAN) Listserv, the American Association of Suicidology newsletter, and with local counselors (Feigelman & Feigelman, 2011a). Feigelman and Feigelman (2011a) sent out 754 surveys, and 540 of those surveys were returned by individuals, resulting in a response rate of 74%, which was determined to be satisfactory by the authors. The authors focused only on the 462 responses that reported death by suicide because of their research question.

The authors reported the data set on respondents indicated a higher return rate for females, (*n* = 374, 85%) as compared to males (*n* = 69, 15%), most participants (*n* = 337, 73%) fell into the age group of 46-65, additional details related to age of participants was not provided in this article, and socioeconomic status with household incomes in the following socioeconomic levels of $90,000 (*n* = 152, 33%), incomes ranging from $40,000 to $90,000 (*n* = 199, 43%), and incomes below $40,000 (*n* = 111, 24%). Forty-two percent (*n* = 194) of the participants reported an educational level of four or more years of college, another (*n* = 194, 42%) reported having some college, while (*n* = 79, 17%) reported they had a high school degree or less (Feigelman & Feigelman, 2011a). Thirty-six percent (*n* = 166) of participants reported a Protestant religious affiliation, (*n* = 120, 26%) reported a Catholic affiliation, (*n* = 42, 10%) were Jewish, and (*n* = 88, 19%) were affiliated with another faith (Feigelman & Feigelman, 2011a). Twenty-one percent

(n = 97) of participants reported they had lost a child more than ten years prior, (n = 139, 30%) reported it occurred between four and ten years prior, (n = 185, 40%) reported between one to four years ago, while (n = 42, 9%) reported the death occurred less than a year ago (Feigelman & Feigelman, 2011a).

Feigelman and Feigelman (2011a) chose to assess grief problems for participants using two different modified instruments, the Grief Experience Questionnaire (GEQ) and the Inventory of Complicated Grief. The authors chose to reduce the GEQ to the most crucial elements due to the size of the 27-page survey instrument. Feigelman and Feigelman chose to use the abbreviated version. Factor analysis yielded either primary factors, then chose the two highest factor loading identified and created a 16 –abbreviated item scale. Feigelman and Feigelman reported that while they had no way to verify how closely the abbreviated scale of two items related to the 55 items, they found that it did correlate positively with the Complicated Grief Scale, a correlation coefficient of r = .77. The authors' data reported that 422 suicide survivors' parents indicated a mean score of 40.2 (SD = 11.1) with a range of 16 to 80. The Complicated Grief Scale was completed by 437 suicide survivor parents, resulting in (M = 28.0; SD = 9.0) and a range of 11 to 51 (Feigelman & Feigelman, 2011a). Feigelman and Feigelman reported that 61% of their respondents (n = 282) reported attending either a suicide survivor specific support group or a more generalized bereavement support group within the last 12 months.

The results of Part I of the report indicated that individuals who engaged in support groups did not report higher levels of distress than those who chose not to engage in support groups (Feigelman & Feigelman, 2011a). The data indicated that participants

encountered a wide variety of distress, ranging from seriously struggling to accept the loss and making progress in the grieving process. These results provided new group members with the hope that they will also progress in their grieving process (Feigelman & Feigelman, 2011a).

In part II of this report, participants ranged from individuals who were newer to this healing process, having lost their loved one less than two years ago, to others who had experienced the loss five years or more in the past (Feigelman & Feigelman, 2011b). Using interviews and observation of suicide survivor support groups, Feigelman and Feigelman (2011b) examined how individuals bereaved by suicide progress through their healing process and what role peer-led support groups played in that process. Because of this study's nature, no statistics were provided, as the authors were examining specific reasons that suicide survivors attended support groups and the personal reasons they left the group (Feigelman & Feigelman, 2011b). The researchers were permitted to engage in the suicide survivor support group due to the loss of their son to suicide. Furthermore, they engaged in observational research and conducted 1-hour phone interviews to inquire about participant involvement or withdrawal from the group. Feigelman and Feigelman also inquired about whether participants used other supports such as clergy, counselors, or psychiatrists and participant interest in suicide prevention efforts.

Feigelman and Feigelman (2011b) found that often, suicide survivors sought out a support group when first experiencing the grief of a loss due to suicide. The authors found that individuals who lost a partner or child tended to remain engaged in the support group longer than three years, as opposed to those who lost a friend, parent, or sibling.

These individuals only engage for about 1 year. Feigelman and Feigelman further found that post-traumatic growth was more evident in their participants in longer-term survivors than in the newly bereaved. The authors also found that of immense importance to survivors were the friendships that participants developed; this was particularly evident in those who lost a partner or child.

This two-part research study's limitations included the fact that while it is one of the most extensive studies related to suicide survivor parents because this study used a convenience sample, the data may not represent all parents dealing with suicide grief (Feigelman & Feigelman, 2011a). Also, because this was a cross-sectional and correlational study, it can only establish the associations between predictors, and it cannot make assertions regarding the direction of causality (Feigelman & Feigelman, 2011a). Feigelman and Feigelman (2011b) also indicated that in Part II of their report, due to the small number of records reviewed, that their understanding of this experience was limited. This two-part study provides insight into the specifics that I have examined in how suicide survivors use the Internet resources to aid in their healing process (e.g., do survivors feel support in the online groups, do survivors move along similar paths in their healing). I believe that the data I collected has further illuminated this difficult, but important topic.

McKinnon and Chonody (2014) suggested that a lack of trained professionals or a lack of engaged support from professionals may be barriers to suicide survivors engaging in seeking help. This research also focused on which participants perceived interventions as helpful and did not meet the individual's needs. The authors chose to use an

interpretative phenomenological approach to gain detailed knowledge about supports used after the loss of a loved one to suicide.

The researchers chose to use a purposive sampling framework to recruit participants from 18 local social service programs; five of those programs agreed to help with recruitment (Mckinnon & Chonody, 2014). McKinnon and Chonody (2014) reported that they originally had planned for 10 participants but adjusted that to 14 to assure that data collected represented perspectives from both urban and rural participants were represented. The participants ranged from 26-75, with a mean of 49 years old (authors did not report further details related to age), and 12 of the participants were women (Mckinnon & Chonody, 2014). Participants varied in relationship to the individual who died by suicide: five brothers, five sons, and one each was a grandfather, husband, father, sister, and wife (Mckinnon & Chonody, 2014). Participants reported that the time since the suicide death spanned 11 months to 24 years, with the average being 5.93 years (Mckinnon & Chonody, 2014). The researchers did not report any other demographic information in the study (Mckinnon & Chonody, 2014).

McKinnon and Chonody (2014) conducted interviews face-to-face, except for one participant who indicated that he preferred to use email. The authors reported that these interviews lasted approximately 90 minutes and were initiated with the gathering of demographic information previously reported. The researchers had the recordings transcribed, and each participant was emailed a copy of the transcript to ensure accuracy and to ask clarifying questions (Mckinnon & Chonody, 2014). McKinnon and Chonody

noted that the additional notes sent in from participants proved very insightful, and valuable information was gained.

McKinnon and Chonody (2014) stated that participants identified two areas, immediate support and ongoing support, as important issues. Immediate support could include emergency services, the coroner's office, funeral homes, and crisis intervention professionals. McKinnon and Chonody stated that participants reported that it was common to experience unpredictability or inconsistency from crisis response support personnel. Their research indicated that a common issue for participants was the poor support from the coroner's office while the family waited for investigation results. Participants indicated that they often felt the coroner's office was significantly distant and unconcerned about how the results of their work could traumatize a family. Many participants reported that cold professionalism from emergency services, the coroner's office, and even funeral homes negatively impacted their experience. This perceived lack of empathy and concern experienced by survivors often resulted in heightened feelings of frustration and possibly negatively affected their grieving process.

Parents

Maple et al. (2010) reported on one portion of a more extensive narrative study that examined parents' grief experiences after the death by suicide of an adult child. The authors sought to understand better what parents of children who died by suicide needed to aid in their grieving process in the healthiest manner possible. Maple et al. interviewed 23 parents, which consisted of 16 mothers, six fathers, one stepparent, and one foster parent. The length of time since the suicide death ranged from 6 months to 26 years, with

a mean of seven years (Maple et al., 2010). The children who died by suicide ranged from 17 to 31 years old; and 15 were males, and three were females (Maple et al., 2010).

Maple et al. (2010) chose to use narrative, qualitative inquiry to understand the meaning that each parent gave to the experience of their child's suicide death. The authors also chose to employ analytic techniques to categorize core patterns contained in the narratives. Maple et al. felt that this process encouraged a picture that assessed the "intrapersonal, interpersonal, and social" aspects of the perceived consequences of the parent's loss of their child to suicide (p. 243). The authors used a three-tiered analytic approach. The authors first reviewed the interviews for thematic characteristics, reviewing the interviews for shared experiences of the parents. Secondly, the authors explored the meaning that parents ascribed to those experiences, and thirdly, they compared the findings from the first two levels of analysis to social norms.

Often parents reported that the stigma associated with a suicide death frequently enclosed family members and parents, in particular, behind a "wall of silence" (Maple et al., 2010, p. 242). Most parents felt that they could not discuss their child without making friends, family, or others uncomfortable (Maple et al., 2010). Another theme explored by these researchers was that parents often perceived that others expected their grieving to follow typical trajectories and resolve itself in a much shorter period than was realistic (Maple et al., 2010). Many parents reported that this led to feeling further isolated from society because they could not meet those expectations (Maple et al., 2010).

Maple et al. (2010) found that parents wanted to speak about their children, whether their children were alive or dead. The research results indicated that while

parents may struggle with describing the death itself, that they often found joy in using their child's name and talking about his or her life (Maple et al., 2010). Participants indicated that remembering and talking about their child was a way to keep their child "alive" (Maple et al., 2010, p. 241). Most participants reported that they did not feel able to talk about their child who died and that it was necessary to refrain from speaking about their dead child (Maple et al., 2010).

Maple et al. (2010) also reported that parents often withheld information in regular conversations based on their comfort level and the "perceived" level of interest, disinterest, comfort, or discomfort of the individuals with whom the parent is interacting (p. 244). Maple et al. stated that their research indicated that this was an ongoing concern for parents about others' comfort level, which had the potential to increase the feeling of isolation for grieving parents.

Maple et al. (2010) stated that there is a great deal of historical research indicating that social support is an essential factor in the grieving process. The data they found on isolation was a critical concern. This concern directly impacts the need for my study, which seeks to identify how individuals bereaved by suicide can gain social support from online support use. Due to the limitations of face-to-face supportive services such as family or friends, the use of the Internet becomes a safe, anonymous environment where emotions about a suicide death and the previously reported need to find meaning in the death can perhaps be more freely shared, thus the need for further study of this medium for support.

Maple et al. (2010) outlined limitations in their study that included the sample size and cultural limitations as the participants were from high socioeconomic status, and all were Anglo-Australian. The authors felt that the small size could not provide enough information to accurately and fully encompass the large number of families impacted by a suicide death. The authors recognized that many ethnic and socioeconomic groups were not included in their study, so these findings cannot be transferred to other populations. This study is essential to my study because the authors identified the need for parents to find ongoing support as they sought to find meaning in the loss of their child to suicide. I made every effort to include as many socioeconomic and ethnic groups as possible, but as my study was qualitative, the limited number of participants may have negatively impacted this.

Another question that parents commonly have difficulty answering after the suicide of a child is: How many children do you have? (Williams et al., 2017). Parents often struggle with whether or not they have three kids when one of them has died. This question is a common problem for parents who have lost children by any means of death; however, it seems to cause increased anxiety for the parents of a child who has died by suicide (Maple et al., 2010). Participants in this study reported that the initial question of how many children the parent has leads to the next question of where the child lives and whether they are married. These questions lead to parents feeling the need to reveal the child's death, then the manner of death of the child, which was suicide. Such discussions can often lead to discomfort for all parties involved when the parent reveals that the child died by suicide (Maple et al., 2010).

Parents, and in particular, mothers, reported experiencing higher levels of both distress and guilt than other family members (Pitman et al., 2014; Pitman et al., 2017). Parents reported that much of the guilt they experienced came from their perceptions that "they should have known" or "should have done something to protect" their child (Drapeau et al., 2016). Researchers have confirmed that family, friends, and even acquaintances often feel levels of guilt that they did not do "something" to stop the suicide (Pitman et al., 2014). Researchers found that suicide survivors reported that the higher the perceived level of stigma, the higher the distress levels, including feelings of guilt (Scocco et al., 2017).

Nic An Fhailí et al. (2016) approached the problem of support by conducting a qualitative approach using thematic analysis of interviews with a semistructured focus group focusing on contact with general practitioners. These focus groups were comprised of adults of all ages and socioeconomic groups in Ireland (Nic An Fhailí et al., 2016). The authors recruited participants from three major areas within Ireland to overcome geographic biases using bereavement support groups as their participant pool. Also, the authors limited the participants to those for whom the death had occurred more than 1 year ago so as not to further traumatize those in the acute grief period, and all were over the age of 18. The three focus groups were held in Donegal, Waterford, and Dublin, Ireland, and were comprised of four males and 11 females, who had all lost at least one family member to suicide; additional demographics were not reported (Nic An Fhailí et al., 2016). The researchers reported that they conducted one-hour focus groups with the researchers leading the interview questions. The authors focused on three specific topics:

- “Sources of support at the time of the loss and experiences of interaction with the general practitioners (GP) at the time;
- Needs at the time of the loss and continued care needs; and
- Any difficulties encountered with the GP and suggested recommendations for GPs going forward." (p. 93)

Nic An Fhailí et al. (2016) used a qualitative framework that guided researchers to use a theme-based method to analyze and reduce data using summarization while preserving the ties to the original data. The authors listened to the audio recordings of the focus groups and developed themes independently of each other, and then during a discussion between the researchers, broader themes were identified. These broader themes were then used to sort and organize the data allowing for easier comparison both within and between focus groups (Nic An Fhailí et al., 2016).

Nic An Fhailí et al. (2016) gathered data that indicated that participants reported experiencing stigma in one form or another, and it was a regularly discussed topic in all their focus groups. The authors noted that the experience of stigma was particularly prevalent for those living in rural or frontier areas. Participants reported that the stigma they experienced contributed to increased isolation and difficulties accessing care from their physician (Nic An Fhailí et al., 2016). All participants reported that stigma was the reason for much of the increased social isolation and difficulties in obtaining treatment (Nic An Fhailí et al., 2016). Participants stated that their feelings of self-stigma, numbness, and feeling of being overwhelmed by their grief became essential factors in determining whom they could approach for help (Nic An Fhailí et al., 2016). Nic An

Fhailí et al. also found that several participants felt particularly stigmatized by their physician's use of the word *committed* when referring to suicide and stated that they preferred the term *completed suicide*.

Nic An Fhailí et al. (2016) identified themes that included participants' need for others to acknowledge the loss, for practitioners to provide direction and support by helping participants become aware of resources, and for practitioners to not necessarily offer medication as a method for coping with the loss (Nic An Fhailí et al., 2016). Nic An Fhailí et al. also found that participants recommended that general practitioners, mental health professionals, and the community be aware of the stigma associated with a suicide death, be sensitive to terms that could be offensive to suicide survivors (e.g., committed suicide rather than died by suicide), and be attentive to the mental health needs of bereaved suicide survivors (Nic An Fhailí et al., 2016). The authors indicated a need for further research identifying differences in how males and females address these needs after a suicide death. Nic An Fhailí et al. identified six major themes: the need for acknowledgment, both of the loss and for the life of the deceased; the role stigma played after the loss; and the need for the general practitioner to provide direction and support, such as proactively contacting the family, providing resources, active listening, not reacting immediately with a prescription, and follow up.

Nic An Fhailí et al. (2016) stated that a limitation of their study was that only individuals who actively sought help were included as participants in the study, resulting in no data for individuals who did not use formal supports such as their physician,

support group, or counselor. My study sought to engage those who did not engage in formal services and contribute knowledge about this population.

Siblings

Sethi and Bhargava (2003) conducted a quantitative study that compared 26 children and adolescents who were bereaved by the suicide death of a sibling and matched them with another group of children who were the same age but who had no history of a suicide death. These researchers found that there was an increased risk for psychiatric symptoms and difficulties in social adjustment for those children who were bereaved by a suicide death. Dyregrov and Dyregrov (2005) found that students in their study reported increased feelings of blame, guilt, and rejection by the sibling who had completed suicide. The authors also indicated that siblings often felt increased anger towards their dead sibling because of the deceased siblings' choice, which negatively affected the surviving sibling's life. Data suggests that the closeness level in the sibling relationship is an indicator of a more significant impact by suicide death (Andriessen et al., 2016). Not surprisingly, the level of remaining relationships such as friends, other siblings, or caregivers after a sibling completes suicide can serve as a buffer for complications in grieving children (Andriessen et al., 2016).

Within the family circle, the sibling relationship is essential to how each child develops their identity and what life skills they learn (Andriessen et al., 2015). Andriessen et al. (2016) conducted a meta-analysis that focused on adolescents' experiences, ages 12-18 years old, and their bereavement experiences both pre and post-loss. These authors' review included 58 studies published between 1976 and 2014. Their

findings showed that adolescents were at higher risk of suicidal behavior after losing friends or family members to suicide.

Andressen et al. (2016) found that pre-loss factors that impacted bereavement were the closeness of the relationship and a perceived belief that the suicide was not preventable. The authors also found that participants' history of previous issues with depression and a family history of mental health issues was related to a new occurrence of depressive symptoms after the death. Post-loss factors that positively impacted suicide survivors also included beneficial high levels of social support that provided understanding and helpful attitudes or beliefs that suicide is preventable (Andriessen et al., 2016). Simultaneously, suicide survivors experienced high peer support that sometimes encouraged negative issues, such as believing that suicide was a typical response to issues (Andriessen et al., 2016). This review indicated that pre and post-loss features were more significantly related to healthy grieving than by the manner of death (Andriessen et al., 2016).

Dyregrov and Dyregrov (2005) found that siblings often felt very alone with their grief as they did not want to burden their grieving parents further. This theme of being alone surfaces frequently in the literature on adolescents and children (Dyregrov & Dyregrov, 2005; Dyregrov, 2009; Powell & Matthys, 2013). These results further indicate a need for effective interventions that target siblings and their experiences.

Adams et al. (2019) conducted a qualitative study to examine the critical issues in grief after a sibling's suicide. Adams et al. chose to use purposeful sampling to recruit young adults who had lost a sibling within the last ten years, and the sibling was under

the age of 20. The authors used websites, suicide support forums, Facebook, and email groups from conventions, support groups, and prevention organizations to advertise their study. Adams et al. reported that 18 individuals contacted them and requested to participate in the study. The authors ultimately found that 10 of the participants met the time since death and age of the sibling at the time of death requirements. Eight individuals agreed to be interviewed, with one loss to attrition due to the author's lack of time (Adams et al., 2019). The authors reported that participants included four men and three women ranging in age from 16 to 23 years at the time of their sibling's death, aged

Adams et al. (2019) chose to examine these interviews using interpretative phenomenological analysis (IPA) using semistructured phone interviews, which lasted from 30 minutes to 2 hours 20 min. The authors reported that each phone interview was transcribed verbatim. Adams et al. used questions designed to elicit information about the participant's relationship with the deceased sibling, family relationships, both before and after the suicide, and the participant's individual grief experience. The authors reported that each transcript was read several times by two researchers who then developed subordinate themes, ordinate themes, and subthemes. In this process, the authors identified four themes; the process of grief, grief interactions, continuing bonds, and meaning-making and growth through grief.

Adams et al. (2019) found that the process of grief theme broke down into two subordinate themes. The first subordinate theme was emotional reactions (shock, pain, anger), the reality of the death (but he was my age), life interrupted (dropping out of school), and suicidal ideation themselves; (thoughts that there was no point in living).

The second subordinate theme was the grief process over time, which included processing emotional responses (missing the deceased individual), acceptance (coming to peace with the death), suppression of emotions (trying not to think about it), and enduring questions (could I have done something to save him?).

Adams et al. (2019) identified the grief interaction theme contained three subordinate themes; grief interactions within the family (protecting other members, needing to be near each other, protective silence); grief interactions with non-family individuals (importance of peer support, cliché condolences), sigma (people being insensitive), and accepting help (not being forced but knowing it is available), and rituals (viewing the body, funeral or memorial). The authors also identified the continuing bond theme as having two subordinate themes; relationship with the deceased before death (memories, what could have been) and relationship with the deceased sibling after death (living for the dead, spirituality, faith, and psychics). Adams et al. identified the final theme as meaning-making and growth through grief, meaning-making (why did they die, knowledge about mental health and suicide) and growth through grief (being more sensitive to others, striving to be a better person) and what they had to experience to achieve this growth.

This study gives the profession first-hand information directly from adolescent and young adult siblings about their perceptions of the process of losing a sibling to suicide. The information provided may allow the profession to better support other youth who lose a sibling to suicide. This study helped my research address protective silence as a question in my research to see if online interaction enhances the ability of youth to not

talk about a suicide death. Also, the information about the dynamic process that is grief can give hope and even growth. This study's strengths are the real experiences and what those descriptions provide the profession about helping youth who face this life experience. The authors identified no limitations, but I believe that self-selection played a role in that these are people who are willing to talk about their experiences. In contrast, those who cannot or will not talk about their loss may have differing themes. The results of my study include the same limitation due to the need for self-selection.

Friends

Friendships are formed and developed because of shared interests or activities. Shared closeness is one feature of this kind of relationship (Andriessen et al., 2015). A close friend's death can often lead an individual to feelings of abandonment and cause difficulties for the survivor in developing new close friendships due to fear of another loss (Williams et al., 2017). Andriessen et al. (2015) pointed out that ongoing group mourning or discussion could increase the impact of a suicide death. Because of the intimate nature of friendship, there is evidence that the loss of a peer or friend may lead a survivor to feel more intense bereavement than the loss of a sibling (Andriessen et al., 2015). The authors pointed out that this may be because of the mitigating impact of parents on the sibling. In contrast, peers may be hesitant about confiding in their parents or feeling that they cannot empathize because of their more distant relationship.

Exposure of adolescents to suicide attempts and completed suicides may increase peer survivors' own risk for such behavior (Andriessen et al., 2016). Andriessen et al. (2016) posited that several factors, such as environment, thought processes, social

learning, or imitation, could affect this risk. Williams and Merten (2009) pointed out that due to the level of developmental changes accomplished during adolescence, grief of any kind may encourage, hinder, or change the course of the individual's current developmental course.

Shilubane et al. (2014) conducted a qualitative study that examined adolescents' knowledge and experiences in South Africa who lost a peer to suicide. The researchers chose to do a qualitative study that used focus group discussion to gain insight into the experience of losing a friend or peer to suicide in high school. Parker and Tritter (2006) stated that conducting focus group research requires that the researcher assume the role of facilitator of discussions between focus group members in place of direct interaction between the researcher and participant. The researchers conducted six focus group discussions in six different high schools, one of which had a student who had attempted suicide, and the other five had individuals who had completed suicide (Shilubane et al., 2014).

Shilubane et al. (2014) used a purposeful sampling process, using two different procedures: the suicide attempt focus group and a second process for the suicide completed focus groups. For the schools with a suicide attempt, one researcher contacted the social worker at the hospital where attempters were treated and asked if, during counseling sessions, the social worker could ask the attempter if they would be willing to talk with the researchers. Researchers list of attempters who agreed to be contacted was generated. The research goals were explained, and one of the researchers obtained the attempter's consent to allow peers to discuss their personal experience of the suicide

attempt (Shilubane et al., 2014). The attempters who agreed to these discussions were then asked for their peers or classmates' names and numbers to be contacted for the focus group (Shilubane et al., 2014). One of the researchers then contacted these individuals to explain the project's goals and determine if they were willing to participate in the focus group.

Shilubane et al. (2014) stated that the second procedure used was for schools that had a completed suicide involved a snowball process where one participant in the attempt focus group mentioned the completed suicide of a peer at another school. The researchers then contacted that school to ask permission to conduct a focus group with the deceased student's peers. Other schools were identified similarly; after agreement from each school administration, students were identified who had been close to the individual who had completed suicide (Shilubane et al., 2014). All the schools consisted of Xitsonga speaking individuals who lived in the Limpopo Providence of South Africa (Shilubane et al., 2014). The focus groups consisted of both males (n = 26, 46%) and females (n = 30, 54%), with each focus group composed of eight to ten participants (Shilubane et al., 2014).

Shilubane et al. (2014) stated that the focus groups lasted between 60-90 minutes, and participants were asked open-ended questions such as "How often do you think about your peer who attempted (or completed) suicide" and explored the participant's emotions and knowledge of suicide (p. 3). The researchers reported that a total of six focus group discussions were conducted before saturation was achieved. After each focus group discussion, the researchers recorded the data in Xitsonga and then translated it to English

by an individual who was a first language Xitsonga speaker (Shilubane et al., 2014). The authors chose to analyze the data using a deductive, inductive approach, which relies on detailed readings of raw data to develop themes or concepts (Thomas, 2006).

Shilubane et al. (2014) reported that participants discussed the methods used by attempters was poison (pill overdoes; $n = 2$, 33%) and those who completed suicide using hanging ($n = 4$, 66%). These were the only statistics that the authors provided, all additional information provided was narrative (Shilubane et al., 2014). The authors reported that participants who knew a peer who completed suicide reported higher levels of emotional upset, often reporting that the participant cried when they heard of the death of their peer and experienced high levels of guilt or self-blame related to not recognizing how unhappy their peer was. Participants who were peers of an attempter often felt the same emotions and guilt but to a lesser amount (Shilubane et al., 2014). Also, peers of individuals who had died reported seeing unusual behavior such as withdrawal, sleeping in school, and talking about death. In contrast, peers of attempters did not report any behavior changes (Shilubane et al., 2014). One of the participants in the completer's groups noted that "when students attempt suicide, they do not wish to die, but wish to communicate their needs to their parents." In contrast, in the completer's groups, many felt that pressure related to school work contributed to the suicides (Shilubane et al., 2014, p. 5).

The researchers found that the students in all the groups felt that there were no supports available at their school for those individuals thinking about suicide. Shilubane et al. (2014) reported that students made several suggestions for prevention efforts in all

schools: screenings, drug use, and parent education. One notable difference in the suggestions from the attempters' groups and the completers' groups was a belief by the attempters' group that parental attitudes needed to change, while the completers' groups felt that professional or expert help was needed within the schools (Shilubane et al., 2014). The researchers noted that no services had been provided to the suicide survivors at any of the schools.

This study confirmed the need to continue to examine the lived experience of suicide survivors of all ages and the unique pressures that adolescents experience. The primary limitation of this study was its small size and geographic location due to cultural differences. My research successfully gathered data from survivors who were both adults and adolescents at the time of the death to achieve a more well-rounded view of this experience in rural areas of the United States.

Spouse or Partner

The suicide death of a spouse or partner can often be accompanied by challenges distinctive to the closeness of this relationship and the manner of death (Pritchard & Buckle, 2018). Pritchard and Buckle (2018) chose to examine this experience using a qualitative narrative methodology and the Meaning of Loss Codebook. The Meaning of Loss Codebook is a comprehensive coding system for exploring meanings made after the death of a loved one (Gillies et al., 2014). The authors used the Alliance of Hope (http://www.allianceofhope.org) online public forum to examined 117 posts by 50 individuals who stated that they had lost a partner to suicide. The authors chose each post because it began a new thread, discussion, or point, which was started between 1 – 15

times (M = 2.34, SD = 2.72) for each individual. The posting individual did not often report their gender or the gender of their partner who died nor any other demographic data (Pritchard & Buckle, 2018). The authors reported that they analyzed the selected posts using the grounded theory approach. The meaning of loss codebook contains 30 categories, each of which represents a wide range of responses.

Pritchard and Buckle (2018) found that one of the primary themes they identified was guilt, which fell under the negative affective category related to the survivor's partner's suicide (n = 171, 90%). One of the participants in this study wrote: “I hate myself and will keep punishing myself. I will never allow myself to feel good or even love or be loved again. I am so depressed. I hate myself and everything about me” (Pritchard & Buckle, 2018, p. 38). A large percentage of the participants, more than 60% (n = 84), expressed feelings that they struggled to understand their loved one's action, making the process of meaning-making difficult (Pritchard & Buckle, 2018). Pritchard and Buckle also stated that more than half of the postings reflected a sense of missing the dead individual (n = 74, 54%), threads also focused on the need to find a way to cope with the loss (n = 48, 44%), and memories of the dead partner comprised a large portion of the threads (n = 46, 44%).

This study demonstrates the use of online support services by individuals who have lost a partner to suicide and the information gained from those interactions. In terms of my research, it illuminates the need for such services and how individuals gain comfort and support, as stated by the authors (Pritchard & Buckle, 2018). This study's limitations primarily were the selection bias as data was limited to individuals who

interacted online. Individuals who do not use the Internet or support forums may have differing perspectives on the loss of their partner. As my study is directly related to online support for suicide survivors, it was impossible to control for this limitation.

As suicide survivors seek to answer the "why" question, the role of mental health professionals, physicians, and friends becomes to walk alongside the suicide survivor as that individual seeks acceptance that the question will not ever be answered (Praetorius & Rivedal, 2017). The unanswered question of "why" is often particularly true for partners or spouses, as they examine every detail of the days before the death to find places where they should have or could have intervened (Praetorius & Rivedal, 2017).

Young et al. (2012) found that individuals who lost their significant other experienced high levels of guilt related to not recognizing that their partner was in such pain. Young et al. stated that it was common for suicide survivors to experience feelings of abandonment or rejection and that these feelings particularly impacted partners or spouses. Also, feelings of anger could be particularly strong and associated with high levels of guilt at having those feelings because of the partner's awareness that the dead individual must have been in extreme pain to believe that death was their only option (Young et al., 2012). Researchers' findings have supported that family, friends, and even acquaintances often feel levels of guilt that they did not do "something" to stop the suicide (Pitman et al., 2014).

Erlangsen et al. (2017) conducted a quantitative study in Sweden and found that surviving spouses were more likely to have health and psychiatric issues. The authors found that spouses bereaved by suicide loss were at a higher risk for many mental health

disorders, including depression, post-traumatic stress disorder, anxiety disorder, and engaged in self-injurious behaviors compared to spouses bereaved by the loss by other causes (Erlangsen et al., 2017). Overall, Erlangsen et al. found that individuals bereaved by the suicide death of their partner were at risk for psychiatric issues, which necessitated higher mental health care usage, as well as physical health concerns and substance abuse. The authors stated that this indicated a need for increased support across all areas for these individuals.

De Groot and Kollen (2013) conducted a longitudinal cohort quantitative study examining possible factors in the long-term effects of losing a first-degree blood relative or spouse to death by suicide. The authors sought to identify a link between a history of suicide attempts in survivors of the death of a loved one by suicide and an increased risk for complicated grief, depression, and ongoing suicidal behavior after the death by suicide of a first-degree blood relative or spouse. This study included 70 families, with a total of 153 individuals, obtained by contacting general practitioners who then referred suitable patients for an 8-10 year longitudinal study (De Groot & Kollen, 2013). This group consisted of individuals over the age of 15 years old, who had lost first degree relatives and spouses (N = 153, 100%), individuals who had died by suicide (n = 74, 48.4%), and who had died in the Northern Netherlands between September 1999 and January 2002. These were the only demographics provided in the study (De Groot & Kollen, 2013).

The participants agreed to a series of testing and interviews beginning with T0, a baseline assessment done at 2.5 months after the suicide. Then, T1 assessments were

conducted 13 months after the suicide, and 139 participants agreed to participate in a follow-up study (T2) conducted between January 2009 and February 2010 (De Groot & Kollen, 2013). Of the 139 participants that completed the T1 assessment and agreed to participate in the T2 study, 119 participants were located and agreed to the T2 assessment (De Groot & Kollen, 2013).

In the original assessment, (T0) information was gathered related to sociodemographic data such as age, ethnicity, and personality features for each participant (De Groot & Kollen, 2013). De Groot and Kollen (2013) used the revised Eysenck personality questionnaire (EPQ-RSS) to measure personality traits to screen for individuals with a higher risk for mental disorders. The researchers also used the Pearlin Mastery Scale developed by Pearlin and Schooler to measure the degree participants thought they had mastery or control over their lives and the Rosenberg self-esteem scale (RSES) to measure their sense of self-esteem (De Groot & Kollen, 2013). Symptoms of complicated grief were measured with the inventory of traumatic grief (ITG), depression symptoms during the last week were measured with the Center for Epidemiologic Studies Depression scale (CES-D), and suicidal behaviors in the preceding 30 days were measured with the Paykel suicide items (PSI; DeGroot & Kollen, 2013). The authors also reported that the participants were assessed at T0 for various historical mental health issues such as suicide attempts over the lifetime, depression, and anxiety before the loss. The researchers also assessed participants' access to primary health care, the use of mental health services, missed work or school time, drug use, and help-seeking behaviors (De Groot & Kollen, 2013).

The researchers analyzed descriptive statistics with SPSS (version 19), and multilevel analysis conducted using MLwiN 2.20 software (De Groot & Kollen, 2013). In addition to the outcome and predictor factors, the researchers also collected demographic information and mental health history (De Groot & Kollen, 2013). These were assessed several times during the study (De Groot & Kollen, 2013). However, personality traits were not assessed (De Groot & Kollen, 2013). This process resulted in repeated observations within participants (level 1) and between participants (level 2) and variation due to dissimilarities among families (level 3; De Groot & Kollen, 2013).

De Groot and Kollen (2013) chose to conduct a missing value analysis using SSPS software to isolate patterns of any missing values of variables and found that missing values in their data were chiefly and increasingly in variables measured over a long term of time. The independent variables included sociodemographic and personality features, mental health history, records of received help, long-term, complicated grief, depression, and suicidal behavior that indicated a significant association with outcomes of complicated grief, depression, and suicidal behavior ($p < .05$) was then fitted into a multivariate longitudinal prediction model, using the best subset backward selection strategy (De Groot & Kollen, 2013). Using the property of multi-level analysis to partition the total variation in variation from differences in assessments within participants (level 1) and between participants (level 2) and variation due to dissimilarities among families (level 3), the researchers were able to determine the impact of the observed changes on the different levels (De Groot & Kollen, 2013). For all analyses, the researchers used a two-tailed significance level of $p > 0.05$, and any change

that corresponded with a Cohen's $d > 0.50$ was considered a significant statistical difference (De Groot & Kollen, 2013).

De Groot and Kollen (2013) reported that the age of death of the deceased individual was ($M = 44$, $SD = 17.0$) and ($n = 56$, 76%) of them were men, ($n = 18$, 84%) were women. The authors reported that between T1 and T2 one suicide survivor participant completed suicide during the study; and that 7% ($n = 8$) of the participants had attempted suicide. This is higher than the national Dutch average of 2.7%. In addition, the data showed that throughout the bereavement period 17% - 78% ($n = 20$ - 93) of the participants received help from a minimum of one source. In addition, female gender was a predictor of increased levels of depression ($OR = 3.9$; 95% CI 0.9 to 6.9; $p = .012$), but not for suicidal ideation ($OR = -1.4$; 95% CI -2.5 to -0.7; $p = 0.336$), or complicated grief symptoms ($OR = 0.1$; 95% CI 5.2 to 5.4; $p = 0.971$. The researchers also found that spouses were at a higher risk ($OR = 1.0$; $p = 1.0$) for developing symptoms of both complicated grief and depression (De Groot & Kollen, 2013). In addition, higher neuroticism scores (range 0 – 12) resulted in higher risk of complicated grief ($OR = 2.6$; 95% CI 1.9 to 3.2; $p = <0{,}001$), depression ($OR = 2.0$; 95% CI 1.7 – 2.3; $p = < 0.001$), and suicidal ideation ($OR = 1.3$; 95% CI 1.3 to 1.5; $p = < 0.001$). The authors found that lower mastery, which represents the level a person perceives they have control over their life experiences with higher scores above 7 through 35 indicated a lower perception of control were indicators of higher risk for complicated grief ($OR = 1.4$; 95% CI 0.9 to 1.9; $p = < 0.001$, depression ($OR = 1.1$; 95% CI 0.8 to 1.3; $p = < 0.001$, and suicidal ideation ($OR = 1.2$; 95% CI 1.1 to 1.3; $p = < 0.001$). De Groot and

Kollen also found that prior history of clinical anxiety increased risk for complicated grief (*OR* = 3.3; 95% *CI* 2.6 to 9.1; *p* = < 0.269) and suicidal ideation (*OR* = 1.5; 95% *CI* 0.8 to 3.0; *p* = < 0.227). Subsequently, the researchers found that participants who had a history of depression, (*OR* = 5.7; 95% *CI* 2.4 to 9.1; *p* = < 0.001, and a suicide attempt (*OR* = 7.9; 95% *CI* 1.7 to 14.1; *p* = < 0.013) had an increased risk for depression after experiencing a loss to suicide, but not for complicated grief.

This study illustrates that the risk for complicated grief and depression are significant factors for those losing a spouse or blood relative to suicide, but that other factors such as prior mental health issues and suicide attempts are also significant contributors to the long-term grieving process (De Groot & Kollen, 2013). De Groot and Kollen (2013) identified the need for further research on what interventions are helpful, and this is a topic that needs further investigation. The authors identified limitations for their study that included the participants' selection method, as participants had initially been recruited to assess for the effectiveness of cognitive-behavioral therapy for another study. Thus participants may have been biased due to already being engaged in services (De Groot & Kollen, 2013). Data on mutual support (peer support) took place when the only real options were in-person support groups because the Internet was not nearly as prevalent as it is now (De Groot & Kollen, 2013). My study has addressed this particular limitation as the focus is on using online methods of support.

Community Suicide Prevention

Recent research on suicide support acknowledges the impact that a suicide death can have on a community (Ali, 2015). Ali (2015) suggested that support efforts should

also include those indirectly impacted by suicide, such as individuals associated with the health professions, law enforcement, or clergy. The U. S. Guidelines for Responding to Grief, Trauma, and Distress After a Suicide recommend that community members across all environments have easy access to information about postvention (Survivors of Suicide Loss Task Force, 2015).

Fountoulakis et al. (2011) conducted a systematic review of literature seeking to assess the general public education's effectiveness in efforts to reduce suicide. The researchers selected a group of 48 studies, and these included 29 studies that examined methods of community-level education and psychoeducation, the rationale for educating communities, and research that described the results (Fountoulakis et al., 2011). The researchers found little to support a reduction in suicide rates in the U. S. (Fountoulakis et al., 2011).

I found a dearth of current research that explained the recent increases in suicide rates (Centers for Disease Control and Prevention, 2018). Researchers using in-depth interviews with religious community members identified strategies they felt would encourage positive mental health care and reduce the number of suicides (Spencer-Thomas, 2018). The strategies researchers recommended included mental health practitioners helping individuals develop healthy social connectedness across the lifespan, helping them connect with something greater than themselves, such as God or the universe, and encouraging compassion within the community to address the emotional needs of its members (Spencer-Thomas, 2018).

Gatekeepers

Gatekeepers are “those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine” (U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012, p. 139). Gatekeepers engage in training to identify persons at risk of suicide, engage with them, and engage these individuals with treatment or supportive services as appropriate (U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012). Examples include clergy, first responders, pharmacists, caregivers, and those employed in institutional settings, such as schools, prisons, and the military (U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012).

Aldrich (2018) found that while there were some differences in sex, ethnicity, and prior suicide exposure in community members regarding their ability to intervene with someone who may be suicidal, most individuals were willing to perform common intervention behaviors. Andriessen et al. (2017) found that when mental health professionals, medical professionals, and other helping individuals provided targeted support to specific groups, the outcomes were effective, and this should encourage more research to develop such targeted programs. These researchers pointed out that current research has focused on particular environments such as work environments, educational systems, and the need for evidence-based guidelines.

Herron et al. (2016) evaluated ten studies that compared the efficacy of four different gatekeeper training programs within rural communities: Applied Suicide Intervention Skills Training program, Campus Connect, Connect, and Question, Persuade, Refer. Directors of these programs sought to provide training across all community environments (e.g., realtors, receptionists, cashiers) to help ordinary citizens to recognize suicide warning signs, techniques they can use to engage with suicidal individuals, and methods they can use to persuade those individuals to seek help (Herron et al., 2016).

These researchers found that each of these programs did well in providing education and reducing stigma. Still, there was little evidence in any studies that indicated these interventions produced a reduction in suicides in these communities (Herron et al., 2016). Also, the interventions the researchers evaluated in this study focused primarily on youth. However, little research has been conducted on adults, especially adults in high-risk groups such as midlife and elderly males (Herron et al., 2016). These two groups comprise more than 90% of completed suicides in the US (Herron et al., 2016).

Making Meaning

Many individuals who experience grief associated with a suicide death struggle to make meaning of the experience (Pritchard & Buckle, 2018). The “Ocean of Why” refers to the ongoing and exhausting search for an explanation of why a loved one chose to leave their family and friends (Praetorius & Rivedal, 2017, p. 1). Researchers have identified this as one of the most frustrating and lonely times for survivors as no one can

adequately answer this question for the survivor (Praetorius & Rivedal, 2017). The survivor's frustration and loneliness can often increase feelings of fruitlessness in seeking help to navigate this time because looking for help did not save their loved one (Praetorius & Rivedal, 2017).

Cook (2017) stated that the Executive Summary and Goals and Objectives of the U. S. National Postvention Guidelines include an objective that encourages engagement of suicide survivors in meaningful ways in planning and executing postvention activities because of the support that such activities provide these individuals. Castelli Dransart (2013) conducted a study in Switzerland to evaluate how suicide survivors worked to make sense of their loss. These authors' findings suggested that for survivors who found meaning in their loved one's death, it often led to post-traumatic growth. This research defined post-traumatic growth in individuals as "personal development that can be achieved after trauma" (Castelli Dransart, 2013, p. 319).

Castelli Dransart (2017) conducted a study that qualitatively examined how adults recreate and find meaning in their experience as suicide survivors. The author chose to address this study from a grounded theoretical perspective. The author decided to limit the study to individuals over the age of 18 and used theoretical sampling. Theoretical sampling relies on the emerging concepts in data collection and analysis to inform what further data is needed and where it should be gathered to enhance the theory and is considered a core element in using grounded theory (Bagnasco et al., 2014; Butler et al., 2018). Castelli Dransart chose to select a wide range of participants related to the relationship with the individual who died by suicide and the survivor's age and

socioeconomic status. Castelli Dransart chose to recruit participants using advertising through various media sources, support or bereavement groups, and social services agencies. The researchers also used snowball sampling (e.g., participants recommending others) to increase the number of participants.

The researcher chose to conduct face-to-face interviews with the participants, lasting from two to four and a half hours (Castelli Dransart, 2017). Castelli Dransart (2017) chose interview topics designed to encompass a wide range of areas of participants' experience such as "the suicidal process, the impact of suicide, coping strategies or adjustments to self-image, and relationships in various contexts (family, work), the perception of suicide, the rites and public management of suicide, and the support sought or received" (p. 996). The researcher interviewed 50 suicide survivors, 39 (78%) of whom were female, and 11 (22%) were male, 23 (46%) were parents, and 13 (26%) were suicide survivor siblings (Castelli Dransart, 2017). The length of time since the suicide ranged from less than 1 year to over 16 years. The participants ranged in age at the time of the suicide from 14 - 73, and the researcher conducted interviews in one of three languages, Italian, French, and German (Castelli Dransart, 2017).

Castelli Dransart (2017) used grounded theory because of its ability to generate a theoretical framework using the interaction between analysis and data collection. The author used the three steps of coding. The first step includes the researcher using the results of multiple sessions of reading the transcribed interviews and identifying similarities and differences and relevant themes (e.g., coping with the deceased being gone). Castelli Dransart then took the similarities, differences, and themes identified in

the data and consolidated them into groups (e.g., emotions, coping strategies). The researcher then implemented step two, where data (e.g., groups and themes) was further distilled and interconnected into core categories to reveal patterns (e.g., axial coding, categories such as reconstructing events that led to the suicide). The researcher then addressed the third and final step where the four core categories, "impact, the quest for meaning, clarifying responsibility, style of reaction, and coping," were identified using selective coding (p. 996). Castelli Dransart then connected the data, which resulted in defining four patterns of reconstruction or find meaning in their lives; vulnerability, transformation, commitment, hard blow" (p. 996).

Castelli Dransart (2017) identified that the vulnerability pattern was the main component that suicide survivors reported that made them feel fragile when they moved through the grieving and reconstruction process. The author found those who reconstructed in this manner continued to suffer significantly, even many years later, and that the suicide had become the foremost and most damaging factor in their lives. Not only did the individual lose the person who died by suicide, but participants felt they were in a "bottomless void" as if a part of their body had been torn off (Castelli Dransart, 2017, p. 997). For individuals using this pattern of reconstruction, the suicide of their family member developed into an implied conclusion about the survivors' self-worth, or even the quality of the relationship itself (Castelli Dransart, 2017).

Participants' personal growth was unique for the survivors who used the transformation pattern to resolve the challenges identified. While the loss of the individual who died by suicide was still painful and dramatically impacted their life in all

areas, these survivors chose to use this process better to understand their experiences (Castelli Dransart, 2017). These survivors moved forward in a manner that pushed them to "enjoy life, every moment of it" and honor the life of the individual who died by suicide by looking for ways to remember them positively (Castelli Dransart, 2017, p. 999). These individuals moved forward in very focused and constructive ways, using their memories as a motivator to seek fulfillment (Castelli Dransart, 2017).

For survivors who used the commitment pattern to address the changes needed after a suicide, death marked the point where their entire life refocused (Castelli Dransart, 2017). More often than not, these suicide survivors often committed themselves to a worthy cause in suicide prevention (Castelli Dransart, 2017). While the death had dramatically impacted the survivors' lives, most who used this pattern of reconstruction were able to use the memory of their dead loved one to motivate their use of proactive strategies in a constructive manner, such as leading peer support groups and maintaining very public memorials (Castelli Dransart, 2017). They also remained more focused on the loved one's lived life rather than on their manner of death (Castelli Dransart, 2017).

The final pattern identified by Castelli Dransart (2017) was the hard blow. The hard blow was where the impact of the death of the suicide survivors' loved one did not lead to participants' radical life changes (Castelli Dransart, 2017). Instead, these survivors progressed slowly through new ways of doing things rather than experiencing a dramatic life reformation (Castelli Dransart, 2017). Participants' use of this pattern did not believe that their loved one's death was not a significant loss but thought that the suicide was a challenging and painful experience that one could emerge from and be

stronger for it, yet still, be the same person (Castelli Dransart, 2017). These survivors tended to be more private with their suffering, rarely reached out for help, and considered the suicide more of a test of their resiliency (Castelli Dransart, 2017).

The information contained in this study is useful in identifying what concepts in online support might contribute to the support of suicide survivors and inform what aspects the different patterns, as identified by Castelli Dransart (2017), that suicide survivors might find most supportive. These are areas that I am very interested in, and I believe that my study adds to knowledge about what different survivors gain from online support options. I have also gathered additional information on how the use of online support positively or negatively impacts the suicide survivor's life.

This study's limitations included the inability to determine the findings' transferability due to the limited size (Castelli Dransart, 2017). The author also noted that biases, because of participant self-selection or the recruitment methods used, could be a limitation of the study (Castelli Dransart, 2017). Participants in the study may have been encouraged to be a part of the study by a desire to help others, most participants were women, and the majority of the participants were parents or siblings; this may limit transferability because suicide survivors with different relationships to the deceased may have a different perspective (Castelli Dransart, 2017).

This study does provide a distinctive look at how suicide survivors addressed their lives following the death of a loved one due to suicide (Castelli Dransart, 2017). Also, this study provided insight into the way the different aspects of a survivor's pathway through the grieving process and re-engagement in life, such as in their resuming

activities, significantly contributed to the study of providing survivors with the support they need to navigate this process successfully (Castelli Dransart, 2017). In my study, I recruited various survivors, including spousal, sibling, and parent survivors, which this study lacked.

Support

Finding the right support after the death of a loved one is vital in any situation, but researchers have indicated that finding this support can be difficult for suicide survivors (Andriessen et al., 2015). Ali (2015) found that social support networks can provide the necessary support to families who have experienced a suicide, especially in the early period immediately following the death. Unfortunately, many individuals and families do not have reliable or healthy support systems, which may lead to engagement with professional services (Ali, 2015).

Researchers have indicated that most family groups need support after the death of a relative by suicide (Asare-Doku et al., 2017). Asare-Doku et al. (2017) stated that while there is limited evidence of what interventions are most effective, researchers have suggested that counselors specializing in grief, and especially post-suicide grief, can be beneficial if actively engaged (Asare-Doku et al., 2017). These researchers indicated that health professionals often refer to volunteer support organizations that can provide personal experience and support to individuals experiencing suicide grief. They also found fewer parents were willing to engage in appropriate care after their child's death by suicide.

Linde et al. (2017) conducted a literature review that examined available interventions for survivors of a suicide death. Linde et al. reviewed these documents using the Quality Assessment Tool for Quantitative studies. They rated them using the following six factors: "selection bias, study design, confounders, blinding, data collection method, withdrawal, and dropouts" (p. 4). Because the researchers chose studies that were immensely varied related to research design, features, and level of intensity of interventions, and outcome measures, they conducted a narrative synthesis of the information as opposed to combining the data for a meta-analytic method. The researchers selected seven studies; five of these examined group interventions, one study containing individual and group formats, and the final study examined individually based interventions (Linde et al., 2017).

Linde et al. (2017) chose to have a non-professionally trained suicide survivor, and a mental health professional delivered five of the interventions. The researcher and a trained suicide survivor delivered the intervention for the other two studies (Linde et al., 2017). For two studies, the researchers used a cognitive-behavioral approach, one of which used a peer support intervention, and one used a grief support program. The authors conducted both interventions within two to 16 weeks (Linde et al., 2017). Linde et al. reviewed three of the studies using comparison groups that showed a decrease in complicated grief incidence. Still, the authors felt that validity was limited due to the non-randomized nature of the research designs and the absence of control for pre-intervention differences in grief intensity (Linde et al., 2017).

Overall, the Linde et al. (2017) review indicated that there was limited evidence regarding which interventions were valid due to the methodological limitations that the researchers used and the restriction of only using studies published in English. This review of literature underscored the shortage of research on interventions aimed at suicide survivors. Future research should focus on tertiary interventions, such as screening for the diagnosis of complicated grief, or at a minimum, using elevated symptom scoring such as high levels of depression or anxiety (Linde et al., 2017). Studies evaluating grief interventions are rare, and due to methodological issues, the effectiveness of those interventions must be assessed with caution (Linde et al., 2017). However, there appears to be some evidence in the reviewed studies that there is some positive impact from the interventions in reducing grief intensity and suicide-specific grief features (Linde et al., 2017).

The United Kingdom Suicide Prevention Strategy states that primary care physicians must be cognizant of the high vulnerability of family members who are grieving from the loss of an individual and that evidence-based and timely intervention is required (HM Government/Department of Health, 2012). McKinnon and Chonody (2014) found that many of their participants had trouble accessing services due to the physical complications that often accompany grief. The authors stated that these complications included sleep issues, not eating, lack of energy, higher anxiety levels, and unpredictable crying. The researchers also indicated that many of their participants struggled with anger, guilt, sadness, and questions of why. Most individuals identified the proactive assistance from their physician in linking to formal supports was something that was

lacking, many participants stating that making one more call for support and having to explain the situation again was too much (Mckinnon & Chonody, 2014)

Spirituality

Long-held spiritual and religious beliefs often play a role in how a survivor progresses through their healing. Traditionally, most religions have held that suicide is an act to be condemned or that it is a sin (Castelli Dransart, 2018). The belief that suicide is a sin is illustrated by the Catholics who have long held that individuals who died by suicide could not be buried in consecrated ground and that the individual's salvation could be in jeopardy (Castelli Dransart, 2018). Castelli Dransart (2017) reported that little research could be found to understand how individuals impacted by the suicidal death of a loved one address their spiritual or religious beliefs or if or how they construct a spiritual or religious link with their deceased loved one.

Krysinska et al. (2014) specifically examined the religious and spirituality expressions posted as a message to an online memorialization site or online cemetery collected from October – November 2012. The authors chose memorials randomly (N = 250) from two memorialization websites, Faces of Suicide (http://www.facesofsuicide.com) and Gone too Soon (http://www.gonetoosoon.org.) Krysinska et al. chose 125 postings from each website. The authors stated that one website maintained by a US-based group, Parents of Suicides and Families of Suicides Internet community, the second was a UK-based Gone too Soon is an online cemetery with memorials dedicated to individuals who died by many causes (Krysinska et al., 2014). The two websites were chosen for several reasons; they were well maintained,

offered free and open access to the public, and contained more significant numbers of suicide memorialization ($N = 1147$) on Faces of Suicide and ($N = 1526$) on Gone too Soon (Krysinska et al., 2014). The authors chose to eliminate postings that only included name and date of death, celebrity deaths.

Krysinska et al. (2014) used thematic analysis, which focuses on identifying, recording, and investigating patterns of meaning or themes within collected data. The authors chose to focus on psychological reactions often found in literature and on themes identified in other studies of online memorials. Krysinska et al. used five steps to identify the main themes:

"(a) Reading and rereading multiple times the retrieved online material,

(b) Manually coding the material,

(c) Collating the relevant coded extracts within major themes,

(d) Reviewing and refining the themes to ensure their internal homogeneity and external heterogeneity, and

(e) Defining and naming themes" (p. 351).

This process resulted in 14 themes: missing or sadness, expressions of love, description of deceased, explanation of suicide, reference to family, feelings of the bereaved, acknowledgment of suicide, wishing the deceased peace, reunion, religious or spiritual, gratitude that the deceased found peace, gratitude for having known the deceased, directives to readers, and comments about online memorialization (Krysinska et al., 2014). Krysinska et al. (2014) chose to focus on the religious or spiritual aspects; these were identified by the "use of references to God, afterlife, the continuation of spirit,

heaven, angels, prayers, and quotes from the Bible" (p. 351). The authors stated that demographics were only provided by the Gone too Soon website and not included in this article.

Krysinska et al. (2014) found 14% of the posts referred to some religious theme and that past research indicated that posting such themes supported survivors' belief in God and that God's love of all, including those who had died by suicide as well as suicide survivors, was an immense support to those who were grieving. Krysinska et al. stated that some postings reflected a belief that the suicide death was God's will or an act of benevolence by God in that the person is no longer suffering. The authors also found that while some postings reflected the need for meaning-making, others reflected the need to make sense of loss. It was impossible to determine which survivors benefited from their religious beliefs and which individuals experienced increased spiritual struggle (Krysinska et al., 2014).

Online Support

Individuals who are grieving a loss desired to continue communication with loved ones who have died (Walter, 2015). As a society, we have moved into an era where digital access allows those who wish to engage in memorializing their loved ones who have died in a more permanent and public manner (Walter, 2015). Speaking to, and of, our dead is an integral part of the grieving process and allows bereaved individuals to express their grief. However, finding individuals who are comfortable listening to these stories is often extremely difficult (McKay & Tighe, 2014).

There is a wide array of support options offered online; these include Facebook, Twitter, standalone web pages, support groups, and much more. Internet forums are a platform where individuals can interact via messages and cover topics ranging from suicide support to recipes. Forums are a component of social media technologies and can take many different forms to include blogs, social networks, photo sharing, social gaming, and virtual worlds (Aicher & Jacob, 2015). Online social sites such as Facebook, Twitter, and Instagram allow the mourner to preserve the loved one's life. For some mourners, this could be understood as a kind of digital heaven where their loved one's lives could be stored and viewed indefinitely (Bailey et al., 2015). Walter (2015) found that even in online gaming, those who interacted with individuals who died in an online game environment felt the physical death of an individual who engaged deeply in gaming. In some cases, individuals created online memorials to commemorate a gamer's death (Walter, 2015).

Krysinska and Andriessen (2015) investigated individuals and their use of online resources to address grief after a death loss. The authors stated that online bereavement might allow users to find others in the digital space who have experienced a similar death and allow for engagement and communication within a safe and empathetic environment. Krysinska and Andriessen conducted a study that looked at online memorialization, defined as a message posted in memory of an individual who has died. The authors examined: (a) the type of relationship between the grieving person who created the suicide memorial and the individual who died, and the time between the suicide death and the completed memorial, (b) the socioeconomic and demographic' of the individual

who died by suicide, (c) the types of online memorials, and (d) significant themes illustrated in the online memorial.

Krysinska and Andriessen (2015) chose Faces of Suicide and Gone too Soon for their investigation for several reasons. Both sites each contained large numbers of suicide memorials, the managers of the sites had kept them well maintained, and they offered free and open access. The authors analyzed 250 randomly chosen memorials, 125 per site, and collected data during October and November of 2012. The memorials' selection was different due to the structure methods employed by the two websites (Krysinska & Andriessen, 2015). For the Faces of Suicide website, the researchers used the first commemorative photo appearing on each refreshed web page for the study (Krysinska & Andriessen, 2015). However, the Gone too Soon website allows people to conduct searches for the cause of death. Therefore, using two random numbers generated using random.org: Krysinska and Andriessen linked the first randomly generated number to the web page number and then linked the second randomly generated number to the memorial location on the individual web page (Krysinska & Andriessen, 2015).

Krysinska and Andriessen (2015) gathered data related to their questions, such as the type of relationship the person had to the deceased, the amount of time since the death, and the date the memorial page was created. The researchers also collected demographic information such as age, gender, and country of origin for the individual who died by suicide. The researchers then organized the data by different types, such as eulogy or obituary and stories about the dead individual, letters to the dead individual, and tributes. The authors used thematic analysis to recognize, assess, and report themes

from the data. The form of analysis was interpretive and deductive, and the process was guided by a review of the literature related to common psychological reactions in both suicide and general bereavement (Krysinska & Andriessen, 2015). Krysinska and Andriessen synthesized this data and reduced it to 14 themes:

(a) sadness and missing the deceased,

(b) expression of love,

(c) other psychological reactions of the bereaved, such as guilt, blame, regret, anger, shock, disbelief,

(d) an explanation for suicide and a desire to understand "why,"

(e) mention of reunion,

(f) wishing the deceased peace,

(g) expressions of gratitude that the deceased has found peace,

(h) expressions of gratitude for knowing the deceased,

(i) religious and spiritual themes (i.e., quotes from the Bible, reference to God, mention of heaven, angels, a continuation of the spirit),

(j) reference to family, including mention of the survivors and the family roles of the deceased, and impact of the suicide on the family,

(k) description of the deceased, including his/her activities and personality features,

(l) acknowledgment of suicide, including descriptions of the circumstances of death and a suicide method,

(m) directives to readers, such as personal reflections and advice regarding suicide prevention and possible causes of suicide, and

(n) personal comments of the memorial author's regarding the experience of creating and maintaining an online memorial" (p. 26).

Krysinska and Andriessen (2015) conducted an independent assessment of all data and achieved a 90% interrater agreement. When differences in interpretation by researchers occurred, the authors resolved them through discussion and then made changes to codes or themes for the final analysis. The authors found that females posted more than half (*n* = 68, 55%) of the memorials and were comprised of parents, siblings, children, or partners. Due to the different web pages' structure, for more than 25% of the memorials, the researchers could not identify the posting individual's relationship to the memorialized individual (Krysinska & Andriessen, 2015). Most memorials were created within 1 month to 1 year from the suicide death, with most memorials containing a photo of the individual who died (Krysinska & Andriessen, 2015). The reported gender of the individual who had died by suicide was primarily male (*n* = 200, 80%), with females comprising the remaining (*n* = 50, 20%), the average age of the person who committed suicide was 29.9 years old (*SD* = 11.8), with the youngest being 13 years of age and the oldest being 67 years old (Krysinska & Andriessen). Overwhelmingly, more memorials were from the United States (*n = 156,* 62%), with the United Kingdom at (*SD* = 75, 30%). The two websites examined had differences in the kinds of postings. Faces of Suicide showed most as personal messages addressed to the dead individual (*n* = 69, 55%), with the balance of postings being more formal obituaries (*n* = 44, 35%)

(Krysinska & Andriessen, 2015). While on the Gone to Soon website, obituaries were the primary posting at (*n* = 89, 71%), letters to the dead individual was (*n* = 25, 20%), and tributes were infrequent on both sites (Krysinska & Andriessen, 2015).

The occurrence of themes Krysinska and Andriessen (2015) identified in both websites, such as sadness and loss was expressed in 81.6% of the postings (*n* = 204*)*, while expressions of love comprised more than 61.6% (*n* = 154) of the sites examined by the study. The authors found that descriptions of the individual who died by suicide to be another common theme at (*n* = 98, 39.2%), while the search in answering the "why" question comprised (*n* = 86, 34.4%) of the memorialization. References to other family members were found on (*n* = 75, 30%) of the memorials, with acknowledgment of the death by suicide on (*n* = 72, 28.8%) of the pages, and suicide survivors acknowledgment of the psychological reactions comprised 29% of the postings (Krysinska & Andriessen, 2015). Approximately (*n* = 43, 18%) of the memorials on both websites stressed their desire that the individual who died by suicide be at peace (Krysinska & Andriessen, 2015). In the pages, the researchers analyzed, (*n* = 35, 14%) of the postings expressed religious or spiritual themes, ranging from a general blessing to quotes from the Bible and gratitude for knowing the individual before their death (*n* = 19, 7.6%), and finally (*n* = 19, 7.6%) included personal reflections and advice related to suicide prevention overall (Krysinska & Andriessen, 2015).

This study provides valuable insight into the current research on suicide bereavement and the use of online forums as forms of grieving, memorializing, finding support, and healing, all of which are important to my study. Krysinska and Andriessen

(2015) outlined several possible limitations: both sites focused on English speaking individuals. There could be social, economic, and ethnic variables that mean these findings had little transferability. The authors also found that those who felt comfortable using online services were likely involved, possibly resulting in self-selection bias. Finally, because the authors analyzed only memorialization for suicide deaths, it was impossible to assess which data is unique to suicide bereavement and more transferable to grief by other causes.. Also, because my study directly examined online interactions, it did not include individuals who did not engage or use the Internet for self-expression, limiting all suicide survivors' transferability.

Chapple and Ziebland (2011) explored how the Internet supported individuals bereaved by suicide and how engaging on the Internet changed those individuals' experiences. The researchers sought to recruit a wide variety of participants, including both men and women, as well as differing participant social backgrounds; different ages at the time of interview; individuals who had lost children, friends, and parents as well as different methods of death (e.g., hanging, gunshot, drowning, overdose). The researchers also chose diverse locations within the United Kingdom (Chapple & Ziebland, 2011). Chapple and Ziebland recruited participants from websites, suicide survivor support groups, general practitioners, newspaper articles, conferences, the Safer Custody Group, personal contacts, and through the use of snowball sampling. Interested individuals received an information sheet, introductory letter, and a postage-paid response card. Individuals who wanted to become participants were asked to contact the research group.

The researchers conducted interviews with 40 individuals who had experienced the loss of a loved one by suicide (Chapple & Ziebland, 2011).

The participants ranged in age from 27 – 70, with more than (*n* = 20, 50%) being between the ages of 41 – 60 years of age, 12 were male (30%), and 28 were female (70%), with (*n* = 37, 81%) being White and British (Chapple & Ziebland, 2011). Chapple and Ziebland (2011) chose a narrative approach, and interviews lasted from 2 – 6 hours, with participants being encouraged to discuss their experiences as they wished. The authors then read all data, developed a coding framework, coded the data, and then looked for themes across the data and each participant's interview context. Chappel and Ziebland then took a qualitative interpretive approach in which they combined thematic analysis with ongoing comparison using NUD*IST®, QSR N5 data indexing software, which expedited the analysis. The authors then reviewed all reports and combined coding and interpretation of results.

Chapple and Ziebland (2011) reported that many participants indicated that they used the Internet to post email messages to friends and family about the death, stating that this took some of the burden off of the family to make personal calls or write letters. The authors provided no statistics for these items. The authors also reported that many of the participants had engaged in online support groups and felt that they gained increased feelings of not being alone in their confusion and grief; again, the authors did not provide statistics. Participants also reported using the interactions to help heal their sorrow. Chapple and Ziebland stated that individuals rarely used the Internet as their only source of support. Most reported seeing a counselor or engaged in a peer support group.

Participants also reported frequently using memorial walls to post pictures and honor those lost to suicide; one participant even felt it challenged those who might insinuate that there might be shame in losing a child to suicide (Chapple & Ziebland, 2011). Chapple and Ziebland reported that many of the interviewed participants said creating at least one memorial posting on a web page, some on several pages, feeling that this helped keep the deceased individual present in this world. The authors also found that a large portion of their population found interaction on the Internet helpful.

Because this study was narrative, the authors chose not to include information about health status or engagement in services (Chapple & Ziebland, 2011). However, this information did not provide numerical data to represent suicide survivors' behaviors; instead, it sought to explore a broad range of experiences and how the Internet impacted those experiences (Chapple & Ziebland, 2011). Because this study is eight years old, a great many things have changed related to the Internet, such as who has access, what websites are available, and the use of social media, but this study does provide valuable information for my study related to the needs of suicide survivors. No further limitations were noted.

Bailey et al. (2015) invited individuals who had set up a web page in memory of their loved one lost to suicide to participate in their qualitative study. The authors sought to explore two topics, first, how such memorial sites can assist us in understanding how the Internet allows for new ways of grieving and is even constructing new cultural norms. Second, establishing such a site may provide crucial therapeutic assistance while providing mechanisms for managing trauma after a suicide death (Bailey et al., 2015).

Bailey et al. advertised their study-seeking participants through various suicide prevention organizations and charities and the University of Hill website. The authors invited interested individuals to contact the study team for more information. The researchers interviewed 11 individuals, and the sample included three men and eight women; people who were bereaved recently (the most recent being approximately 5 months) and people who were bereaved some years ago (up to four years); people from different social backgrounds, geographic locations, and ages (ages ranged between 30 and 60 years). The sample also included those who had lost a child, a sibling, or a friend (Bailey et al., 2015). The authors did not report further demographics related to the individuals interviewed.

Following written consent, participants were asked to talk about their experience of suicide bereavement and what precisely had encouraged them to create an online site (Bailey et al., 2015). Participants were asked: (a) their perceptions of the benefits and negative features of creating their memorial site, (b) any possible implications for understanding specifically suicide grief, and (c) the role of the Internet in their grief process (Bailey et al., 2015). Interviews were conducted at the location of each participant's choice and lasted for one to three hours (Bailey et al., 2015). The interviews were semistructured narrative in style to allow for changes in the order of questions in response to the interview flow and allow participants to tell their story in their own words (Bailey et al., 2015). Bailey et al. (2015) chose to take a qualitative interpretive approach, combining constant comparison with thematic analysis to analyze their data. The authors

read the interviews, and after transcription, they developed a coding frame and explored themes across the data and the context of each participant interview.

Bailey et al. (2015) found that participants identified no difference in perceived benefits or limitations between Facebook and other Internet forums and reported that there had been a significant increase in Internet sites established to memorialize someone who died by suicide. Of the 11 participants, all but one had used Facebook as their most often used resource, often keeping and updating existing Facebook pages that had formerly belonged to the individual lost to suicide. In contrast, others chose to create new memorial pages (Bailey et al., 2015). Most of the participants reported using Facebook in the beginning to inform friends, neighbors, colleagues, and the community of the death (Bailey et al., 2015). Bailey et al. found that participants reported that their use of the sites became ongoing and evolved. The authors said that often memorial sites are created to reach out and look for support and expanded as it began to be used to share memories and thoughts long after the death by suicide. Participants reported that their Facebook use grew to share information with others and continued support and raising awareness for suicide prevention efforts (Bailey et al., 2015).

Participants also reported that posting to a website and communicating or letter writing was a way of keeping their loved one alive, and these activities often occurred long after the death (Bailey et al., 2015). These ongoing interactions can include humor, as demonstrated by a father who, on his birthday, asked his dead son on his web page, "where's my card?" (Bailey et al., 2015, p. 78). Bailey et al. (2015) reported that many

participants reported how helpful it was to communicate on the site with their deceased loved one.

Bailey et al. (2015) identified negative aspects of the website's memorial pages; one participant described receiving expressions of grief that the family felt were not genuine and chose to restrict access to their site. Some participants became fearful of suicide contagion or copycat suicide, while another participant described the family conflict that arose over strangers' access (Bailey et al., 2015). Another participant became upset when she noticed that postings on the web page had begun to decline, which was interpreted as others forgetting about her loved one (Bailey et al., 2015).

This study provided insight into many aspects that have a direct correlation to my study. Because it is several years old, new information about how website memorials on various platforms can provide positive support for those grieving a suicide death will enhance the knowledge base. Bailey et al. (2015) did not address any perceived limitations within their study, but one obvious one is the rapidly changing face of the Internet, who uses it, and the different and new ways we interact on the Internet. My study provided more up to date information as the profession seeks to understand suicide grieving and the Internet further.

Gilat et al. (2011) found that online groups provided the same benefits as face-to-face groups. Rawlinson et al. (2009) stated that peer support was a useful tool for individuals in recovery from mental illness and addictions. However, the authors reported that as with other issues, suicide survivors reported benefits from the shared experience of losing a loved one to suicide. Rawlinson et al. posited that while peer support services

can offer a distinctive form of support that can be an excellent complement to traditional professional services, it may also have a re-traumatizing effect on both leaders and participants. However, there is little empirical evidence to support this hypothesis; in fact, researchers have found that social support can reduce psychological distress in a great many studies (Rawlinson et al., 2009)

Peer support groups may look different, but most involve individuals who have similar experiences and offer an environment of acceptance and trust, where the individual can feel comfortable expressing their doubts, concerns, and feelings (Bartone et al., 2017). Peer support groups offer contact with others who have lived experience in a specific topic and can pull from shared experiences to provide hope, empathy, knowledge, and even advice (Bartone et al., 2017).

Facebook

Facebook is a relatively new forum for mourning and has been available to the public since 2004 to anyone with an email address (Newsroom, n.d.). When an individual with a Facebook page dies, and Facebook is notified, the individual's profile is "memorialized," and no further changes are allowed to page content, but individuals are allowed to post comments (Facebook, 2018). I could find little research related to Facebook suicide memorialization pages. I have provided what little I did find in the way of research and additional research that addresses general mourning on Facebook, but it is not specific to suicide grief.

Bailey et al. (2015) found that most of their participants used Facebook as their first place of posting about their loss. Initially, they used Facebook to inform friends,

acquaintances, and the community at large about the suicide death of their loved one (Bailey et al., 2015). Bailey et al. reported that those who used Facebook evolved their posts into a memorial that helped manage their feelings and help to keep the dead individual “alive” (p. 375). Kasket (2012) noted that Facebook postings allow grieving to occur in the same "space" as the living, allowing the interaction to be ongoing "with the same coconstruct representation of self-created during the person’s life, rather than with a new, eulogized representation of the person created by someone else in a virtual cemetery” (p. 63).

Kasket (2012) reported that posts made on memorial Facebook pages often stressed how the writer could empathize with the individual who died. The author stated that wall posts provide a unique insight into multiple perspectives of another individual's life, allowing for more in-depth insight into who that person was in life. Facebook pages are far easier to access than a physical cemetery and available 24 hours every day. Kasket reported that many of her participants stated that they found visiting a Facebook Memorial page to be more "satisfying and carrying more of a feeling of connectedness than did visiting a grave or a physical memorial” (p. 68).

Twitter

In what many users of Twitter call “the Twitter-sphere,” it is common and somewhat unique to Twitter to post messages that contain “referendums” related to the dead individual and their life and actions (Cesare & Branstad, 2018). Klastrup (2015) reported that within more public spaces such as Twitter, a sense of respect or “lack of harassment” was evident in the messages as opposed to other researchers’ findings that

indicated many were *"grief trolling"* (p. 147). *Grief trolling* or *"emotional rubbernecking"* is a recurrent theme in the research literature and refers to individuals who display online feelings and proclamations of support instead of real emotions, attachments, and friendships (Phillips, 2011, p. 147). Often memorial pages, especially for celebrities, are not set up by friends or family but rather by individuals who become excessively involved in the stories they read while online. Phillips (2011) proposed that individuals often may feel an increased feeling of significance, increased value, and acceptance when strangers comment on their high level of empathy for the individual who died. Cesare and Branstad (2018) posited that this type of behavior could be equated to reading the obituaries and could be the result of Twitter being more of a "broadcast" platform (p. 95).

Individuals often post old photos reminiscent of the individual who died, and then comments are left by individuals who knew the dead individual (Brubaker et al., 2013). An example is of a photo of a deceased friend whereby a mourner posted "exposing his bare buttocks" with the post that stated: "Well, to know Finn that seems like the perfect picture to put up here, and he would have loved that. . ." (Brubaker et al., 2013, p. 158). Another mourner on the same page stated: "classic Finn" to indicate his understanding of Finn's sense of humor (p. 147). Walter (2015) found that in the United States, in particular, where many communities contain both non-religious and deeply religious individuals, some posts can be disturbing to family, friends, or even strangers. The author also stated that online speculation about the cause of death might increase the family suffering in a very public manner and increase stigmatization feelings (Walter, 2015).

Summary

Every year more than 47,000 individuals die by suicide in the United States (Drapeau & McIntosh, 2018). Each of these individuals leaves behind numerous family and friends who become suicide survivors. Coping with the death of a loved one by suicide is typically an incredibly complicated life task (Bailey et al., 2015).

The last decade has seen an increase in the use of the Internet to memorialize loved ones who have died by suicide (Bailey et al., 2015). Many suicide survivors use social media to address their grief and pain in a very public manner. I identified gaps in the literature related to mourning in general within the social media platforms and significantly less on how social media is changing how suicide survivors manage their journey.

Groff et al. (2016) stated that it is essential to recognize that the individual experiencing suicidal bereavement identifies the barriers to support such as social obstacles such as stigma surrounding suicide and access to care. The impact of a family member's death may cause families to struggle as they seek to integrate the experience into their family story (Hanschmidt et al., 2016). Cvinar (2005) discussed the historical implications for families, such as losing property rights, being outcast, and loss of community support. Hanschmidt et al. (2016) described self-stigma as an individual's perception of their social standing, experience, and belief about others' negative feelings resulting in an adverse self or family image. The author stated that the idea of self-stigma illustrates how the grieving process may have a negative impact as the survivors

internalize such negative beliefs or attitudes, and increased shame and self-blame can result.

Many individuals who experience the grief associated with a suicide death struggle to make meaning of the experience (Pritchard & Buckle, 2018). The question of "Why" someone has chosen suicide researchers has been identified as one of the most frustrating and lonely times for a survivor as no one can adequately answer this question for the survivor (Praetorius & Rivedal, 2017). Often, individuals experiencing grief feel the need to share their feelings of loss and experience (Feigelman et al., 2017). The current research indicated that suicide grief support effectiveness must include individualized approaches (Feigelman et al., 2018).

Stigma was an issue often reported particularly by parents, resulting in enclosing family members and parents in particular, behind a *"wall of silence"* (Maple et al., 2010, p. 242). The suicide death of a spouse or partner often can be accompanied by challenges that are distinctive to the closeness of this relationship and the manner of death (Pritchard & Buckle, 2018). One of the primary themes identified was guilt related to their partner's suicide (Pritchard & Buckle, 2018).

Recent research on suicide support acknowledges the impact that a suicide death can have on a community (Ali, 2015). Ali (2015) suggested that support efforts should also include those indirectly impacted by suicide, such as individuals associated with the health professions, law enforcement, or clergy. Finding the right support after the death of a loved one is vital in any situation, but research indicates that it can be difficult for

suicide survivors (Andriessen et al., 2015). Long-held spiritual and religious beliefs often play a role in how a survivor progresses through their healing.

There is a wide array of support options offered online; these include Facebook, Twitter, standalone web pages, support groups, and much more. Online social sites such as Facebook, Twitter, and Instagram allow the mourner to preserve the loved one's life. For some mourners, this could be understood as a kind of digital heaven where their loved one's lives could be stored and viewed indefinitely (Bailey et al., 2015). Chapple and Ziebland (2011) reported that many participants indicated that they used the Internet to post email messages to friends and family about the death, stating that this took some of the burdens off of the family to make personal calls or write letters. The authors also reported that many of the participants had engaged in online support groups and felt that they gained increased feelings of not being alone in their confusion and grief. Participants also reported using the interactions to help heal their sorrow.

Rivendal (2016) discussed that tragedies of any kind could make "you bitter or better-it is a choice. I was going to be a better friend, mentor, and person in every way. When someone suicides, it changes you forever, but it doesn't have to destroy you" (p. 142). Personal growth and change are an increasingly common theme, and acknowledge that post-traumatic growth can often occur after experiencing the all-encompassing pain of suicide death (Lee et al., 2015).

How to provide the best support to suicide survivors is a complicated topic. Through my study, I provided insight into the use of the Internet as a tool for accessing support after a suicide. I provided information gathered in this study to enhance the

profession's ability to understand and assist individuals who have experienced a suicide loss to reap the benefits of support on the Internet while recognizing the risks associated with its use. In Chapter 3, I expand on the research method for the study, including the procedures I used for recruiting my sample, my data collection methods, and analysis.

Chapter 3: Research Method

In this study, I explored the interactions of individuals who were bereaved by the loss of a loved one by suicide. In this study, I refer to these individuals as suicide survivors. I investigated the experiences of participants who used the Internet, online forums, and online support groups such as Twitter and Facebook as a part of their bereavement process. Past research has focused on the interaction between counselors and suicide survivors and face-to-face peer or counselor support groups. I found little research that examined the risks and benefits of online support for suicide survivors. In this chapter, I summarize the research methodology I used to search for additional knowledge and understanding in this area, beginning with a review of phenomenological constructs and its application as a research method. I also examine information related to the researcher, data collection and analysis, and precautions about ethics and trustworthiness.

Research Design and Rationale

My reason for this study was to examine the lived experience of suicide survivors who engaged in support using the Internet as they negotiate the grief that accompanies someone's loss to suicide. The first research question was *For individuals, who identify as a suicide survivor, what themes emerged in their use of online memorials, supports, or discussion forums*? The secondary question was *For individuals who identify as suicide survivors, what is the perceived support gained from interactions online?*

Definition of Central Concepts

I discussed relevant primary concepts in detail in Chapter 2 of this study. The fundamental phenomenon addressed in this study was that suicide survivors often experienced complicated grief and adjustment to the death of a loved one by suicide, which could include normal sadness, but also could consist of feelings of stigma, guilt, and shame (see Bell et al., 2015; Levi-Belz, 2016; Niederkrotenthaler et al., 2014). The last 10 years have seen an increase in the use of the Internet to memorialize loved ones who have died by suicide (Bailey et al., 2015). Many suicide survivors use social media to address their grief and pain in a very public manner. There was an identified literature gap on how social media is changing the mourning process for individuals who lost someone close and even a more significant gap for suicide survivors. I chose participants who were bereaved by a suicide death more than a year ago to protect those who were still addressing their initial grief and could be very emotionally fragile.

Philosophical and Methodological Design and Rationale

In deciding what research approach would best provide insight into the questions I was interested in, I evaluated quantitative and qualitative methods. Because the knowledge I was seeking was experiential and not readily measurable in a quantified manner, I decided on a qualitative approach. The quantitative conducted studies to date have not provided useful insight into the very personal nature of grieving, primarily related to a suicide death. In examining the different qualitative models, I found that the phenomenological approach was ideal because of identifying rich and descriptive data that could provide insight into this experience as expressed on the Internet. Only suicide

survivors could provide the data related to their experience using the Internet as helpful support after a suicide loss. Through this qualitative existential phenomenology research, I sought to understand how using the Internet for expressing pain, longing, grief, and a desire to remember loved ones, provided support to, and functioned as, a new manner of grieving for suicide survivors. All qualitative studies examine, describe, understand, and explain events by methods that gain qualitative, nonnumerical data gathering, including meaning, understanding, perception, and experience (Marjan, 2017). Phenomenological research is described as individuals' shared meaning when sharing a collective experience (Creswell, 2013). The use of a phenomenological approach permits the researcher to understand the individual's reaction to an event or experience through the lens of the individual who has experienced it (Creswell, 2013; van Manen, 1990).

Creswell (2013) outlined procedural steps that include deciding on the approach to be used, identifying phenomenon, identifying philosophical assumptions, selecting individuals who have experienced the event, gathering data, analyzing the data, writing a narrative of the participant's experiences, and then composing a summary or "essence" of the phenomenon. In seeking to narrow this methodology further, I examined the differing approaches to conducting a phenomenological study. Transcendental phenomenological research seeks to discover the meaning that individuals assign to their experiences within the context of their own past experiences and current social environment (Creswell, 2013). Using a transcendental phenomenological approach, the researcher must "bracket" their personal experiences and biases to examine each participant's perspective as something new and different (Creswell, 2013). I deemed this approach appropriate for

use in this study as the experience of each individual interviewed added to the richness and depth of my study.

In the hermeneutical phenomenological approach, the researcher seeks to accurately interpret experiences to understand how life experiences impact the individual on social levels (Laverty, 2003). In existential phenomenology, De Castro (2018) stated that qualitative research has four principal traits; "it is descriptive, it uses reduction, it searches for essences, and is focused on intentionality" in its desire to gain in-depth knowledge (p. 46). This methodology takes research from the concrete to the interpretation of the event by the individual (De Castro, 2018). As my personal history includes being a two-time suicide survivor, I needed to bracket my own experiences while allowing the participants to engage during the interview about their own experiences. The use of existential-phenomenological investigation enables the researcher to gain insight into the participants' context and interpretation of their experience (De Castro, 2018).

Role of the Researcher

I have a Masters in Mental Health Counseling and hold licensure as a licensed clinical professional counselor. I am a mental health counselor with a specialization in suicide prevention and trauma and hold credentials as an approved supervisor. My own experience with suicide within my family led to my selection of this topic. I have often observed online interactions related to a loved one's death and questioned what support individuals gained from this interaction. Because of my personal history, the requirement for bracketing was of particular importance in conducting my research.

Another aspect of my history was that I have become acquainted with many local suicide survivors in many areas of the state. It was possible that some of the respondents to my request for participants could have included individuals that I know. If someone I had a relationship with, no matter how small, had applied for participation, I would have immediately explained the risks associated with our connection and the research and offered the option to end their involvement at any time. As I did not personally know any of the participants, this precaution was not needed.

Methodology

In this section, I more fully outline the methodological techniques used to answer the questions in this study. I describe the recruitment and selection process for participants. I also discuss the interview procedures and questions that I used to elicit an open and straightforward discussion, data collection methodology, and analysis.

Participant Selection

The participation requirements for my study were as follows: (a) suicide survivors (defined as someone who lost someone they love to suicide); (b) the death of their loved one occurred more than 1 year ago, by requesting the date of loss; (c) the participant is over the age of 18; (d) the participant has interacted on the Internet in some manner for support (See Appendix A). Because the area where I live is a very rural portion of the country, I initially restricted my recruitment to the three counties closest to where I live due to time, travel, and cost constraints. I received permission to post links on web pages such as the Survivors of Suicide and the Counselor Association for the state where I conducted the study to advertise the study and recruit participants. I also posted flyers on

Facebook pages and provided flyers to the one suicide survivor support group within a 75-mile radius (See Appendix B). I obtained the required number of participants from this three-county area and did not have to recruit outside this area. I also chose not to limit my study to the suicide loss of a particular relationship (e.g., spouse, child, or sibling) because of the relatively rare statistical nature of suicide and the rural nature of my study area to increase the chances of recruiting appropriate numbers of participants (see Stone et al., 2017).

I choose to use a purposive sampling methodology known as criterion sampling to identify participants with particular characteristics. I chose this technique because of its ability to employ individuals with specific life experiences related to the topic I was examining in this study (see Patton, 2014).

In screening, I used criteria (b) and (c) to ensure that the participant was in a relatively stable emotional state and could revisit these experiences with no harm. I obtained this information from each participant to ensure that they met the criteria I established for this study. I also asked each participant to complete a demographic questionnaire. I requested their age, length of time since the suicide death of their loved one, their overall emotional stability, if they had or was currently engaged in face-to-face counseling, and what their town was of residence. I did not link the participant's town of residence to their interviews but used that information only to provide a list of counselors (trained in suicide grief) in the participant's immediate area, should they request it. No participants expressed a need for additional support after the interviews, and I destroyed the town of residence information as I outlined in my proposal. I provided each

participant with 24-hour support numbers and a list of suicide survivor support groups to help them address any emotional distress that occurs after the interviews.

I determined the final number of participants when I obtained saturation levels in the data. Creswell (2013) stated that saturation is determined when the researcher obtains duplicate information from additional interviews, and the researcher is collecting no new data in the interview process. I initially sought six to 10 participants but had the flexibility to adapt the recruitment as the need for more or fewer participants is determined based on saturation. I reached saturation with seven participants when similar themes began occurring with the fourth participant and continued to increase. By the time I interviewed participants six and seven, no new themes were identified.

Once an individual connected through the link, they had two options to contact me using email or phone. After a potential participant made initial contact, I sent a letter of invitation to each participant via email or by mail, as per the participant's request. In the email or mailed letter, I included criteria for inclusion (See Appendix C). In this email or hard copy letter, I provided further information on the nature of this research and how it might contribute to the counseling profession and general knowledge about suicide survivorship.

Because of the extremely rural nature of much of the Pacific Northwest, the relative rarity of suicide, and possible reluctance to revisit such a complicated topic, I was concerned that I might have difficulty recruiting enough participants from the closest three counties as they are very rural. I had planned to recruit additional participants from other rural areas further away, but this proved not to be needed as enough participants

were readily interested. As my goal was too to remain in rural areas to generate information about how the Internet can provide support for those who live far from face-to-face support mechanisms, this was ideal.

For individuals who met the criteria, I provided the informed consent document by email, which gave participants the option to sign in person or sign via email by replying to the initiating email with "I consent." After receiving consent forms, I began scheduling interviews; because of the COVID-19 Stay at Home Order in my state, all interviews took place using video conferencing. I recorded all interviews using standard audio recording available on Windows. I then had all the interview recordings transcribed using the web-based platform VoiceBase. I had each interview immediately transcribed to see if any of my questions needed to be revised to elicit more complete answers.

Instrumentation

I developed a semistructured interview protocol that allowed each participant to build their own story about their suicide loss and their use of the Internet and provided direction for interaction. Kross and Giust (2018) stated that in conducting a qualitative study, the discovery of new knowledge is the goal, and the questions must be exploratory. The authors emphasized the goal of examining what has already been discovered by past research from a different perspective and finding new and different knowledge. Each video interview lasted between 45 to 70 minutes. The video conferencing protocol included gaining the participant's consent, ensuring that they had appropriate privacy for the interview, and comfort with the audio and video setup. It provided the highest security and confidentiality level outlined in the Health Insurance Portability and

Accountability Act (HIPAA) Compliance checklist (HIPAA Jounal, 2018). I used Doxy.me to provide secure video interviewing. This platform offered a secure data center, end-to-end encryption, no patient data stores, a signed Business Associate Agreement (BAA), breach insurance, and met HIPAA requirements.

All participants received a list of required equipment, location, and confidentiality requirements. Creswell (2013) pointed out that online interviewing can allow access to individuals who live in remote areas, such as the location where I was conducting this study. As a new researcher, I felt it was good practice to have prompts to ensure that I followed each step in the interview protocol, including a script to ensure proper protocols were in place (See Appendix D; see Jacob & Furgerson, 2012). This script included introductions, informed consent, open-ended questions, the flexibility for me to add questions, and my closing process (see Jacob & Furgerson, 2012).

At the beginning of each interview, I again reviewed the informed consent and obtained verbal confirmation of understanding and agreement (American Counseling Association, 2014). I asked each participant if they had any questions about the project, procedures, and general process before beginning the interview. During the interview, I sought to remain calm and encouraging to facilitate each participant feeling understood and supported (see Jacob & Furgerson, 2012). I also asked each participant for access to artifacts such as memorial postings, remembrance postings, and chat conversations. Unfortunately, all my participants were extremely uncomfortable with granting access to any posted material, and ultimately all participants declined to provide access.

Upon completing the interview, each participant was provided with a list of resources to access should they experience emotional distress (See Appendix E). I requested that each participant review their interview transcript and provide any comments, suggestions, or concerns about the transcript. The participants also received reminders to accomplish this task. Having the participants review the interview was an important step that integrated the participant meaningfully into the research and ensured that the interpretation was accurate (Creswell, 2013). At the end of the study, I offered each participant a summary of this study as my last contact.

Data Analysis Plan

I completed several steps beginning with having all interviews transcribed using VoiceBase; I used Giorgi's analysis protocol for phenomenological analysis to explore both the interview transcriptions and artifacts gathered from websites (De Castro, 2018). This protocol requires the researcher to read and reread each session several times to reconstruct the interview itself, the participant, environment, and atmosphere to grasp each sentence's intention (De Castro, 2018). The second step was to divide the information into meaning units, remembering that the meaning units be examined in terms of the text's whole meaning and not the researcher (De Castro, 2018). The third step was to transform the meaning units into more emotional or personal language while conveying the original intention (De Castro, 2018). I needed to convert the participant's descriptions, not to change the participant's reality (De Castro, 2018). The fourth step was to incorporate the insights gained into a very consistent description that addressed both the structure and how the event occurred (De Castro, 2018). The fifth and final step

was to take all these transformed meaning units and synthase them into meaningful information related to the study questions that reflect the participant's experience (De Castro, 2018).

After I performed the five steps on each interview, I connected the information gained to existing literature and provided the comparisons and differences found. By identifying any commonalities in the data gathered, I could focus on the participant's whole experience with intentionality to uncover the event's essence unique to the participant (De Castro, 2018). I included all discrepant data in the study to help me ensure that the analysis is valid and complete.

Internet Data

I examined public forums to see if a wider population confirmed or refuted the themes this study discovered. I was limited in the web pages I could explore, as most had a confidentiality agreement clause and public access was limited. This lack of access was especially true on Facebook support group pages as all were private groups that required agreeing to confidentiality statements. In selecting web page blogs or forums, I used the following Google search criteria; suicide survivor, suicide loss, mourning a suicide loss, and suicide prevention. In examining the search results, I limited my examination to the sites with the largest number of individual views or posting and public access, which was often limited. While these postings did not necessarily reflect suicide survivorship in a rural area, the themes allowed me to compare them to those developed in my study.

Issues of Trustworthiness

Korstjens and Moser (2018) described trustworthiness as demonstrating several things, credibility, transferability, dependability, and reflexivity. Creditability in research is of great importance as it supports the conclusions within the study. Korstjens and Moser listed the strategies that enhance creditability as prolonged engagement, persistent observation, triangulation, and member checking. I have selected member checking as the method to establish trustworthiness. Each participant brought a unique experience with suicide survivorship, and the uniqueness was paramount to this investigation.

I chose to enhance transferability by providing thick and rich descriptions of the experience. I described the reaction to the event and the emotions within the context of the experience so that someone who is not acquainted with a suicide death finds the description meaningful, ensuring credibility (Korstjens & Moser, 2018). It was my responsibility, as the researcher, to provide enough detail that someone who had not experienced the suicide death of a loved one could gain a coherent and intense picture of the participant's experience and could transfer that information into another similar event (Amankwaa, 2016).

As suggested by Amankwaa (2016), I kept a journal of thoughts and observations for use when analyzing and writing up the results. I increased dependability by using strategies in the research study such as journaling, detailed documentation of each step of the research project, and keeping detailed and organized records (Korstjens & Moser, 2018). These detailed records were available for my committee members throughout the process.

Confirmability examines the researcher's neutrality in basing their results on the data and not the researcher's own biases (Korstjens & Moser, 2018). The primary method for addressing dependability and confirmability in this study was my use of accurate and detailed records, bracketing, and reflexivity. Bracketing (i.e., isolating bias from personal experience) and reflexivity (i.e., reviewing or reflecting on assumptions or unrecognized biases) was especially crucial due to my personal experiences with the suicide deaths of my oldest and youngest sons (Creswell, 2013). Bracketing was something that I continuously worked on as I specialize in suicide prevention and work daily with suicide survivors and suicide attempters. Reflexivity is a practice that I often do mentally but needed to transition to a written journal as I worked with this data.

Ethical Procedures

I am a licensed professional counselor in the Pacific Northwest and work as a specialist within the suicide prevention field. Because of my years of work in this field, I was careful to conduct myself as a researcher in the interviews, resisting the urge to provide counseling services to the participants (Patton, 2014). I completed a stringent application process through the Institutional Review Board (IRB) of my university to ensure that the rights and welfare of human subjects were protected as outlined by federal rules (Office For Human Research Protection, 2009). The IRB approval number is 03-26-20-0377456.

I provided each participant with the opportunity to withdraw any time from the research study, for any reason, without any penalty. I also provided participants with the

option to have their interview information withheld from the study and destroyed should they have decided to withdraw from the study after the interview.

Due to the nature of this study, and my own experiences with suicide survivorship, I frequently engaged with my committee and peer support systems in place for support to ensure that I maintained appropriate objectivity. I also engaged in personal counseling to ensure good mental health throughout the years since my sons' deaths and have used this option as needed. These contacts and interactions ensured my objectivity of the interpretation of the data collected.

Confidentiality was of particular concern due to the sensitive nature of the phenomena I was investigating. I assigned each participant a coded identity that was part of a file containing their signed consents, audio files, and transcripts from interviews (American Counseling, Association, 2014). I stored all electronic files to a secure cloud platform called SYNC.com, which provided AES 256-bit encryption and two-factor authentication. I also destroyed all hard transcript files, and I will keep electronic files in secure storage for 5 years. In my post-interview plan, I provided a list of support resources and a list of qualified counselors in the participant's residence area should emotional distress be evident. Because of the long distances between towns in the rural areas where I conducted this study, and the ongoing COVID-19 Stay at Home Order, I used e-mail for all contact such as initial contact, informed consent, and demographic information. I established a secure encrypted email service to protect confidentiality called NeoCertified to conduct all email communications. I provided each participant information about confidentiality and the use of email and provided the option to mail

ahead hard copy forms to be completed before the face-to-face or live video interview. All participants chose to use email for communication.

Summary

I conducted a study on the experience of suicide survivors (identified as those who have lost a loved one to suicide) in their use of the Internet for support during their healing process. For this study, I used qualitative existential phenomenology. My goal for this research was to understand better how various platforms such as Facebook, Twitter, online support groups, and forums supported suicide survivors. I explained the protocols used for selecting participants, my research method and design, and provided literature to support my choices. I outlined a plan that can be adapted as needed to enhance trustworthiness in the research. I also outlined expected ethical concerns while accepting that additional concerns may arise as the study progresses.

In chapter four, I address any challenges to the setting that may have impacted the participant's engagement. I also discuss how I addressed each of those challenges and the outcome for participants. I discuss the participant's demographics and history as well as emerging themes about the study results.

Chapter 4: Results

In this study, I explored the interactions of individuals who have been bereaved by the loss of a loved one by suicide, referred to as suicide survivors, and their use of the Internet, online forums, and online support groups located on social media platforms such as Twitter and Facebook. Past researchers have focused on the interaction between counselors and suicide survivors and face-to-face peer or counselor support groups; however, little research was available that examined the risks and benefits of online support for suicide survivors. My primary question was for individuals who identified as a suicide survivor was what themes emerged in their use of online memorial, support, informational, or discussion forums? My secondary question was for individuals who identified as a suicide survivor was what was the perceived support that participants gained from interactions online? In this chapter, I describe the settings where data was collected, summarized the participants' demographics and characteristics, the locations, and details of data collection. I also describe the data analysis, including the emergent themes and categories, results, and measures used to ensure trustworthiness.

Setting

For this study, I originally planned to offer participants the option of a face-to-face interview or to complete the interview using videoconferencing through Doxy.me, as my state is very rural, and distances between towns are often more than 50 miles. Due to the COVID-19 stay-at-home order in my state beginning March 25, 2020, I conducted all interviews using Doxy.me. Doxy.me is a platform that is used for counseling sessions to ensure privacy for all participants. There were a few issues using video conferencing that

may have impacted the participants. In one interview, there were some repeating noises, both the participant and I disconnected and reconnected, which restored stable communication for both parties. In another interview, there were several interruptions, but the participant was able to resolve the issue. None of these interruptions or connection issues seemed to upset the participants. In fact, two participants stated that they felt more comfortable talking about their loss in the familiarity of their own home.

Demographics

I recruited participants using the distribution of my recruitment flyer to a local support group, the Counseling Association of the state where I conducted the study and various mental health agencies in our rural area. I began to reach saturation at five participants and was confident of saturation when I reached seven participants engaged in the study. I used a purposeful sampling model to recruit participants for this study. Criteria for my study was that all participants be over the age of 18 and had lost a loved one to suicide that occurred more than 1 year ago. Also, all participants reside in more rural areas, the largest town being 25,000 in size. I chose to focus on Internet and social media usage in rural areas because individuals living in those areas often have fewer resources for support or mental health needs (see Nic An Fhailí et al., 2016). I assigned each participant a pseudonym and used this pseudonym as their identifier throughout this study. Demographics for each participant were as follows:

Sally

Sally is a 55-year-old Caucasian (Non-Hispanic) female who was married for 25 years. Her husband completed suicide in 2015 after a brief separation, using his handgun.

Sam

Sam is a 46-year-old Caucasian (Non-Hispanic) male. Sam lost his son 18 months ago to suicide by drowning. His son was 16 years old.

Mary

Mary is a 43-year-old Caucasian (Non-Hispanic) female. Mary lost her sister to suicide in 2017 after she drank antifreeze. Mary also lost her nephew, who completed suicide in 2012 using a shotgun.

Sue

Sue is a 36-year-old Caucasian (Non-Hispanic) female who lost her younger brother in 2000 after he hung himself with an electrical cord when she was 16 years old.

Betty

Betty is a 52-year-old Caucasian (Non-Hispanic) female. Betty lost her son to suicide in 2011 when he killed himself with a shotgun.

Molly

Molly is a 35-year-old Caucasian (Non-Hispanic) female. Molly lost her oldest brother to suicide when she was 13 years old and her second brother when she was 19 years old, both by a gunshot wound.

Sandy

Sandy is a 63-year-old Caucasian (Non-Hispanic) female who lost her son to suicide in 1995 after he jumped out of a 23-story building.

All participants live in rural areas of the Pacific Northwest in the United States. At the time of the suicide, the participants ranged in age from 15 years old to more than

62 years old, and there was a variety of relationships (i.e., sibling [*n* = 3, 43%], son [*n* = 3, 43%], nephew [*n* = 1, 14%], and spouse [*n* = 1, 14%]).

Data Collection

For this study, I interviewed seven participants using Doxy.me video conferencing due to the COVID 19 Stay-at-Home order in my state. I interviewed each participant one time, and the interviews ranged from 45 minutes to 73 minutes. I chose Microsoft Voice Recorder to make the audio recordings of all interviews. I then had each interview transcribed immediately following the interview using VoiceBase. VoiceBase is an Internet-based transcription service. All participants stated they were comfortable using the online format, as many had already been working at home due to the COVID-19 Stay at Home order. We had a few issues with connectivity, but for one interview we experienced a lag in connection and restarted the interview process about halfway through the interview. The participant was cooperative and unfazed by this issue.

I had hoped to gather web postings from each participant, but all seven participants were extremely hesitant when asked about this access. After I more thoroughly explained how the postings would contribute to the study, all seven participants ultimately denied permission for me to access those artifacts. I filed for a change in procedure with the IRB on August 24, 2020, asking to remove the criteria for inclusion that participants release web postings and asked to include postings from suicide survivor web pages not posted by my participants, and received approval for this change in criteria from the IRB on September 2, 2020. Participants received a copy of the

transcription of their interview to check for accuracy. Participants were very responsive, and a few provided additional comments that they felt better conveyed their meaning.

Data Analysis

I chose to use Giorgi's analysis protocol for phenomenological analysis as the framework to explore the interview transcriptions (De Castro, 2018). This protocol required that I read and reread the interviews several times to reconstruct the interview itself, grasp each sentence's intentionality, and then divide the information into meaning units (see De Castro, 2018). I created a spreadsheet where I entered common word meanings that were consistent within the interviews. Next, I transformed the meaning units into more emotional or professional language while conveying the original intention (see De Castro, 2018). It was imperative that when I converted the participant's descriptions that I did not lose the participant's reality (see De Castro, 2018). The final two steps I performed was to incorporate the insights I had gained into a very consistent description that addressed both the structure and how the event occurred and to synthesize them into meaningful information related to the study questions that reflected the participant's experience (see De Castro, 2018).

As I identified commonalities in the data gathered, I focused on each participant's whole experience with intentionality to uncover the essence of the event unique to the participant (see De Castro, 2018). I had a transcription of each interview done by VoiceBase immediately after completing the interviews to read and use information gathered to make any needed changes to the presentation of the interview questions or the environment, such as lack of privacy or noise levels (see Patton, 2014). As I transitioned

into the reading and assessing for participant meaning, it was necessary to ensure that I was bracketing and reflecting on how my own biases might affect the meaning I assigned to participant's statements (see DeCastro, 2018). The use of existential-phenomenological investigation enables the researcher to gain insight into the participants' context and interpretation of their experience (De Castro, 2018; Giorgi et al., 2017). Because of my personal experiences with suicide and being a survivor, I assessed my own biases and adjusted my interpretation as needed at each step of the analysis. I included all discrepant participant data in the study to ensure that the analysis was valid and complete.

The data collected diverged into four different themes: (a) individual or intrapersonal, (b) interpersonal, (c) community, and (d) society. Each of these themes contained three to four subthemes within them. Many of the subthemes overlapped in multiple primary themes, such as advocacy and support of others. Participants discussed two to four sublevels within each central theme that contributed to their use of the Internet for support.

At the first level, individual or intrapersonal, participants identified four areas that led to their use of the Internet, including (a) feelings of confusion and questions about why, (b) feelings of anger (which transferred to other levels), (c) feeling alone, and (d) integration into their reality (i.e., my child was so unhappy they chose to die, am I still a mother? Why was I not enough?). At the second level, interpersonal (Family and friends), I identified two subthemes that contributed to participants' use of the Internet for support. These included (a) a lack of understanding and (b) the need for acceptance. At the third

level, community, I identified four subthemes. These included (a) schools, (b) church, (c) work environment, and (d) making a difference for others. At the final level, societal, I identified three subthemes in participants' Internet use. These included (a) advocacy, (b) support for others, and (c) policy change. A common theme for all participants across the final three themes (interpersonal/family and friends, community, and societal) was the desire to influence others' perceptions of suicide and enhance support for individuals considering suicide.

To render the data collected into meaningful themes and determine saturation, I divided participant statements into themes that illuminated the participant's meaning. There was a significant similarity in the statements made. While some participants had other areas of support they used, they did not relate to the participant's use of the Internet. As interviews provided data with significant similarity, and no additional themes emerged, I determined that I had achieved saturation with the seven participants I had recruited (see Creswell, 2013).

There were two instances of discrepant data that related to stigma and self-stigma. Two of the participants reported feeling self-stigma or stigmatization from their community or friends. Sandy reported that she felt self-stigma as she struggled to identify to people how her son died. Mary reported that she was hurt by several friends who simply disappeared from her life when she told them about her sister's suicide. The balance of participants discussed how supportive and inclusive their family and community had been. I also found that this was different from what many online web pages reported. I found whole sections online that helped suicide survivors address

stigma and self-stigma. These web page posts discussed the distance and even shame that some suicide survivors encountered.

Evidence of Trustworthiness

Trustworthiness in qualitative research is defined as reporting the findings in a manner that truthfully reflects the meanings described by the participants (Lietz et al., 2006). Korstjens and Moser (2018) described trustworthiness as demonstrating several things, credibility, transferability, dependability, and reflexivity. In establishing a high level of trustworthiness, I have carefully outlined the evidence-based methods I chose to use in my study.

Credibility

Creditability in research is of great importance as it supports the conclusions within the study. Korstjens and Moser (2018) listed the strategies that enhance creditability as prolonged engagement, persistent observation, triangulation, and member checking. I have selected member checking, defined as participants reading their transcripts to ensure that meaning was clear, as the method to establish trustworthiness. Each participant brought a unique experience with suicide survivorship, and the uniqueness was paramount to this investigation. Kornbluh (2015) stated that participant checks might offer researchers a way to identify personal biases by asking for clarity about the interpretation of data collected. Also, it allows the researcher to present narratives and lived experience accurately. I sent each participant a transcript annotated with identified themes to participants. This step allowed participants the opportunity to explain their statements if they so desired.

Establishing credibility requires the researcher to use robust research techniques such as beginning analysis while conducting fieldwork (i.e., examining data gained after each interview and making changes in the environment to facilitate meaningful dialog better), maintaining inventory and organization of data (i.e., maintaining careful logs of each step), assessing for missing data (i.e., being aware of portions of the experience that are missing), and being reflective and reflexive (i.e., the researcher providing a thoughtful examination of their own biases) throughout the process (Patton, 2014). I have adhered to these principles throughout this study, especially concerning my own biases due to my personal history of suicide survivorship. I also chose not to focus on statistics, as my goal was to provide as much rich and descriptive information as possible. I also worked diligently to increase my skills as a researcher by taking courses on proper research writing such as Doctoral Writing Workshop: Revising and Editing the Literature Review and reading other academic papers. I also sought to remain open to new and unexpected patterns in the data. I sought to obtain the richest and most descriptive information possible through my interviewing technique and unbiased analysis.

Transferability

Transferability indicates the ability of results to be transferred to other individuals who may have experienced a similar experience. I chose to enhance transferability by providing thick and rich descriptions of the experience. It was my responsibility, as the researcher, to provide enough detail that someone who had not experienced the suicide death of a loved one could gain a coherent and intense picture of the participant's experience and could transfer that information into another similar event (see Amankwaa,

2016). The study results' transferability may be limited, as participants in the study may have been encouraged to be a part of the study by a desire to help others, most participants were women, and the majority of the participants were parents or siblings (see Castelli Dransart, 2017). The study participants were limited in racial diversity; all participants identified as Caucasian. The state in which this study occurred consisted of 80% Caucasian, with even higher rates in rural counties (Deloitte, 2020). Positive attributes for transferability in this study were that at the time of the suicide, the participants ranged in age from 15 years old to more than 62 years old, and there was a variety of relationships (i.e., sibling [n = 3, 43%], son [n = 3, 43%], nephew [n = 1, 14%], and spouse [n = 1, 14%]).

Dependability

As suggested by Amankwaa (2016), I kept a journal of thoughts and observations for use when writing the research. I increased dependability by using strategies in the research study that were appropriate and documented from start to finish (see Korstjens & Moser, 2018). I have maintained detailed documentation of each step of the research process to facilitate an external audit to assess the conclusions. These detailed records are available for my committee as well as peer researchers throughout the process.

Confirmability

Confirmability examines the researcher's neutrality in basing their results on the data and not the researcher's own biases (Korstjens & Moser, 2018). The primary method I used for addressing dependability and confirmability in this study was to use accurate and detailed records, bracketing, and reflexivity. Bracketing (i.e., isolating bias from

personal experience) and reflexivity (i.e., reviewing or reflecting on assumptions or unrecognized biases) was especially crucial due to my personal experiences with the suicide deaths of my oldest and youngest sons (see Creswell, 2013). Bracketing was something that I continuously worked on as I specialize in suicide prevention and work daily with suicide survivors and suicide attempters. Reflexivity was a practice that I often did mentally, but I transitioned to a written journal as I worked with this data.

Results

The two main questions in this study were as follows:

RQ1: For individuals, who identify as a suicide survivor, what themes emerged in their use of online memorial, support, informational, or discussion forums?

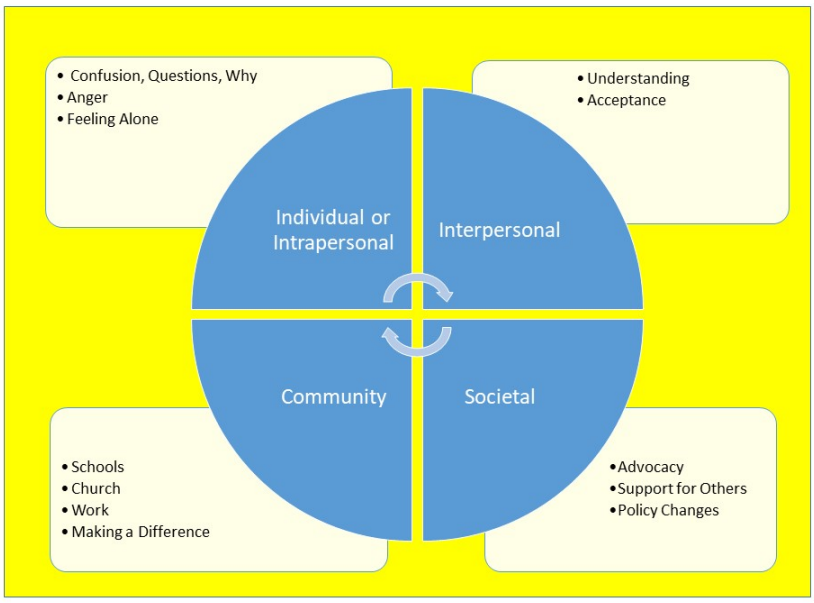
RQ2: For individuals, who identify as a suicide survivor, what is the perceived support that participants gained from interactions online?

I answered these questions with quotes I took from interview transcripts I completed for this study.

I identified four significant area themes that emerged from this research: (a) personal or intrapersonal, (b) interpersonal, (c) community, and (d) societal. These areas had two to four subcategories that reflected interactions online where participants felt the Internet provided either support or non-supportive information or interaction for them (See Figure 1).

Figure 1

Internet and Social Media Themes



Theme 1: Individual or Intrapersonal

The first level of themes that emerged in this study was individual or intrapersonal. Participants searched to find information that would help them integrate the suicide death into their life story. The search for answers or information was present in all the interviews. Betty talked about her search for understanding:

> I looked at my life and wondered if I was still his parent; how many kids did I have? I also felt tremendous guilt that I had not protected him, evidence of my failure was clear, he was dead. I used the Internet searching for answers to my questions, for comfort that I was not alone.

Kevin discussed his need to find the new normal as a father and member of his community:

> I Googled up a lot of what other people went through to try to develop; what's it going to look like in the future for me? Just reviewing other people that went kind of public with it and how they were over time, get to, I guess, a new normal of life.

Sue talked about how her brother's death impacted her need to help others and let them know they were not alone:

> I worked with my mother to create a website devoted to my brother and what he had gone through before killing himself. Working to connect to other people who also had experiences similar to mine was very helpful. Reaching out to help others proved to be the best healing for me.

Sue also discussed her feelings of sorrow and not knowing what to do after her brother's death. She talked about her pain and difficulty in determining how to move forward when she stated:

> I think that when you revisit a subject multiple times, then it doesn't make it so much of a shock. So, it's exposure to the trauma of it. So that it doesn't become so traumatic, in a sense, because the first couple of years, anytime I would think about my brother, I'd want to cry and break down. It was too much for me to handle emotionally, to even think about it. A lot of times, I tried to be like my dad or my brother, my older brother, who just didn't talk about it.

All my participants indicated a real need to sort through their thoughts, questions, and feelings related to how the death impacted them on a personal level.

Examination of several web pages dedicated to suicide survivors also demonstrated this as a prominent theme. Forum topics on four different websites included discussions on the need to "understand why this happened," "How to move past anger," and "feelings of being alone in grief." Postings from suicide survivors indicated how helpful it was to read about others who had struggled with these intrapersonal issues and know that it would not last forever.

Bruce stated: "I am 4 years into my grief and now am experiencing higher levels of low motivation, grief came back with a vengeance, and still cannot find acceptance about why he did it." Cindy stated: "I still am so confused, and I just can't quit asking why." Frank stated: "I am just so furious at her; how could she leave me? Then I feel so guilty to be so angry at her when I love her so much." Jay wrote: "I cannot begin to elaborate on how angry I was at you." Ann wrote: "The emptiness and numbness that I feel is impossible to describe. I feel so very alone in this grief."

Subtheme 1.a: Feelings of Confusion and Questions About "Why."

Participants stated that they initially sought support on the Internet in answering the questions they had about the choice their loved one made. Sue explained her need to understand better what led to her brother's suicide and how she used social media to support her journey:

> I wrote things in my journal about my brother and what he was like. Observations about his mood and the things that he said. "Aw, Jared is so moody today, and he is not sleeping." I wanted people to understand how people who are considering

> suicide thought. I needed to share this stuff, and I guess it was my own attempt to understand his choice.

Mary discussed her use of the Internet to understand how her sister had died and what it must have been like for her.

> I used the Internet to do lots of research on Glycol poisoning and how long did it take to die, and what she experienced after drinking it. I needed to know what she experienced to work through the pain I was feeling. It haunted me that she had chosen that. I felt it indicated just how desperate she was to have chosen such a painful way to die.

Sam talked about what he focused on when using Instagram or Facebook to learn more about how he would progress through survival.

> I didn't go to any specific websites. A lot of stuff I found through social media, like Facebook, Instagram, and things like that, it was beneficial. There was a lot of like, people who would post links and things like that, positive affirmations type stories, a lot of just Google search tool. My sister still sends me links about positive stories where families have been able to make a difference after the loss of their loved one; it really helps and encourages me to keep going. That reaching out to my son's friends is worth it; it maybe helps some other kid who feels alone and afraid.

Participants who lost siblings when they were younger reported using the Internet and social media years after the suicide to find information and support. Molly talked about her use of the Internet and social media to answer questions that lingered for years.

> Since Google has become a household name, I frequently look up things when I am thinking about them. These searches led to websites and social media postings on Facebook and Instagram that provided a great deal of information. I remember I once actually Googled, "My brother killed himself, was it my fault?" I found all kinds of information that began to help me realize that I had little to do with either brother's death. It was not my fault, even if I felt responsible. I had so many memories of not being kind to my younger brother when I should have been more understanding of his world, but I was just his little sister, barely a year younger, and we were always battling. I didn't interact directly but watching the comments and things that others said to each other was very helpful in putting my role in perspective, even if it took years to accomplish.

Each of these quotes indicate the level of confusion that participants felt about the death, their role, if any, and a need to better understand how their loved one felt.

Subtheme 1.b: Anger.

Many of my participants spoke about their anger and how difficult experiencing that was for them. Sally talked about her struggle with guilt because she felt angry at her husband for killing himself:

> We had had a very difficult last 5 years of his life, alcoholism, violence, all that stuff. He began acting like he was drinking again and began to block me out. Very erratic behavior all around. I was angry that I was stuck with so much to take care of after he died. I got a bill for $1000 for cleanup at the hotel where he shot himself. Then the police forgot that I had asked that the gun be destroyed and

> contacted me over a year later to discuss disposition. I continued to see my counselor, but it felt very egotistical, all about me. The marriage had been bad for so many years, and now I also felt a sense of relief, and that made me angry because I'm not a bad person, and it felt like only a bad person would be relieved that he was dead and it was all over.

Sandy also reported a great deal of anger, some directed towards herself, some towards her son, and a great deal toward God and religious institutions:

> I was so angry at my son for doing this to us, to me, I raged in my head at him. I knew that I had been changed forever and was afraid I would be angry the rest of my life. I then became angry at the world for allowing this to happen, especially at God. That began after the Catholic Church refused to do any type of funeral or service because it was a suicide. This broke his father's heart, so I focused my anger on them for hurting his father more. He had been very close to my oldest son and struggled to understand how he could do such a thing. His family was devout Catholics, so this was a real struggle for him. But for me, it just gave me more fuel to be angry at someone else, the Church, because they now hurt my husband.

Often an event happens in the individual's life, such as a romantic breakup, bullying, or financial loss that triggers a desire to die. Sue talked about the bullying that her brother experienced in school and how hard her parents and even herself tried to get the school to intervene. She stated:

> My little brother was terribly bullied in school, and he was labeled as a part of the problem and suspended him for a couple of days, and it was more of a shaming. Like you got into a fight when you sit back and actually look at the stats, there were like four eighth-graders and one sixth-grader. I mean, the numbers don't add up. When my parents talked to the school counselor about it, they sided with the administration and were pretty much absent during all of my brother's difficult times when he was struggling in school and he was depressed. And we asked for him to see the counselor, and they were too busy working on scheduling, which don't even get me started on that; it makes me so angry. I felt and still do that they did not do their job.

Most of the participants struggled with anger at someone they felt had a role in the suicide of their loved one, even if it was inadvertent. Through their use of social media and the Internet, many participants accepted that many factors played into the choice to complete suicide.

Subtheme 1.c: Feeling Alone.

All my participants expressed the feeling of being alone with their pain and grief. Molly discussed her feelings of aloneness, grief, and her search for answers when she stated:

> Mostly I've used it, the Internet, to look up groups and find answers about how this happened, was it my fault, what could I or should I have done. The problem is there is no answer, but it feels so much better to know that many others are asking these questions, experiencing these feelings. It felt and still feels better to

> know that we are not the only family, and I'm not the only sister who missed all the signs. This was even more true after my second brother died of suicide. I was so angry and didn't understand how we all missed the signs; how did everyone around both my brothers not know that they were that lost and alone?

Sandy also reported that she felt alone and confused and sought information and understanding on the Internet when she stated:

> I spent a lot of time looking for others who had lived through what I was experiencing, the suicide loss. Going to websites such as the American Foundation on Suicide Prevention and reading the areas dedicated to survivors was immensely helpful. It helped me not feel so crazy when I could read other accounts of what it felt like. I became involved in a suicide prevention group, and that helped; I could focus my grief on what felt productive, helping others.

Sam was looking for some way to take a more positive spin on his son's death and how it would impact his life. He talked about how he wanted to find something positive about the experience and how to make sense of what he was supposed to do now.

> I wanted to read about other more hopeful stories, and it gave me hope that I would live through this thing and someday be happy again. I searched out other people who had made it through and been able to develop something positive from the experience. I engaged with some of my son's friends and pretty soon had a group that used me as a sounding board to sort out the things that were bothering them. This has been intensely rewarding, and it feels like my mission.

Sue discussed her search for answers and ways to ease the pain by helping others outside of her family:

> Many kids found out that my mother and I were working on suicide and bullying prevention, and they would reach out to both of us on Instagram or Facebook. It was so helpful for me to talk to a kid and give them hope for the future. I did a lot of listening then, and I think it was the reason I chose to go into school counseling. I want to make a difference for other kids so that they do not have to feel alone with the things that are happening to them. This makes me feel like it was all worth it. Gave purpose to my little brother's life.

Each interviewed individual indicated that it was vital that they find a "reason" for their pain and help others. This was also a consistent theme on Webpages that were reviewed.

Theme 2: Interpersonal

The interpersonal theme encompassed three primary areas: understanding the survivor's role as a parent, sibling, spouse, friend, integrating into their life, and acceptance. Often participants expressed feelings, real or perceived, of stigma, blame, and a lack of understanding of their grief.

In this theme, postings on the Internet again supported the thoughts and feelings that the participants reported. Web pages had categories such as family changes, feelings of guilt about the manner of death, how to share suicide death, and the path to acceptance.

Joy wrote: “I made up lies to friends and family until I could no longer keep them straight. I finally had to tell my children the truth; it was one of the hardest things I have

ever done. Wayne wrote: “My kids are struggling because they are afraid that I will leave them too. It has changed my role as Dad; how do I reassure them?” Pam wrote: “losing him has changed who I am; I struggled to trust and take the chance to love again, but finally moved into a place where I accepted what had happened and knew I had to be strong and learn to love again.”

Similar feelings were expressed by participants in my study. These are broken down into subthemes below.

Subtheme 2.a. Understanding Survivor’s Role.

Sandy expressed this feeling of a change in family dynamics and difficulty communicating with her immediate family members. This feeling of not being understood was a common theme across all participants. Sandy discussed the changes that occurred in her family.

> We all changed, but especially me. I felt that I was a failure as a parent and questioned every decision with my other children. I had no confidence in my own ability to make parental or family decisions, so I avoided them. In reading about other parents on websites, I was eventually able to understand that this was normal and that my confidence as a parent would return. I also struggled with worry about the rest of my kids; talking with other parents helped me recognize my desire to protect my kids was in overdrive.

Finding a new reality was also an issue for many participants. Molly discussed her struggle to understand the changes in her parent and stepparent after losing her youngest brother.

> My mother was this person sobbing on the floor, unable to even think or anything; she was so different. My stepfather, well, something broke inside him, and it never was mended, even after 17 years. He quit working, was, and continues to be angry and short-tempered even now. He lost his passion for life. I used the Internet much later to better understand what they had been going through, to put it in perspective. I searched groups and posting about being a parent of a child who died by suicide. As I read more and more, it began to make sense to me; it helped that I did this later when I was older.

Mary discussed how her friends reacted when she posted on Facebook that her last sister had died by suicide.

> I posted about my loss on my Facebook page, and most people responded well and were supportive, but there were also a number that never said a thing. I was so hurt by their lack of compassion for the pain I was feeling. I was surprised and shocked, in fact, I still am saddened by their lack of concern about what I was going through. I never spoke to any of them again and removed them from my Facebook page.

The struggle to understand who they are since the death of their loved one, was common in all participants. Several participants also were surprised at the lack of compassion from people they had assumed were friends. This added another layer of grieving for them.

Subtheme 2.b. Acceptance

Often participants all reported that once they found sources of support online or in person, it was a relief because they immediately felt accepted. Sue talked about her interactions with others:

> It felt like everyone was thinking, you should be done grieving by now, and I couldn't understand why I was not even close to done. I guess I was pushing myself; I was so tired of feeling so overwhelmed and sad about his death. I wanted to be over it but just struggled to get there. It seemed to take so very long. I know that I felt uncomfortable talking about my grief even to friends; I was sure that they were so tired of listening to me, that is why the Facebook chat groups were so helpful. It gave me examples of other people who were moving slowly through the healing process. I didn't feel like something was wrong with me.

Mary talked about how she felt her road to healing and acceptance was different from her sister's suicide than the loss of her parents or other siblings from illness:

> It is a very lonely time, trying to sort through all the thoughts that go through your head. I have had a lot of death in my immediate family, both my parents and siblings from illness, none of that prepared me for dealing with her suicide. In some ways, I was prepared because I knew how long she had been struggling with mental illness, but that preparedness only helped for the first few seconds, then the pain and guilt came. It is just so different from losing someone to illness; you cannot understand how it changes you forever.

All participants felt that as they progressed through their grief they had to learn to communicate their grief to others and that path was a very lonely one.

Theme 3: Community

Engaging with the community is a process that often takes participants years to begin. Often this is complicated by their feelings of grief, blame (both self-blame and blaming someone else, such as a girlfriend), and helplessness. Sandy described her progress in engaging with the community to address suicide. She stated:

> I often struggled with how to say that I have four children and only be able to talk about three of them. It often brought the conversation to an agonizing halt. I was self-conscious about stating that my child had died by suicide and the discomfort that it often caused the other individual. As the years passed, this got easier, less clumsy, and more real. I was able to move through it if needed, and if no one kept track of how many kids I talked about, not mention it.

Talking about their loss as difficult was a common theme for all participants. Participants identified this as one of the primary reasons for seeking support through online resources, searching for a sense of understanding. Mary talked about her use of the Internet and Facebook to promote suicide prevention information:

> I belong to an organization in my county, and I have encouraged this group to be an active part of suicide prevention efforts in our area. We were major sponsors of the local suicide prevention Walk for the last few years, and I post events and helpful resources on my Facebook page.

Support web pages contained similar categories in the healing process, such as Life After Life, Helping Others, Changing Things. These threads talked about the things and activities that helped the grieving individual find a way to make the death meaningful, support others, and work to change things.

Cleo wrote: “I have been working with our schools to increase their ability to address a suicide within their school; it makes me feel like I am doing something that matters.” Henry wrote: “I now work with my pastor to help support others in our congregation that might be experiencing depression or a loss. I feel proud that I can do that and feel that Jason sees what I am doing and is proud.” Lora wrote: “It’s important for everyone to open the lines of communication and talk about our struggles; it’s surprising how many people have similar struggles or can relate in some way. The way back to each other and real connection is vulnerability as the path, and courage is the light.”

Each of my participants, as well as posts I found on the Web, stressed the desire to talk about their loved one, to remember them, laugh about their funny times, and acknowledge that they had been alive and a part of their community.

Subtheme 3.a. School.

After a child in school dies by suicide, there is often a wave of sorrow from other children that knew about the dead student’s experience. Some survivors chose to engage with the school in suicide prevention programs; other survivors decided to enhance their school’s ability to decrease risk by addressing bullying, while others worked to strengthen school survivors' support. Children who lose a parent or other relative must

return to school and deal with their peers. These can be challenging scenarios; school administrators and counselors can support that. Sue talked about the work she and her mother did to increase awareness of bullying in their school:

> We met with school personnel to identify how situations like my brother endured were addressed in the future. What did school personnel do to address bullying and how they interacted with victims as well as the bully themselves? We wanted to spare other kids from what my brother endured. Then we went further to work to pass legislation to enhance how schools addressed bullying.

Sally talked about her efforts to enhance the awareness of school counselors and administrators about suicide risks and what researched-based interventions were:

> I knew that schools struggled to address this difficult topic. I became involved in programs that trained gatekeepers and did many trainings at schools. I also worked with schools to develop suicide prevention plans as mandated by the Department of Education in my state. One local school district planned that they were supposed to have a plan. That was it. All of this felt like I was perhaps making a difference for someone, another family, a kid, a parent. This felt like something positive was coming out of my own pain.

Molly found that she was drawn to populations with higher risk factors and sought a job at her local university, where she worked with low-income students to support this population:

> I chose to work in a program that supported underserved students by providing knowledge, support, and experiences that enhanced the student's ability to cope. I

> wanted to do what I could to be there for students that perhaps didn't have the background or support they needed to cope with the stress of college life. I found that too many times, my students were considering suicide as the pressures increased, and my own experience helped me to help them.

Becoming involved with an area of prevention was common. Many participants felt that schools were the ideal place to engage in this prevention work. Webpages also supported this as many opportunities for volunteering were posted.

Subtheme 3.b. Church.

Many individuals expressed how supportive their religious community had been. Mary, in particular, reported the following:

> My church members were incredibly supportive after my son died. There were, of course, the offering of condolences and food, but so much more than that. They were there for me as I progressed through the grief. Everyone at my church was supportive and felt the grief as much as I did. There was no blame, just understanding and compassion for the pain my son must have been in.

Not all participants reported positive interactions with their religious community. Sandy discussed her interactions with a Catholic priest in her community:

> My husband was devastated when the Catholic Church in town was very unsupportive of his grief. They focused on his son's sin and not on what a wonderful person he was. It was years before I could see past this particular priest's response and recognize that the entire church was not to blame.

These differences emphasize how different the responses can be, it was not clear if it was the particular religious community or denomination that impacted the differing responses.

Subtheme 3.c. Work.

Returning to work after the loss of someone to suicide can often be difficult. Sam reported that his experience was incredibly supportive:

> Because I am a first responder, everyone was very supportive, and we live this day in and day out. My work staff and clergy were there to provide support and understanding when I couldn't understand myself. I am a first responder, so I have experienced with suicides and how families coped. Because I am a first responder, I had to engage in a lot of critical incident stress debriefings, but it was different when it was my own son. I knew what to do but was in shock for weeks before I could even think about beginning to do any of it. I used the Internet to Google up information about how other people coped after losing a child to suicide. I really looked for positive stories, not focusing on the death, but how it led to positive things in the end. I guess this gave me hope that my pain would result in something positive.

Each survivor felt the grief and need for support differently. Sally experienced a great deal of isolation because she struggled to find others who had lost their spouse or partner. She described her search below:

> Because I work in the social services field, people were very supportive after he died. My work was accepting of the days I took off and were checking to make sure I had basics like food. But no one could really understand how betrayed I

> felt, so I searched for groups online that had people who had lost a spouse. Most even in person had people who had a different perspective; they had lost a child or sibling. I believe that it is different when it is your spouse, a deeper sense of betrayal. I went a year before one of the groups I attended had another person who had lost a spouse.

Again, different work places led to differing responses from coworkers. It appears that work environments that had dealt with suicide more often tended to be the most supportive.

Subtheme 3.d. Making a Difference

All the participants felt the need to help others who might experience what they had. Some participants preferred interpersonal advocacy, being there for others who were struggling, working through their community such as local support groups, and others wanted to make a difference on a larger scale, such as at the state and federal level. Most did not view their concern for others as advocacy, but rather being there so that others did not feel the isolation that they had felt. Others wanted things to change so that other families would not have to experience what they had. Sally discussed her reasons for continuing to attend the support groups:

> Part of the reason I keep going to these groups is so that I can be that person for another husband or wife who will feel so very alone in their grief and anger. Using online groups allowed me to meet up and talk to individuals from all over the country, helping more people not feel quite so alone.

Betty talked about much the same theme, of wanting to help others, to be a support so that they would not feel so alone.:

> I attended several support groups using online and found it helpful for myself, but also, being able to support others as they tried to navigate their loss was somehow helpful to me. I felt better, like it gave some purpose to my loss when I interacted with others. Often the other person would tell me that my being there was one of the things that made their journey somewhat less difficult. This became very important to me.

The importance of meaning making for my participants was clear in this area. Participants felt a need to make a difference for others experiencing a suicide loss, this varied how it was sought from participant to participant. These differences ranged from facilitating support groups to coordinating informational trainings.

Theme 4: Societal

Several participants became involved in advocacy on a broader level, such as new state legislation and federal changes. Most participants were surprised to find the many national or state organizations working to reduce suicide levels. In the state where I conducted this study, there are chapters of the American Foundation on Suicide Prevention, the Speedy Foundation, and several more. Several participants reported that they became involved with these larger organizations to advocate for issues that can contribute to suicide rates. Sandy talked about her involvement.

> I was so relieved when I discovered organizations that wanted to reduce suicide rates in our state. I immediately became involved in work to increase services,

> establish a state-sanctioned suicide prevention program, and raise awareness about the issue. It gave me something to focus on, something that might make a difference for another family and make all of my own pain somehow worthwhile. I became a Question, Persuade, and Refer instructor and began giving presentations throughout the state, training a wide range of community members to recognize the signs of suicidal behavior. It was very hard for the first few years but felt so very worthwhile. I also worked to increase access through the use of the Internet, Facebook pages, and offering courses online. I helped begin the first local in-person support group but found that it was not for me. So, I focused my energies on increasing resources online, such as Facebook pages.

I reviewed numerous web pages with areas for volunteering. These opportunities ranged from becoming a trainer, advocating with state and federal legislatures, and engaging communities to make changes that encouraged help-seeking behavior. I found an example of such encouragement from Beth, who wrote: "Stay strong and forge ahead," she was writing about her battle with depression and suicidal thoughts. This need to help others traverses both suicidal ideation and being a suicide survivor. One such community program is Suicide Awareness Voices of Education, Let's Talk About It, a community education program designed to encourage communities to talk about mental health, mental wellness, and suicide prevention (Sloan, 2009).

Kelly wrote:

> I challenge everyone to really connect and be vulnerable and talk about all things even the shameful things…give them a voice, watch things change. They no

> longer have power over us. Practice courage and reach out. Own our stories. Share the stories the good, the bad, and the ugly.

This realization that each of us can make a difference was a thread that ran through both the participant's responses and web page postings from around the country.

Subtheme 4.a. Advocacy

This topic proved to be very common for most participants, whether on a regional basis or across the larger state or federal environments. Participants felt a need to change our society in a way that recognized that many individuals were experiencing suicidal behavior and that there were things that could support them. Sue talked about the work she and her mother did after her brother's death:

> There was so much pain, and as a family, we wanted to use that pain to improve things for others. My mother began the work, but I gradually increased my involvement as time went on. We worked to develop several websites that offered information about risks that increased or contributed to suicidal behavior and then began working on legislation within our state to address bullying. In my brother's room, we found poems about how he had been tortured by bullying and how it had contributed to his own decision to take his life. We knew that we had to help make a difference for other kids who were dealing with the same thing. This work helped me feel that there was some purpose to the pain I was enduring; it gave me an outlet to know that his death was not for nothing.

Sandy discussed her work on the state level as she became involved with the Suicide Prevention Action Network (SPAN) organization at the state level:

> After several years, I was offered a seat on the state SPAN Board of Directors because of my work locally. This allowed me to work to increase suicide prevention efforts on a larger scale. I had been a member of the local SPAN for many years and was excited that this allowed me to improve access to care for my state as a whole.

Becoming engaged in some form of suicide prevention was a common theme from all participants. The desire to make a difference in raising awareness and reducing stigma was very prominent in my participants as well as on Webpages.

Subtheme 4.b. Support for Others

Every participant expressed the desire to be a support for others. To help someone else not feel so alone with their loss. While each participant chose a different manner in which to find meaning or purpose after the suicide of their loved one, the goal was the same, a feeling that their pain and loss helped someone else. Sandy expressed this when she discussed her efforts:

> I felt an incredible need to help others after a loss but found that I was not good with support groups, either in person or online. So, I focused my efforts in other ways, training about signs of suicide, developing information that could be disseminated through the Internet, such as Facebook and Instagram. I believed that I was not the only person that didn't find support groups helpful, so I focused on resources such as postings related to warning signs, risk factors, helpful tips, and promoting suicide assessment and treatment training for professionals.

Sam talked about his engagement with local youth who were struggling with a wide variety of issues:

> It began with my son's friends, who kept in contact with me after his death. We would chat online about life and coping things. Then they began giving other youth my contact info, and now I have between 20-25 youth that I have contact with on at least a weekly basis. Sometimes, we just chat, but often they need to talk about the stressors in their lives and ways that they can cope.

Engagement with at risk individuals was also a common response. Providing support and strength to others who might be considering suicide or had experienced a loss was common.

Subtheme 4.c. Policy Changes

Several participants became involved in making changes on a more systemic level, such as legislation about suicide prevention. Sandy reported that her state was one of the last to have a state suicide prevention hotline in the nation. Sue addressed the issue of bullying as she discussed her work with her mother:

> We knew that there were so few options for individuals who were feeling suicidal and wanted to help change that. I worked with my mother for a very long time to increase legislative awareness of the need for more recognition that our kids were feeling alone and that more awareness was needed by schools in particular. While working to educate the legislature, we discovered that many legislators viewed bullying as "a rite of passage" and not something to be worried about. I was appalled at their lack of compassion for my brother.

Awareness about how far behind the state in which this study was conducted was in providing resources for individuals experiencing suicidal behaviors was shocking to all participants. As previously noted, the state in which this study was conducted was the last state in the country to have a state-run suicide hotline. All calls from individuals to the National Suicide Hotline were routed through the Suicide Hotline in another state until 2012 when a state-based Suicide Prevention Hotline was created. Without a local hotline, effective referrals for counseling and support of any kind was extremely difficult. Sally talked about her involvement in increasing resources at a state level:

> It was extremely difficult for someone with suicidal behavior to find help in my state. We needed to increase resources that took into consideration the very rural nature of my state. As a suicide advocate, I would get calls from the Portland Hotline, looking for referrals for individuals that lived 300 miles away. Portland had no way of knowing what was available for callers in our state. It was extremely important that we have a state resource that could better coordinate the needs of the individuals in our state; this became my passion.

Most of my participants became engaged on many levels to make changes in how society views and copes with suicide, suicide behavior, and suicidal loss. This provided meaning making to their own pain.

Summary

In this chapter, I discussed the findings and what participants responses in their interviews, and how web postings from multiple suicide survivor sites corroborated their experiences. The main themes I identified were individual or intrapersonal, interpersonal,

community, and societal. Within each central theme, there were subthemes. Individual or intrapersonal themes included subthemes of confusion, questions of why, anger, and feelings of being alone. The second theme I identifiedwas interpersonal. Subthemes included understanding and acceptance. The third theme, community, included subthemes of schools, church, work, and making a difference. In the final theme, three subthemes emerged, which were advocacy, support for others, and policy changes.

In Chapter 5, I further describe the findings and how they compare to existing literature. I describe the limitations of this study, provide recommendations for future research, and provide implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Every year more than 47,000 individuals die by suicide in the United States (Drapeau & McIntosh, 2018). Each of these suicide deaths leaves behind numerous family and friends who become suicide survivors. Andriessen (2014) described suicide survivorship as someone who may be experiencing high levels of distress that has lasted for a considerable length of time and may have thoughts that their life has changed forever after losing someone due to suicide. Little research has focused on what surviving family members, friends, and community members need to cope after a suicide, especially in rural areas (Miers et al., 2012).

My purpose for this dissertation study was to explore how suicide survivors use the Internet and social media to aid their recovery from a suicide loss. I used an existential phenomenology qualitative approach to my study to gain a rich and detailed description of each participant's lived experience in their Internet and social media use. I summarized the main findings in this study using the social constructionist theory of grief because the Internet and social media, by definition, are interactions with other members of society. This theory suggests that when individuals face a significant loss, such as a suicide death, the individual's self-narrative often needs to be redefined (Neimeyer & Klass, 2014). Neimeyer and Klass (2014) also posited that humans cope with their losses through our social environment identities.

I found four main themes in my research. These themes were individual or intrapersonal, interpersonal, community, and societal. Within these primary themes, I found two to four subthemes. In Theme 1, individual or intrapersonal, the subthemes

were confusion, questions about why, anger, and feelings of aloneness. In Theme 2, interpersonal, I found two subthemes: understanding and acceptance. In Theme 3, community, I found four subthemes: schools, church, work, and making a difference. In Theme 4, societal, I found three subthemes: advocacy, support for others, and policy changes. In this chapter, I discuss the study's findings in detail, discuss limitations, offer recommendations, and explain the possible implications.

Interpretation

This study supports what current research literature suggests about what suicide survivors need and want in their journey to cope with a suicide death (see Adams et al., 2019; Bartone et al., 2017; Phillips, 2011; Pritchard & Buckle, 2018). In the study by Adams et al. (2019), they identified their final theme as meaning making and growth through grief (i.e., why did they die, knowledge about mental health and suicide) and growth through grief (i.e., being more sensitive to others, striving to be a better person) and what they had to experience to achieve this growth. The themes that I identified within my study coincided with this research. These themes included wanting to help and support others, advocate for changes within the schools or legislature to protect those who might experience suicidal ideation due to bullying, family issues, and school stress, and working to enhance support for other suicide survivors.

I explored participant suicide survivor's experiences on the Internet and social media, then structured results through a social constructionist theoretical lens. I found that survivors looked for information and support online for the same reasons that individuals meet face-to-face. They searched for information, support, and a sense of

acceptance that accompanies those interactions. Also, I conducted a review of suicide survivor support web pages to determine if the people posting on those sites demonstrated similar experiences. Participants reported that they primarily used online options because of the rural nature of the state where they lived. Travel distance to face-to-face support groups was often 50-90 miles away, which made access limited. Researchers on suicide survivorship often reported that finding support was problematic for suicide survivors (Nic An Fhailí et al., 2016).

Theme 1: Individual or Intrapersonal

Baratone et al. (2017) stated that their study indicated that peers include individuals who have similar experiences and offer an environment of acceptance and trust. The participants in my study sought individuals of a similar experience to gain support, such as loss as a parent or loss of a spouse. Each loss type (i.e., spouse, child, or sibling) felt that they received relevant support from individuals who had lost a similar relationship. The individual could feel comfortable expressing their doubts, concerns, and feelings (Bartone et al., 2017). The participants in my study sought similar support as individuals in other studies presented in the literature review in Chapter 2, such as answers to why their loved one died by suicide, how other's coped, where they received acceptance and support on their grief journey (Honeycutt & Praetorius, 2016; Praetorius & Rivedal, 2017).

Subtheme 1.a: Feelings of Confusion and Questions About "Why."

In my study, I found that participants struggled more with intrapersonal and interpersonal issues as opposed to community and societal issues. Similar to my study,

Williams et al. (2017) found that intrapersonal and interpersonal issues resulted in families who experiences a loss from suicide often perceived that family stigma was generally a factor in their grieving and that anger and family disintegration was often the most common theme in the participants they studied. Neimeyer and Klass (2014) found that the personal search for meaning after losing someone to suicide is a person's need to assign meaning to the loss on an intrapersonal and interpersonal level.

Subtheme 1.b: Anger

My participants expressed the difficulty they experienced in coping with their anger towards the individual who died and often towards themselves. Pritchard and Buckle (2018) found high levels of anger experienced by suicide survivors aimed at themselves, others, and the individual who died. However, social media and the Internet provide new and more anonymous methods of gaining this support in coping with this anger. Dyregrov and Dyregrov (2005) found that students in their study reported increased feelings of blame, guilt, and rejection by the sibling who had completed suicide. The authors also indicated that siblings often felt increased anger towards their dead sibling because of the deceased siblings' choice, which negatively affected the surviving sibling's life. This issue was not reported by the two sibling survivors in my participant pool.

Subtheme 1.c: Feeling Alone

Several participants reported that they engaged in support groups from other areas in the country conducted online by organizations. One participant noted that after moving to her remote location, the connection to more urban areas using the Internet allowed her

to gain support through online use. Existing research indicated that suicide survivors often use online or social media because of the stigma associated with suicide (Frey et al., 2016; Hanschmidt et al., 2016). I found that participants used the Internet and social media to gather information on finding support and coping with their intrapersonal integration of the loss and how to help their immediate family. The questions participants sought answers to were typically associated with dealing with emotions such as guilt, anger, and feelings of being alone in their grief. Dyregrov and Dyregrov (2005) found that siblings often felt very alone with their grief as they did not want to burden their grieving parents further. Chapple and Ziebland (2011) reported that many of the participants had engaged in online support groups and felt that they gained increased feelings of not being alone in their confusion and grief. The use of the Internet and social media became a source of answers and comfort for participants who could interact, or see others, who had also endured and survived the suicide death of a loved one and this contributed to normalizing their feelings. Repeatedly, participants pointed out that they needed to feel that they were not alone in their grief and confusion about their loved one's death.

These themes were also evident in all the suicide survivor support pages I reviewed online. Forum topics on four different websites included discussions on the need to “understand, why this happened,” “How to move past anger,” and “feelings of being alone in grief.” The intrapersonal aspect was a primary focus of most web pages, encouraging hope and belief that the grief would ease, and life would move forward, painfully, but inevitably.

Theme 2: Interpersonal

Participants also indicated that they used various social media platforms when moving into the interpersonal aspect of their healing. Participants reported that contacting others who were struggling using Instagram, Facebook Instant Message, and texting applications were often used to reach out to other individuals in need of support rather than seeking answers for their pain. The need to support and desire to help others is common for survivors in many other studies (see Feigelman & Feigelman, 2011a; Neimeyer & Klass, 2014). Again, searches on the Internet supported the findings in my study. I found that web pages often listed resources or topics about interactions with others related to the loss of a loved one to suicide, such as family changes, feelings of guilt about the manner of death, how to share suicide death, and the path to acceptance.

Subtheme 2.a: Understanding

All my participants reported using the Internet to understand better why their loved one chose to end their lives. One participant in my study used the Internet to understand what her loved one experienced due to how she chose to die. Andressen et al. (2016) found that factors that positively impacted suicide survivors also included beneficial high levels of social support that provided understanding and helpful attitudes or beliefs that suicide is preventable. Adams et al. (2019) found that their participants also sought answers to more enduring questions such as (could I have done something to save him?) The search for answers or information was present in all my interviews.

Subtheme 2.b: Acceptance

All my research indicated that participants consistently sought to find acceptance of the manner and fact of their loved one's death. My research data was in line with past research, which indicated that one of the primary aspects of the grief process was to achieve a level of acceptance, not approval, but acceptance or coming to peace with the loss (Adams et al., 2019). The participants in my study also stressed that their interactions on the Internet supported their feelings of acceptance by others who had experienced such a loss. This search for acceptance is also reported in literature where Bartone et al. (2017) reported that peer support groups might look different, but most involve individuals who have similar experiences and offer an environment of acceptance and trust, where the individual can feel comfortable expressing their doubts, concerns, and feelings.

Theme 3: Community

Cvinar (2005) discussed the historical implications for families, such as losing property rights, being outcast, and loss of community support. This was again evident in my study, as several participants found that some of the community were hesitant to engage with them after learning about the loss of their loved one to suicide. Pitman et al. (2017) found that individuals who had lost someone to suicide reported less support from friends and community than those who lost someone to an accident or heart attack. In my research, only two participants expressed experiencing this type of loss of community support.

Subtheme 3.a: Schools

I found that several of my participants focused their attention within the community in schools. One became a gatekeeper (someone trained to teach suicide prevention skills) within schools, another worked to reduce bullying in schools, another worked to support youth within his community as they struggled with coping. Shilubane et al. (2014) reported that the focus groups they studied felt that professional or expert help was needed within the schools. The researchers noted that no services at all had been provided to the suicide survivors at any of the schools. All the participants in my study stated that their activities within the schools or with youth helped them feel that their pain was for a purpose.

Subtheme 3.b: Church

Traditionally, most religions have held that suicide is an act to be condemned or that it is a sin (Castelli Dransart, 2018). In my study, only one participant experienced such traditional condemnation, which was more than 24 years ago. I found that the balance of my participants found support, compassion, and understanding within their spiritual community. Several of my participants stated that their church community was their most substantial support during their grief.

Subtheme 3.c: Work

All my participants reported significant support from their work environments. I found that many of my participants were initially hesitant to discuss their loss to suicide, perhaps because of the nature of their work (i.e., social work, counseling, first responder),

they reported significant support and understanding from coworkers. I found little research that discussed work environments and the impact on feeling supported.

Subtheme 3.d: Making a Difference

Participants also reported an increase in Internet usage and Facebook posting with a different focus as they chose to move into advocacy and make a difference for others. Some participants began creating web pages to warn of risk factors such as bullying and substance use; others used Facebook pages to promote suicide awareness activities or events. This increase in activities such as web pages and Facebook postings also increased interaction with others who were struggling, allowing the participant to engage in a helpful manner, which promoted their healing and sense of something positive coming from their pain. Offering support to other suicide survivors was often listed as a reason for their use of the Internet or social media. Existing literature found that suicide survivors often found comfort in helping others experiencing what they had gone through (see Krysinska & Andriessen, 2015a; Shilubane et al., 2014; Williams et al., 2017). While each participant chose different ways of accomplishing this goal, they all agreed that helping others as they faced the healing journey after losing a loved one was incredibly fulfilling and supported their belief that their pain had a purpose.

Theme 4: Societal

My study indicated the need to make the world better so that others might avoid the pain that my participants had experienced. This was demonstrated by the involvement of many of my participants in making changes on a societal level, such as new laws, advocacy for mental health, and suicide.

Subtheme 4.a: Advocacy

My participants were intensely interested in advocacy and helping others who experienced a suicidal loss. The participants in my study typically became involved in advocating in some manner to heighten awareness, increase supports, or reducing barriers to supports. All the participants in my study felt satisfaction in the support they had provided to others, such as remaining in a support group to aid others. All the participants felt the need to help others who might experience what they had. Some participants preferred interpersonal advocacy, being there for others who were struggling, working through their community such as local support groups, and others wanted to make a difference on a larger scale, such as at the state and federal level. Most did not view their concern for others as advocacy, but rather being there so that others did not feel the isolation that they had felt. Existing literature found that suicide survivors often begin to engage in advocacy efforts around suicide prevention, advocating for changes within their community or on broader levels such as nationally (Krysinska & Andriessen, 2015a; Shilubane et al., 2014; Williams et al., 2017).

Subtheme 4.b: Support for Others

All my participants expressed their journey in providing support for others. Several chose to focus on youth, while others found satisfaction in engaging in support groups to help newcomers feel accepted and welcomed. Feigelman and Feigelman (2011a) found that of immense importance to survivors were the friendships that participants developed; this was particularly evident in those who lost a partner or child. The authors also found that their data indicated that participants encountered a wide

variety of distress, ranging from seriously struggling to accept the loss and making progress in the grieving process. These results provided new group members with the hope that they will also progress in their grieving process (Feigelman & Feigelman, 2011a).

Subtheme 4.c: Policy Changes

Several of my participants chose to engage in activities that helped further policy changes on both a state and national level. These activities included working with the state legislature to enact legislation to reduce bullying, increase suicide prevention efforts, and enhance available support for survivors and individuals experiencing a suicidal crisis.

Participants in my study did not think that stigma played an essential role in the Pacific Northwest's rural nature. Participants expressed that their communities encouraged support after the suicide deaths, as most churches and workplaces came together to support the family after the loss. I found that participants felt accepted and supported by their friends, peers, and neighbors., This response was more common in suicides that occurred more recently, as opposed to participants who lost a loved one over 20 years ago. Research conducted in more urban areas indicated that stigma was more of an issue (Silvén Hagström, 2018; Niederkrotenthaler et al., 2014).

Interpretation of the Findings Through the Theoretical Foundation

The very nature of the Internet and social media supports using a social constructionist theory of grief. This theory states that loss is not a private, cognitive process, but rather a process that challenges us to redefine our lives, without the dead

individual, in not only a private manner, but also in an intensely social, cultural, and emotional way (Neimeyer & Klass, 2014). All interaction on the Internet and through social media is a social interaction of some type. Researchers seek to explain progression through grief as an intensely social experience through this theory, meaning interaction between two or more individuals. This interaction can be one-on-one, in person, or on the Internet. The social constructionist approach focuses on the individual and how they interpret experiences in their lives in a very social manner. This theory is highly appropriate to evaluate how our very information-based society addresses the needs of suicide survivors. How a person's environment and social interactions view the death contributes to feelings of stigma or feelings of support. Several participants felt that using the Internet or social media granted them the ability to seek support or understanding from individuals outside of their extremely rural areas. Many thought it was easier to find supportive information in that social arena than in their more rural and often conservative communities.

The discussion of grief theory is essential to this research study. Understanding how individuals bereaved by a suicide death must face some unique obstacles in integrating this event into their lives. Each of the participants in my study expressed the need to understand their loved one's choice to complete suicide from a perspective of how it impacted them in the greater world. Were they still parents, did they somehow fail to meet their loved one's needs, how could they make a difference for others so that others might not have to go through what the participant had experienced? This is a very social perspective that demands a social theory to encompass all aspects discussed by the

participants in my study. Each participant expressed their pain and how it encompassed their everyday life within a social construct. With the exception of my first theme, which focused on individual or intrapersonal issues, each of the other three themes was focused on interactions with other members of society in one manner or another. Even the first theme has societal implications, such as am I still a parent, factors that impacted the individual who died or providing support for someone else, all are rooted in social interaction, choosing a grief theory based on societal structure important.

Limitations

The study's limitations were that my sample primarily came from females (n = 6, 85.7%), which questions the transferability outside of that group. Also, because this study focused on the Pacific Northwest's rural areas, individuals who live in more urban areas of the country possibly have more in-person resources than someone who lives 50 miles from the nearest town of 25,000. Because there are more resources available in urban areas, individuals may not feel a strong need to use the Internet or social media for information and support.

A second limitation was that I chose to focus only on suicide survivors; the results do not reflect the perceptions or experiences of other grieving individuals who lost a loved one to death and their use of the Internet. Also, I asked open-ended questions, avoided personal beliefs or expression of my values, and allowed participants to express their perceptions. Because I had to modify my selection criteria due to participants being unwilling to grant access to their personal postings, I gained additional perspective from posts made from websites outside of my participants.

Recommendations

The information I gathered in this qualitative study supports more studies that examined the construction and availability of websites that offered information for suicide survivors. Participants often reported that they had to do many different searches to find relevant information for their needs. This information could be used to investigate methods to enhance searches to allow individuals to find information related to their needs. Web designers could improve their search criteria to allow the average user to find helpful information instead of websites that tell a person methods to use to kill themselves.

The results of this study illustrate the need for other studies that explore the use of the Internet and social media to determine if there were similarities in suicide survivors who lived in more urban areas. Several factors could impact the use of the Internet or social media as a coping mechanism, such as better access to in-person support groups, access to counselors with training in suicide survivor grief, and, importantly, access to reliable and fast Internet service.

Because the participants in my study were self-selected, I was limited in the number of males that chose to participate. Further research into how males use the Internet and web pages would provide more specific information on that population. Another recommendation for further study would be to study individuals who lose loved ones due to other causes of death outside of suicide. Finally, finding participants comfortable releasing their personal web posting for study would also be recommended for future study.

Implications

This study's design was specific for gathering information about the needs of suicide survivors concerning the Internet and social media usage in rural areas. Over the last 10 years, Internet and social media use has increased dramatically (Bell et al., 2015; Chapple & Ziebland, 2011). I found that participants in this study felt that their increased access to online support was a vital resource. Even participants who lost their loved one many years ago reported that their use of the Internet and social media in daily life increased, so did their Internet usage to search for answers relating to their loved one's suicide. An increase in the ease that individuals can find supportive information is applicable across all levels, individual, interpersonal, community, and societal, that may contribute to a reduction in the stigma associated with suicide and how suicide survivors access support services.

Counselors, counselor educators, and those experiencing grief from a suicidal loss can use this information to facilitate access to support groups, useful information about suicide, and blogs that provide support to those who are grieving. Knowing that online searches can yield undesired websites can guide these individuals in how they search for information. Organizations that develop support pages can encourage their web designers to develop search words that are common for suicide survivors and make their web pages more user friendly. Ensuring that survivor support organizations recognize that input from suicide survivors and web designers is critical in developing user-friendly websites and their access. This study attempted to enhance our knowledge of what suicide

survivors look for, need, and how they get support in rural areas without easy access to face-to-face support groups.

Web designers can use these results to identify areas where suicide survivors are having difficulty finding information on coping with their loved one's death. Most participants reported that searching the web and social media for the information they were looking for was challenging and discouraging; often, they found relevant information by accident. It is also possible for individuals to access information precisely the opposite of what the suicide survivor needed, such as sites dedicated to helping people kill themselves, as reported by several participants.

Organizations and states that produce web pages for suicide prevention are encouraged to use the information in this study to enhance accessibility support groups, provide useful information, and supportive resources when survivors do searches on the Internet. To accomplish this requires Internet specialists' expertise to enhance the organization's ability to appear in Internet searches.

Conclusion

The most important information from this study is the confirmation that suicide survivors of all ages are using the Internet and social media at high levels to find support and information and help make a difference for others. Interpersonally, participants sought answers to their questions and just wanted to know they were not alone. Interpersonally, participants looked for ways to help their families with grief and others struggling with their issues related to losing their loved ones through suicide. At a community level, participants used the development of websites, social media postings to

move forward their work in suicide prevention, hoping to save lives. On a societal level, participants sought to encourage policy changes to reduce suicide risks such as bullying, LGBTQ issues, and feeling alone. These included postings and websites that urged individuals to engage with their local legislators actively.

Our national suicide rate continues to rise, which results in more and more suicide survivors. We must continue to conduct research that assists the profession in providing these individuals with the support, information, and resources to successfully process their painful experiences.

References

Adams, E., Hawgood, J., Bundock, A., & Kõlves, K. (2019). A phenomenological study of siblings bereaved by suicide: A shared experience. *Death Studies*, *43*(5), 324–332. https://doi.org/10.1080/07481187.2018.1469055

Aicher, T., & Jacob, F. (2015). Measuring the degree of corporate social media use. *International Journal of Market Ressearch*, *57*, 257–275. https://doi.org/doi.org/10.2501/IJMR-2015-018

Aldrich, R. S. (2018). A closer look: College students' exposure to suicide and intention to intervene. *Mental Health & Prevention*, *11*, 1–7. https://doi.org/10.1016/j.mhp.2018.04.001

Ali, F. (2015). Exploring the complexities of suicide bereavement research. *Procedia - Social and Behavioral Sciences*, *165*, 30–39. https://doi.org/10.1016/j.sbspro.2014.12.601

Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity*, *23*(3), 121–127. https://doi.org/https://www.ncbi.nlm.nih.gov/labs/journals/j-cult-divers/

American Counseling Association. (2014). *Code of ethics* https://www.counseling.org/resources/aca-code-of-ethics.pdf

Andriessen, K. (2009). Can postvention be prevention? *Crisis*, *30*(1), 43–47. https://doi.org/10.1027/0227-5910.30.1.43

Andriessen, K. (2014). Suicide bereavement and postvention in major suicidology journals: Lessons learned for the future of postvention. *Crisis*, *35*(5), 338–348.

https://doi.org/10.1027/0227-5910/a000269

Andriessen, K., Dransart, D. A. C., Cerel, J., & Maple, M. (2017). Current postvention research and priorities for the future: Results of a survey. *Crisis*, *38*(3), 202–206. https://doi.org/10.1027/0227-5910/a000459

Andriessen, K., Draper, B., Dudley, M., & Mitchell, P. B. (2015). Bereavement after suicide. *Crisis*, *36*(5), 299–303. https://doi.org/10.1027/0227-5910/a000339

Andriessen, K., Draper, B., Dudley, M., & Mitchell, P. B. (2016). Pre- and postloss features of adolescent suicide bereavement: A systematic review. *Death Studies*, *40*(4), 229–246. https://doi.org/10.1080/07481187.2015.1128497

Andriessen, K., Mowll, J., Lobb, E., Draper, B., Dudley, M., & Mitchell, P. B. (2018). ”Don’t bother about me”:The grief and mental health of bereaved adolescents. *Death Studiesth Studies*, *42*(10), 607–615. https://doi.org/10.1080/07481187.2017.1415393

Asare-Doku, W., Osafo, J., & Akotia, C. S. (2017). The experiences of attempt survivor families and how they cope after a suicide attempt in Ghana: A qualitative study. *BioMed Central Psychiatry*, *17*(1), 178–188. https://doi.org/10.1186/s12888-017-1336-9

Bagnasco, A., Ghirotto, L., & Sasso, L. (2014). Theoretical sampling. *Journal of Advanced Nursing*, *70*(11), e6–e7. https://doi.org/10.1111/jan.12450

Bailey, E., Krysinska, K., O’Dea, B., & Robinson, J. (2017). Internet forums for suicide bereavement: A cross-sectional survey of users. *Crisis*, *38*(6), 393–402. https://doi.org/10.1027/0227-5910/a000471

Bailey, L., Bell, J., & Kennedy, D. (2015). Continuing social presence of the dead: Exploring suicide bereavement through online memorialisation. *New Review of Hypermedia and Multimedia*, *21*(1–2), 72–86. https://doi.org/10.1080/13614568.2014.983554

Bartone P., Bartone J., Violanti J., Gileno Z. (2019). Peer support services for bereaved survivors: A systematic review. *OMEGA - Journal of Death and Dying*, *80*(1), 137-166. https://doi.org/10.1177/0030222817728204

Bell, J., Bailey, L., & Kennedy, D. (2015). 'We do it to keep him alive:' Bereaved individuals' experiences of online suicide memorials and continuing bonds. *Mortality*, *20*(4), 375–389. https://doi.org/10.1080/13576275.2015.1083693

Berman, A. L. (2011). Estimating the population of survivors of suicide: Seeking an evidence base. *Suicide and Life-Threatening Behavior*, *41*(1), 110–116. https://doi.org/10.1111/j.1943-278X.2010.00009.x

Boyd, D. M., & Ellison, N. B. (2007). Social network sites: Definition, history, and scholarship. *Journal of Computer-Mediated Communication*, *13*(1), 210–230. https://doi.org/10.1111/j.1083-6101.2007.00393.x

Brubaker, J. R., Hayes, G. R., & Dourish, P. (2013). Beyond the grave: Facebook as a site for the expansion of death and mourning. *Information Society*, *29*(3), 152–163. https://doi.org/10.1080/01972243.2013.777300

Butler, A. E., Copnell, B., & Hall, H. (2018). The development of theoretical sampling in practice. *Collegian*, *25*(5), 561–566. https://doi.org/10.1016/j.colegn.2018.01.002

Castelli Dransart, D. (2013). From sense-making to meaning-making: Understanding and

supporting survivors of suicide. *British Journal of Social Work*, *43*(2), 317–335. https://doi.org/10.1093/bjsw/bct026

Castelli Dransart, D. A. (2017). Reclaiming and reshaping life: Patterns of reconstruction after the suicide of a loved one. *Qualitative Health Research*, *27*(7), 994–1005. https://doi.org/10.1177/1049732316637590

Castelli Dransart, D. (2018). Spiritual and religious issues in the aftermath of suicide. *Religions*, *9*(5), 153-172. https://doi.org/10.3390/rel9050153

Centers for Disease Control and Prevention. (2018). Suicide rates rising across the U.S. | CDC Online Newsroom | CDC. In *News Release*. https://www.cdc.gov/media/releases/2018/p0607-suicide-prevention.html

Cesare, N., & Branstad, J. (2018). Mourning and memory in the twittersphere. *Mortality*, *23*(1), 82–97. https://doi.org/10.1080/13576275.2017.1319349

Chapple, A., & Ziebland, S. (2011). How the Internet is changing the experience of bereavement by suicide: A qualitative study in the UK. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, *15*(2), 173–187. https://doi.org/10.1177/1363459309360792

Cook, F. J. (2017). Executive summary and goals and objectives of the U.S. National Postvention Guidelines. *Death Studies*, *41*(10), 622–628. https://doi.org/10.1080/07481187.2017.1335546

Creswell, J. W. (2013). *Qaulitative Inquiry and Research Design* (3rd ed). SAGE Publications.

Crosby A. E., & Ortega L. M. C. (2011). *Self-directed violence surveillance: Uniform*

definitions and recommended data elements. https://www.cdc.gov/violenceprevention/pdf/Self-Directed-Violence-a.pdf

Cvinar, J. G. (2005). Do suicide survivors suffer social stigma: A review of the literature. In *Perspectives in Psychiatric Care 41*(1). https://doi.org/10.1111/j.0031-5990.2005.00004.x

De Castro, A. (2018). Introduction to Giorgi's existential phenomenological research method. *Revista Pesquisa Qualitativa*, *6*(11), 136–144. https://doi.org/http://dx.doi.org/10.33361/RPQ.2018.v.6.n.11.228

De Groot, M., & Kollen, B. J. (2013). Course of bereavement over 8-10 years in first degree relatives and spouses of people who committed suicide: Longitudinal community based cohort study. *British Medical Journal (Online)*, *347*(7928), 1–12. https://doi.org/10.1136/bmj.f5519

December, J. (1996). Units of analysis for Internet communication. *Journal of Communication*, *46*(1), 14–38. https://doi.org/http://dx.doi.org/10.1111/j.1460-2466.1996.tb01459.x

Deloitte. (2020). *Idaho | Data USA*. https://datausa.io/profile/geo/idaho#demographics

Drapeau, C. W., & McIntosh, J. L. (2018). *U.S.A. suicide 2017: Official final data.* http://www.suicidology.org.

Drapeau, C. W., Cerel, J., & Moore, M. (2016). How personality, coping styles, and perceived closeness influence help-seeking attitudes in suicide-bereaved adults. *Death Studies*, *40*(3), 165–171. https://doi.org/10.1080/07481187.2015.1107660

Dyregrov, K., & Dyregrov, A. (2005). Siblings after suicide - "The forgotten bereaved."

Suicide and Life-Threatening Behavior, *35*(6), 714–724. https://doi.org/10.1521/suli.2005.35.6.714

Dyregrov, K. (2009). How do the young suicide survivors wish to be met by psychologists? A user study. *Omega*, *59*(3), 221–238. https://doi.org/10.2190/OM.59.3.c

Erlangsen, A., Runeson, B., Bolton, J. M., Wilcox, H. C., Forman, J. L., Krogh, J., Shear, M. K., Nordentoft, M., & Conwell, Y. (2017). Association between spousal suicide and mental, physical, and social health outcomes: A longitudinal and nationwide register-based study. *Journal of the American Medical Association Psychiatry*, *74*(5), 456-464. https://doi:10.1001/jamapsychiatry.2017.0226

Facebook. (2018). *Memoralized Accounts*. https://www.facebook.com/help/1506822589577997

Feigelman, B., & Feigelman, W. (2011a). Suicide survivor support groups: Comings and goings, part II. *Illness, Crisis & Loss*, *19*(2), 165–185. https://doi.org/10.2190/il.19.2.e

Feigelman, B., & Feigelman, W. (2011b). Suicide survivor support groups: Comings and goings, part I. *Illness, Crisis & Loss*, *19*(1), 57–71. https://doi.org/10.2190/IL.19.1.e

Feigelman, W., Cerel, J., McIntosh, J. L., Brent, D., & Gutin, N. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 General Social Survey. *Journal of Affective Disorders*, *227*, 1–6. https://doi.org/10.1016/j.jad.2017.09.056

Feigelman, W., Feigelman, B., Kawashima, D., Shiraga, K., & Kawano, K. (2017).

Comparing facilitator priorities of suicide survivor support groups. *Omega (United States)*, *75*(3), 219–229. https://doi.org/10.1177/0030222816652799

Fountoulakis, K. N., Gonda, X., & Rihmer, Z. (2011). Suicide prevention programs through community intervention. *Journal of Affective Disorders*, *130*(1–2), 10–16. https://doi.org/10.1016/j.jad.2010.06.009

Frey, L. M., Hans, J. D., & Cerel, J. (2016). Perceptions of suicide stigma: How do social networks and treatment providers compare? *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 37*(2), 95–103. https://doi.org/10.1027/0227-5910/a000358

Gaffney, M., & Hannigan, B. (2010). Suicide bereavement and coping: A descriptive and interpretative analysis of the coping process. *Procedia - Social and Behavioral Sciences*, *5*, 526–535. https://doi.org/10.1016/j.sbspro.2010.07.137

Garden, M. (2012). Defining blog: A fool's errand or a necessary undertaking. *Journalism*, *13*(4), 483–499. https://doi.org/10.1177/1464884911421700

Gilat, I., Tobin, Y., & Shahar, G. (2011). Offering support to suicidal individuals in an online support group. *Archives of Suicide Research*, *15*(3), 195–206. https://doi.org/10.1080/13811118.2011.589675

Gillies, J., Neimeyer, R. A., & Milman, E. (2014). The Meaning of Loss Codebook: Construction of a system for analyzing meanings made in bereavement. *Death Studies*, *38*(4), 207–216. https://doi.org/10.1080/07481187.2013.829367

Goldsworthy, K. K. (2005). Grief and loss theory in social work practice: All changes involve loss, just as all losses require change. *Australian Social Work*, *58*(2), 167–

178. https://doi.org/10.1111/j.1447-0748.2005.00201.x

Groff, E. C., Ruzek, J. I., Bongar, B., & Cordova, M. J. (2016). Social constraints, loss-related factors, depression, and posttraumatic stress in a treatment-seeking suicide bereaved sample. *Psychological Trauma: Theory, Research, Practice, and Policy*, *8*(6), 657–660. https://doi.org/10.1037/tra0000128

Hall, C. A., Reynolds, C. F., Butters, M., Zisook, S., Simon, N., Corey-Bloom, J., Lebowitz, B. D., Begley, A., Maruno, C., & Shear, M. K. (2014). Cognitive functioning in complicated grief. *Journal of Psychiatric Research*, *58*, 20–25. https://doi.org/10.1016/j.jpsychires.2014.07.002

Hanschmidt, F., Lehnig, F., Riedel-Heller, S. G., & Kersting, A. (2016). The stigma of suicide survivorship and related consequences—A systematic review. *PLoS ONE*, *11*((9)), 1–16. https://doi.org/10.1371/journal.pone.0162688

Herron, F. B., Patterson, D. A., Nugent, W. R., & Troyer, J. M. (2016). Evidence-based gatekeeper suicide prevention in a small community context. *Journal of Human Behavior in the Social Environment*, *26*(1), 25–36. https://doi.org/http://dx.doi.org/10.1080/10911359.2015.1058626

HIPAA Jounal. (2018). *HIPAA guidelines on telemedicine*. HIPAA Jounal. https://www.hipaajournal.com/hipaa-guidelines-on-telemedicine/

Honeycutt, A., & Praetorius, R. T. (2016). Survivors of suicide: Who they are and how do they heal? *Illness Crisis and Loss*, *24*(2), 101–118. https://doi.org/10.1177/1054137315587646

Jacob, S., & Furgerson, S. P. (2012). Writing interview protocols and conducting

interviews: Tips for students new to the field of qualitative research. *Qualitative Report*, *17*(42), 1–10.

Jordan, J. R., & McIntosh, J. L. (Eds.). (2011). *Series in death, dying and bereavement. Grief after suicide: Understanding the consequences and caring for the survivors.* Routledge/Taylor & Francis Group.

Kasket, E. (2012). Continuing bonds in the age of social networking: Facebook as a modern-day medium. *Bereavement Care*, *31*(2), 62–69. https://doi.org/10.1080/02682621.2012.710493

Klastrup, L. (2015). "I didn't know her, but:" Parasocial mourning of mediated deaths on Facebook RIP pages. *New Review of Hypermedia and Multimedia*, *21*(1–2), 146–164. https://doi.org/10.1080/13614568.2014.983564

Kornbluh, M. (2015). Combatting challenges to establishing trustworthiness in qualitative research. *Qualitative Research in Psychology*, *12*(4), 397–414. https://doi.org/10.1080/14780887.2015.1021941

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, *24*(1), 120–124. https://doi.org/10.1080/13814788.2017.1375092

Kross, J., & Giust, A. (2018). Elements of research questions in relation to qualitative inquiry. *Qualitative Report*, *24*(1), 24–30.

Krysinska, K., & Andriessen, K. (2015a). Online memorialization and grief after suicide: An analysis of suicide memorials on the internet. *Omega (United States)*, *71*(1), 19–47. https://doi.org/10.1177/0030222814568276

Krysinska, K., & Andriessen, K. (2015b). Online memorialization and grief after suicide. *OMEGA - Journal of Death and Dying*, *71*(1), 19–47. https://doi.org/10.1177/0030222814568276

Krysinska, K., Andriessen, K., & Corveleyn, J. (2014). Religion and spirituality in online suicide bereavement: An analysis of online memorials. *Crisis*, *35*(5), 349–356. https://doi.org/10.1027/0227-5910/a000270

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, *2*(3), 21–35. https://doi.org/10.1177/160940690300200303

Lee, E., Kim, S. W., & Enright, R. D. (2015). Case study of a survivor of suicide who lost all family members through parent-child collective suicide. *Crisis*, *36*(1), 71–75. https://doi.org/10.1027/0227-5910/a000286

Levi-Belz, Y. (2016). To share or not to share? The contribution of self-disclosure to stress-related growth among suicide survivors. *Death Studies*, *40*(7), 405–413. https://doi.org/10.1080/07481187.2016.1160164

Linde, K., Treml, J., Steinig, J., Nagl, M., & Kersting, A. (2017). Grief interventions for people bereaved by suicide: A systematic review. *PLOS ONE*, *12*(6), 1–20. https://doi.org/10.1371/journal.pone.0179496

Maple, M., Edwards, H., Plummer, D., & Minichiello, V. (2010). Silenced voices: Hearing the stories of parents bereaved through the suicide death of a young adult child. *Health and Social Care in the Community*, *18*(3), 241–248. https://doi.org/10.1111/j.1365-2524.2009.00886.x

Marjan, M. (2017). A comparative analysis of two qualitative methods: Deciding between grounded theory and phenomenology for your research. *Vocational Training: Research And Realities*, *28*(1), 23–40. https://doi.org/10.2478/vtrr-2018-0003

McKay, K., & Tighe, J. (2014). Talking through the dead: The impact and interplay of lived grief after suicide. *OMEGA - Journal of Death and Dying*, *68*(2), 111–121. https://doi.org/10.2190/OM.68.2.b

Mckinnon, J. M., & Chonody, J. (2014). Exploring the formal supports used by beople bereaved through suicide: A qualitative study. *Social Work in Mental Health*, *12*(3), 231–248. https://doi.org/10.1080/15332985.2014.889637

Mcmenamy, J. M., Jordan, J. R., & Mitchell, A. M. (2008). What do suicide survivors tell us they need? Results of a pilot study. *Suicide and Life-Threatening Behavior*, *38*(4), 375–389. https://doi.org/10.1521/suli.2008.38.4.375

Miers, D., Abbott, D., & Springer, P. R. (2012). A phenomenological study of family needs following the suicide of a teenager. *Death studies*, *36*(2), 118-133. https://doi.org/10.1080/07481187.2011.553341

National Center for Injury Prevention and Control (CDC). (2014). *Leading causes of death age group 2014*. https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_age_group_2014_1050w760h.gif

Neimeyer, R. A., & Klass, D. (2014). A social constructionist account of grief: Loss and the narration of meaning. *Death Studies*, *38*(6–10), 485–498. https://doi.org/10.1080/07481187.2014.913454

Newsroom, F. (n.d.). *Company Info*. Retrieved May 10, 2019, from https://newsroom.fb.com/company-info/

Nic An Fhailí, M., Flynn, N., & Dowling, S. (2016). Experiences of suicide bereavement: A qualitative study exploring the role of the GP. *British Journal of General Practice*, *66*(643), e92–e98. https://doi.org/10.3399/bjgp16X683413

Niederkrotenthaler, T., Reidenberg, D. J., Till, B., & Gould, M. S. (2014). Increasing help-seeking and referrals for individuals at risk for suicide by decreasing stigma: The role of mass media. *American Journal of Preventive Medicine*, *47*(3), S235–S243. https://doi.org/10.1016/J.AMEPRE.2014.06.010

Office For Human Research Protection. (2009). TITLE 45 CODE OF FEDERAL REGULATIONS Part 46. *Code of Federal Regulations*. http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html

Parker, A., & Tritter, J. (2006). Focus group method and methodology: Current practice and recent debate. *International Journal of Research and Method in Education*, *29*(1), 23–37. https://doi.org/10.1080/01406720500537304

Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice*. Sage Publications, Kindle Edition.

Phillips, W. (2011). Meet the trolls. *Index on Censorship*, *40*(2), 68–76. https://doi.org/10.1177/0306422011409641

Pitman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. In *The Lancet Psychiatry* 1(1), pp. 86–94). https://doi.org/10.1016/S2215-0366(14)70224-X

Pitman, A. L., Rantell, K., Moran, P., Sireling, L., Marston, L., King, M., & Osborn, D. (2017). Support received after bereavement by suicide and other sudden deaths: A cross-sectional UK study of 3432 young bereaved adults. *British Medical Jounral Open*, *7*(5), 1–12. https://doi.org/10.1136/bmjopen-2016-014487

Powell, K. A., & Matthys, A. (2013). Effects of suicide on siblings: Uncertainty and the grief process. *Journal of Family Communication*, *13*(4), 321–339. https://doi.org/10.1080/15267431.2013.823431

Praetorius, R. T., & Rivedal, J. (2017). Navigating out of the ocean of ' "Why"'—A qualitative study of the trajectory of suicide bereavement. *Illness, Crisis & Loss*, 28(3), 1-16. https://doi.org/10.1177/1054137317741714

Pritchard, T. R., & Buckle, J. L. (2018). Meaning-making after partner suicide: A narrative exploration using the meaning of loss codebook. *Death Studies*, *42*(1), 35–44. https://doi.org/10.1080/07481187.2017.1334007

Public Health England. (2015). Identifying and responding to suicide clusters and contagion: A practice resource. In *Public Health England*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf

Rawlinson, D., Schiff, J., & Barlow, C. (2009). A review of peer support for suicide bereavement as a postvention alternative. *Currents: New Scholarship in the Human Services*, *8*, 1–19. http://search.proquest.com/openview/2ff7c0e9a992a122071fa44b12e3da54/1?pq-origsite=gscholar&cbl=2027434

Scocco, P., Preti, A., Totaro, S., Ferrari, A., & Toffol, E. (2017). Stigma and psychological distress in suicide survivors. *Journal of Psychosomatic Research*, *94*, 39–46. https://doi.org/10.1016/j.jpsychores.2016.12.016

Sethi, S., & Bhargava, S. C. (2003). Child and adolescent survivors of suicide. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *24*(1), 4–6. https://doi.org/10.1027//0227-5910.24.1.4

Shear, M. K., & Mulhare, E. (2009). Complicated grief. *Psychiatric Annals*, *38*(10), 662–670. https://doi.org/10.3928/00485713-20081001-10

Shensa, A., Sidani, J. E., Lin, L. Y., Bowman, N. D., & Primack, B. A. (2016). Social media use and perceived emotional support among U. S. young adults. *Journal of Community Health*, *41*(3), 541–549. https://doi.org/10.1007/s10900-015-0128-8

Shilubane, H. N., Ruiter, R. A. C., Bos, A. E. R., Reddy, P. S., & Van Den Borne, B. (2014). High school students' knowledge and experience with a peer who committed or attempted suicide: A focus group study. *BioMed Central Public Health*, *14*(1), 1–10. https://doi.org/10.1186/1471-2458-14-1081

Silvén Hagström, A. (2018). "Why did he choose to die?": A meaning-searching approach to parental suicide bereavement in youth. *Death Studies*, *43*(2), 113–121. https://doi.org/10.1080/07481187.2018.1457604

Sloan, C. (2009). Let's talk about it. In *Home Textiles Today 30*(6), 26. https://save.org/what-we-do/education/lets-talk-about-it-2/

Spencer-Thomas, S. (2018). Flaming chalice of hope : A case study of suicide prevention in a faith community. *Religions*, *9*(123), 1–14. https://doi.org/10.3390/rel9040123

Stone, D., Holland, K., Bartholow, B., Crosby, A., Davis, S., & Wilkins, N. (2017). Preventing suicide: A technical package of policy, programs, and practices. *National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*, 1-62. http://dx.doi.org/10.15620/cdc.44275

Survivors of Suicide Loss Task Force. (2015, April). *Responding to grief, trauma, and distress after a suicide: U.S. national guidelines*. 1–67. http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/NationalGuidelines.pdf

Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, *27*(2), 237–246. https://doi.org/10.1177/1098214005283748

U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. (2012). *2012 National strategy for suicide prevention and objectives for action*. http://www.ncbi.nlm.nih.gov/books/NBK109919%5Cnhttp://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf

U.S. Food and Drug Administration. (n.d.). *FDA guidance documents - institutional review boards frequently asked questions - information sheet*. Office of the Commissioner. Retrieved February 8, 2019, from https://www.fda.gov/RegulatoryInformation/Guidances/ucm126420.htm

van Manen, M. (2016). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed),. 1–202. Taylor and Francis.

https://doi.org/10.4324/9781315421056

Walter, T. (2015). New mourners, old mourners: Online memorial culture as a chapter in the history of mourning. *New Review of Hypermedia and Multimedia*, *21*(1–2), 10–24. https://doi.org/10.1080/13614568.2014.983555

Williams, A. L., Merten, M. J., Barker, E., O'Gorman, J. G., De Leo, D., Bailey, E., Krysinska, K., Sanderson, L. J., Mann, J. K.,.Cvinar, J. G. (2017). The impact of adolescent suicide on siblings and parents: A longitudinal follow-up. *Crisis*, *35*(3), 114–129. https://doi.org/10.1111/j.1943-278X.1996.tb00610.x

Williams, Amanda L, & Merten, M. J. (2009). Adolescents' online social networking following the death of a peer. *Journal of Adolescent Research*, *24*(1), 67–90. https://doi.org/10.1177/0743558408328440

Young, I. T., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S. (2012). Suicide bereavement and complicated grief. *Dialogues in Clinical Neuroscience*, *14*(2), 177–186. https://doi.org/10.1093/eurheartj/ehn278

Yüksel, P., & Yıldırım, S. (2015). Theoretical frameworks, methods, and procedures for conducting phenomenological studies. *Turkish Online Journal of Qualitative Inquiry*, *6*(1), 1–20. https://doi.org/10.17569/tojqi.59813

Appendix A: Prescreening and Demographic Information

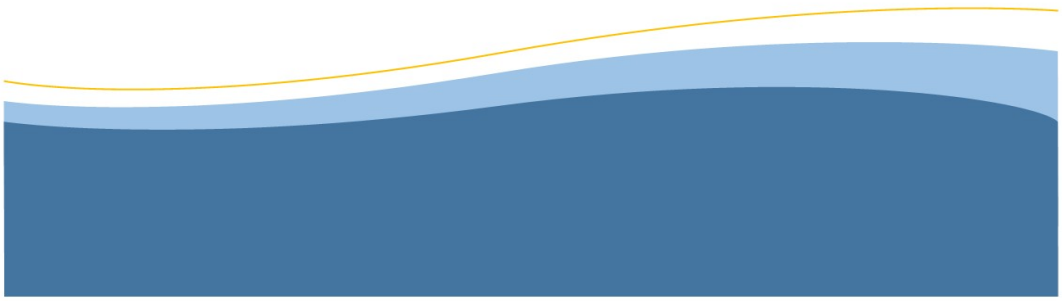
1. What is your age (all participants must be 18 years or older)?
2. When did your loved one die?
3. Have you engaged in counseling at any time since the suicide?
4. Have you progressed in your healing so that you can participate in this research and cope with the difficulty of talking about this painful event?
5. Can you read and speak English?
6. Are you willing to participate in a 1-2 hour interview done either in person or via live video secure conferencing?

Appendix B: Recruitment Flyer

Have you lost someone you love to suicide?
Would you like to contribute to helping other suicide loss survivors?

Consider engaging in a research study looking at how the Internet contributes to supporting survivors of suicide loss

Must be 18 years or age or older
Suicide loss occurred more than 1 year ago
Willingness to engage in 1-2 hr interview



Appendix C: Recruitment Letter

Dear Interested Research Participant,

I am writing to let you know of an opportunity to participate in a research study about the use of Internet support options for individuals who have lost a loved one to suicide. This study hopes to allow individuals who have experienced this type of loss and provide information about what helped in the healing process and what was not helpful. This study is being conducted by Catherine M. Perusse at Walden University, as part of her Ph.D. in Counselor Education and Supervision.

This study will ask individuals at least 18 years old and who have lost a loved one to suicide at least 1 year ago to engage in a 1-2 hour conversational interviews related to their experiences with online support options used or not used while coping with the loss of your loved one. The researcher will provide resources following the interview in case you experience any emotional distress. Please be aware that your participation in this study is entirely voluntary and that you can choose to withdraw from the study at any time.

Please contact Catherine Perusse with any questions or if you are interested in participating.

Thank you for considering participation in this much-needed research.

Catherine M. Perusse

Appendix D: Interview Protocol

I will begin the interview by thanking the participant for their time and willingness to share their experiences with me. I will then review the Consent to Participate document with each participant to clarify understanding and agreement. This interview will be semistructured, and questions will be broad-based to encourage elaboration on the participant's experiences. I will also request access to materials posted on any web pages related to the death.

1. Please tell me in broad terms about the loss of your loved one to suicide.
2. Tell me about the supports that you used after your loved one's death?
    a. Did these include the Internet in any manner? Forums, information gathering, support?
3. Which platform was the most helpful in your journey, and why?
4. What in particular did this support provide?
    a. Emotional support
    b. Knowledge of others who have experienced the same event
    c. Knowledge about suicide and prevention
5. What role does your culture play in how you sought support through online options?
    a. Religious or spiritual beliefs
    b. How did they support or not your journey?
6. Did you attend face-to-face support groups?
    a. How did they compare to online support methods?

7. Were there any forms of support that you chose not to engage?
8. What would you recommend for suicide survivor support online
9. What changes or recommendations would you suggest for online support options?
10. May I access your postings on the Internet?

Appendix E: Participant Resource List

National Suicide Prevention Lifeline – 24 hours every day 1-800-273-8255

Lifeline Crisis Chat:

http://chat.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx

Idaho Suicide Prevention Hotline Text or Call 1-208-398-4357

Alliance of HOPE www.allianceofhope.org

Survivors of Suicide Loss www.survivorsofsuicide.com

Friends and Families of Suicides/Parents of Suicides http://www.pos-ffos.com/

Counselors in your specific area available upon request