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Coping With Sibling Suicide: The Experiences of Saint Lucians of African Descent

Charmaine Hippolyte Emmanuel
Walden University

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Walden University

College of Social and Behavioral Sciences

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Charmaine Hippolyte Emmanuel

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Walden University
2022

Abstract

Coping With Sibling Suicide: The Experiences of Saint Lucians of African

Descent

by

Charmaine Hippolyte Emmanuel

MSc, University of the West Indies, 2010

BSc, University of the West Indies, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the degree of

Doctor of Philosophy

Human and Social Services

Walden University

February 2022

Abstract

The loss of a loved one to death is difficult. However, the loss to suicide entails increased pain and anguish due to the stigma attached to suicide. Sibling loss to suicide is a global concern as individuals can experience complicated grief reactions, post-traumatic stress disorder, and suicidal ideations. These health concerns can negatively impact the individuals' health and general well-being in the absence of healthy coping mechanisms. The purpose of this descriptive phenomenological study was to explore the lived experiences of Saint Lucians of African descent. The participants were 20 to 60 years old and had lost a sibling to suicide. The researcher applied a phenomenological inquiry approach to this qualitative study using the Lazarus and Folkman transactional theory of stress and coping. The primary research question for this study was how Saint Lucians of African descent cope after losing a sibling to suicide. Through purposive sampling, 10 individuals who resided in the Northeastern part of the island and experienced sibling loss 2 years or more provided a detailed account of their lived experience. The researcher obtained the data through a semistructured in-depth telephone interview. The researcher utilized the seven van Kaam method to analyze the data, create codes and capture the emerging themes. The research pointed to the overwhelming and life-changing impact of bereaved siblings. This study fills the existing literature gap and promotes positive social change by enhancing service delivery and developing programs to heighten awareness of suicide and coping mechanisms.

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Dedication

I dedicate this dissertation to individuals who have lost their loved ones to suicide, especially those who participated in my research study; I hope they find positive ways of coping after their loss. I also dedicate this dissertation to my family, friends, and colleagues who believed in me and engaged in positive social change efforts. I dedicate this dissertation to individuals challenged with social issues; may they find the necessary support and encouragement to manage effectively. The wealth of knowledge and experience shared made it possible for this study to contribute significantly to new knowledge. I also dedicate this dissertation to my niece, Cathy Best, who considers me her role model and mentor; may this be an inspiration for her to continue soaring in her academic pursuits. May all young professionals be inspired by my journey.

I dedicate this dissertation to my family members, especially the strong women who nurtured and cared for me. I dedicate it especially to my great grandparents, whom I never met but heard of their brilliance and zest for life. My grandmother Mary Hippolyte (Ma John), never got an opportunity to receive a formal education but showed interest in learning. To my grand aunts Anne Lionel (Bewtide) and Marie Anna Antoine (Soomer), your way of teaching me was through God's Words. Thank you for fuelling the flames of education and love within me to my maternal aunts, strong and beautiful women (Patricia, Flora, and Melanie). To my uncle, MacLean (who has gone to rest), Patrick Thomas, and Nathan St Ville, thank you for these early lessons of reading and exposure to

beautiful bible stories. My paternal aunts made me feel loved and offered me a place within the Raymond/Duplessis circle.

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Chapter 1: Introduction to the Study

According to the World Health Organization (2019), 800,000 persons commit suicide every year, in addition to a significant number of individuals who attempt suicide. In 2016, suicide accounted for 79% of deaths among low- and middle-income countries and 1.4% of all deaths globally. During this period, the World Health Organization further stated that suicide, as a concern, is marked as the 18th leading cause of death. The impacts of suicide are of grave concern for policymakers, human service professionals, and health care workers across the globe, and Saint Lucia is no exception (Bottomley et al., 2018; Farzana, 2016). Although Honeycutt and Praetorius (2016) stated that the challenges of grief and pain after loss through accidents, disasters, or illness are very traumatic, Hunt et al. (2019) added that death by suicide contains more intense emotional and psychosocial pain. This pain results from the stigma associated with suicide, thus giving rise to feelings of guilt and shame, making it more challenging to adjust and cope with the situation (Adams et al., 2019).

There is a need to understand and appreciate the experiences of individuals who lost a sibling to suicide from their perspective. This is the only way that researchers will appreciate and understand the experiences of bereaved siblings. In this chapter, I will discuss the study background, highlight the problem statement, and discuss the purpose of the study. I will address the research question, the theoretical framework, the study's nature, the definitions of terms relevant to the study, the assumptions and scope, and the delimitations. I will also discuss the limitations of the research study and its significance.

Background of the Study

The death of family members brings about much pain. This pain usually depends on the relationship (parent/child, spouse) and the circumstances surrounding the death (Trouton et al., 2020; Kőlves et al., 2019). While researchers have focused on the impact of grief on the family, there has not been a focus on sibling loss to suicide (Walker, 2017). There is intense pain and an extended period of grief accompanied by shame and guilt among individuals who lost a family member or a loved one to suicide (Andriessen et al., 2016; Sheehan et al., 2016). Although parents care for and nurture their children, research has indicated that siblings share a special bond (Cameron-Meyer & Carlton-Ford, 2017). Additionally, through their special bond, they form their first set of friends within the home as they offer care, support, trust, and protection to each other (Campione & Killoren, 2019). For this reason, Hunt et al. (2019) stated that persons who lost a sibling to suicide experience multiple losses, mostly if their relationship entailed the dimensions of a carer, role model, support, and friend (Campione & Killoren, 2019).

Considering the trauma experienced during the loss, siblings have to find new ways to effectively cope during their grief (Borisonik & Kholmogorova, 2018; Rothweiler & Ross, 2019). While there is the anticipation that there will be some form of acceptance, the individuals must develop practical coping skills and find meaning to life after the loss (Bottomley et al., 2018; Feigelman et al., 2016; Honeycutt & Praetorius, 2016). Miklin et al. (2019) postulated that people use meaning-making to examine their own lives and vulnerabilities and find constructive and meaningful ways to live after the

situation. The outcome of how they make meaning out of their experiences depends largely on the acceptance of the loss and how they have construed it (Valentine, 2019).

Problem Statement

According to Honeycutt and Praetorius (2016), family members experience severe challenges of grief and pain upon losing their loved ones through accidents, disasters, or illness. However, bereavement after death by suicide makes the process and experience appear increasingly challenging for family members (Hunt et al., 2019; Pitman et al., 2016). The challenges of grief include the individual having to continue living with the pain and having to find ways to adapt to the loss are often associated with difficulty in accepting, understanding the loss, finding coping means and adjustment strategies after (Borisonik & Kholmogorova, 2018; Lee et al., 2017).

Guyana has the highest suicide rate in the Caribbean, followed by Suriname and Trinidad and Tobago (Rawlins & Bishop, 2018). Saint Lucia is a small island of 238 square miles, with 181,889 people. According to reports from the Ministry of Health and Wellness (2016), Saint Lucia recorded 140 men and 25 women (seven to one respectively) who died from suicide from 2007 to 2016.

The Ministry of Health and Wellness (2016) stated that these individuals were within the 25 to 49 year-old age group and accounted for most of the deaths recorded in the Northeastern part of the island. The report also considered them the most productive in their socioeconomic contribution. As such, there is a likelihood of an increased risk of poverty in the cases where these individuals were the sole breadwinner and possibility of mental health conditions, which are likely to be associated with inadequate or

inappropriate coping strategies among family members (Ali, 2015; Lee et al., 2017). Persons who lost family and friends to suicide experience anger, and in some cases, shame and guilt long after their loved ones are gone (Walker, 2017). According to Mayton and Wester (2018) and Ali (2015), shame and guilt are due to the heightened stigma associated with death by suicide, making it increasingly difficult for the family to cope (Borisonik & Kholmogorova, 2018). This stigma results from perceived blame due to the deceased and family's inability or failure to manage and address the stresses of life (Pitman et al., 2016). Although the research above regarding the understanding of the experiences of Saint Lucians of African descent illuminates essential findings, I found no study examining this culture's lived experiences. Research in this area was necessary to understand and explore the experiences of Saint Lucians of African descent who had a sibling who committed suicide, to offer them the necessary support

Purpose

The purpose of this descriptive phenomenological study was to understand the lived experiences and coping mechanisms of Saint Lucians of African descent who lost a sibling to suicide. Mental health professionals and human service professionals will better understand the phenomenon, making them more equipped to provide services and support related to sibling grief. I used a phenomenological design to gather the necessary in-depth information as participants share their unique experiences considering the identified gap. I obtained detailed and rich data while offering a means to understand these individuals' experiences who have lost a sibling to suicide. Additionally, I brought awareness to the issues and concerns associated with grief; likewise, services, social support, and

programs can be made available to individuals in need. Overall, individuals, families, professionals, and organizations may benefit from the study.

Research Question

I answered the following question and generated themes derived from the analyzed data: How do Saint Lucians of African descent cope after losing a sibling to suicide?

Theoretical Framework

An appropriate theory for this study was the transactional theory of stress and coping, postulated by Lazarus and Folkman (1984). Lazarus and Folkman stated that the value or merit in an individual's means of coping is dependent on the situation or stressor which confronts them and the selection of, likewise, the availability of support or the appropriate coping mechanisms. Lazarus and Folkman (1984) stated that the theory's primary features are a cognitive appraisal and coping and believe that the individuals' ability to identify and understand their stresses and make meaning to their environment is due to their cognitive phenomenological processes. While the family members face stigma issues through their experience, the theory assesses the harm, threats, and challenges individuals encounter (Feigelman, 2016; Lee et al., 2017). I used the transactional theory of stress and coping to highlight the participants' coping style and their interpersonal and positive cognitive processes and analyzed the experiences of individuals who lost a loved one to suicide.

Nature of the Study

The nature of this study is a phenomenological qualitative study. Kahlke (2018) and Vagle (2019) stated that individuals have unique ways of construing and interpreting their experiences based on their meaning and significance. Considering Kahlke's claim, my goal was to understand how individuals interpreted and understood their experiences. I used the phenomenological approach to gather individuals' responses through open-ended telephone interviews. I used the seven van Kaam method to analyze the data I collected based on the emerging themes. I used this qualitative method to purposively select the 10 participants to share their experiences openly without the feeling of being judged. Through telephone exchange responses, I developed an account or narration about sibling loss to suicide from their perspective. The strength of this methodology made it possible for the participants to share detailed information about their experiences.

Definitions of Key Terminology

The following are defined terms within the context of this study.

African descent: a black person with origins or partial ancestry to Africa. The majority of these individuals in the Caribbean who are considered "black" descended from Africa via the trans-Atlantic slave trade (Henry, 2020).

Bereavement: Bereavement is the reality of the situation one goes through after experiencing a family member's death (Davis, 2021).

Grief: According to Abi-Hashem and Div (2017), grief is a cognitive and emotional reaction to losing a family member's death.

Loss: Pitman et al. (2018) described the loss as a painful separation from a loved one through death.

Suicide: According to Dowie (2020), it is almost evident that there is an agreed understanding about suicide and that it entails deliberate self-harm.

Assumptions of the Study

According to William and Wargo (2020), assumptions are things the researcher assumes to be true without proof; the researcher can control and have no bearing on the study. I assumed that all targeted participants would have experienced grief due to sibling loss to suicide for over 2 years for this study. I also assumed that the participants responded truthfully and positively to the questions asked based on their experience. I assumed that the participants were residents of the Northeastern district in Saint Lucia. Although all participants had a similar experience, I assumed their experiences differed due to the relationship shared as siblings, the circumstances surrounding the incident, and the level of support received during their bereavement. I also assumed that the participants would discuss their grief experiences coherently. Their accounts' conciseness and accuracy depended on their perspective and first-hand account.

Scope and Delimitations

In this study, I focused on the lived experiences of 10 individuals of African descent in the Northeastern district of Saint Lucia. The participants experienced sibling loss to suicide 2 years or more and were between 20 to 60 years. Having individuals share their grief experience 2 years postsuicide is less traumatic and painful as the emotional challenges and other psychological disturbances would have lessened (Funk et

al., 2018; Howard et al., 2018). I made this selection because of the increased deaths by suicide in Saint Lucia. According to the Ministry of Health and Wellness (2016), Saint Lucia recorded an increased number of deaths by suicide from 2007 to 2016. I sought to understand how individuals cope after losing a sibling to suicide and make meaning of their experiences.

Limitations of the Study

A study's limitations are the study features likely to impact the findings' interpretation (Parviz & Behrooz, 2020; Theofanidis & Fountouki, 2018). Purposive sampling was one of the most significant limitations of the study. My main reason for choosing the purposive sampling strategy was to focus on the specific characteristics of individuals between the ages of 20 and 60 who lost a sibling to suicide 2 or more years previously. I used open-ended questions to answer my research question (see Appendix A). Although my sample size was 10, I recruited 15 participants. According to Vaughan (2017), it is necessary to oversample. I oversampled if any individuals withdrew from the research for personal, health, and safety reasons or those who may not meet all of the criteria for participation in the research study. According to Vasileiou et al. (2019), the more information obtained from the sample related to the topic, the fewer participants required. With this in mind, the small sample size was appropriate for the study due to the homogenous population. The use of purposive sampling creates limitations to the generalizability of the sample (Ames et al., 2019).

The study was only generalized to the participants who experienced sibling loss to suicide. Another possible limitation was interviewer bias. Interviewer bias could

influence the questioning method to obtain a specific response (Galdas, 2017). To avoid this limitation, I used an interview guide which entailed open-ended questions posed to each participant. Additionally, I ensured a professional and objective tone and one free from coercion in posing the questions. I used open-ended questions to allow the participants to share their unique experiences without feeling restricted by their responses. The possibility of emotional discomfort brought on by shame and guilt influenced the participants' reluctance to share their experiences (Walker, 2017). With this in mind, the participants could share intense and accurate data; this impacted the data's intensity and accuracy (Rubin, 2019). Although I used software for data analysis, I also did a manual analysis, thus making the processing time-consuming and laborious. Engaging in manual analysis of the data ensured accuracy and thorough analysis.

Significance

There is a lack of research that specifically focuses on individuals of African descent who experienced sibling loss to suicide. I addressed the gap in understanding the coping skills of Saint Lucians of African descent; they lost a sibling to suicide and contributed to the knowledge base for this specific group as it relates to their culture and coping mechanisms. (Borisonik & Kholmogorova (2018) stated the need to address bereaved family members' mental and emotional well-being due to suicide. The study offered program suggestions and interventions for health care professionals, policymakers, and participants to consider. This study's outcome added to the existing literature, and I transmitted this information to the targeted stakeholders, especially those directly involved in the community, mental health, and human services. Additionally, this

research served as a means to impact policy, laws and to heighten the awareness and understanding of the participants' experiences.

Summary

The shame and guilt associated with suicide cause stress and other emotional turmoil among family members. This unexpected violent death places family members in mental and physical anguish and exposes them to mental health issues and social isolation. Understanding this phenomenon has been complex because there is limited available research. With the advent of more research, researchers can better understand the individuals' thought processes and influence appropriate interventions. I conducted a phenomenological study to understand the experiences of Saint Lucians of African descent, between 20 and 60 years of age, who had lost a sibling to suicide over the past 2 years or more. In this study, I addressed the following research question: How do Saint Lucians of African descent cope after losing a sibling to suicide? I conducted semistructured, open-ended telephone interviews. I recruited 10 participants who resided in the Northeastern part of the island. I analyzed the transcribed data using the seven van Kaam method based on the emerging themes. In this chapter, I presented the introduction, statement of the problem, research questions, significance of the study, definition of terms, scope and delimitations, limitations, and relevance. Chapter 2 includes a discussion of the conceptual framework and the literature review.

Chapter 2: Literature Review

Introduction

Research studies have shown that individuals bereaved by suicide are at increased risk of experiencing mental health problems resulting from inadequate or insufficient coping mechanisms and stigma associated with suicidal bereavement (Spillane et al., 2017; Yasgar, 2018). Individuals bereaved by suicide experience an intense level of grief, which can be related to feelings of guilt, self-blame, and fear (Chakraborty & Halder, 2018) and, in some instances, a lack of social support (Hunt et al., 2019). Fear, guilt, stigma, and confusion can cause high-stress levels, impairment in positive coping, and complicated grief (Sheehan et al., 2017; Wilson et al., 2020). According to Hanschmidt et al. (2016), family members can experience drastic life changes that include psychological and mental impacts after losing a loved one to suicidal death. The bereaved can face constant feelings of guilt, shame, confusion, and self-blame (Camacho et al., 2020). Considering these psychological impacts, I sought to understand how Saint Lucians of African descent cope with sibling loss to suicide.

The World Health Organization (2019) reported that approximately 800,000 people die by suicide every year. Family members experience pain, trauma, and sometimes health issues resulting from losing family members to suicide (Andriessen et al., 2017; Stone et al., 2017). The age-adjusted suicide rate increased to 33% from 10.5 to 14.0 per 100,000 from 1999 to 2017 among individuals of both sexes ranging from 10 to 74 years (Hedegaard et al., 2018). In the Caribbean, suicide is the third leading cause of death in the group aged 20 to 24 years, and fourth in the groups aged 10 to 19 and 35 to

54 (World Health Organization, 2019). The World Health Organization (2018) also stated that Saint Lucia is placed at number 95 globally, with a suicide rate of 7.8 per 100,000 people. The male to female ratio recorded 13.5 to 2.2, respectively (WHO, 2018). Over 10 years, the ages of deaths by suicide recorded between 12 and 86 years. (Ministry of Health and Wellness, 2016). Suicide is a concern for the health sector, including the health of older adults (Cui & Fiske, 2020; Wand et al., 2020). Some of the risk factors for suicide among this age group include cognitive impairment, physical ailment, and isolation (Conejero et al., 2018). Considering the age range of deaths by suicide, a sample between 20 and 60 was appropriate to capture the experiences of siblings bereaved by suicide. I captured the experiences of both young adults and older persons in this study.

The World Health Organization further mentioned that the age-adjusted rate in Latin America and the Caribbean is 5.2 (8.4 in men and 2.1 in women) with a higher mortality rate than women (male-female ratio of 3:8) reporting more suicide attempts. According to Rawlins and Bishop (2018), there are concerns about increased suicidal behavior and suicidal ideations. Rawlins and Bishop further stated that Guyana and Suriname, located in South America, are counted among the countries with the highest rates of suicide, followed by Trinidad and Tobago and Cuba.

According to World Health Organization (2018), suicide deaths in Saint Lucia reached 14 or 1.24% of deaths by suicide with an age-adjusted death rate of 7.26 per 1000 000. The World Health Organization noted a suicide rate of 7.8% in 2016, which registered an increase from previous years for Saint Lucia. The Ministry of Health and Wellness in the Saint Lucia Government (2020) reported deaths resulting from suicide.

The total reported deaths resulting from suicide over a 10 and 5-year period recorded 90% males and 10% females and 86% males and 14% females who died by suicide, respectively; the deceased ranged between 12 to 86. The Ministry further recorded males and females who died by suicide in 2021. Additionally, the Pan American Health Organization Adolescent and Youth Health Country Profile 2017 noted suicide as one of the four leading causes of death among Saint Lucia's youth (PAHO, 2017). Additionally, the Chief Medical Officer's Report informed that suicide ranked sixth among the 10 leading causes of death by years of potential life lost (Ministry of Health and Wellness, 2016).

Individuals bereaved by suicide face a painful experience as feelings of shame and guilt compound their situation (Jones, 2018). This experience is often associated with psychological distress and a perceived lack of support (LeBlanc et al., 2020). Without adequate support and resilience, these individuals are at risk for possible depression and post-traumatic stress disorder resulting from prolonged grief (Michaud-Dumont et al., 2020). Family members experience many emotions upon losing their loved ones to suicide (Trouton et al., 2020). Stigma further heightens the feelings brought on by shame of the death, guilt felt by family members, and other social concerns that are likely to make a family member feel isolated and emotionally disturbed (Michaud-Dumont et al., 2020). The bereaved develop complicated grief reactions if timely support and care become unavailable (Hanschmidt et al., 2016). According to Adams et al. (2018), these complicated grief reactions are risk factors for developing mental illness, including depression and post-traumatic stress disorder (Adams et al., 2018).

According to Wright (2016), an increased need to understand the consequence of sibling loss, adult sibling bonds, and factors that impact the siblings' reactions to the loss exists. There are limited studies in interventions and support for individuals who lost a sibling to suicide, supporting the notion of Wright (2016). There is a gap in understanding individuals' grief experiences and coping mechanisms (Kasahara-Kiritani et al., 2017). Consequently, in this research study, I sought to learn about and understand individuals' experiences through the following research question: How do Saint Lucians of African descent cope after losing a sibling to suicide? Many studies focus on bereavement due to other losses, including suicide, but none has discussed the siblings' grief due to suicide loss.

Suicide, as a significant global health concern, is among the leading causes of death worldwide; 79% of deaths by suicide occur among low and middle-income countries, which are considered the highest populated areas (World Health Organization, 2019). Death by suicide impacts individuals within the productive age range and those contributing to socioeconomic activities (Doran & Kinchin, 2020). More than half of the globally reported cases occur before individuals reach their 45th birthday, accounting for 90% of adolescents from low and middle-income countries (American Foundation for Suicide Prevention, 2017). With this in mind, policymakers need to institute prevention methods and improved services by human service professionals for bereaved family members.

Historical and Western society views suicide as illegal and frowns upon deaths resulting from suicide (Lawrence et al., 2016). Thoughts about the fate of the deceased's

souls further trouble the family members considering that suicide is considered highly immoral based on Christians' beliefs (Liégeois & Stefaan, 2017). Although the literature provided limited information on sibling bereavement related to suicidal death, I encountered a few research studies on suicidal bereavement due to suicide among parents, spouses, children and adolescents, and elderly relatives. Furthermore, I discussed the theoretical framework and its application in previous studies, suicide from the Caribbean's perspective, suicide, sibling bereavement, stigma, complicated grief, religion and spirituality, coping strategies, meaning making, and mourning.

Literature Search Strategy

I conducted an electronic search on my research study through various sources. Besides human services, other disciplines yielded results through the Walden University database. These included advanced searches through EBSCO, PsycINFO, PubMed, BMC Psychiatry, ProQuest Dissertations, Thesis, and SocIndex. I also used the Sage Journal Databases, Centers for Disease Control and Prevention, World Health Organization, and Google Scholar. I conducted TISCH Library and Google Scholar searches, apart from Walden University database searches. The Google Scholar searches included dissertations and peer-reviewed articles. I also ran searches on key terms and a combination of words. Terms and word combinations included *suicide*, *self-killing*, *grief*, *loss*, *sibling loss*, *bereavement*, *coping*, *coping strategy*, *complicated grief*, *the transactional theory of stress and coping*, *stress-related symptoms*, *sibling relationship*, *loss*, and *stress*. Overall, the investigations resulted in over 103,012 references related to

articles and peer-reviewed journals. The EBSCO search produced 29,963 results using the keywords *sibling, suicide, loss, coping strategies, bereavement, and grief*.

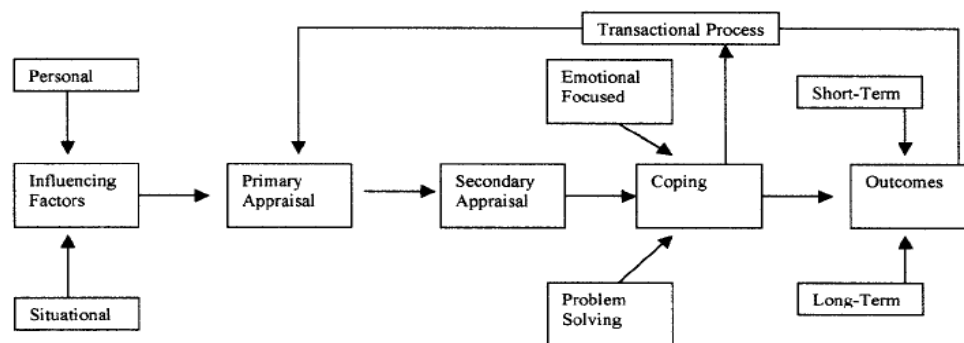
An EBSCO search for sibling bereavement produced two results for the phenomenon in question. The results obtained referred to young sibling bereavement after an illness and loss among older siblings and individuals' grief experience with spousal, child, and other close relationships. These searches highlighted some common elements in sibling suicide but nothing specific on sibling suicide and the coping mechanism of the bereaved. Although all of these sources guided and informed the study, I found no references that discussed the coping mechanisms of individuals who experienced sibling loss two years post. Moreover, I obtained rare information from popular databases. I used the frequently used critical words to compile the data for the study.

Theoretical Framework

It is necessary to appreciate and understand the phenomenon to support individuals who experience stress (Troits, 2010). For many decades now, literature has shown the conceptualization of stress and coping, and the different theories and approaches used to understand it better. To better understand how Saint Lucians of African descent cope with sibling loss to suicide, I used the transactional theory of stress and coping. Holmes and Rahe (1967) described stress as a stimulus because it calls for responses, adjustments, and adaptations for life's significant changes with urgency. As a physiological response pattern (Selye, 1956), it can result in a negative or positive outcome based on how stressors (i.e., physical symptoms and physiological experiences)

are perceived (Selye, 1983). Among these, prominence and changes are seen in the transactional theory of stress and coping postulated by Lazarus (see Lazarus, 1990, 1993; Lazarus & Folkman, 1984, 1987) and stress as a transaction (Kobasa, 1979).

The transactional theory of stress and coping seeks to have a broader understanding of the dynamics entailed in stressful experiences (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) defined stress as what an individual experiences due to a disparity between an apparent external or internal demand against their personal and social resources to respond to the situation adequately. Lazarus and Folkman's transactional model's essential premise is that primary appraisal, secondary appraisal, and coping strategies mediate the relationship between a stressor and the individual's stress outcomes. This model has been used over many decades by researchers who continue to support the critical tenet of the model as one that forces an individual to assess the level of threat that a stressful situation can cause after their primary appraisal process has been triggered (Cooper et al., 2001; Cooper & Quick, 2017; Folkman et al., 1986; Yu et al., 2007). Lazarus described stress as a transaction, thus making it more dynamic. Figure 1 depicts the dynamics of the transactional theory of stress and coping

Figure 1*The Dynamics of the Transactional Theory of Stress and Coping*

This dynamism was due to the exchange seen between the individual and the environment and not isolated from each other (Lazarus & Folkman, 1984). The initial underlying principle entailed two emotional and problem-focused approaches (Lazarus & Folkman, 1987; Skinner & Beers, 2016), and a third approach, meaning-focused, was added a decade later (Folkman, 2008). Lazarus and Folkman (1984) further stated that the transactional theory of stress and coping depends on the individual's coping abilities and appraisals based on the elements of harm, threat, and the actual challenge or the situation (Lazarus & Folkman, 1984). According to Hardt (2018), no identified theory explains or guides siblings' experiences bereaved by suicide. I used the transactional theory of stress and coping postulated by Lazarus and Folkman (1984) to direct this research and explore the lived experiences of Saint Lucians of African descent who have lost a sibling to suicide.

The Transactional Theory of Stress and Coping

Lazarus and Folkman's transactional theory of stress and coping (Lazarus & Folkman, 1984) emphasizes stressful events. It is considered synonymous with the transaction's bidirectional nature between the individual and the environment (Cooper & Quick, 2017). As such, the theory proposes that as single entities, neither the individual nor the environment is responsible for realizing stress but rather a complex transaction between the two (Lazarus & Folkman, 1987). Stress for the bereaved siblings resulting from suicide signified a relationship between themselves and the environment. The individuals' loss forces them to find coping means to deal with stressful situations effectively.

Based on cognitive appraisal and coping, the theory impacts numerous systems. These systems include psychological, affective, cognitive, physiological, neurological, and dynamic environments. The transactional theory describes stress as the reaction to negative demands in an individuals' environment, perceived as challenging to deal with due to limited abilities (Lazarus & Folkman, 1984, 1990, 1993). Although exposure and risks to stress are inevitable, one must acknowledge the stress and manage it well to prevent low functioning and other complications (Haynes & Holloway, 2019). Individuals who face stressful situations can choose an approach of positivity and have a willingness to confront or have an adverse reaction toward it, thus denying or distancing from it; either of these options is dependent on the severity of the situation and the individual within the environment (Biggs et al., 2017).

Lazarus and Folkman's (1984) theory of stress and coping involves cognitive and behavioral responses to perceived threats. The reconciliation of these stressors is dependent on the assessment of the situation (Biggs et al., 2017). In other words, the result of the stressful situation relies heavily on the individual and specific factors in their surroundings. The seriousness and intensity of the problem is the primary appraisal related to the individual, while the individual's capacity to cope with the stressful situation is the secondary assessment.

The model views stress as a relationship or transaction between the individual and the environment (Lazarus & Folkman, 1984). Cognitive appraisal and coping play a significant role in the person-in-environment relationship. Lazarus mentioned three cognitive appraisals: primary, secondary, and reappraisal (Lazarus & Folkman, 1984). The key to everyday human emotional functioning is the cognitive appraisal, which states that responses to emotions are highly influenced by understanding, perceiving, and interpreting individuals' situations.

Cognitive appraisal refers to the personal interpretation that ultimately impacts how stressful, positive, or irrelevant the situation is. Based on the individual's interpretation, a stressful situation poses a threat based on their understanding of the problem. When this threat occurs, the individual will require personal and environmental resources to address the situation. The individual then perceives the situation as stressful, positive, or irrelevant. The individual is likely exposed to harm or loss, threat, or a potential challenge in the primary appraisal.

In terms of the secondary appraisal, the individual then determines the availability of means to adequately respond or cope with the situation (Lazarus & Folkman, 1984). The individual's inability to feel helpless or inadequate to respond to the challenge forces them to utilize an emotion-focused coping response like hoping that the situation gets better or even wishing that the problem never occurred (Lazarus & Folkman, 1987; Skinner & Beers, 2016). However, once the individual recognizes that they are ready to acknowledge or confront the situation, they will be engaged in a problem-focused coping response by carefully analyzing the problem. In this instance, the individual will understand the situation and show evidence of developing a realistic plan to which they will commit. According to Lazarus and Folkman (1984), the secondary appraisal determines the individual's ability (resources and other alternatives) to manage stressful situations. Based on the explanation of this cognitive appraisal, the successful management of these stressful situations will depend on the successful coping strategies that the individual will employ in terms of emotional competence and problem-solving approaches. Based on the assessment, the individual will be either emotion-focused (if there is a threat) or problem-focused (if there is a challenge).

The reappraisal, as the third cognitive appraisal, is dynamic. It continues to reappraise the situation based on the stressor presented, likewise the resources available in response to the identified stressor (Lazarus, 1987). This phase involves realizing the negative thoughts pattern that the individual engages in and changing these thoughts into positive and effective (Troy et al., 2018). Recognizing the changes in the thought patterns and changing them helps the individual select more effective responses, thus making the

situation less threatening and intimidating (McRae, 2016). In the ‘reappraising’ process, the problem is likely to change based on the availability of resources and the individuals’ capacity to manage it (Buhle et al., 2014). The threat is either irrelevant or remains a threat or challenge (Lazarus & Folkman, 1984).

As the second factor in the person-in-environment relationship, coping is described as how individuals respond to and manage the demands resulting from the stressors and determine their readiness or ability to confront the stressor (Folkman & Lazarus, 1988; Lazarus & Folkman, 1987). According to Folkman and Lazarus (1988) and Lazarus and Folkman (1987), individuals must seek to develop and employ specific coping measures when confronted with stressful situations, either through emotion-focused or problem-focused. To experience coping requires a situation that demands an individual’s internal and external resources. The demand resulting from the stress surpasses the individuals’ capabilities, evoking an emotional response based on their cognitive appraisal (Lazarus & Folkman, 1987). The emotional response is to either change the situation or impact the level of distress.

Lazarus and Folkman (1984) described coping as the impact on pain and its management. As the stressor confronts the individual, they can employ different coping styles. These coping mechanisms included the deployment of problem-focused or emotional-focused (Folkman & Lazarus, 1980; Ouch & Moradi, 2019; Poudel-Tandukar et al., 2020), active and passive (Brooks et al., 2019; Jex et al., 2001), and approach and avoidance style (Brooks et al., 2019). Depending on the coping mechanism selected, the individual will be engaged in positive adaptation or maladaptation. For example, the

individual who feels threatened and determines that they lack the ability and capacity to deal with the situation will be employing the emotion-focused style manifested by either distancing from the situation, a positive approach, or a desire to approach the problem. Depending on the situation or stressor, individuals who employ a more negative strategy are likely to be more impacted due to the stressor's worsening likelihood.

Folkman (1982) added the third approach almost a decade after the first two approaches. Folkman (2008) stated that this third approach requires individuals to resort to their values, beliefs, and convictions to explore and identify positive aspects of the stressful occurrence, which will propel them to have a positive adaptation response during the challenging period. As it relates to coping, the individual draws from the cognitive and behavioral aspects and draws on inner strength and resilience (Ivbijaro et al., 2019; Schwartz et al., 2018) while utilizing the available resources to deal with it the stressful situation. In this regard, the mechanisms used will reduce or confront the stress (Folkman & Lazarus, 1980). Although the three aspects mentioned in theory are paramount, the individuals' resilience is also crucial. According to Mc Cleary and Figley (2017) and Raghavan and Sandanapitchai (2020), resilience is one's ability to manage appropriately and recover from a stressful situation. In other words, one's resilience can determine how one will approach and handle one's bereavement and make meaning of the situation and cope after that (Casteli-Dransart, 2017).

A few decades later, Folkman and Moskowitz (2004) informed four coping categories: social coping or support seeking, problem-focused, emotion-focused, and meaning-focused. According to Folkman and Moskowitz, support-seeking comes into

play when individuals reach out to the external environment to obtain help or support from professionals, support groups, and peers.

Individuals who engage in the problem-focused approach seek to engage in task-oriented activities that include thoughts to minimize the impact of the stressor (Stanisławski, 2019). Persons involved in emotion-focused seek to reduce the unpleasant or negative emotions related to the stressor at hand. As it relates to meaning-focused, individuals seek to find meaning in a stressful situation (Thimm & Holland, 2017).

A problem-focused strategy attempts to address the problems that cause distress. During the distress, individuals will engage in different styles to cope with the situation. These include restraints, learning new skills, developing new ways of handling the problem, or even seeking external support, as in social coping. In support of Folkman and Moskowitz (2004), Folkman and Lazarus (1980) informed that individuals usually engage in emotion and problem-focused strategies in stressful situations. While many researchers have pointed to several adaptive and positive factors, there is also the need to point out maladaptive coping styles. These include emotional suppression, avoidance, and disengagement behaviors that are likely to have adverse outcomes and negative impacts on the individuals (Thimm & Holland, 2017).

While resilience is optimal in dealing with stresses, Kobasa (1979) seemed interested in these individuals' well-being after their stressful events. Stressful events are likely to negatively impact individuals' health and emotional well-being, especially if there is little or no support or inadequate coping mechanisms (McCleary & Figley, 2017). On the other hand, other individuals manifest hardiness (Kowalski & Schermer, 2019).

According to Kobasa (1979), hardiness forms part of individuals' personalities to endure challenging situations without affecting their general well-being. Additional personality constructs like locus of control (Carnes & Knotts, 2018; Liang, 2019) and self-efficacy (Bandura, 1986; 2010; Hopper, 2019) are necessary during challenges.

Application of Theory in Previous Research

A few pieces of studies have used the transactional theory of stress and coping, which includes Dillard (2019), Rainwater (2019), Letsch and Edanna (2017), Burrison-Meade (2020), and Kleindorfer (2020). In a study conducted by Dillard (2019), the researcher seeks to explain cognitive and behavioral involvement in crisis times or an environment deemed stressful. The individuals' capacity to respond to the situation based on the threat level determines the stresses (Dillard (2019) conducted a study on the degree to which the transactional theory of stress and coping predicted post-traumatic stress symptoms among telecommunicators. In the quantitative research, the telecommunicators offered support to callers who required emergency services. According to Dillard (2019), the transactional theory of stress and coping pointed to the transaction's manifestation between the telecommunicators and the perceived stress. The researcher further informed how the telecommunicator managed the daily stresses depended heavily on their support and resources to deal with the stressor. There is a possibility that researchers seek more information through qualitative means, primarily because the transactional theory of stress and coping seeks to be individualized and is dependent on specificity in each individual (Lazarus, 2006).

Rainwater (2019) conducted a phenomenological qualitative study using the transactional model of stress and coping by exploring the coping strategies used by adults bullied as adolescents. The transactional theory of stress and coping will identify the nature and magnitude of the stress levels that confront individuals after assessing internal or external resources' availability and the individuals' capacity to manage the stressors (Lazarus & Folkman, 1984). The theory focused on how the individuals identified and used coping strategies in their situations. Rainwater (2019) referenced the coping strategies as avoidant style, emotional-focused and problem-focused. The researcher further informed the negative consequences that individuals experience when using the avoidant style. These experiences included depression, low self-esteem, and emotional distress. The theory pointed out that bullied children will engage in either coping strategies considered harmful or maladaptive (substance abuse and misuse, reduced school grades) and positive. Based on Rainwater's (2019) results, the results revealed that most participants engaged in positive strategies that included external support, the use of internal resources, and self-support to overcome their childhood victimization.

Letsch (2017) conducted a quantitative study using the transactional theory of stress and coping as a guide. The study aimed to assess burnout and coping mechanisms among mental health practitioners and assess the stress, burnout, and coping styles. The use of the theory sought to point out the employees' ability to identify the stressors on the job before deciding whether or not they are threatened (Letsch, 2017). Based on the explanation of the transactional activity, in theory, the stressors arose from workers' interactions with the workplace and their fellow workmates and the jobs' demands (Bhui

et al., 2016). Their success in coping with the stressors depended on their ability to use external and internal resources to manage stressful situations.

Although individuals may recognize a stressor, there is a possibility that they manage it differently. According to Tutton (2017), the difference in response relies on the individuals' capabilities and the availability of resources needed to confront the stressor. According to Tutton (2017), individuals engaged in problem-focused appraisal did not experience anxiety, while those involved in avoidant coping as a coping mechanism were vulnerable to anxiety and depression. According to Letsch (2017), this study's identified gap was the need to include the transactional theory of stress and coping in research that addresses workplace stress. Letsch (2017) concluded that research is needed because workplace stress is associated with health and burnout, leading to low productivity and a high turnover rate.

Burrisson-Meade (2020) conducted a qualitative phenomenological study that sought to examine the experiences of individuals employed at a security prison from the Correctional Education Association and how they deal with stressors on the job. The study used the transactional theory of stress and coping and focused on managing stress and managing it in prison-based classrooms. According to Lazarus and Folkman's (1984) theory, there is a dynamic appraisal of activities within one's environment, making individuals continuously appraise and assess. This appraisal and assessment seek to determine their coping abilities and their strategies. In the prison classroom-based settings, the workers' engagement in primary appraisal determines whether their stresses are potentially threatening, positive, or relevant. After that, they will employ secondary

assessment to determine the availability of their internal and external coping capabilities, available support, and skills. According to Burrison-Meade (2020), the findings informed that prison educators could demonstrate increased efficiency and productivity once they can be engaged in meaningful ways of stress management. The researcher further advised the prison workers to better support the inmates in shaping their lives.

Kleindorfer (2020) investigated the lived experiences of mothers who raised or cared for children with special health care needs through a qualitative phenomenological study with the transactional theory of stress and coping as a guiding framework. The researcher highlighted the importance of these mothers experiencing gratitude due to the high-stress levels associated with caring for and raising children with special health care needs (Kardas et al., 2019). According to Lu et al. (2017), one can consider a situation stressful when a discrepancy notes the stressor between the stressor's demands and the availability of resources to deal with the stressor. The inability to manage the associated stresses positively can lead to mental health issues, general psychosocial well-being, and possible child abuse (Kleindorfer, 2020). The transactional theory of stress and coping also posits that individuals react to stressors based on their environment's interaction (Gerich & Weber, 2019; McCarthy et al., 2019). In the primary cognitive appraisal, the individuals can assess a threat, positivity, or irrelevance based on the stressor. Following the secondary review, individuals can determine their capabilities to handle the stressor that confronts them by engaging positive, avoidant, negative, or maladaptive appraisal (Matsuo & Sato, 2017). According to the study under review, how mothers perceived their stressors determined the outcomes of their situation.

Criticisms of the Theory

Everyone experiences stress daily, one way or the other. Stress ranges from illness, work-related issues, family crises, and trying to meet life's challenges. Individuals across the spectrum experience stress levels in specified ways and react to stress differently. While Lazarus offered a detailed theoretical approach for investigating stress and coping mechanisms, Cummings and Kourous (2008) pointed to the theory's inability to be applied in research among children and infants. Although newborns, infants, and children also experience stress and find coping mechanisms through interactions, the model will not be applied because they cannot share their experiences as expected with adults' existing structure. In light of this, Cummings and Kourous (2008) propose that further research be conducted to enhance the theory's usage, thus making it applicable for infants and children.

Mitrousi et al. (2013) criticized the transactional model Lazarus and Folkman (1984) proposed. In a research done by Mechanic (1962), they informed that the model offers a thorough description of individuals' coping process, which detailed ways that they were able to strategize and remain focused on the problems at hand and keep emotions under control. On the contrary, they argued that the coping strategies are not suitable for health usage because of the difficulty of describing feelings in words. Further, it does not capture the physiological viewpoint in one's response in a given stressful situation, based on the framework's requirement for the model, thus making it challenging to make coping comparisons in different stressful situations (Folkman, 1982;

Latack & Havlovic, 2006). In other words, the subjectivity of the individuals' responses and the complexity of the problems can make the model very challenging.

In an article by Hobfoll (1989), he highlighted the emphasis made by Lazarus and Folkman (1984) on the interaction between the individual and their environment (Folkman et al., 1985). Hobfoll insinuated a measure of subjectivity due to the individual's perception of their environment, thus making the theory seem more complex (Dohrenwend et al., 1984). Based on the concept of Folkman and Lazarus et al. (1984), Trumbull and Appley's (1986) offered a different view. Trumbull and Appley describe stress as a component of both subjectivity and objectivity. Although Kasl (1978) warned against the use of perception in formulating independent and dependent variables in making clear distinctions, Lazarus and Folkman (1984) informed that stressors like losing loved ones through death and terminal illnesses should not treat as merely as a product of the environment.

Rationale for Theory

As a response to the perceived stress, several emotions (confusion, sadness, fear, anxiety, and sadness) will influence the individual's coping technique selection (Kivak, 2020). Lazarus' stress and coping model (Lazarus, 1990, 1993; Lazarus & Folkman, 1987) highlights the transaction between the individual and stressful environment. This interaction triggers a reaction or response to stress. I found no information specific to the influence of the stress and coping model for siblings bereaved by suicide. The model used in qualitative research studies included therapists' experiences (Elias & Haj-Yahia, 2019), mental health (Avcioğlu et al., 2019), violent death and terminal illness (Avcioğlu

et al., 2019; Aytan, 2020; Loewenstein et al., 2019; Kristofferzon et al., 2018), the burden on caregivers (Fields et al., 2019), bereaved widows (Braun-Lewensohn, & Bar, 2017) and the impact of COVID-19 on individuals and families (Benita et al., 2019; Trougakos et al., 2020). These studies revealed a need to focus on problem-focused coping, mentioned in the secondary appraisal (Lazarus, 1987 & Skinner & Beers, 2016), likewise the importance of the continuous need for social support to ensure success positive recovering and coping strategies. The use of the theory highly featured the cognitive appraisal of problem-focused response in the research.

Phenomenological Research Examples

In addition to suicide being the 10th leading cause of death in the United States, 123,000 Americans die by suicide daily, making it one end every twelve minutes for different types of reasons (Stone et al., 2017; World Health Organization, 2019). In light of this, suicide is considered a public concern phenomenon that impacts families and threatens their emotional and physical health (Dumontet al., 2020; Spillane et al., 2017; Vishkin & Tamir, 2020). Suicide is considered a primary global concern since it negatively impacts society at the micro, mezzo, and macro levels (Rocha & Araújo Lima, 2019). The impact of suicide is considered more severe than other deaths due to the stigma associated, which seems to make grief even more challenging (Scocco et al., 2019). This challenge continues as the bereaved seek answers and explanations for their healing (Renzi-Callaghan, 2018). Research has indicated that the critical challenges of suicide stemming from stigma can serve as a barrier to vent or seek support or

intervention, thus placing individuals at risk for developing health complications or grief challenges (Spillane et al., 2018).

In cases of religious influence, the concept of suicide being an unpardonable sin and an evil act continue to be a concern, especially if there is reason to believe that the deceased was “close to God” (Hsieh, 2017; Schweda et al., 2017; Walker et al., 2018). There are feelings of blame and guilt on the part of the bereaved (Kealy et al., 2021). The bereaved can sometimes blame the dead, thinking that the deceased’s actions were selfish, and the death considered an unpardonable sin based on religious affiliations (Testoni et al., 2019; Andoh-Arthur et al., 2020). In addition to the physical and emotional reactions to loss, grief also impacts one’s psychological well-being (Andriessen et al., 2019). In light of these psychological challenges, there is a likelihood that the bereaved are at risk to experience complicated grief, which is likely to give rise to other health and psychological difficulties and suicide (Bellini et al., 2018; Frumkin et al., 2020; Levi-Belz & Lev-Ari, 2019; Levi-Belz, 2020; Tai et al., 2017).

I found numerous qualitative phenomenological relating to normal bereavement and suicide bereavement and these individuals’ experiences. These included studies from Adam et al. (2020), Gilvin (2018), Carpenter (2018), Gabbay (2017), Summers (2019), Michaud-Dumont (2020), Wilson (2019), and Macor (2018). I noted two studies that addressed individuals who lost siblings to suicide out of the mentioned studies. Adam et al. (2019) referred to a phenomenological study of siblings bereaved by suicide.

Gilvin (2018) examined surviving siblings’ experiences after their loss due to vehicular motor accidents, poisoning, and other injuries. In the research done by Adam et

al. (2017), the focus was on individuals below twenty years who experienced a sibling loss in the past ten years. The literature highlighted the stigmatization of surviving family members or anyone associated with the deceased. Stigmatization results in isolation and loneliness, which are barriers to obtaining support (Geležėlytė et al., 2020), complicating and retarding the healing process (Keller et al., 2019). In this study, Adam et al. (2017) pointed a reconnection of family bonds during the bereavement period. This view was contrary to that which Funk et al. (2018). Funk et al. informed of challenges in communication with the family due to differences in the interpretation of the death and grief styles. Although the data noted from these studies highlight some key components that contributed to the literature, neither mentioned nor strictly discussed the coping strategies of siblings bereaved due to suicide.

Gilvin's (2018) qualitative phenomenological study focused on loss and grief due to injury, poisoning, and violence. Like other studies, Gilvin's (2018) study revealed life-changing experiences among the participants. They experienced feelings of guilt, being ignored or discounted after the death, delayed grief, and subsequently complicated grief. Feeling ignored or overlooked were frequently mentioned in studies where individuals bereaved by suicide (Adams et al., 2018; Gilvin, 2018; Hunt et al., 2019; Kőlves et al., 2019; Kőlves et al., 2020; Levi-Belz & Lev-Ari, 2019; Levi-Belz, 2020; Michaud-Dumont et al., 2020; Nathan & Nathan, 2020;). As such, this observation gives credence to the existing gap in the research, which seeks to investigate sibling bereavement.

Carpenter (2018) conducted a qualitative phenomenological study to explore teachers' lived experiences who lost a student to suicide and how it impacted them. The

study revealed four themes based on semistructured interviews. The themes referenced the participants' sense of control, the challenges faced during grief, the loss's impact on them, and the significance of support and help. According to the Council for Accreditation of Counseling and Related Educational Programs (2016), counselors receive training in suicide prevention but lack the training to deal with students' loss to suicide. As a result, they must receive adequate training in dealing with losing a student, considering their students' high possibility of committing suicide. Based on the findings, the teachers' responses to the trauma influenced their experiences; individuals privy to counseling and support seemed to better manage and cope with the loss (Levy et al., 2019).

Like other mentioned experiences, counselors who suffer a loss due to suicide experience sadness, pain, confusion, shock, guilt, and shame (Levkovich & Vigdor, 2020). These maladaptive behaviors harm individuals' self-image like fear, shame, anxiety, guilt, and possibly self-harm (Sherba et al., 2019). According to Kim (2019), there is a need to offer the counselors the necessary support and training. They also have to provide support to other students and families of the deceased. Carpenter (2018) recognized the identified gap as the lack of training and support related to the impact of suicide on students. There was a need to offer educational training, instituting the necessary support and professional services. Levi-Belz and Levi-Ari (2018) examined the coping means of individuals bereaved by suicide after losing a parent, child, and spouse related to complicated grief, self-disclosure, and depression.

Although Levi-Belz and Levi-Ari's (2018) study was quantitative, the study revealed similar experiences mentioned in the other studies. These experiences included shame, loneliness, stigma, and possible complicated grief (Corrigan, 2017; Levkovich & Vigdor, 2020). The studies report negative impacts of suicide on the bereaved. However, Levi-Belz and Levi-Ari (2018) observed an absence of research that seeks to explore the factors that place individuals at risk for complicated grief. The authors agreed that the impact of suicide depends on the level of support obtained and the individuals' ability to cope effectively.

In a qualitative phenomenological study, Gabbay (2017) explored post-traumatic growth experiences in bereaved individuals who lost someone to suicide. The researcher focuses the analysis on the individual's appreciation of life, new possibilities, how they relate to others, exploring their strength and spiritual change. Individuals bereaved by suicide experience different dynamics of overwhelming emotions such as pain, shame, sadness, and withdrawal (Kasahara-Kiritani et al., 2017; Ross et al., 2018). Although suicide impact all individuals, each grief experience is considered different due to the type of relationship shared and the perceived circumstances surrounding the loss (Kessler, 2019). Growth experience is highly individualized due to the individuals' unique characteristics, traits, resilience, and general outlook, recognizing the variation in growth due to each individual's unique nature (Gabbay, 2017).

As individuals go through their grief experience, Gabbay's (2017) study informed that individuals realize the brevity of life and appreciate life and all it entails within them. According to Ruocco et al. (2021), individuals feel a readiness and willingness to be

engaged in constructive activities to cope likewise as a means of support to other individuals. During this time, they also seek to establish deeper and closer relationships with individuals around them (Ruocco et al., 2021). Those who hold religious beliefs and convictions are likely to experience a sense of comfort during their bereavement as they seek strength from what they deem as a higher power (Kivisto, 2018). As Gabbay (2017) postulated, the study identified limited research done in a gap in post-traumatic growth and suicide bereavement, notwithstanding that other studies relating to different types of grief.

Summers (2019) conducted a qualitative study using the phenomenological design to explore college faculty's lived experiences after students' death to suicide. Six themes emerged from the six participants' study guided by Doka's disenfranchised grief theory. The themes emerging from Summers' research study included missing clues about students' suicidal thoughts and awareness of student problems. The study's articles highlighted the faculty's inability to identify and recognize the students' issues or concerns, support for faculty, a lack of resources and support at the institution, and the need for faculty training. Although grief and bereavement are considered unique experiences (Porter & Claridge, 2019), Summers (2019) addressed similar challenges faced by bereaved individuals. Some of these similarities include complicated grief (Sizook, 2018; Spillane et al., 2018; Torres, 2018), disenfranchised grief (Crowe, 2017), stigma (Corrigan, 2017), self-blame (Eisma et al., 2019; Malgaroli et al., 2018) and shame and guilt (Jones, 2018; Samuel, 2019). This study's identified gap pointed to each

faculty's need to receive adequate and timely support as a postvention strategy, likewise training for prevention and intervention.

Michaud-Dumont et al. (2020) conducted a qualitative phenomenological pilot study on bereaved adults due to the suicide of the elderly. They reported similar findings in previous analyses regarding the grieving process, the negative impact, and a potential threat to health and perceptions. Although an older person's death due to existing health risk factors and cognitive changes is accepted, a sense of taboo is associated with an elderly family member's death by suicide (Conejero et al., 2018). Even though one may describe suicide among older persons as a 'rational act,' especially when suffering due to a chronic, there is still an element of increased shame and stigma experienced by the relatives than natural causes (Jones, 2018). The findings further revealed that some bereaved experienced positive growth, positive self-transformation, increased interpersonal interactions with other family members, and a new perception of life amidst the unexpected tragedy (Genest et al., 2017).

Michaud-Dumont et al. (2020) conducted a pilot study that proved its feasibility to study the experience of individuals who have lost an older person to suicide. Similar to the study conducted by Levi-Belz and Levi-Ari (2018), the individuals in this study showed evidence of encouraging coping and attachment styles, which also contributed to positive post-traumatic growth. A small group of individuals related to the deceased participated in the semistructured interview. Based on the responses and the analysis of the data, seven themes. The participants shared similar sentiments to the other studies mentioned. These included the response to grief, meaning-making, impact on the family,

seeking support, stigma and stereotype, understanding or seeking a meaning for the suicide. Although the participants explained the inevitability of death among their elderly family members, they still reported shock, guilt, and anger, contributing to family conflicts. Moreover, Michaud-Dumont (2019) suggests further review to enhance the methodology to improve the main study's efficacy.

The purpose of this qualitative phenomenological study conducted by Wilson (2019) was to explore the clinicians' perspective (involved in the treatment of these adolescents) on adolescent suicide and the lived experience of adolescents who engaged in suicidal behavior. Wilson (2019) utilized the Interpersonal Theory of Suicide alongside the research questions. The researcher sought to understand how adolescents manifested perceived burdensomeness, thwarted belongingness, and the acquired capability for the pain. Based on the semistructured interviews, the responses pointed to hopelessness, feeling unwanted, perceived burdensomeness, and an acquired capacity to self-inflicting pain over time from the participants. Although the findings provided sufficient implications for the prevention of suicide, Wilson proposed further research in this area. This research will offer better perceptions as to why adolescents commit suicide.

Stewart et al. (2017) informed that individuals who experience unmet social and relational needs could share suicidal thoughts based on the theory. These ideations will then manifest themselves into action once there is a capability of committing suicide. According to Kim et al. (2016), individuals feel hopeless when perceiving a lack of belonging and being burdensome to their family or community over time. Acosta (2017)

and Carrera and Wei (2017) described thwarted belongingness as the disconnect individuals feel from family and society, making them feel isolated and lonely. Individuals who consider themselves burdened are often overwhelmed with self-hate, insecurity, unloved, and not belonging. Acquired capability refers to the individuals' ability to be a part of suicidal behaviors, which will, over time, make the situations seem less harmful and less afraid of dying. The study also highlighted the main reasons for adolescent suicide as their inability to cope adequately with stressful situations which stem from genetics or history of mental illness, personal, family history of mental illness and suicide attempts, and a history of substance abuse and misuse (Holland et al., 2016; Im et al., 2017; King et al., 2018; Whalen et al., 2018). The researcher recommended future research in the area with individuals who have suicidal ideations or attempted suicide rather than clinicians' perspectives. In that way, there will be first-hand information from the experiences of the adolescents.

Macor (2018) conducted a qualitative phenomenological study exploring adolescents' experiences and the reactions of adults who lost a sibling to suicide. The participants, who are now adults, suffered the loss of their siblings during adolescence. The responses based on a self-report questionnaire revealed the participants experienced feelings of being dismissed and not being a part of the experience. Macor (2018) further informed that the participants sought external support and relied on their internal abilities to deal with the loss at the time. In some instances, the participants refrained from processing their grief. Although the participants were at the same developmental stage during their loss, Macor highlighted the uniqueness of their experiences and how it was

dealt with or approached (Peterson, 2020). The identified gap in the study indicated a need for individuals who have lost siblings to suicide to have an opportunity to express their grief during their loss and that they will not feel dismissed to their experience undermined.

Child and Adolescent Bereavement

Lee et al. (2017) believed that children who experience parental loss to suicide might not experience shame and guilt brought on by stigma than adults due to their inability to fully comprehend the depth of their loss and the potential social discomfort associated with it. According to Feigelman et al. (2017), any family member's death is deemed highly challenging. The challenge is dependent on the closeness of the relationship and the development stage or crucial periods of the lives of the child/children (Burrell et al., 2018). These challenges include but are not limited to attachment issues, anti-behavioral issues, and other psychosocial conditions that can impact them later in life (Rostila et al., 2016). It is vital to offer the necessary support to foster healthy healing. Hua et al. (2019) referenced a possible offspring suicide risk, mainly if the loss was due to suicide during childhood. Moreover, death by suicide exposes older children to the more negative impact of parental loss and other violent means than natural death (Lee et al., 2017). Ridley and Frache (2020) believed that younger children might lack a complete understanding of the effects of suicidal death, thus requiring the necessary support to avoid unintentional issues like delayed healing and social health adjustments (Moeller, 2018).

Spousal Bereavement

Spousal bereavement is a global phenomenon that affects both men and women, yet most research focuses on women (Bennet et al., 2018). Spousal loss is one of the most stressful experiences and life events that gives rise to psychological and domestic problems (Husain, 2020). The impact of spousal death influences the type of death, the relationship at the time of death (LeRoy et al., 2020). According to Bennett et al. (2018), the bereaved experience loneliness, and social and emotional challenges place older spouses at risk for death shortly afterward. This phenomenon is 'the widowhood effect' (Fagundes & Wu 2020; Kristiansen et al., 2017). After forming significant attachments, moving on after a spouse's death can be challenging, especially when social and emotional loneliness and grief are experienced (Roston, 2017; Yan, 2017).

Parental Bereavement

The loss of a child in any way is the most devastating. The attachment is severed as parents spend time nurturing and protecting their children (Crowe, 2017). Parents who lose a child or children to death are emotionally taxing and can lead to grief complications due to its implications and intensity (Zhao et al., 2020). Having to cope with the dynamics of loss after the attachment is severed makes it very difficult for parents (Hooghe et al., 2018). The type of death worsens with the pain. There is an expectation that children bury their parents and not the other way round. Death by suicide worsens as parents are left to carry a sense of guilt and shame, resulting in complicated grief and delayed healing, impacting their value system (Chae et al., 2018).

Studies about bereaved individuals resulting from suicide continue to feature commonalities like guilt, shame, loneliness, unwillingness to speak of the situation for fear of being stigmatized or as a result of being disenfranchised (Wright, 2017). Dias et al. (2017) conducted a qualitative descriptive study design on the challenges bereaved parents face due to child loss during the first six months after their child's death. The researcher characterized the challenges based on the changes in relationship dynamics, the parents' emotional response, and dealing with their child's actual loss or absence. According to Dias et al. (2017), parents force to cope with challenges that threaten their mental health. Dias et al. also added that there is a possibility of engaging in maladaptive behaviors like substance use and misuse, which negatively impact their sleep patterns, eating habits, and general well-being.

Entilli et al. (2021) conducted a longitudinal qualitative study on individuals' bereavement due to child loss and their healing process. According to Entilli et al. (2021), the study entailed parents experiencing feelings of blame, guilt, shock, bewilderment, and anger earlier during their grief. Similar to the study conducted by Dias et al. (2017), Hunt et al. (2019) examined the experiences of bereaved individuals, including parents, also revealed substance abuse and misuse behaviors. Irresponsible sexual activities, including masturbation, binge-eating, neglect of self, family responsibilities, complicated grief observed in other qualitative studies (Hoffman, 2017; Torres, 2018; Zisook et al., 2018). Dominguez (2018) noted disenfranchised grief as one of the challenges that bereaved parents experienced. As the participants reappraised the situation, they could make meaning of the death and found the motivation to move on. While some participants

chose to seek a more positive outlook, a particular individual mentioned adopting the deceased's negative hoarding habits. Overall, the researchers informed that this study's results support previous studies that discussed individuals bereaved by suicide as it relates to findings of blame and guilt (Corrigan, 2017; Jones, 2018), meaning-making (Dansrat, 2017), and a desire for healing (Renzi-Callaghan, 2018).

Suicide

Suicide is a fatal self-injurious with the intent to take their life (Web-based Injury Statistics Query and Reporting System (WISQARS), 2020); Bilsen, 2018; Nirola, 2019). Suicide has been considered a subject that seemed taboo and required specific individuals like the clergy, theologians, and philosophers to discuss it as far back as the 18th century among Greece and Romans (Eghigian, 2018). The many changes and different schools of thought on suicide have forced society to view suicide from different perspectives, including moral, religious, social, and political (Barreira, 2017). As time evolved, this phenomenon has attracted many sectors' attention due to individuals, families, and communities. Although the debate on whether or not suicide was morally acceptable continues, Eghigian (2018) informed that individuals' reputations like Socrates and Cato, who died by suicide, remain in high esteem and respected long after passing. On the contrary, Christian Europe suggested that suicide was selfish, immoral, and refusal to submit to God's will. Only God would and could decide when life should end because He was the giver of life (Retterstol & Ekeberg, 2021; Sandelararan, 2017). Consequently, suicide is a crime, further compounded by the remains' desecration and confiscation (Barreira, 2017).

As the debate continued, Danish physician Heinrich Callisen and French Psychiatrist Jean-Åtienne Esquirol referred to suicide as a form of mental illness alternation of the mind and treated as a symptom and a disorder of emotions. As the decades roll with increased research in the area, cultures and interest groups have sought to give new dimensions and explanations to suicide (Nathan & Nathan, 2020). These include the result of financial, domestic, and interpersonal challenges (Choo et al., 2017; 2018), general physical and mental health conditions (Abraham et al., 2019), and a lack of support or good social network (Choo et al., 2019). Notwithstanding the clear views and debates as far back as early dates, the act of suicide continues to harm individuals, families, and communities, thus drawing much attention to policymakers and other health care professionals (Eghigian, 2018). Pain, sorrow, and deep anguish follow after a loved one has died (Pitman et al., 2018; Taylor, 2020).

Studies continue to show the difference between suicide and sudden death bereavement. Kõlves et al. (2020) conducted a qualitative study investigating the changes in the grief reactions, mental health, and suicidality of close family members bereaved by suicide and sudden death over six, twelve, and twenty-four months after their loss. The study revealed marked differences in the two groups' emotional experiences. According to Kõlves et al. (2020), participants from both groups reported sadness and other emotions postulated by the grieving process. Those bereaved by suicide said harmful emotions like loneliness, shame, anxiety, rejection, and other mental health concerns due to stigma. These marked levels of stigma, shame, rejection, fear, and loneliness are

further supported by other research that examined bereavement for suicide and natural/sudden death (Levi-Belz & Levi-Ari, 2018).

The history of death by suicide, as mentioned in the early 19th century, carried with it a measure of stigma which causes shame and guilt, thus making their grieving process more challenging and a unique experience (Bellini, 2018; Tal, 2017). In the absence of suicide notes from the deceased, policymakers and family members can only speculate about the various reasons individuals commit suicide (Bilsen, 2018). Carpenter et al. (2016) described suicide notes as valuable pieces of information left by the deceased. Based on the suicide notes, individuals who experienced psychiatric illnesses and high debts were the leading causes of suicide (Carpenter et al., 2016; Rockett et al., 2018). Meanwhile, health care workers can seek to analyze notes and other possible leads to understand the death (Lazarides et al., 2019) while addressing its negative impacts.

Suicide and Mourning-a Caribbean's Perspective

According to Morrow (2018), Saint Lucia is an island with a vibrant culture with song, music, and dance washed by the Atlantic and the Caribbean Sea and known as the Helen of the West Indies. To the north of Saint Vincent and the Grenadines, Saint Lucia is northwest of Barbados and south of Martinique, forming a part of the Windward Islands chain. Together with the other islands, they form an archipelago across the Caribbean Sea (Momsen et al., 2020). The island celebrates its annual independence on the twenty-second of February. It is also known for the La Rose and La Margarite flower festivals, the international yearly Creole Day at the end of October, the Jazz and Arts

Festival around Easter, and the popular Friday night street parties (Central Intelligence Agency World Fact Book, 2020).

The mountainous island is two hundred and forty square miles with a population of one hundred and eighty-two thousand, seven hundred and ninety people (182,790). It consists of African descent individuals with a small group of Mulattoes, whites of European descent and East Indian, and a remnant of indigenous people called Caribs and Arawaks (Central Intelligence Agency World Fact Book, 2020). Although the primary language is English, the islanders also speak French Creole (Morrow, 2018). Like other Caribbean islands and countries, Saint Lucia experiences many health and social concerns. According to the World Health Organization (2018), these health concerns include non-communicable diseases, which account for eighty-two percent of overall deaths. Suicidal deaths in Saint Lucia have an age-adjusted death rate of 7.26% per one thousand of the population (World Health Organization, 2018).

Although a heightened number of suicide cases threaten the Caribbean, research has indicated limited studies on suicide in this part of the globe (Brown et al., 2017). Trinidad and Tobago, Guyana, and Suriname have reported the few cases highest suicide cases (Silverman et al., 2020). This number is due to agrochemicals' ingestion by most individuals of East Indian descent. Historically, communities with Afro-Caribbean inhabitants have been reported to overdose on prescribed medication and hanging (Graafsma et al., 2016). According to Brown et al. (2017), there seems to be a correlation between depression and suicidal behaviors as depression is considered one of the high risks for suicidal behaviors based on the studies conducted in the Caribbean.

Suicidal behaviors are evident by the frequency of depression and its severity (Graafsma et al., 2016). This health concern on the islands influences specific health and social inequalities, including cultural, educational, and economic situations (Brown et al., 2017).

As individuals go through their bereavement experiences, understanding the bereavement process is crucial for their recovery and coping mechanisms. In a Caribbean study conducted by Huggins and Hinkson (2019), the authors shared their interest in the bereavement process among African Caribbean individuals, including their burial rituals. They further informed that the traditions of culture and religion heavily influence how they are engaged in the face of death and grief (Skirbekk et al., 2017; Uzell, 2018).

According to *Music of Saint Lucia: Revision history* (2021), Saint Lucia wakes are held on the first and ninth days after the death toward the evening. During this time, solemn songs range from Ira Davis Sankey's religious collections (an American gospel singer from the late nineteenth century) and others that depict the events preceding the death while mourners dance to drum beats. *Music of Saint Lucia: Revision history* (2021) added that the mourners enjoy servings of food, alcohol, coffee, tea, and other locally made delicacies

During this time, the family members believe that the deceased's ghost will be roaming in search of taking revenge on anyone who ill-treated them while they lived (Tetrault, 2020). Shortly after, the community assists with cleaning the homes and washing laundry. On the death anniversary, a Mass is said (if it is a Roman Catholic family) on behalf of the deceased (Hanley, 2020). The priest conducts a Mass for the

dead and their status in purgatory (Ikechukwu, 2018). At this Mass, they hope that the deceased will cross over to a better place after family members offer prayers on their behalf (Hanley, 2020). Like Jamaica's tradition, careful attention is toward collecting flowers, planning burial services, and offering tributes at the funeral (Tetrault, 2020).

The grief's traditional influences are from African and slavery experiences and indentured laborers from India and China. Engagement in rituals and practices ranges from 'wake' is kept as a social gathering where individuals enjoy eats and drinks served, religious and cultural songs sung, and music played as a means to console, followed by burials (Viper & Horwitz, 2020). As per the history and tradition in the Caribbean, religious funerals offer support and closure for the loss; these activities facilitate burial styles that include internment and cremation (Uzell, 2018). According to Huggins and Hinkson (2019), bereaved individuals participate in burials and other activities to help them realize their loss, likewise aid in their grief and bereavement period. The Caribbean, a melting pot, is known for its inhabitant's indulgence in different grief, mourning, and burial rituals. Each group of inhabitants has a unique expression and approach to recognizing grief and loss (Kessler, 2019).

While these practices are in keeping with traditions and aid in the bereavement process, it becomes increasingly difficult for individuals who lost family members to suicide and other means which are seemingly contrary to the social norms (Pye, 2020). Depending on the practices and beliefs of the ethnic groups, grief and mourning vary. Of particular mention for my study's purpose is the approach among African descents, which influences traditional practices, beliefs, and sacredness (Kokou-Kpolou, 2017). East

Indians mourn in private, Africans exhibit more openness to grief and mourning, evident by loud crying, wailing, and dressing in a particular fashion (Mokhutso, 2019). Hindus prefer the practice of cremation, which signifies a means of letting go of the deceased's soul to prepare for reincarnation (Shanker, 2019). According to Britton (2019), shame, guilt, and self-blame are common among individuals bereaved due to suicidal loss. On the contrary, Mokhutso (2019) pointed to the ceremonial practices among mourners in certain parts of Africa. They beat the corpse of the individuals who died by suicide, liberating them from their culture, the spirit which caused them to commit suicide.

Sibling Bereavement

Upon knowing the loss of a sibling, individuals will experience shock, anger, disbelief, and sadness (Howard et al., 2018). Corr (2019) described the grief model's five stages as postulated by Elisabeth Kübler-Ross, including denial, anger, bargaining, depression, and acceptance. According to Corr (2019), individuals who receive death news are engaged in denial. Corr (2019) asserted that denial as a defense mechanism reaction allows the bereaved to process the situation and creates numbness, which lessens the news's intensity. The denial stage follows the anger stage, which is considered the stage where individuals mask the effect and impact of their loss; these manifest feelings of bitterness, resentment, and redirecting anger toward individuals and, in some instances, the deceased (Clarke, 2021). While anger may serve as a temporary distraction, Holland (2018) noted that the individual begins to think of avoiding the problem from any perspective through bargaining.

During the bargaining stage, the individual's wishful thoughts and hopes for a different situation (Stanawa, 2020). According to Holland (2018), the bargaining stage follows a state of depression accompanied by sadness and anguish, followed by acceptance. Accepting the situation reveals that the loss has occurred and that life has to continue without the deceased (Casabianca, 2021). As time goes by, there is a hope that the individual will accept the reality of the situation. The individual learns to move on and embrace coping mechanisms needed to manage their loss (Casabianca, 2021). Notwithstanding the mentioned stages, Kemp (2017) noted that individuals experience grief differently and that the stages are not linear.

There is an expectation of shock, numbness, and fear, manifesting feelings of helplessness and despair (Howard et al., 2018). Although there is a positive correlation between sibling grief and physical and mental health outcomes (Bolton et al., 2017), there is little attention and limited research about it, making them the forgotten mourners (Gabe, 2018; Ragin, 2017). The impact of sibling loss depends on the bereaved's age and their capacity to deal with the loss (Rostila et al., 2017). Apart from being born into the same household, siblings share many things and enjoy vacations and family traditions (Kaulbach, 2018). These experiences made them feel like their attachment and bounds should last forever (Howard et al., 2018). According to Smith-Greenaway and Weitzman (2020), approximately 8% of young persons in the United States will experience sibling loss before their twenty-fifth birthday. On the other hand, one-third of individuals from Asia, Latin America, and the Caribbean have experienced losing two or more siblings

due to homicide, road traffic accidents, HIV/AIDS, and workplace hazards (Smith-Greenaway & Weitzman, 2020).

Siblings' unique bond contributes to the long relationship during their formative years (Yu et al., 2017). The impact of the extent of their loss depends on their relationship (negative or positive) and their developmental stage of development (Peterson, 2020). The uniqueness of siblings' association results from the different roles they represent and the depth of dynamics as friends, enemies, sibling rivalry, mentor, role model, competitor, carer, and protector and support (Peterson, 2020). While the relationship's uniqueness is acknowledged, Peterson (2020) described sibling relationships as very complicated. This complexity is because siblings experience heightened friendship and closeness yet become enemies and tag along as teammates.

During rivalry, siblings develop the ability to demonstrate competitiveness and strength, making them emotionally powerful (Fletcher et al., 2018). According to Campione and Killoren, 2019, some of these competitive and powerful traits include pleasing their parents by accomplishing various tasks, seeking praise by engaging in challenging activities. They also create opportunities for other siblings' teachable moments (Hamwey et al., 2019). Based on the home's teachings and rules, siblings seek to be role models to the younger ones related to career choice and responsibility (Fletcher et al., 2018). As a protector and carer, siblings seek to protect each other from other rivals, danger and offer comfort and care during illness and times of despair (Guan & Fuligni, 2016).

The loss of a sibling reminds the living sibling of the times spent during childhood, including vacations, treats, and domestic experiences, to name a few (Dixon, 2019; Gabe, 2018). Despite the age of separation through death, the grief worsens, mainly if the loss results from suicide (Britton, 2019; Limburg, 2016). In cases of ambivalence or the experiences of a not cordial relationship, it is likely to make the individual experience regret, self-blame, and guilt, and, in some cases, depression brought on by grief (Hamdan et al., 2020; Malgaroli et al., 2018). Siblings experience disenfranchised grief, complicating their grieving process (Davidson, 2018). According to Gabe (2018), disenfranchised grief requires acknowledging silence or private or avoiding talking about anyone's loss. In a situation where the internalization of negative emotions and bereavement are at odds, individuals become at risk for carrying additional guilt, be engaged in self-blame, and further place them at risk for complicated grief and poor bereavement outcomes (Dominguez, 2018; Lathrop, 2017).

In addition to losing a friend and a family unit, bereaved siblings may be at risk for not getting adequate and appropriate support during their bereavement (Ragin, 2017). The loss is viewed as a double loss in the absence of their sibling, likewise, support from other family members and also cause the bereaved to withdraw from family members and other social networks (Hardt et al., 2018). Depending on the dynamics and relationship that existed, the bereaved are left to adjust to the new structure post-death (Ragin, 2017). Bereaved siblings who may have a history of other mental or medical conditions may also be at risk for complicated grief and possibly suicide (Hamdan et al., 2020; Levi-Belz & Lev-Ari, (2019). A history of mental illness is likely to heighten the turmoil of

emotions toward the deceased and the general situation (Erlangsen et al., 2017). This complicated grief can be due to thoughts as a mixture of anger toward the bereaved for leaving them, the frustration of letting go, and feeling disenfranchised (Erlangsen et al., 2017; Wojtkowiak et al., 2018). Anger and anxiety begin to set in when siblings start to think of the long void, especially grand upcoming events like weddings, graduations, and birthdays (Dilmac, 2018).

According to Dilmac (2018), the bereaved feel a certain measure of discomfort and disloyalty as they endeavor to move on with life. The bereaved may also face impositions from society regarding the length of time they place on their grief (Cheney, 2017). This restriction forces the individuals to feel the need to make their grief private or not speak about their loss (Dilmac, 2018). In the absence of overtly showing emotions, there is a possibility of emotional burdens that may complicate mental health (Bishop, 2018). Despite the evidence of many types of research done for over decades on coping with grief, Stroebe et al. (2017) still claim that there is a need to research more on establishing the role of managing processes of (mal) adaptation among bereaved individuals.

According to Aguirre Velasco et al. (2020), stigma is an attitude of shunning or looking down upon society to a status that does not attract any positive rate. Once stigma attaches to any phenomenon, it automatically becomes something one should be ashamed about, thus refraining from being associated with it (Carpiniello & Pinna, 2017).

According to Pitman et al. (2016), the history of stigma toward people bereaved by suicide commenced in the Middle Ages. This behavior resulted from legal, social, and

religious sanctions that arose as a deterrent in the Roman Catholic Church, Jewish and Islamic communities. This stigma resulted from life insurance companies that refused to offer families with a suicidal history or even an attempt to defer or hold back payments after a death due to suicide (Pitman et al., 2016).

In addition to stigma and other factors, there is a need to understand how culture and cultural beliefs impact bereaved individuals due to suicide loss; this understanding will raise awareness about the types of programs and interventions this population may require (Keller et al., 2019). Mironenko and Sorokin (2018) argued that while it is a challenge to define culture, they view culture as an all-embracing term; it establishes individuals' relationships within their environment. Dar (2017) further distinguished that one's culture points to the beliefs and practices of the individuals within their society and provides these individuals with coping strategies. With this view in mind, one should consider how the socio-cultural factors influence the approaches to suicide and self-harm and its impact on individuals who experience loss (Keller et al., 2019). Individuals' cultural orientation is likely to impact or influence how one views suicide and one's response to suicide. According to Lee (2017), a highly religious culture sees suicide as a sin, thus regarding suicide and cultural norms as protective. On the contrary, suicide and suicidal thoughts within these cultures are considered Taboo, thus creating a barrier for individuals to seek support and intervention (Clay,2018).

Bereavement resulting from suicide can be described as a moment of turmoil and pain, further compounded by stigma (Scocco, 2019). Evans and Abrahamson (2020) declared that society remains engaged in stigmatized behavior despite the volumes of

research and statistics on suicide. As such, stigma further attracts isolation, shame, guilt, and possibly self-harm (Levi-Belz, 2020). Individuals bereaved by suicide experience discomfort brought about by shame and guilt, contributing to their inability to openly grieve or share their concerns with others (Evans & Abrahamson, 2020). The high stigma related to death by suicide contributes to suicidal behavior among bereaved individuals or affiliated with the deceased (Eisma et al., 2019). Individuals bereaved by suicide are emotionally, cognitively, and behaviorally impacted (Keller et al., 2019). This impact often challenged their bereavement process as they felt too embarrassed to share their feelings and experience. The social isolation and burdensome feelings of shame and guilt also further compounded their risk of depression, suicidality, and complicated grief (Samuel, 2019).

Individuals bereaved due to sibling loss to suicide face challenges with self-stigma, perceived stigma, and public or personal stigma, which brought out a mistrust, fear, negative bias, and stereotyping of those bereaved by suicide (Carpiniello & Pinna 2017). Public stigma entails blaming the family for death and viewing them as unable to offer the necessary support. In other words, the perceived impact of stigma serves as a barrier to seeking help, thus impeding others' ability to provide service and support to do so (Keller et al., 2019). The stigma associated with persons' experience bereaved by suicide makes the process and experience extremely painful compared to persons bereaved due to natural loss (Carpiniello & Pinna, 2017). This stigma accompanies the experience of deep pain and discomfort, which forces them to manage their pain and grief

on their own, thus placing them at risk for further psychological distress due to inadequate coping measures (Nathan & Nathan, 2020; Schweda et al., 2017).

Complicated Grief

It is a known fact that the death of a loved one to suicide can be very traumatic. It is usually associated with consequences different from other losses, likewise the grieving process including health-related issues and complicated grief (Mastrocinque et al., 2020). Enez (2018) further added that the death of loved ones is an inevitable incidence; thus, individuals have to go through grief when this happens. Coupled with feelings of helplessness, self-blame, and in some situations, disenfranchised grief, individuals bereaved by suicide are often at risk for complicated grief (Wojtkowiak et al., 2018). According to Nakijima (2018), unusual grief accompanied acute symptoms described as complicated grief. Nakijima (2018) further informed that complicated grief is considered a unique pathological entity compared to other major depressive disorders. Based on the clinical manifestations and other symptoms noted, complicated grief is a maladaptive disorder rather than a mental disorder (Enez, 2018).

Complicated grief may result from inadequate support, coping skills, and stigma, bringing shame and guilt (Nakajima, 2018). Lundorff et al. (2017) informed recent evidence in research that ten percent of individuals will experience complicated grief. Complicated grief is the ineffective and chronic mourning and anguish that persists after a prolonged period, marked by the failure to accept the loss, preoccupation with the deceased, and maladaptive behaviors (Supiana et al., 2017; Tal et al., 2017). Nakajima (2018) further stipulated that individuals who suffer from complicated grief are likely to

risk psychological and other health complications, including suicidal behaviors. As such, these deep and prolonged thought processes of death are likely to place them at risk for such vulnerabilities (Oates & Maani-Fogelman, 2020). These include regrets over the death and thoughts that could have prevented or saved their loved one (Djelantik et al., 2020). These instances of shame, guilt, and self-blame compound their situation of experiencing complicated grief (Tal et al., 2017).

Core to the experience of complicated grief is the individuals' inability to incorporate the reality of the death of their loved one into their already established cognitive mindset (Enez, 2018). Feigelman and Cerel (2020) have suggested that peer support is necessary for individuals' progress in response to this situation. Additionally, persons must exhibit empathy and understanding toward the bereaved. Care and compassion can help nurture and foster self-compassion in the bereaved (Vara & Thimm, 2020). More often than not, they experience overwhelming feelings of shame, guilt, and self-blame resulting from stigma and stereotypes about suicide. As the bereaved experience support and understanding, it increases their chances of engaging in self-compassion, thus making their grief more manageable and ultimately preventing complicated grief and other health problems (Vara & Thimm, 2020).

Religion and Spirituality

Scholars have made numerous attempts to a reasonable, acceptable, and all-inclusive definition of religion for many decades now. Religion has been a subject of debate and criticism from various perspectives (Casanova, 2019). The Central Intelligence Agency World Fact Book (2020) identified the most predominant religious

group in Saint Lucia as Roman Catholic (61.5%) followed by Protestant (25.5%), and Evangelical, Jehovah's Witness, and Rastafarian in the 13% minority. While Karl Marx perceived religion as an opiate and Freud as an illusion, Kivisto (2018) described religion as one's beliefs, practices, and acknowledged symbols as fundamental aspects of one's orientation. Notwithstanding the views of Casanova (2019) and Kivisto (2018), Smidt (2018), informed of Smith's (2018), viewed religion from a perspective of its etiology, its results or powers of exercise, its methodology, and its overall purpose. Smidt (2018) added that religion contains sacredness and spirituality by which individuals offer praise and worship to God, who is considered supreme and has dominion and power over the universe. At the same time, spirituality seeks to connect with a higher power or be while persons find ways to express meaning and purpose to life (Iannello et al., 2019; Joseph et al., 2017).

Emile Durkheim, in 1897 informed of a positive correlation between religious/spiritual practices and the general well-being of an individual (Durkheim, 1951). Religion and spirituality offer meaning to individuals' lives by providing better connectivity (Diener, 2018; Ramsay et al., 2019). This connectivity aids in fostering fosters better organization and social networks, thus lowering the risks of suicide (Sun & Zhang, 2017). Given that, individuals may seek to find solace and coping means and religion and spirituality, especially in times of loss depending on their culture and traditions (Hsieh, 2017). They can combine their faith and other belief practices as they forge to cope with their loss based on their experience, schema, and interpretation of the situation (Diener, 2018; Villani, 2019).

Notwithstanding the beliefs about suicide and the fate of loved ones (Gearing & Alonzo, 2018; Villani, 2019), people who seek support from religious authorities might also use this medium as help-seeking and catharsis. During this time, they can share their thoughts and emotions, which will help them cope and manage better (Ostafin & Proulx, 2020). While some individuals may not see the merit in spiritual and religious encounters during their bereavement, others feel comfortable with the concepts to help them find peace, meaning, and comfort (Christian et al., 2019). According to Yoo (2017), there is a positive correlation between religion, spirituality, and positive well-being. Individuals who practice spirituality through a sense of a higher power and a force boost their sense of well-being, thus making them feel confident that they can keep focused on the purpose of their loves and acknowledge the meaning of life (Joseph et al., 2017). This force and their belief in God also make them feel that they can navigate through difficult periods through their empowerment and faith (Ramsely et al., 2019; Yoo, 2017).

Coping and Coping Strategies

The potential for the impact of one's general health and well-being due to bereavement requires the employment of positive adaptive coping behaviors (Fisher et al., 2020). Casteli-Dransart (2017) described coping as the individual's ability to mobilize their cognitive (thoughts) and actions based on their perceptions to manage situations that are deemed stressful either as internal or external factors. Managing these stressors can minimize emotional distress and intensity of stressful situations and health (Silvén, 2019). Individuals offering support to others also need to understand the dynamics and concepts of coping as a theoretical approach (Stroebe et al., 2017). In addition to utilizing

personal resources to manage, individuals can resort to external or environmental support like social, therapeutic, or professional support to cope (Pitman et al., 2018).

In the face of a stressful situation, the individual will determine the coping strategy based on their resource capacity, strength, network, and support system (Reis et al., 2020). Bereavement resulting from sudden death and suicide is more likely to place individuals at risk for inadequate coping and reduced post-traumatic growth than bereaved individuals through natural causes (Chae et al., 2018; Drapeau et al., 2019; Genest et al., 2017). Individuals equip themselves with appropriate strategies vital for healing and recovery during their loss to prevent delayed healing and complicated grief (Fisher et al., 2020). As it relates to grief due to suicide, the shame and guilt associated with it are likely to make grief more challenging for the bereaved (Asare-Doku et al., 2017). For this reason, the bereaved should receive adequate and timely support (Cacciatore et al., 2021).

Coping strategies will be dependent on the availability of resources, the individuals' comfort level, and the individual's capacity and ability to utilize internal resources (Chowdhury, 2020). Individuals may seek professional support to deal with their grief in more challenging periods. Andriessen et al. (2017) noted that support for bereaved individuals is a positive mechanism to prevent complications and even prevent complicated grief. Regarding grief reactions, Kõlves et al. (2019) stated many similarities in grief reactions among individuals bereaved by suicide. Yet, the different relationships, closeness, and other dynamics make the reactions to grief different (Andriessen et al., 2017). These dynamics include the period of grief to get back to normalcy. The high risk

of mental and physical health consequences is complicated grief (Mastrocinque et al., 2020) and elements of shame, guilt, stigma (Adams et al., 2018; Bellet et al., 2018).

As individuals experience negative impacts on their health and general well-being, the fear of stigma makes them fearful of seeking support and other services (Bailey et al., 2017; Li et al., 2020). Besides dealing with the complexity and trauma of their loss (Ross et al., 2018). Individuals who grieve due to suicide loss are likely to feel angry, abandoned, guilty, and in some cases, they find difficulty voicing their feelings and thoughts (Shields et al., 2017). In the face of such tragedy, individuals become vulnerable to disruptive factors that threaten their psychosocial well-being; thus, positive coping strategies have to be employed to avoid further health complications and self-harm (Andriessen et al., 2019). Individuals at risk for mental illness or who have underlying health conditions must be mindful of the impact they are likely to experience due to death by suicide. As such, support for them has to be timely, specific, and thorough as each grief experience differs (Brooks et al., 2019).

There has been an increase in research in suicide bereavement with no specific reference to a particular group. According to Maple et al. (2018), no information supports the effectiveness of programs or mechanisms as coping strategies for bereaved individuals. As a result, the observation made by Maple et al. (2018), Andriessen et al. (2017) informed that the research failed to show evidence of the effectiveness of the interventions employed for individuals who experienced complicated grief. Suffice to say, Pitman et al. (2018) informed that based on research, there seems to be a debate over the need to offer psychosocial or professional support to persons bereaved by

suicide. Nonetheless, Andriessen et al. (2019) concluded that there was sufficient evidence that interventions initiated and facilitated by trained personnel (educational sessions and therapeutic programs) can be considered potentially beneficial for the target group, thus highlighting the need for further research in the area.

Afterlife

Feigelman et al. (2019) affirmed that individuals bereaved by suicide often gravitate toward changing their religious convictions. Feigelman further added that religious convictions make them more robust in their faith rather than threatening or lessening their confidence and beliefs. Although some people believe that suicide is an unpardonable sin, there is the contrary view by Lee (2017) that suicide can be pardoned. Christians attribute positivity to 'life after death,' resulting from God's obedience (Lee, 2017). In the absence of compliance, hell becomes inevitable (Greenland et al., 2020), while others feel that evil forces drive their family members to commit suicide (Samuel, 2019). This debate heavily depends on one's religious beliefs or lack thereof, belief in spirituality and higher power, values, culture, and academic acclaim (Lynn-Gall et al., 2016).

Considering many researchers' differing views and claims, Lee (2017) supports Picone's assertion (beliefs about the afterlife) that the beliefs related to individuals' destiny who die by suicide differ among different groups like Christians and non-Christians. While Christians group with a particular set of beliefs and doctrines, Becker and Woessmann (2018) pointed the differences in views among Protestants and Catholics, which will impact the afterlife. According to Li et al. (2020), the afterlife

concept is when individuals experience simulated thoughts to their departed loved ones. Families bereaved by suicide focused on their spiritual beliefs as coping mechanisms (Gall et al., 2020). Individuals who believed in afterlife experiences and continued bonds like speaking to the deceased assisted them in recovery and positive coping mechanisms (Jahn & Spencer-Thomas, 2018; Praetorius & Rivedal, 2020).

According to Seeman (2019), mourners believed that communication with the dead was possible and that their loved ones could return as angels despite the current theological views. The mourners' ideas tied into the concept of Robert Orsi's religion of presence, where supra-human beings played a critical role in individuals' religious foundation (Orsi, 2018). Based on Orsi's view of religion's presence, Orsi (2018) explained that there is the insinuation that a belief in an afterlife or 'religion of presence' serves as a means of helping someone through their grief. As Seeman (2019) mentioned, individuals view religion as a spiritual connection to strengthen their relationship with those they perceive as a higher power. As the debate continues, Despret (2019), in a qualitative study, expressed that a part of the reason why individuals feel the need to maintain links or to ponder on the afterlife is to conserve the relationship that they once shared and to continue to weigh on the mystery of losing their loved one. Despret (2019) expounded that mourners, based on their situation, use various avenues and incidents to offer them any form of relief and comfort related to their loss, including recognizing special events and occasions through rituals. Walter and McCoyd (2016) added that the bereaved could share their experiences of having pleasant dreams about the deceased and, in some instances, talking to them.

According to Despret (2019), individuals can attain perceived gains and comfort in remaining connected with their deceased loved ones. On the contrary, Bartolini et al. (2018) informed of the possibility of the inconsistencies of errors and possible misconceptions that one may experience in their attempt to consult mediums or participate in spiritualism. Bearing in mind Bartolini's assertion, Worden (2018) believes that the attempts to communicate with the deceased and the mourning period offer the bereaved an opportunity to be engaged in an ongoing relationship with the deceased, helping with resilience and meaning-making. According to the Holy Bible, Ecclesiastes 9: 5 states that the dead knows nothing. Contrary to this position, DeGroot (2018) opined that maintaining connections with the deceased is a healthy action of choice for the bereaved.

Meaning-Making

Grief and loss are universal concepts that bring discomfort and other bereavement challenges. As a part of the process, meaning-making is from a constructivist ontological viewpoint. According to Nichols (2021), a grief expert named David Kessler, who worked closely with Kubler-Ross, revealed this new stage. Nichols also asserted that the components of meaning-making occur when individuals recognize a changed outlook on life. Neimeyer and Sands (2017) supported this view and added that individuals benefit from meaning-making and change their identity to make sense of their world due to their loss. Evidence of meaning-making among individuals includes utilizing positive coping mechanisms, identifying internal and external support, and acknowledging new

perspectives and values concerning the changes brought on by the loss (Baker et al., 2018).

Meaning-making also explains how individuals can cope during their bereavement period (Asare-Doku et al., 2017). The experiences, coping mechanisms, schemas, and interpretation of one's surroundings differ (Valentine, 2019). As one engages in meaning-making, there is an expectation that they will understand their loss better and eventually lead to some measure of acceptance and resume regular daily routines through assimilation and accommodation (Solomon, 2018). Solomon (2018) further asserted that the extent of approval results from their success in reframing their losses. Reframing the failure considers the use of positive thoughts associated with the loss and the decease, which will ultimately infringe on the individual's risk of being exposed to complicated grief and other psychological disadvantages (Salloum et al., 2019).

Mourning

Death and the loss of loved ones can take up many dimensions depending on the ages, circumstances of the death, yearning for the loss, and relations. In instances of illness and old age, individuals experience grief, although anticipatory grief (Porter & Claridge, 2019) had been loitering around them. A more challenging situation is the sudden loss of loved ones through accidents, violence, and suicide. Renzi-Callaghan (2018) describes this experience as too intense. One experiences anguish and pain over the loss, placing one at risk for other medical issues and complicated grief (Fiorillo & Pompili, 2018).

Notwithstanding the peculiarities in each stage, the mourning process is multifaceted as it influences several factors, including family support, cultural beliefs (An et al., 2019) and rituals, religious and spiritual, emotional, and psychosocial (Thompson, 2018). According to Thompson (2018), mourning in the Caribbean is heavily influenced by Christianity and religion's traditional practices, which formed a significant aspect of the slaves brought into the Caribbean. As a critical component mentioned in grief, individuals engage in mourning to express their emotions and pain as individuals try to adapt or come to terms with the loss (Dilmac, 2018). While death and loss are universal, it is imperative to acknowledge that the experience is unique for individuals. There is no linear fashion for one to go through grief and bereavement (Worden, 2018).

Individuals' values, culture, and experiences influence grief and bereavement (Walter & McCoyd, 2016). Mourning the loss of loved ones is a critical and fundamental activity as the support provided during that period can help the bereaved with adjustments (Smith et al., 2020). This adjustment relies on the four tasks of mourning postulated by Worden (2018), namely: an acceptance of the reality of the loss, processing the pain brought on by the grief experience, adjustments in the absence of the loved one, and seeking a lasting connection with the deceased while trying to commence a new life. Similar to Kübler-Ross' second stage of grief, Worden (2018) informed that the bereaved came to terms with the reality of the loss when acceptance and acknowledgment that the bereaved's challenges are likely to experience based on the nature of the death. According to Bates (2019), the individual's acceptance of the death marks any activity that brings closure, like assisting with the burial, participating in a religious ceremony or

memorials, and making notes of activities. This task becomes increasingly difficult based on the nature of the death and the circumstances surrounding it (Yousuf-Abramson, 2020). In instances where the bereaved face disenfranchised grief, they become more vulnerable to emotional and mental health issues (Lathrop, 2017). Making adjustments to live without the deceased can be another task in the bereavement process. It requires accepting the loss and learning new skills, continuing responsibilities, and even restructuring the home and life (Smith et al., 2020).

According to Yousuf-Abramson (2020), this stage appears to be just as challenging because the bereaved have to make adjustments in the absence of the deceased, endeavor to remain focused on their belief system and ascertain that grief does not negatively overcome them. During the final task, the individuals seek to find meaning in the experience and build a lasting connection with the deceased (Yousuf-Abramson, 2020). As the bereaved carry and cherish their memories and try to find positive attributes that will enhance their own lives, connections occur (Schwartz et al., 2018). Furthermore, to seek and create this lasting connection, the bereaved will integrate the deceased into their life as they seek to journey ahead. The bereaved can move back and forth in the grieving dual-process process (Fasse & Zech, 2016). During this time, they are exposed to negative and positive emotions, enabling them to move forward and embark on a new life without their loved ones (Green et al., 2020).

Summary

Chapter two sought to present the search strategy and the theoretical framework. The literature review addressed suicide, sibling bereavement, stigma, complicated grief,

religion and spirituality, coping strategies, and meaning-making. I also discussed a section on mourning and suicide from a Caribbean perspective. The search strategy highlighted the various sources that pointed to the different types of losses related to suicide and the relationships involved. Further, the theoretical framework highlighted the theory used to synthesize and corroborate other studies.

The transactional theory of stress and coping sought to incorporate the internal and external issues while using the individual's cognitive appraisal to assess the threat of stress to their existing internal or external resources. Including these internal and external issues and cognitive appraisal, usage is highly subjective. The presenting situation's response depends on the individual's influence, subjectivity, past experiences, values, beliefs, and schemas. The theory examines how the feelings or emotions of individuals influence their daily life's stresses and challenges. Life exempts no one from its daily stresses. Individuals must employ effective coping strategies to go through these struggles. Individuals who possess the internal capacity to manage these life stressors can operate successfully.

Furthermore, access to external support like a social network, professional support, and therapeutic support can also help individuals manage successfully. It is noteworthy that individuals at higher risk for lower coping or the model's effectivity have preexisting conditions that threaten their health and those with a lack of support. In some cases, individuals who lack skills and resilience will face more challenges. Nonetheless, using the theory will point to the individuals' ability to recognize the threat, make an adequate assessment of it, and seek to employ the most appropriate strategy to manage

the situation. Failure to do so successfully is likely to place the individuals at risk for increased social problems and complicated grief in death and loss. The theory's dynamic nature is pointed out, especially in the reappraisal appraisal, where the individual engages in an ongoing reappraisal of the stressor. These examples are evidence of the situations or research studies where the theory utilizes. Although the research identified many stressors, I could not find any research on sibling grief due to suicide and using the theory to examine the various components.

Individuals bereaved by suicide experience intense pain and anguish added to the shame and guilt of suicide (Corrigan, 2017). Their coping means become more complex due to the stigma faced. Because of exposure to the stigma that may result in complicated grief and other health threats, they must receive adequate care, support, and attention to avoid or lessen the danger of these psychological implications. Although there may be available services that the bereaved can access, the fear of being stigmatized or their grief disenfranchised also serves as a barrier or a deterrent for them to access the necessary support. The literature referred to suicidal behavior among individuals bereaved by suicide in light of this situation. The literature highlighted stigma, shame, guilt, self-blame, coping, and complicated grief throughout the literature search. The identified gaps in the literature review included a need for general education that will understand individuals' experiences bereaved by suicide and literature on the lack of research on the coping mechanisms of Saint Lucians bereaved by sibling suicide.

Guided by the theoretical framework, I investigated how individuals bereaved by suicide cope with their loss. According to Lazarus and Folkman (1984), the transactional

model of stress and coping theory, using its cognitive appraisals, will allow individuals to assess the degree to threat related to their well-being. How individuals manage or cope depends on the available resources (external and internal), resilience, and their capacity to confront the situation. Although there is an identified gap in the literature related to bereavement due to sibling suicide, the literature highlights the challenges individuals face during their loss. Many research studies examined bereavement due to natural, tragic, violence, and death by suicide. However, very little consideration is given to sibling grief due to death by suicide. These include a spousal, parent, and child and adolescent (Kölves et al., 2020; Kourkouta et al., 2019). Research in these areas presents commonalities mentioned in previous studies, which will help understand and form the core of the study. Chapter three will explain the selected research design, research questions, and data analysis. It will also highlight my role as the researcher, how the participants will be selected, the selection criteria, and the procedures used in this process. Similarly, Chapter three will also address the instrumentation for the research study, the data analysis plan, trustworthiness issues, and other ethical considerations.

Chapter 3: Research Method

The purpose of this descriptive phenomenological study was to examine the lived experiences and coping mechanisms of Saint Lucians of African descent who lost a sibling to suicide. The participants in this study were between 20 and 60 years. They resided in the Northeastern part of the island, and they experienced sibling loss to suicide 2 years or more post-death. Additionally, one will understand the coping mechanisms of individuals who lost a sibling to suicide in the study. Bereaved individuals experience cognitive challenges resulting from natural death (Nordal, 2020). The stigma associated with death by suicide further complicates their experiences, placing them at risk for mental health problems, isolation, and disenfranchised grief (Yasgur, 2018). Participants express their views and narratives based on their lived experiences and perceptions through the qualitative method (Eyisi, 2016; Rahi, 2017). In the case of my study, I used open-ended, semistructured interviews to obtain detailed and rich information about the participants' experiences. In this chapter, I will discuss the research design and the rationale, my role as the researcher, a description of the selected sample, the instrumentation used for data collection and analysis, and issues of trustworthiness and ethical procedures.

Research Design and Rationale

The research design was paramount because it served as a foundation for the research study to connect and align the research procedures. According to Abutabenjeh and Jaradat (2018), the research design is the overarching strategy that the researcher will use to conduct the study. Babbie (2017) further stated that the research design could be

considered the binding agent in the research study due to its ability to align its components like the research method, data collection and analysis, and research question. Babbie (2017) also noted that the research design influences the research question and the data collection procedures. A flaw in any of these components will cause poor alignment, impairing the research study's integrity and the results (Leavy, 2017).

For this study, I used the descriptive qualitative phenomenological design. I highlighted the lived experiences of individuals who lost a sibling to suicide using this design. Phenomenology traces from the era of Plato, Socrates, and Aristotle as a viewpoint of human beings (Peoples, 2021). In the early twentieth century, German philosopher Edmond Husserl established that phenomenology is an approach to understanding individuals' structure and lived experiences, including interpreting and assigning meaning to their experiences (Qutoshi, 2018). Further, Husserl focused on the individuals' experiences, including their perceptions, behavior, thought processes, information evaluation, and decision-making related to a specific phenomenon (Qutoshi, 2018). Husserl focused on the individuals' experiences, including their perceptions, behavior, ways of processing and evaluating information, and decision-making related to a specific phenomenon (Qutoshi, 2018).

Central Study Concepts and Design

I selected a qualitative descriptive phenomenological design for my research study by Edmund Husserl. Husserl believed no one understands a concept without suspending one's judgment (Peoples, 2021). It is a powerful way to understand the lived experiences of individuals without the influence of assumptions and biases (Sundler et

al.,2019). Although the phenomenon in question impacts many individuals, each individual responds to and experiences grief uniquely (Clarke & Braun, 2016). Given the research question and the study's objectives, I used this design to explore detailed and rich descriptions and meanings of lived experiences of individuals who have lost a sibling to suicide. Although the other qualitative research designs (ethnographic, case studies) seek to explain the phenomenon, they do not use in-depth interviews like the descriptive design (Leavy, 2017). Although using a case study approach would provide details on the phenomenon, this approach would be insufficient to capture the participants' in-depth and rich experiences.

An ethnographic approach was inappropriate for my study because I did not focus on the participants' culture. Further, using the ethnographic approach and the case study methods would necessitate me to engage in interviews over a prolonged period. Consequently, I would not highlight the individuals' lived experiences or gather information to address the research question. The phenomenological design allows the researcher to capture the participants' unique and in-depth accounts of their experiences, feelings, perceptions, and world view (Creswell & Poth, 2018; Ravitch & Carl, 2016). Using the phenomenological design for my study, I explored the individuals' philosophical character and lived experiences based on their feelings, perceptions, and world view through non-numerical means, thus making the design the appropriate and preferred choice. Phenomenology is a method of inquiry used by researchers to acquire knowledge about individuals' lived experiences (Ellis, 2016; Sandi-Urena, 2018) and describe and explore the participants' stories. According to Neubauer et al. (2019),

phenomenological methods are particularly effective at bringing to the fore the experiences and perceptions of individuals from their perspectives and, therefore, challenging structural or normative assumptions.

I used the phenomenological design to enhance the qualitative method's inductive nature, which enabled the participants to share the narratives based on their lived experiences. Christensen (2016) further mentioned a four-step approach used in the design for the researcher to understand the participants' experiences, namely bracketing, intuiting, analyzing, and describing. In semistructured, open-ended telephone interviews, the participants shared their experiences related to their sibling's loss to suicide.

It is paramount to pay keen attention to the researcher's role in any research setting or experience. To use the phenomenological design, I assumed the role of an observer-participant. As an observer-participant, the participants were aware of my involvement and objectives. Creswell and Creswell (2018) stated that the participant-observer must assume an objective role. That said, I took on a neutral role in the research process, notwithstanding the telephone engagement and interaction I had with the participants. According to Guerrero-Castañeda et al. (2017), the researcher is the primary tool for data collection when conducting qualitative interviews. The researcher observes, takes notes, and communicates with the participants during this time.

As my study's primary data collection tool, I engaged the participants during the interviews and member-checking. As the researcher, I played a pivotal role in the research process. Apart from conducting the semistructured interviews, one of my key roles in the research was to inform the participants of their roles and explain the process

to them. Roets (2017) stated the importance of protecting the participants from harm and associated risks during the research. To prevent discomfort and obtain informed consent from the participants, I ensured the participants' comfort. I clarified my role as the primary instrument for data collection and the participants' roles as the co-researchers. The participants' role as co-researchers in the study entails their engagement and participation in the research process (Pope, 2020). I developed a good rapport and a professional relationship to enhance comfort among the participants. Moreover, I shared no professional nor supervisory relationship with the participants, thus ensuring a bias-free and objective study.

According to Ravitch and Carl (2016), one needs to be aware of biases and misconceptions that are likely to impact the objectivity of the study. As a researcher, my role in the research process necessitated awareness of my preconceived notions/ideas, values, biases, and possible assumptions that I may have about the phenomenon. To reduce or avoid bias during the research process, I noted my perceptions, interpretations, and understanding of the phenomenon under investigation in my journal to prevent bias which is likely to influence the data collection process, data analysis, interview process, and findings. I also acknowledged my role to uphold and recognize ethical considerations during the process. The recognition of ethical considerations was evident by transparent deliberations with the participants, ensuring permission from ethical boards due to consent obtained, and respecting the participants' privacy and values. As a researcher, I was sensitive to the participants' needs, appreciating and adhering to confidentiality and anonymity. Further, I acknowledged the differences in beliefs and demonstrated

sensitivity toward shared experiences from the participants. Overall, I showed accountability for participants as a researcher by managing the data and disseminating the reports to the academic community.

Methodology

Participant Selection

According to Bhadndari (2020), the research population refers to collecting individuals' similarities that are familiar with the phenomenon under investigation. My study's identified population was Saint Lucians of African descent who were 20 to 60 years old. These individuals were from a specific community located in the country's Northeastern part. The sampling strategy for my research study was purposive sampling. Benoot et al. (2016) stated that purposive sampling is a non-probability sampling method commonly used in qualitative research. It was highly dependent on the qualities that the participant possessed and the experienced judgment of the researcher. Etikan et al. (2016) highlighted the significance of the participants' interests and willingness to participate in the study. It was important to note that while the potential participants possessed the desired characteristics, it was equally important that they were interested in the research and willing to share their experience and express and communicate the information insightfully and thoughtfully.

Crossman (2020) stated several purposive sampling strategies: extreme/deviant case sampling, typical case sampling, maximum variation/heterogeneous purposive sampling, expert sampling, critical case, and homogeneous sampling. I used purposive sampling to exclude participants who did not fit the selection criteria for the research. I

did not use the total population sampling strategy because I did not examine the entire population. Further, the whole population would not necessarily share the specific characteristics of the prospective participants. According to Benoot et al. (2016), extreme/deviant case sampling investigates an uncommon phenomenon. I noted that this was not rare or unusual in my research study, rendering this strategy inappropriate. I did not consider typical case sampling because I did not intend to study a phenomenon regarded as regular or average. Because I planned to interview individuals bereaved due to sibling loss to suicide, I did not consider the maximum variation/ heterogeneous nor homogenous sampling strategy. I needed to use the maximum variation/heterogenous sampling strategy and homogenous sampling strategy to interview several individuals with specific characteristics and gain insight into the phenomenon.

According to Martínez-Mesa (2016), the research study should contain congruency and consistency among the different segments of the study. To ensure methodological integrity, I aligned the research problem, the purpose, design, and the sampling method throughout the study. The participants for my study were knowledgeable about the phenomenon under investigation and were willing to share their lived experiences. Although they willingly participated in the research study, I reminded them of their rights. Their knowledge and experience were due to their sibling's loss to suicide during the past 2 years. The participants were Saint Lucians of African descent between the ages of 20 and 60, who resided in the Northeastern part of the island.

According to Hennink et al. (2017), a nine interviewees' sample size is adequate to collate the narratives from which themes developed after coding before realizing saturation point. While it was crucial to identify the number of individuals for my study, my goal was to reach saturation. According to Hennick et al. (2017), saturation occurs when there is no recording of new information or themes and categories, indicating that the categories and other emerging concepts have been noted and possibly exhausted. As it relates to data saturation, Boddy (2016) stated that data saturation recognizes the data collected in a study as sufficient to produce a solid and reliable knowledge of the phenomenon under investigation. Although the data highlighted similar responses, each participant introduced new information and themes. I interviewed a sample of 10 individuals for my study.

The identification and recruitment of participants were essential aspects of the research process. This process was done with due diligence, paying particular attention to the procedures involved and the ethical considerations. Individuals who fit the criteria based on the International Review Board (IRB) recommendations and other study requirements were selected. Dawson et al. (2017) and Klose (2020) stated that researchers must employ proper strategies and appropriate methods to recruit suitable participants. I recruited the participants in multiple ways, considering the age range for my research study. These methods included the following.

I used a private page on Facebook. I forwarded a request stating details about the research to the Facebook page administrator; this page focused on mental health and sensitization about suicide and suicide prevention (see Appendix B). I placed a flyer

with information about the study on notice boards in churches and other public places like bus shelters, community centers, post offices, and grocery stores. I then created a list of the individuals who met the sampling criteria and sent electronic and physical mail, which contained an invitation to the participants, the IRB consent form, and the study's description. After acknowledging the participants' electronic consent, I commenced the telephone interview and data collection arrangements. Lastly, I used the interview guide to facilitate the participants' responses (see Appendix A).

The interview participants' recruitment depended on the feedback and responses obtained after sending the invitations using the flyers and the Facebook page to the research population. After the participants showed compliance with the International Review Board (IRB) guidelines, I sent the invitations. The invitations outlined the purpose of the interviews and other necessary details, including a contact number to contact privacy and protection assurance. The contact information on the flyer included my email address and cellular phone information. Once the participants agreed to participate in the study, I forwarded them the IRB consent form with additional information that specified ethical procedures, protection, and consent.

According to Vasileiou et al. (2018) and Neubauer et al. (2019), qualitative research required smaller samples to generate context-rich and detailed information from the participants. Considering the nature of my study and the sample size, I used the phenomenological design, requiring a homogenous group of participants to share their narratives and lived experiences. According to Guest et al. (2020), data saturation is the absence of new information from the participants. Although the participants described a

similar phenomenon, they provided new and unique information. As such, I interviewed all the participants in the sample without recognizing data saturation. Individuals shared their experiences through semistructured telephone interviews. I obtained the necessary information from the small sample size of 10.

Instrumentation

The researcher's data collection tool, measurement, and analysis are the research instrument (Utibe, 2020). There was no pilot study or a subject matter expert's review as I was the primary instrument. As the researcher, I developed my interview questions, collected the data through semistructured, in-depth telephone interviews, analyzed the data, and reported my findings. According to Brinkmann (2016), the research instrument aligns with the research question's methodology; reliable and biased-free. For this study, I used phenomenological interviews as a research instrument. Phenomenological interviews address the participants' experiences as a dynamic process and interpretations during the interaction and also serve as a meeting between the participants and the researcher (Irrázaval, 2020; Martiny, 2017). This data collection mode allowed me to seek clarifications through the necessary probing (Creswell & Creswell, 2018).

The participants' stories based on their experiences and feelings yielded profound and in-depth descriptions of the phenomenon in question (Levitt et al., 2017). During this time, I ascertained the capturing of the responses through active listening without any form of bias or prejudice (Guerrero-Castañeda et al., 2017). As the co-researchers, the participants were encouraged to share their experiences to understand them best and offer clarification and feedback based on my interpretation level (Pope, 2020). Each participant

was asked ten primary questions and subquestions (see Appendix A). I noted clarity, engagement among the participants. By using the subquestions in the interview guide, I observed clarity and engagement during the interviews

Additionally, I incorporated my field notes with the transcribed data obtained. To further ascertain content validity, I performed member checking. After the interview, I discussed the transcripts with the participants to ensure that I captured the participants' experiences. I ruled out the ambiguity in this review and ensured that I had the correct interpretation of the information. I followed the interview guide (see Appendix A) and secured the functionality of the recording devices. Moreover, to establish trust, rapport and promote comfort, I engaged the participants in a simple social conversation about their demographics before the scheduled interview.

Data Collection

Before the interview commenced, I went over the procedures again to ensure the participants' comfort. Further, I sought to start 15 minutes earlier to rule out technical issues with my telephone and the internet connection. The engagement began with a simple social conversation to check for proper connectivity and allow the participants to feel comfortable and relaxed. The single interviews lasted between 45 to 60 minutes. I took a written record of direction quotations and other critical statements that the participants shared during this time Surmiak (2018) stated the importance of protecting participants' confidentiality as a crucial ethical factor. I assigned a number to each participant to maintain confidentiality and privacy. At the end of the interviews, I

transcribed the audio-recorded narratives, likewise incorporated other notes in preparation for data analysis.

At the end of each interview, I gave the participants a toll-free number. This free service will offer the necessary support and referrals based on the callers' needs. I assured the participants of the confidential and professional nature of the calls. Considering the current pandemic where persons face economic challenges, I offered an incentive in the form of an XCD20.00 gift card. This incentive indicated appreciation for the participants' time and not a means of payment for their participation in the research study.

Data Analysis Plan

According to Salmons (2016), data analysis describes the process through which the collected data is organized, summarized, and interpreted, and presented in an understandable format. For the data analysis plan, I described the phenomenological reduction of the data collected, the reconstruction of the data, and the narratives from the participants. I also explained the measures of safekeeping and data storage. I provided details of the notes taken in my journal before and during the interview for data reduction. The data reconstruction pointed to the development of themes and categories. Also included as a part of my analysis was a computer program (NVivo). NVivo is a software program used to analyze qualitative and mixed-methods research using interviews, audio, and video (McNiff, 2016). I used NVivo 11 for windows to organize, manage and analyze the transcribed data after recording. The software aided me in identifying the pre-determined and emerging themes within the data after the coding.

Further, I used the Modified Van Kaam approach, as Moustakas (1994) postulated. This approach incorporated a thematic analysis process and consisted of seven steps, namely (a) horizontalization (listing and grouping), (b) reduction and elimination, (c) clustering and thematizing, (d) validation, (e) individual textual description, (f) individual structural description, and (g) textural-structural description. According to Yee (2019), the Van Kaam approach offers guidance that will aid the researcher in understanding the core meanings of the data collected based on the participants' experiences. I viewed my 10 interviews as separate data set under the guidance of the following steps according to the Modified Van Kaam Approach. As the first step in the analysis process, Yee (2019) stated that horizontalization involved preliminary coding and grouping the data by listing the relevant quotes from the participants. Each response shared was highlighted and treated as pertinent. I viewed the information as equally important from all the participants as seen on a leveled playing field. As a result, I managed all relevant information with equal respect, value, and regard (Hall et al., 2016).

During reduction and elimination, I assessed each quote or notable utterance shared by the participants. In this case, I sought to determine whether the statement or phrase was relevant to the experience or phenomenon in question or equated to its underlying meaning. The process of reduction and elimination allowed me to include only relevant information and eliminate that which was not necessary. According to Watkins (2017), the reduction and elimination process helps distinguish meaning units from unnecessary, inessential, and vague information. I eliminated the vague and

inessential information from the data set. In the clustering and thematizing step, I created clusters for the invariant constituents that are related. These clusters were grouped into themes and assigned a separate and unique meaning. I also ascertained that there were no overlaps or repetition among these themes.

During the fourth stage, I evaluated the themes generated in the third stage against the data collected. I ascertained that the data collected and the developed themes represented the participants' narratives during this stage. The themes also aligned with the transcripts. To create individual textual descriptions, I used the information from the stories shared to develop highly individualized reports. These descriptions used direct utterances in quotes from the participants. I recorded all the themes generated from the stories shared for the composite textual descriptions. I observed the themes that repeated themselves based on the individuals' lived experiences. I used a table to make the task more accessible to depict and identify the information. As much as the participants' stories were of paramount importance, I also noted the emotional, social, and cultural relations or associations that the participants possessed.

Imaginative variation as the sixth step was of vital importance. According to Turley et al. (2016), the researcher can characterize the experience of consciousness by engaging in phenomenological reduction and employing creative variation after stepping outside of the natural attitude through the epoché. During this step, I went through the epoché experience while examining and interpreting the congruence between the participants' emotional, social, and cultural connections. I acknowledged the need to suspend my judgment, thus exercising objectivity. There was also the need to

demonstrate understanding of the language used by the participants and how they make sense of their experiences (Allen, 2017). A correct understanding and interpretation of the information shared is vital for the data analysis and findings.

The final step entailed creating a composite structural-textural description, the synthesis stage (Allen, 2017). The textural and structural descriptions amalgamating offered a more profound and comprehensive understanding of the participants' lived experiences during this step. As the interviews continued, I paid close attention to the modified Van Kaam approach, which provided a rich insight into participants' lived experiences based on the stories and accounts shared with no interference by the researcher (Ravitch & Carl, 2016). In other words, it is almost like transferring the stories and narrations straight into the data. Anderson (2017) stated that researchers engage in several stages that will necessitate the researcher to remove themselves from the actual situation and interpret the data in ways exclusive to the individual or group related to the phenomenon.

According to Conelly (2016) and Nowel et al. (2017), the trustworthiness of qualitative research depends on the level of representation that the study gives to the participants' experience. Amankwaa (2016) informed that dependability, confirmability, credibility, and transferability are the criteria used to establish the study's rigor, authenticity, and objectivity. Amankwaa (2016) also suggested that credibility equates to internal validity, transferability equates to external validity, and reliability, while confirmability equates to objectivity.

Issues of Trustworthiness

Amankwaa (2016) posited that the trustworthiness of any study points to the confidence level of data collection, interpretation, and other methods used to ascertain the eminence and worth of a study. Connelly (2016) added that one could detect trustworthiness through engagement during the interview process and the observation of verbal and no-verbal cues, epoché, and peer debriefing. The researcher observes dependability in trustworthiness by ensuring that the findings are consistent and reliable. The researcher also uses dependability to review, appraise and monitor the procedures involved in the research process (Forero et al., 2018). Moon et al. (2016) further suggested that the consistency and reliability in the findings result from documentation of the design and methodology. To establish dependability, I kept a detailed record of all the steps and activities for the entire process of the study. Self-assessment and the usage of journals and field notes helped reduce the researchers' bias, thus increasing the dependability and transparency of the research study (Anderson, 2017). In my research study, I arranged for a colleague to support me by looking over my research process and conducting an audit to ensure that the study's findings, interpretation, and recommendations are congruent with the data collected from the participants.

According to Korstjens and Moser (2018), confirmability is the degree to which other researchers confirmed the findings. The interpretation of results and the data collected represent an accurate picture of the participants' accounts. I honored confirmability through journaling and reflexivity to maintain research validity (Fusch et al., 2018). The use of epoché during the research process assisted me to remain neutral;

this neutrality prevented me from being influenced by my interpretations and documentation of the data collected (Fusch et al., 2018). In so doing, there were no chances of having the interpretations skewed. There was a detailed analysis process to ascertain accuracy, objectivity, and fairness in interpreting and recording participants' responses (Korstjens & Moser, 2018).

Korstjens and Moser (2018) postulated that transferability is the degree to which the results of a study are generalized to individuals in other settings or contexts. I employed thick descriptions and variations in participant selection to promote and facilitate transferability. For the strategy of thick description, I provided detailed descriptions of the participants and the research process. The readers of my research will be the ones doing the transferring. During this time, they will infer that the results will be similar in their context or situation. By so doing, an outsider or a reader of my study could determine whether my findings were transferable to their peculiar setting referred to as the transferability judgment (Korstjens & Moser, 2018).

Moon et al. (2016) stated that credibility accurately represents the participants' narratives. I employed member checking, peer review, and triangulation to promote credibility. Although most participants shared common themes, they shared unique experiences and utterances. For this reason, I collected rich and detailed information through prolonged engagement. Member checking entailed cross-checking the participants' responses (Stewart et al., 2017; Thomas, 2017). In that way, the participants validated their responses. According to Cutliffe & McKenna (2019), validating the participants' responses ensures the accurate transmission and

interpretation of information. I shared the study with one of my colleagues knowledgeable about my research study design and method for peer review. I also compared the participants' responses with my journal entry and literature review to seek credibility.

Ethical Procedures

Before starting my data collection, I ascertained the International Review Board (IRB) approval. The invitation and IRB consent highlighted the conditions for participation in the research. The ethical areas under consideration included confidentiality, physical, mental, and emotional avoidance of harm and unnecessary discomfort to the participants, coercion, rights, and responsibilities. I ascertained that the participants and I shared no therapeutic or professional relationship to avoid conflict of interest. The participants received information on the nature, purpose, and involvement in the study before agreeing to participate. I managed power differentials between the participants and myself by notifying them of their right to withdraw from the study at any point without offering a reason to do so.

I arranged a time convenient for the participants' comfort and availability. I conducted the interviews in a private room, free from interruptions. After going over each script with the participants, I forwarded them the transcribed interview to review. The information collected (written notes, records, and findings) is stored and kept in a locked space that only I can access. I am the sole holder of the key to the storage box; the data is stored in my personal computer and protected with a password. I will physically destroy

both the hard copies and the soft copies electronically five years after the publication of my study.

Summary

I used the descriptive phenomenological qualitative research design and the purposive sampling method. Using this method helped me understand the lived experiences and the coping mechanisms of individuals who lost a sibling to suicide. The study sample was individuals of African descent from the Northeast of Saint Lucia between 20 to 60 years who lost a sibling to suicide during the past 2 years. I made the necessary arrangements for the interviews once the individuals agreed to participate (date, time, consent, explanation of the study's purpose). I asked the participants 10 in-depth, semistructured, and open-ended interview questions.

Similarly, I created field notes along with recorded interviews. The field notes included keywords and quotations the participants shared. For the data analysis, I described the phenomenological reduction of the data collected, the reconstruction of the data, the disclosure of the participants' experiences, using the Modified Van Kaam approach postulated by Moustakas (1994). The key to conducting the study was to ensure trustworthiness (Forero et al., 2018). I ensured trustworthiness in the study by establishing dependability, confirmability, credibility, and transferability. Chapter four will provide the findings of the study.

Chapter 4: Results

Introduction

In this descriptive phenomenological study, I sought to explore and understand the lived experiences and coping mechanisms of individuals who lost a sibling to suicide. The participants in the study were men and women between 20 and 60 years who resided in the Northeastern part of the island. The participants experienced sibling loss 2 or more years before the study. Through audio-recorded, semistructured telephone interviews, the participants shared the varied ways their experiences impacted them. I used the analyzed data to address the research question, how do Saint Lucians of African descent cope after losing a sibling to suicide? I will provide a detailed account of the study interview setting, the participant's demographic information, data collection, data analysis, a review of the evidence of trustworthiness, the result of the study, and the summary in chapter four.

Settings

There were no organizational or personal conditions that influenced the participants or their experience during the study to impact or affect the interpretation of the results. At the participants' convenience, I conducted 10 confidential audio-recorded telephone interviews in a private room in my house. The interview schedules were between 45 to 60 minutes. However, the time ranged from 40 to 53 minutes. I reminded the participants that the process was voluntary and was free to leave the session at any time. Considering the possibility that their sharing of sensitive and personal information entailed a trigger of psychological pain, I provided them with a toll-free number to call for support.

Demographics

Using the purposive sampling strategy, I recruited 10 individuals between 20 and 60 years who had lost a sibling to suicide in the past 2 years and lived in the Northeastern part of Saint Lucia. The recruitment process entailed obtaining approval from two Facebook administrators to have my flyer posted on their sites. I also placed the flyers in public places, including church bulletin boards, bakeries, and bus shelters. 19 participants indicated their interest in the study through email, WhatsApp, and telephone calls; out of a total of 19, 15 individuals met the full criteria. I oversampled the participants due to unforeseen circumstances and their ineligibility to participate. The participants' confidentiality and privacy were protected using a code (Participant 1, Participant 2, Participant 3, Participant 10). Table 1 offers detailed information about the participants' demographics.

Table 1*Participant Demographics*

Participants	Sex	Age	Address	Religion	Years post lost	Education	Occupation
Participant 1	M	45	Castries	Roman Catholic	11	Secondary	Private Sector
Participant 2	F	25	Castries	Roman Catholic	11	Tertiary	Police Officer
Participant 3	F	48	Castries	Seventh-day Adventist	10	University	Business Owner
Participant 4	F	21	Castries	Roman Catholic	08	Tertiary	Bar Manager
Participant 5	F	34	Gros Islet	Pentecostal	04	Tertiary	Unemployed
Participant 6	M	47	Labayee	Seventh-day Adventist	10	Secondary	Self Employed
Participant 7	F	45	Bexon	Church of Jesus Christ of Latter-Day Saints	08	Tertiary	Self Employed
Participant 8	M	60	Bexon	Evangelical	16	University	Pastor
Participant 9	F	43	Castries	Anglican	13	University	Accounts Supervisor
Participant 10	F	46	Gros Islet	Roman Catholic	20	University	Counsellor

Data Collection

For this study, I collected a detailed account of the lived experiences of 10 participants who resided in the Northeastern part of the island. I gathered information

from August 23 to September 17 through confidential audio telephone interviews after receiving Walden University's IRB approval. Recruited participants who contacted me via email, telephone, and WhatsApp received the electronic consent form after indicating their interest in participating in the research study. I received electronic consent from each participant before the commencement of data collection. The individuals informed me of a date and time for the interview that was convenient for them.

Although the proposed time for the interviews stated 45 to 60 minutes, the research interviews lasted from 36 to 53 minutes. To make the participants feel comfortable and build rapport, I thanked them for participating in the research study. I also reminded them that their participation was voluntary and that the information shared would be kept private and confidential. I also informed them of opting out of the study at any point in the interview process. I also reminded them that the interview would be recorded using a Google Voice App and share the scripts with my committee upon request.

I read the scripts with the participants for member-checking to ensure that the information shared was accurate. I also forwarded the script to them to provide further accuracy. The participants were encouraged to add or change any information as deemed necessary. I gave the participants a toll-free number if they needed additional psychological support related to possible psychological triggers. I forwarded an electronic gift card certificate to each participant after the data collection process.

I used a research interview guide with 10 open-ended questions with subquestions for the data collection (see Appendix A). The participants shared detailed accounts which

offered an understanding of the impact of sibling loss in terms of their experiences, faith, and general well-being. In a few situations where the cell phones were faulty and the recordings were unclear, I had to go over the identified areas for clarity and correctness. With this exception, no additional encounters posed a threat to the data collection process. I converted the recorded interviews into written transcriptions in preparation for data analysis using the software otter.ai. Otter.ai transformed the voice and audio conversations into notes.

Data Analysis

To account for the unique experiences shared by each participant, I employed the van Kamm approach of thematic analysis postulated by Moustakas (1994). Using the van Kamm approach, I identified codes, themes, repeated ideas, and patterns of meanings. The van Kamm approach entailed seven steps, namely (a) listing and grouping, (b) reduction and elimination, (c) clustering and thematizing, (d) validation, (e) individual textual description, (f) individual structural description, and (g) textural-structural description. Pivotal to the phenomenological research design, Christen (2016) and Greening (2019) highlighted a four-step approach. These steps included bracketing, intuition, analyzing, and describing.

After completing the ten interviews, I converted each participant's audio recordings into verbatim transcripts. I used a software program (NVIVO) for my data analysis. NVivo is a software program developed by QSR International to analyze qualitative and mixed-methods research data using interviews, audio, and video (McNiff, 2016). I used NVivo 11 for windows to organize, manage and analyze the

transcribed data after recording. Using NVIVO 11, I used inductive reasoning by organizing and condensing large amounts of the data collected into a unit of analysis using open coding that eventually generated initial coding. During this time, I acknowledged reflexivity as I made personal notes about the coding process based on my observations and thoughts.

I diligently went through each transcript to ascertain that the recording was accurate and represented the true picture of the participant's account. (Dörfler and Stierand, 2021) highlighted the importance of acknowledging biases while conducting research. I acknowledged bracketing as the first step in the four-step approach by setting aside my biases based on my experience and knowledge about the phenomenon in question before and during the research. I recognized my awareness of presuppositions about the subject matter.

For this reason, I managed the participants' responses objectively and from a non-judgmental perspective. Moreover, as the primary instrument and researcher, I ensured the correct interpretation and understanding of the stories shared. I viewed the data with all my preconceived notions suspended through bracketing. According to Anderson (2019), intuition requires the researcher to remain focused on the participants' responses during the study. During the intuition step, I paid attention to the data received and sought to understand the participants' narratives based on the phenomenon under investigation.

The third step in the four-step approach and the horizontalization as the first step in the seven-step van Kamm approach involved the grouping of the data based on

relevant quotes likewise preliminary coding. Although I obtained automated coding, I still went through the notes and paragraphs to correctly identify the key concepts in the shared information. According to Hall et al. (2016), the participants' responses and narratives are unique, notwithstanding the common issues they face in the phenomenon under investigation. Notwithstanding the subjective narratives from the participants, I treated their reports and responses with respect.

During the reduction and elimination, I noted and assessed the notable utterances and quotes from the participants to ascertain the relevance of the information related to the subject matter. According to Watkins, 2017, this process requires the researcher to eliminate vague, unnecessary, and inessential information while including relevant information. I then placed the identified codes from the first step in clusters. I used axial coding for my second coding cycle to place the clusters into categories. I used the NVIVO software to develop categories from the initial codes. I assigned a unique and separate meaning with no overlaps or repetition among the identified themes emerging from the categories. During the fourth stage, I evaluated the themes generated in the third stage against the data collected to accurately represent the information shared based on the transcribed material.

The creation of individual textual descriptions derived from the narratives shared based on its details and uniqueness in quotes and utterances, including verbatim examples. I recorded the generative themes in a table for the composite textual descriptions. I used the table to monitor the emergent themes to ensure that there was no repetition and overlapping based on the data shared and that the information was

congruent with what the participants shared. In addition to the recorded narratives shared, I also noted the participants' emotional, social, and cultural relations or associations. During this time, I searched for missing data and identified new emerging themes that were congruent with my research question and the primary purpose of the research.

In the sixth step of the approach, I documented each participant's insights based on their experiences and perception of the phenomenon. During this step, I acknowledged the need to suspend my judgments while paying attention to the participants' emotional, social, and cultural connections (Turley et al., 2016). Key to this stage was the demonstration of understanding the selected language used by the participants and how they made sense of their experiences. According to Allen (2017), the final stage of the modified van Kaam approach entailed creating a descriptive transcript that incorporated the emerged themes. These themes offered a greater understanding of the participants' lived experiences.

Moustakas (1994) referred to this final stage as the textural-structural description of meanings of the participants' experiences. As a measure of member-checking, I shared the transcripts to ensure the correct recording of the information and the intended purpose. Eight of the 10 participants indicated that the scripts accurately represented what transpired via email. In comparison, the other two participants offered more information to a particular question and made amendments to their address. Finally, I attained triangulation by analyzing the data through the modified van Kaam approach as the standard data analysis for my study.

The Emergence of Codes, Categories, and Themes

Qualitative researchers are often confronted with extensive data for processing and analyzing. Considering the complexity of this task, they utilize coding, which is a critical component of the analytical process to make the data more manageable in preparation to reveal the results of narratives shared by research participants. According to Creswell and Creswell (2018), coding is the organization of the data captured from the participants into segments of texts. A word or a phrase is assigned to it to summarize its meaning. I developed descriptive codes for my research study after I created a code relevant to the information collected in my codebook. These codes were equivalent to the perceptions and ideas shared by the participants as a collective group; the codes were relevant to the research question and the purpose of the study.

After creating these codes from the narratives, I placed them into categories. Gibbs (2018) described a category as an assortment of similar data in a commonplace. By categorizing the data, I was able to identify and label the category as deemed necessary. I was also able to identify consistent and predominant themes in the data. Subsequently, I identified seven categories from the created codes: (a) stress, drugs, mental illness, (b) life-changing, divided, isolation, noninteractive, withdrawal, (c) animosity, blaming, (d) denial, disbelief, overwhelming, (e) non-productive, low productivity, poor health, inability to focus, little or no support, (f) negative reactions, stereotype, stigma, blame, guilt, shame, (g) faith, God, spirituality, afterlife, resurrection.

Finally, I identified six themes from the analyzed codes and categories, (a) effective coping and coping strategies are necessary to manage grief and loss effectively,

(b) negative reactions, perceptions, stereotypes, and stigma about suicide can serve as a barrier to healing and positive coping skills, (c) spirituality and faith/belief in a higher being are essential components for coping and healing for individuals who experience sibling loss to suicide, (d) the misuse of substances and other social challenges place individuals at increased risk for suicidal thoughts and suicidality, (e) in the absence of adequate support and resources, mental, physical health and the overall quality of life are impacted by grief, (f) education, community support, and networking are essential in understanding and addressing suicide) which represented the participants' experiences through their narratives.

The codes, categories, and themes aligned with the notes and memos gathered during the interviews. The memos included quotes and other direct utterances from the participants. These quotes and themes also credited the research and fostered a better understanding of the phenomenon. In addition to the theoretical constructs noted in the analyzed data, the participants' narratives supported the research question, allowing me to present the stories analytically. The theoretical analysis from the stories informed the experiences of Saint Lucians of African descent who lost a sibling to suicide, who reside in the Northeastern part of the island.

Evidence of Trustworthiness

A researcher's ability to prove the precision of the research, ethical adherence and thorough procedures will highlight the trustworthiness of this study. There must be evidence of transparent steps likewise detailed and accurate documentation and interpretation of the data obtained (Nyirenda et al., 2020). Trustworthiness seeks to

ascertain rigorous research and ethical standards. In addition to the significance of trustworthiness on participants' narratives, trustworthiness serves as the medium to offer evidence and rationale for the research community to accept research findings, highlighting the confidence in data collection and the interpretation and analysis of the data (Conelly, 2016). Once there is acceptance of research findings, trustworthiness propels other researchers to build on the existing research and use the results to inform policy and empower individuals and society (Anderson, 2017). To establish trustworthiness, Amankwaa (2016) recommended credibility, transferability, dependability, and confirmability

Credibility

There must be confidence and trust in the research process, and the findings are needed to establish credibility. According to Portugal (2017), a precise analysis must represent the participants' narratives, likewise lacking bias. I employed member checking, peer review, and triangulation to ascertain credibility. Member-checking allowed me to confirm the participants' reports. The participants clarified areas not clearly articulated or recorded. Before forwarding them for corrections, amendments, and validation, I also went through the scripts. Triangulation as a strategy entailed open-ended telephone interviews, which provided detailed and rich information based on the participants' experiences.

Further credibility entailed sharing the study with one of my colleagues familiar with the phenomenon in question for feedback and review. I also compared my notes and journal entry with the participants' responses. Additionally, I compared the data

from the literature review with my journal entry. This comparison ascertained alignment in the research. The alignment and comparison of the data can facilitate the confidence or belief that one can have in the findings.

Transferability

One can consider transferability in a research study once one can transfer the findings to other settings or groups. According to Maxwell (2021), the individual who desires the findings transferred will be the one to determine transferability. The individual who will evaluate the transfer of results must receive sufficient evidence from the study, facilitating the process. In this research, I established transferability by providing the analyzed data as evidence to transfer results or make them applicable to a different situation or population. I used thick, rich, and detailed descriptions alongside appropriate research design and methods to enhance transferability.

Dependability

Nowell et al. (2017) informed that researchers could achieve dependability through thorough and precise data documentation, thus producing consistent and reliable findings. According to Anderson (2017), reliability also allows readers to judge the research once they follow the steps engaged in the research process logically and systematically. To establish dependability, I kept a detailed journal of the steps and activities for the entire process of the study. Self-assessment and the usage of journals and field notes helped reduce the researchers' bias, thus increasing the dependability and transparency of the research study (Anderson, 2017). I arranged for a colleague to support me by looking over my research process using my audit trail in my research

study. This audit trail ensured that the study's findings, interpretation, recommendations, and data collected from the participants were congruent with the selected theory and the research method and design.

Confirmability

Qualitative research aims to ensure that the participants' narratives reflect their experiences and that the researcher interprets them with accuracy and precision; the account compiled by the researcher should be free from biases and assumptions (Kyngäs et al., 2020). The interpretation of results and the data collected represent an accurate picture of the participants' accounts. I honored confirmability through journaling and reflexivity to maintain research validity (Zahavi, 2021). The use of epoché during the research process assisted me to remain neutral; this neutrality prevented me from being influenced by my interpretations and documentation of the data collected (Zahavi, 2021). In so doing, there were no chances of having the interpretations skewed. The detailed analytical process ascertained accuracy, objectivity, and fairness in interpreting and recording the participants' responses (Kyngäs et al., 2020).

Results

In this study, I sought to understand better and answer the fundamental research question underpinning the scope of this study: How do Saint Lucians of African descent cope after losing a sibling to suicide? This research question formed the basis for presenting the results of the study. I conducted 10 audio-recorded, open-ended, semistructured interviews with individuals who experienced sibling loss 2 years or more. I assigned a number to each participant based on the order of the interviews.

The responses were individualized, and I ensured correct interpretation and understanding through member-checking. The second coding cycle brought about twenty-six codes from which the seven categories and six themes emerged. I utilized the modified van Kaam method of data analysis to identify the themes and patterns in the data. I presented the results using a thematic approach bearing in mind that the participants' responses to specific questions overlapped with other themes. Six themes emerged in the data analysis from the collected participants' narratives.

Initial Reaction and the Loss Experience

Tell me about the experience upon receiving the news of your loss.

The responses to this question entailed sub-themes like shock, denial, disappointment, anger, hurt, confusion, autopilot, and auto survival mode.

Initial Shock

The participants' description of their experience epitomized physical and emotional turmoil. Some of the participants sounded sad as they shared their experiences. Some described the interview experience as going back to the time and place of the incident, while others expressed their level of disbelief accompanied by the shock. Participant 1 recalled, "Upon receiving the news, it was very shocking, disappointing, and hurtful."

Participant 2 recalled:

I got to find out from my neighbor. People posted the photos online. I did not cry much. I did not take it as hard as my other family members did. I did not take it as

hard as I thought I would. I was able to maintain my composure; I did not cry much. However, I have not understood the grief. He was not home; he was at university. A part of me still feels like he will be back.

Participant 3 tearfully added, “This is not a good experience for me. I am reliving the day this happened. It is like I am at the same place when I received that call.”

Participant 4 commented, “I was so shocked when I got the phone call; the phone dropped from my hand. I returned to bed.”

Participant 5 accounted, “I felt like I was not on earth. I spoke to him just last night. I questioned why he would do that. Having no closure is the hardest. I do not want to remember that day.”

According to Participant 6, “I got scattering information. I just needed to know what was going on so I could determine how I could help.”

According to Participant 7, “That was unbelievable. I did not know what to believe. I felt like this was not true. I wish I could be more helpful.”

Participant 8 expressed shock and disbelief at the time of receiving the news. He commented, “I borrowed him my car on Sunday as his vehicle was down. We spoke well. His wife then called me on Monday at 8:00 p.m. to say he hung himself. I was shocked. I never saw any signs of distress.”

Participant 9 added: I was the one who found him as he stayed with me. It was a Sunday afternoon. I thought I was seeing and imagining things. I could not believe my eyes. I started screaming. My partner tried calming me down.

Participant 10 commented, “Upon receiving this news, I went into automatic pilot mode. I took on the mantle of preparing and organizing. My experience was an auto survival mode.”

Responses to the First Interview Question

Tell me about your sibling; how would you describe them and the relationship you shared?

Participant 1 described his sibling as an outgoing individual.

He recalled:

We were five years apart. Although I was older than he was, I was co-dependent on him. We were very close. We got closer as we grew older and understood him better. Notwithstanding our age difference, I longed for him to be around me more and more.

Participant 2 briefly stated, “We had a close relationship; he was calm.”

“He was my big brother, very bossy and ambitious. Although we did not get to spend much time together, we had an excellent relationship,” according to participant 3.

Participant 4 described her sibling as outgoing, passionate, and loved reading books. “We had a very close relationship. We spoke every Sunday. We had each other’s back.”

According to Participant 5, her sibling was a very friendly and calm person. “He was an extremely bright young man academic-wise. He was helpful yet reserved. We never had an argument or fight. We shared a good enough relationship.”

“My brother was overly ambitious. He refused to do his due diligence as far as business was concerned. I do think that this led to his demise. However, he was a calm individual

who did not get upset quickly. We had a close relationship with good communication,” participant 5 shared.

Participant 7 expressed a close relationship with her sibling; she added, “He was humble, kind, very quiet, and did not get himself in trouble. However, when he was going through his problems, he was drinking and would sometimes become troublesome and kept to himself a little more, but naturally, he was a people’s person.

Participant 8 recalls his sibling as an introvert who smoked tobacco. He added, “We had a close relationship, but the relationship that I had with his wife made our relationship a bit tense.” According to participant 9, “He was jovial, he loved animals, and he was not a lover of school. He was my first brother, and we were very close.” For the last response to this question, participant 10 shared:

My brother was funny but reserved. We had a close relationship. We suspected that he had smoked a black joint, so the period between which he passed, and he wasn’t mentally stable before that for a long while. That caused our relationship to get strained.

Theme 1: Effective Coping and Coping Strategies are Necessary to Manage Grief and Loss Effectively

Effective coping and coping strategies were recognized as one of the key themes in the data analysis. The 10 participants acknowledged the benefits of effective coping strategies during their grief. They also concluded that one must engage in and employ effective coping strategies to manage grief and loss effectively. Their coping strategies

ranged from forgetting that the incident occurred, engaging in talking about their loved ones, helping other people in similar situations, and cherishing the memories of their loved ones. Notwithstanding their different ways of expression, nine out of the 10 participants noted that their faith in God helped them cope with their loss. In light of the above, participant 1 informed:

This experience was overwhelming; I just cried and cried. My job entailed lots of walking, and the crying really did not do well for me. I did not know what to do. It affected my job. I was not able to compose myself on the job. This pain was too much. I eventually had to resign.

Participant 2 said:

He was still going to university when it happened, so he was not there as often. So, I got accustomed to not seeing him apart from when he came down once a year. So, for me, I feel like a part of me still feels that he will be back one day. But the mere fact that I still have it in the back of my head that he was always gone for long periods, it just feels like he is not around for now. My coping method is to avoid talking about it, knowing that people do not understand suicide.

Participant 3 added:

Honestly, this is the first time I've really broken down. I put this thing in the back of my mind. So, these emotions were locked away. They were locked away for a long time. I always thought maybe it didn't bother me. I've spoken about it

before, but I have never broken down. It was just in the back of my mind, and every time I venture to into it, it's like he's away.

Participants 2, 3, 7, and 7 informed that their way of coping was to treat the incident like their sibling was overseas, as he had been accustomed to in some cases.

Participant 3 further stated:

This is how I coped with this. I pretended that he was away. But one would ask, why isn't my brother calling? I would tell myself that he was busy like he has always been, so he has not been calling. I thought I was over it and coping well, but I realized that I was not over it. I said maybe I am slow. I process things at a snail pace. Eight years later, and I am still looking at it. I remained strong, although I often questioned whether I had a heart. Maybe I didn't want to deal with it the way I should have dealt with it. I think I am wired differently. I don't react so much, and I know this is not good.

Participant 5 shared, "I separated from my family for a few years as I no longer felt welcome. This was a way of coping."

While participant 8 said that he built a closer relationship with his sibling's daughter.

Participant 9 remarked:

Having an understanding as to why individuals commit suicide made me cope a little better. I know that these individuals were not in their right frame of mind when they committed suicide. With this knowledge, I find myself helping families in these situations and those who attempt suicide as well. Helping them was a means of coping for me in my situation.

Participant 10 spoke of self-awareness; she added, “Having a high level of self-awareness and finding the strength and coping means within you is necessary to cope.”

Theme 2: Negative Reactions, Perceptions, Stereotypes, and Stigma about Suicide can be a Barrier to Healing and Positive Coping Skills

This theme emerged from the analyzed data that addressed the reactions, behavior, and perceptions about suicide. Except for participants 1, 9, and 10, the remaining participants expressed negative reactions and responses from individuals about their loss.

Participant 2 shared:

The truth is, there are a lot of ignorant people as far as suicide is concerned. So, people are under the impression that once someone commits suicide, it is because of a woman, stress, or something they cannot handle or are weak. You will always hear that in a working environment, especially with the work I do when a suicide case is reported at my workplace. They always make poor comments. It is because they are ignorant about it. But sometimes, you cannot help but feel a little way. But I never speak of my personal life at work. I do not think that anyone is aware that I have someone who has committed suicide. It is still a taboo kind of topic. Even now, when I tell them, I had a brother who died due to suicide. I will not go into depths to explain because it is taboo, and people are ignorant about it. However, when the incident happened with my brother, people reacted positively. They were loving and supportive.

Participant 3 indicated, “I know that many people would be judging him based on his course of action. According to some people, once you take your life, you are doomed to hell.”

Slightly different from participant 4, she expressed, “People looked like they felt sorry for me. I did not want anybody to pity me, so I had to keep ignoring and avoiding them all of the time.”

Participant 5 shared:

Although a few people were kind toward my family and me, some were very unkind and blamed me for the death. I felt disadvantaged as this kind of treatment was unfair to me. For this reason, I distanced myself from my family by staying away for a few years.

Participant 7 added, “People were very negative and judgmental. They said that my brother should know better and that he would go to hell. Negativity and judgment from people made me angrier and sadder.”

Participant 8 added his views to the concerns about negative reactions and stereotypes.

He stated:

Although people around me and my family were positive and supportive, I grew up in the Catholic religion that says, once you commit suicide, they do not allow you to come inside the church for the funeral, for it is a disgrace. My mother had 14 children, and we considered ourselves very strong; you now have a brother who couldn't cope with life, and he has decided the way to deal with it was to get rid of his life.

According to participant 9, people did not verbalize negative comments, but their behavior was very interesting.

She expressed:

They were so cautious around me. The people on my job and around me made it look like they walked on eggshells. They were unsure what to say for fear that they may have said the wrong things. I understood their behavior because I knew that taboo was associated with mental illness and suicide.

Contrary to all of the experiences of the other participants, participant 10 noted: There were no visible judgments. People seemed more sympathetic to our loss than how he died. I also think that the level of support one receives depends on the emotions that one emanates.

Theme 3: Spirituality and Faith/Belief in a Higher Being are Essential Components for Coping and Healing for Individuals who Experience Sibling Loss to Suicide

The third emerging theme from the data analysis was spirituality and faith or belief in a higher being. Except for one individual (participant 2) who expressed that she never had faith in religion and that there was no change in her situation related to religion and spirituality, all participants expressed their belief in a higher being.

Participant 1 offered:

My faith got more robust. Without that faith, we would not be able to cope. This whole situation brought me closer to God. Although I had doubts at times, I recognized that it would be harder for me to go through this situation without God.

Participant 3 opined:

I am glad that my brother did not die right away and that he reconciled with God. I believe, too, that I will see him again at the second coming of Jesus. I believe that he will resurrect because God allowed him to repent. I know people judged him and said that he is doomed to hell, but we who are alive must make sure that we die in the Lord so we can see my brother again.

Participant 4 shared:

When I got the news about my sister, I had just finished praying and was about to fall asleep. After that happened, I just stopped believing in God. In my mind, God should not allow this to happen. From what I have learned, God will test you after a while. He makes things better.

Similarly, participant 4 offered:

My faith grew more profound. I prayed to God, asking Him for strength. When you pray to God, He gives you the strength; He heals, He strengthens. I got closer to Him. When people offered sympathies, this meant nothing to me. Only God could comfort me.

Participant 6 observed,

My faith in God has kept me. Death is a part of life, and many will encounter and experience it. When death confronts you, you will learn and help others. It may be challenging, but we must understand that it is a part of life.

“I questioned God. I asked Him why He did not save my brother. The only reason for this situation could be for us to get closer to God”, participant 7 said.

Like participant 6, participant 7 added, “This situation could be a means of preparing us to help others who may be in a similar position to help someone who would be going through the same problem or become closer to God.

Participant 8 explained:

Because of my faith, I questioned what happened to him and wondered whether I cared enough about him. My faith believes that you are with the Lord if you surrender, but you are in for eternal punishment if you do not surrender. I often question whether he is with the Lord or not.

Participant 9 declared:

God saw that I could not handle this, so he took my brother from me so I could move forward. I speak to God like He is right there. I believe that God times everything, so I don't need to question Him. I have prayer groups where I get even more support.

Like participant 9, participant 10 concurred,

How can one say that there is no God? There is no question that there is a higher power. My faith tells me that because it is my faith that saw me through. Faith in God is a significant part of my being.

Theme 4: The Misuse of Substances and Other Social Issues Place Individuals at Increased Risk for Suicidal Thoughts and Suicidality

The fourth theme emerging from the data analysis was the misuse of substances and other social issues. All the participants expressed suspicions of their siblings experiencing a single or a combination of domestic, substance, and mental health

challenges. Participant 1 observed, “Although I think that he was depressed before the incident, I did not expect this to happen.”

While participant 2 added, “Someone in the right frame of mind will not do something like this.”

Participants 3, 5, 6, and 8 alluded to their siblings having domestic and social issues that bothered their businesses and family. In contrast, participants 4, 7, 9, and 10 indicated substance abuse concerns and suspected mental illness.

Participant 3 remarked:

He was a very ambitious person, always looking for the next opportunity. He tried out many businesses. The inability to understand business ventures caused his demise in the first place. He didn’t have a high level of education, but he knew what he wanted, and he trusted people a lot. That was his downfall. People took advantage of him when they realized that he was uneducated.

Participant 4 acknowledged, “Although my sister was doing drugs. I do not think she committed suicide. I have to accept what was said.”

Participant 5’s contribution was remarkable. She added:

Sometimes, I wonder if my brother was affected by his treatment. All behaviors should have been corrected within the household when my sibling and I grew up, and they were basically ignored, and the pattern continued. For example, my father did not treat his children right, and my brother felt as if he was not treated right by his father. All these things brought about frustration to him. So I am saying it is essential to treat your children right.

Participant 6 commented about the social challenges his sibling faced,

He seemed overly ambitious, and he would not do his due diligence before making a business decision. That could be a reason for his demise.

Participant 7 admitted that her brother attempted suicide in the past due to his social problems.

He stated:

He told me that he did not want to be here anymore. Although I discouraged him, he insisted that he did not want to live anymore. He was drinking alcohol. He was going through problems. Participant 8 observed that his sibling's death could be due to unhappy relationships.

Participant 9 described the possible risk of his brother's suicide and stated:

I sometimes wonder if my brother felt loved or had a sense of belonging. There was a possibility that he was unhappy as he was raised by my mother, who was not his birth mother. There was also the suspicion that he had mental illness as he was often withdrawn and sometimes challenging to get along. I also recall his admission to the Psychiatric Hospital.

Participant 10 described her relationship with her brother as close until she suspected behavioral changes.

She shared:

He started acting up strange. I got really worried. I was concerned about him. In the final analysis, I suspected he smoked a "black joint. He was not mentally stable. He committed suicide at the Psychiatric Hospital while awaiting treatment.

Theme 5: In the Absence of Adequate Support and Resources, Mental, Physical Health and the Overall Quality of Life are Impacted by Grief

The impact of grief on physical and mental health emerged as the fifth theme from the analyzed data. At different levels and sharing various accounts, the participants shared their experiences of the impact of grief on their mental and physical health.

Participant 1 shared:

I went through mood changes; I became withdrawn, no longer interactive, and could not focus. Although I had other siblings, it was not the same without my brother. It has not been easy to cope with at work. It was highly stressful. Four months later, I resigned from my job due to stress, and five years later, I got that job back. The grief was very, very overwhelming, and my job entailed a lot of walking around; and all of the grief and the burden that I felt made it extremely difficult for me it was very, very challenging. It was hard to figure out what to do. And I was just not able to cope well, so that is why I had to leave my job.

Participant 2 shared:

Although I did not take my brother's death as hard as my other siblings, watching my parents, especially my mother, grieve was tough. Some days she would cry and speak of how much she misses my brother. This grief experience can be very overwhelming. It can do a number on one's mind. By that, I mean it makes you question things and think a lot. I also say that persons in their right mind will not do what my brother did. The average person will not do such a thing. If someone loved and valued you, they should always act in your best interest.

According to participant 4:

I felt ignored, so I had to isolate myself. Everybody got colder, relationships got broken, and everybody had an I don't care response to everything. Everybody was for themselves. It is four years now, and things are just the same. I think of my sister every day. I feel guilty when I do things that we planned on doing, such as participating in carnival and other fun activities. After engaging in the activities, I cried a lot because I felt like I betrayed my sister for doing those fun things without her. My doctor cautioned me about my health because I got complicated heart problems, my eating habits worsened.

Participant 5's experience stated that it took a long time before getting herself together after the incident.

She declared:

People blamed me for my brother's death. Blaming me was not fair at all. This made me upset. There was animosity; there was division. I was forced to separate from my family for a few years. My brother's death affected me badly. It was difficult for me to function on the job after my loss. Thankfully the workers knew about the situation, so they offered sympathy and support.

In an attempt to add to the discussion, participant 6 explained,

While the experience was not highly traumatic for me, it was hard to watch my mom cry ever so often. I remember losing weight as I eat less at the beginning of the experience. I would often wonder when the crying would end. As I watched her in pain, I realized how selfish people who commit suicide could be. They have

no idea what amount of pain they cause to those they leave behind, like their mother, wives, siblings, and children. There is also unfinished business. Suicide is very painful for those who are left behind. It was very ironic when my brother's girlfriend told me that my brother always said he would never harm himself. Based on this conversation, I am convinced that this is a spirit. The act of suicide is a spirit. The more you give thought to it, the more it becomes alive in your mind, and you will eventually do it.

Participant 7 gave an account of the impact on her mental and physical health.

She expressed:

I had to pretend that my brother traveled overseas as a means of coping with the situation. I cried for a very long time. It wasn't easy for me on the job because it affected me at work. My performance was not the same. Sometimes, I would just cry. Even after it happened and time had passed, people felt like I should be over it by now. Up to this day, when I think about it, I still cry about it. It is still painful no matter how much time has passed. I still tear up about it. It affected me a lot because I miss him so much.

Participant 8 recalled his experience and described it as one of the most shocking news.

He and commented:

My brother's death shocked me because I did not see any signs of distress or suicide. My family and I were angry, and we blamed my brother's wife for the loss. My brother was not happy in his relationship. As a pastor, I questioned myself-did I do enough? Why didn't I see some signs and help him?

According to participant 9,

I went home and found my brother hanging from the ceiling. I thought I imagined things, but that was the reality. I felt confused and disturbed. I blamed and questioned myself. It was a very stressful time for me, even while I was so disappointed, hurt, and broken when he died. We all did a bit of blaming and questioning ourselves about what we could have done. That would have stopped my brother from reaching the point he did. I wondered if I did enough to help him. Could it be that my departure from the home added to the situation? It was excruciating to observe what he was going through. It had become stressful, and sometimes I remember losing my temper on one or two occasions because I was a little frustrated dealing with what was happening. And then after that would pass, I would have my little fits start crying, stamping my feet, depressed, not wanting to speak to anyone, and withdrawing. It was a lot of stress for me, but I also saw it as God's way of showing me that I could cope with so much more than I imagined. I had to deal with anxiety, heart palpitations, and sometimes tremors.

Participant 10 recounted her experience.

She stated:

As I look back at all of this, I realize that I need to speak about this. I needed to face this. So even at that time, I knew that I needed to face this. I do not think that it is affecting me. Or could it be that I am in denial? It was a blessing, but I was blessed with the ability to compartmentalize and not allow stuff to affect what

was happening around me. So, I was able to navigate and process, and do what I had to do.

Theme 6: Education, Community Support, and Networking are Essential in Understanding and Addressing Suicide

Networking, education, and community support is the final emerging theme from the data analysis. The participants recalled their experiences and shared their grief experiences and learned lessons.

Participant 1 recounted:

This experience has taught me to appreciate family members more recognize the changes, and I became more conscious of people. I became more understanding of people. I became more aware of what people would go through, and I know too that in time. The experience is getting better because I feel much better compared to when the incident had just happened. It has helped me be a better person in recognizing others I love and care about, and I have come to appreciate people even more. I have learned to look out for people to recognize their moods, listen to them more attentively, and understand what they are going through. And even in situations, I think more positively about challenges that come my way, which has helped me better understand my situation.

Participant 3 admitted that she locked the whole experience away in her mind as a means of dealing with it. She recalled, “I did all I could at the funeral and made sure that everything was in order. I did not cry. I just could not. It seemed so unreal because my brother lived overseas for a long time.”

Similar to participant 7, participant 3 opined,

“I still pretend that he is away. As far as life’s lessons, maybe one can say I am not an emotional person, and this experience makes me want to find out who I am.”

While participant 3 expressed that she locked the experience away in her mind, participant 4 had to decide about whether she would be attending her sister’s funeral.

She recalled:

I isolated myself, so I would not have to interact with anyone. The hardest thing was for me to travel to the funeral. I was not ready to see my sister in a casket, but my aunt pushed me into the room, forcing me to see her. My sister and I had so many plans. I have not moved on. This experience has taught me to numb things and not show any emotions for fear that people think I am weak.

Participant 5 shared her understanding of the situation and discussed some lessons learned.

She stated:

My brother’s death taught me some valuable lessons. I prayed to God so He could help me understand this situation. Long after, I realized that I did not want a repeat of this in my family, so we started caring for each other and making sure that we listened to each other more. I have moved on, but I still wonder how proud my brother would be to meet my children. I know that he would be a proud uncle.

Participant 6 noted:

My analysis of the whole thing is that we all make choices in life, and then we have to pay for it or suffer the consequences of our choices. So, while it would be

something that you don't want to experience, I have gotten to the point where I understand why certain people would have to go through certain things.

Participant 7 concluded:

This situation was the most difficult thing to deal with or to face. No one can comfort or help. I just wanted my brother back. I had to pretend that he went overseas to cope with it better. This experience was like being surrounded by an ocean of sorrow and heartbreak. I just do not know how to make sense out of this situation.

Participant 8 expressed:

Although positive and encouraging persons surrounded me, I cried a whole lot when I got to be alone. I tried to understand this situation, but I just could not. I searched my mind seeking for the gaps and asking myself-did I do all I had to? I understood what devastating relationships and situations could do to someone's mental health from my brother's death. I tried my best to keep his death away from my young son at the time. I was not comfortable telling him how his uncle died.

Participant 9 voiced that she was not surprised at her brother's demise in this manner because he had attempted suicide before.

She further stated:

The situation was very stressful for me. I still think of my brother. From this experience, I have learned that we need to heed to things that individuals share with us and take them seriously and get the necessary help, appreciate each moment, and find ways to help someone.

Participant 10 described her experience as finding coping mechanisms to navigate through the stresses of life.

She uttered:

Grief is a part of life. One's grief is dependent on their coping mechanism, experience, and knowing how to move forward. To not grieve is to be dead; I could not say this 20 years ago. Although we all need to be self-aware, I do think that I need to face this situation and talk about it.

Summary

The data analysis sought to explain the present study and give insight into the research question: How do Saint Lucians of African descent cope after losing a sibling to suicide? I conducted 10 open-ended audio-recorded telephone interviews in Google Voice App as the primary instrument. I used the modified van Kamm approach to use the thematic analysis before using Otter.ai for transcription. In addition to the transcribed data, I used my notes and journal entries to complete the analysis. I obtained 26 codes, seven categories, and six themes from the first and second coding cycles analyzed data.

The study results about the first theme pointed to the participants' acknowledgment of positive measures needed to cope with grief and loss effectively. Their identified actions included family, family, peer, and community support, likewise their belief in a higher being. The second theme alluded to negative reactions, perceptions, and stigma about suicide as barriers to healing and positive coping skills. The participants reported that the taboo about suicide made it challenging to deal with their situation. They also pointed out ignorance on the part of individuals as far as suicide is concerned. The judgmental

behavior, negative reactions, and stereotype compounded their grief. In some cases, they refrained from discussing their situation or seeking support.

The third theme referred to spirituality and faith/belief in a higher being essential to cope with suicide loss. The participants reported that their belief and faith in a higher being offered tremendous benefits during their grief experience. They also said that they relied on God for strength to cope and even help family members and other persons in a similar situation. The fourth theme revealed that individuals overwhelmed with social problems or misused substances were at risk for suicide. The participants reported their siblings either having domestic issues or engaged in the misuse and abuse of substances. The participants also indicated that some of these social problems plunged their siblings into mental illnesses like depression.

The participants reported how their experiences impacted them in the fifth theme. The participants reported physical and psychological health issues likewise challenge their jobs, family, and other relationships. These challenges were due to inadequate support and resources to deal with their grief. In the instances where they received support, their experience was better to manage. The final theme revealed the need for networking, education, and support to understand and address suicide. According to the participants, there is a need to understand suicide and the possible reasons why persons commit suicide.

Additionally, they believe that an understanding will help grieving family members cope better and remove the myths and misconceptions about suicide. These myths and misconceptions are often misguided, thus making their grief more painful and challenging. I will discuss the interpretation of the findings in Chapter five and offer the interpretation

of the findings, support for the research question, and the six themes. Chapter five will also present the study's limitations, recommendations, and implications for positive social change. In conclusion, I will include the participant's thoughts on the afterlife, some notable quotes shared by some participants in light of their life lessons learned.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In my descriptive phenomenological study, I sought to understand the lived experiences and coping mechanisms of Saint Lucians of African descent between 20 and 60 years of age, who resided in the Northeastern part of the island and lost a sibling to suicide. I recruited 15 participants through purposive sampling. However, I interviewed 10 participants. I collected data through open-ended telephone interviews (see Appendix E). I then transcribed and analyzed the interviews using the modified van Kaam approach analysis. I identified six themes from the analyzed data, namely (a) effective coping and coping strategies are necessary to manage grief and loss effectively, (b) negative reactions, perceptions, stereotypes, and stigma about suicide can be a barrier to healing and positive coping skills, (c) spirituality and faith/belief in a higher being are essential components for coping and healing for individuals who experience sibling loss to suicide, (d) the misuse of substances and other social challenges place individuals at increased risk for suicidal thoughts and suicidality, (e) in the absence of adequate support and resources, mental, physical health and the overall quality of life are impacted by grief, (f) education, community support, and networking are essential in understanding and addressing suicide.

I obtained information from this phenomenological study which filled the gap in the literature to offer human service professionals an opportunity to understand bereaved siblings' experiences. To date, I have found no study which has examined the lived experiences of Saint Lucians of African descent who have lost a sibling to suicide.

Although there are studies on suicide deaths and their impact, there are no studies on sibling suicide (Kasahara-Kiritani et al., 2017; Royden, 2021; Walker, 2017), especially in Saint Lucia. Researchers proposed that additional research is needed to understand better sibling suicide (Pitman, 2018) and the significance of offering professional and psychological support to persons bereaved due to suicide (Andriessen et al., 2019). Coping mechanisms among individuals who lost a sibling to suicide remained unclear while the bereaved continued to experience pain, resulting in feelings of shame, guilt, and confusion (Adams et al., 2019; Gutin, 2018).

Based on the analysis and findings, I hope that the study results will help support new programs and enhance existing ones. According to Royden (2021), these programs entail training for support, intervention, promotion of social change among human service professionals while offering them a deeper understanding of the emotional, psychosocial, and health impact on individuals who lost a sibling by suicide. Finally, other individuals who have lost a sibling to suicide will find the findings beneficial based on the participants' narratives. Participants in the study reported that sibling bereavement changed their lives and how they viewed life. They also noted the feelings of sadness, disappointment, hurt, and other negative emotions compounded their healing. The participants alluded to holding on to their religion and faith in a higher being to help them cope with their grief. Grief impacted the participants in many ways, including mental, physical, and social ways. I will discuss and interpret the findings obtained from the identified themes in Chapter 5 likewise compare them to the peer review findings in Chapter 2.

Interpretation of the Findings

Although individuals' experiences related to bereavement differ, the learned experiences of other individuals can offer an understanding of the phenomenon. Upon the passing of a loved one, individuals experience grief which is a natural and universal process (Mughal et al., 2021). Sibling loss is exceptionally challenging because "suicide bereaved siblings face a double loss. Their sibling is gone, and so is their family as they knew it. Typically, the forgotten bereaved mourned both losses in isolation (Royden, 2021, p. 19). Royden explained this experience as challenging due to feelings of guilt and self-blame, anger, and shattering of interpersonal trust often experienced in isolation. These experiences can lead to maladaptive coping behaviors (Matsuo & Sato, 2017) if not dealt with appropriately.

Initial Reaction to the News

My study supports the notion that people respond to, react to, and respond to grief differently (Nordal, 2020). The differences in reactions and coping mechanisms are supported by Lazarus and Folkman's theory of stress and coping (1984). The theory states that individuals recognize stress from a disparity between the situation at hand and the perceived available capacity to deal with it. There are various emotions and reactions among individuals who experience sibling loss (Levkovich & Vigdor, 2020). The participants in my study reported feelings of shock, confusion, denial, and anger.

According to the participants, there were days when the memories of their siblings were more intense. They also experienced sadness and emotional discomfort

after many years. This notion supported Worden's (2018) and Walter and McCoyd's (2016) perspective that grief is unique based on values, perceptions, and experience, which does not require one to go through it linearly. Corr (2019) also supported the intensity of sadness and the grief experience in Elisabeth Kübler-Ross' five stages of grief.

Sibling Description and Relationship

The participants described their siblings as reserved, quiet, and fun to be around. At the time of their siblings' death, the participants' ages ranged from 14 to 44 years, half of the sample younger than the participants and the other half older, while the length of years post-death ranged between 4 to 20 years (see Table 1). All of the participants referred to being very close to their deceased sibling. Because of their siblings' roles in their lives, bereaved individuals experience multiple losses (Campione & Killoren, 2019). This notion confirmed the participants' higher intensity of pain and sadness because they had a more intimate and multi-layered relationship with their siblings. Yu et al. (2017) and Burrell et al. (2018) also stated that the grieving process influences the unique bonds and type of relationship to support this claim further.

Additionally, Hardt et al. (2018) also supported Royden's notion of sibling loss as a double loss. According to Hardt, the bereaved are likely to withdraw from family and friends due to their siblings' absence. According to Sherba et al. (2019), sibling loss can also place one at risk for further mental stresses and self-harm in some instances; stigma associated with sibling loss to suicide can result in shame, guilt, and self-blame. Consequently, this can result from very little research in this area, notwithstanding

records of sibling grief over a few decades now (Davidson,2018). The information I obtained earlier and presented in Chapter 2 authenticated the following themes identified in the study and validated the theory of stress and coping by Lazarus and Folkman (1984).

Theme 1: Effective Coping and Coping Strategies are Necessary to Manage grief and Loss

As the initial theme, effective coping and coping strategy supported the peer review research identified in the literature review. One can detect or prevent complicated grief and physical and mental health challenges by understanding the grieving process and employing the appropriate coping strategies (Borisonik & Kholmogorova, 2018; Castelli, 2017; Lee et al., 2017). Lazarus and Folkman's model of stress and coping also pointed to the need for proper coping strategies to facilitate the relationship between the stressor and the individual's response (Lazarus & Folkman, 1984; Rainwater,2019). Chowdhury (2020) noted the need for persons to possess the available internal and external resources and their ability to utilize these resources. This notion by Chowdhury highlighted the instances where some of the participants had positive support from their church family and family members. Some of them also possessed the ability to confront the situation. The participants' experience and understanding of the phenomenon depended on their abilities to face the problems.

Some participants stated that they pretended that their loved ones traveled overseas and avoided conversations about them as another coping strategy. Emotional suppression, avoidance, and disengagement behaviors are maladaptive coping strategies

(Matsuo & Sato, 2017; Thimm & Holland, 2017). Moreover, these maladaptive behaviors have a negative bearing on the individuals' self-image and contribute to fear, shame, guilt, anxiety, and in some instances, self-harm (Sherba et al., 2019). In addition to thought suppression among the participants, some recognized the importance of finding meaning in the experience and building lasting relationships with the deceased as another coping strategy (Yousuf-Abramson, 2020). Schwartz et al. (2018) pointed to the bereaved cherishing their sibling's memories and using positivity to enhance their lives. Although the participants reported the experience of positive and negative emotions, they constantly reminisced on their sibling's cherished moments. They imagined what it would be like if they were still around (Fasse & Zech, 2016).

Theme 2: Negative Reactions, Perceptions, Stereotypes, and Stigma about Suicide Can Be a Barrier to Healing and Positive Coping Skills

Negative reactions, perceptions, stereotypes, and stigma aligned with the literature presented in Chapter 2. My research findings highlighted internal and external negative reactions. According to Corrigan et al., 2017, both reactions are barriers that can prevent one from getting needed support. Corrigan further stated that the stereotypical views from the public are also barriers that can negatively impact the bereaved.

In keeping with the participant's narrative, Pitman et al. (2016) stated that stigma results from perceived blame for the family's inability to address life's stresses. Adams et al. (2019) further reported that the pain resulting from stigma gives rise to feelings of guilt and shame, complicating the situation. According to Barreira (2017) and Lee

(2017), individuals who die by suicide display disobedience to the law of God based on the Christian community and that they are due for eternal punishment. The participants reported worry and concern for their siblings. They also reported increased emotional pain resulting from the stigma associated with death by suicide and the fate of their loved one's soul. In the Christian community, death by suicide is considered immoral (Liégeois & Stefaan, 2017).

The participants reported a high level of stress due to fear, guilt, stigma, and confusion (Sheehan et al., 2017). While some participants reported self-blame for their sibling's death, others experienced blame from the community. One of the participants expressed anger and blame toward his deceased sibling, echoing that suicide is an act of selfishness. The pain and hurt experienced by the bereaved are direct results of the selfish act of suicide. In a particular situation, one of the participants shared that they felt obligated to blame their sibling's death on his wife; they blamed the deceased's wife due to their shared strained relationship.

The experiences of self-blame and assigning blame validates the literature in Chapter 2. Individuals who lost loved ones to suicide experience shame due to the taboo, stereotype, and stigma attached to it (Britton, 2019; Chakraborty & Halder, 2018). Further, these individuals engage in self-blame for losing their loved ones (Britton, 2019; Eisma et al., 2019; Malgaroli et al., 2018). Out of anger and disappointment, the deceased is also blamed (Andoh-Arthur et al., 2020; Testoni et al., 2019). According to Pitman et al. (2016), self-blame also results from the perceived inability of the deceased family to manage the stress, which would prevent suicide.

Theme 3: Spirituality and Faith/Belief in a Higher Being are Essential Components for Coping and Healing for Individuals Who Experience Sibling Loss to Suicide

I examined spirituality and faith/belief in a higher being as components for healing. It was the third theme in my study and the eighth question in the interview guide. Religion and spirituality give purpose to people's lives by increasing their connectedness, creating better organization and social networks, reducing the risk of suicide (Diener, 2018; Ramsay et al., 2019; Sun & Zhang, 2017). Mindful of the claim of religion and spirituality, the participants' narratives indicated their reliance on God as their critical method of coping during their experience. They also pointed to their faith and belief in a God as their necessary means of coping. This observation support Yoo's (2017) and Joseph et al.'s (2017) claims, which indicated a positive correlation between religion, spirituality, and positive well-being.

The participants' belief in the afterlife and reminiscing over loved ones were means of coping with their loss. The afterlife refers to the second coming of Jesus when their loved ones will be resurrected and reunited with them (1Thessalonians 4:13-18). Jahn and Spencer-Thomas, (2018), Praetorius and Rivedal (2020), and Orsi (2018) also confirmed that individuals' afterlife and reminiscing experiences were effective coping strategies. Notwithstanding the negative responses about their loved ones receiving perpetual punishment, the participants expressed their confidence that God and not individuals should judge their loved ones. Christians believe that once one can repent, their sins are forgiven (Villani, 2019). The participants felt relieved when their siblings

did not die instantly; they believed that God they regarded as merciful and just saved their loved ones after forgiveness and reconciliation.

Theme 4: The Misuse of Substances and Other Social Challenges Place Individuals at Increased Risk for Suicidal Thoughts and Suicidality

Unless a suicide note is left behind, no one can know the real reason for an individual committing suicide. To offer adequate support and prevention strategies, one needs to understand the issues involved in the phenomenon (Troits,2010). The participants reported social problems and concerns among their siblings. Among the 10 participants, they reported domestic problems, substance abuse, misuse, and mental health disorders. Four participants reported domestic problems, which entailed financial and marital issues and high-stress levels. Substance abuse and misuse cases were reported from four participants, while four others reported diagnosed mental illnesses among four individuals. It is noteworthy that two out of the four siblings with mental illness also had a history of mental illness.

Substance Abuse and Misuse Among the Deceased

Participant 5 reported that her deceased sister used drugs and was not happy. In contrast, participant 7 shared her brother's level of stress and unhappiness and repeatedly spoke of not wanting to be alive. Similarly, participant 10 mentioned her brother's use of a substance which forced the family to take him to the psychiatric hospital before he met his demise. These reports validate the assertion made in chapter two. Individuals who experienced stress often engaged in maladaptive behavior such as substance abuse (Rainwater,2019). A study done by Wilson (2019) confirmed the reports about the

deceased siblings of the three participants. Wilson utilized the Interpersonal Theory of Suicide in qualitative research where individuals reported meeting social and relational needs. Similar to my findings, Wilson noted the individuals' reports of hopelessness, feeling unwanted, and perceived burdensomeness resulted in suicidal thoughts and ideation.

Mental Illness

Participants one, two, nine, and ten reported a history of mental illness among their siblings. According to the participants, their deceased siblings manifested "strange behaviors" which led them to believe they were mentally unwell. They manifested symptoms of visual and audio hallucinations. In some instances, there were displays of suicidal behavior. Consultations and visits with the psychiatrist confirmed a diagnosis of mental illness in their deceased siblings. Kleindorfer (2020) validated these findings in chapter two after insinuating the individuals' inability to manage stresses, leading to mental health issues, especially if there is a history of mental illness (Holland et al., 2016).

Stressful Situations

Participants three, four, five, and six explained a myriad of unfavorable family relationships and financial stresses. These circumstances reiterate the theory that Holland et al. (2016) shared in the literature review relating to the individuals' poor coping mechanism to manage stress. The theory of stress and coping informs that the individual's ability to cope depends on the situation or the stressor which confronts them (Lazarus & Folkman, 1984). The individuals' internal or external resource capacities will

choose a positive or negative response to the stressor. Overall, my research findings coincide with the literature in chapter two, which highlights an individual's inability to cope in stressful situations, the use of substance abuse, general physical and mental health (Choo et al., 2017). A family history of mental illness also contributes to suicide (Abraham et al., 2019; Im et al., 2017; King et al., 2018; Whalen et al., 2018).

Theme 5: In the Absence of Adequate Support and Resources, Mental, Physical Health and the Overall Quality of Life are Impacted by Grief

My analysis and findings revealed the participants received little or no support during their grief. The participants cited that they received support from church family groups and other connections made on behalf of family members. Participants 2, 3, 4, 5, 6, and 7 revealed that shared that they never spoke about their experience (see Table 1 for time post-loss). The participants who received some form of counseling and support also shared a desire to understand better and manage the thoughts and feelings they often encountered. Notwithstanding the length of time post grief and their unique situation, their physical, mental, and general well-being were impacted by grief one way or the other.

Participant 1 shared that he experienced mood changes, became withdrawn, and was challenging to focus. The experience was very overwhelming, thus affecting his job, which he eventually had to quit. Similar to participant 1, participants 4 and 5 felt isolated. Although Adam et al. (2017) highlighted a reconnection of family bonds during the bereavement period, the participants reported division and isolation among family

members during their grief period. This revelation from the participants refuted Adam's claim for the mentioned participants.

Although participant 2 reported that she did not grieve like her other siblings and family members, she still experienced sadness. The sadness she experienced resulted from her loss and the pain and overwhelming grief that her parents and other siblings experienced. Still, she imagined that her sibling was at university and should be returning home someday. She also stated that she avoids talking about suicide primarily because of people's ignorance about the phenomenon and the judgmental behavior toward families of individuals who commit suicide. According to Kasahara-Kiritani et al. (2017) and Ross et al. (2018), individuals bereaved due to suicide undergo intense emotions, including anguish, humiliation, despair, and withdrawal. The participants reported feelings of isolation, overwhelming sadness, and social withdrawal from friends and family; this validates the peer-reviewed literature presented in Chapter 2.

Participants two and six reported levels of frustration after their loss. While they said that the impact was not as severe compared to other siblings, they felt frustrated when they witnessed their mother's pain and constant crying over the loss. The continual weeping, they saw made them feel somewhat helpless and sad for them. In chapter two, the literature referred to the frustration of the bereaved because of complicated grief (Wojtkowiak et al., 2018). Although the participants voiced frustration, I saw no indication that their frustration stemmed from complicated grief. Further research would be required to determine this aspect.

Another impact that the participants reported was self-blame and guilt, which also followed some isolation measures. Participants four, five, eight and, nine shared their experiences of (self) blame, guilt, and shame. The participants questioned their ability to offer care for their family or even detect that their sibling would commit suicide. In some instances, community members blamed family members for their siblings' death. In a particular instance, a participant questioned her brother's death after his admission for care at the center.

Some participants reported guilt when they engaged in activities planned with their siblings or even moved on with their lives. Participant 4 remarked crying and feeling guilty after participating in fun-filled activities that she and her sibling enjoyed. For this reason, she ceased doing them. Participant 7 shared the family's discontinuation of Christmas activities since the passing of her brother. According to participant 7, the celebrations brought back sad memories, coinciding with her brother's death anniversary.

Individuals who experienced loss due to suicide reported feelings of (self) blame and guilt (Adams et al., 2019; Ali, 2015; Andriessen et al., 2016; Borisonik & Kholmogorova, 2018; Camacho et al., 2020; Hunt et al., 2019; Jones, 2018; Mayton & Wester 2018; Sheehan et al., 2017). Based on the assertion made by Walker (2017) and Entilli et al. (2021), feelings of (self) blame, guilt, anger, and shame are barriers to seeking help. Moreover, Geležėlytė et al. (2020) also confirmed in chapter two that individuals who sought professional support due to suicide loss felt guilt and a measure of stigmatization. Feelings of guilt and fear resulting from stigmatization acted as a means of preventing mourners from talking about their experience or feeling comfortable

to vent their concerns. Accordingly, the participants asserted that the gaps among professionals are barriers to support and counseling.

The participants considered low productivity on the job, anxiety, physical and mental health complications, and withdrawal as significant impacts of suicide on them as bereaved individuals. According to the analysis and findings, grief due to suicide impacts mental, physical health, employment, and overall quality of life. This theme confirms researchers' claims that bereaved individuals experience psychological and physical health challenges (Andriessen et al., 2017; Bolton et al., 2017; Stone et al., 2017; Yasgar, 2018). Further, individuals who have insufficient coping mechanisms and face stigma, stereotypes, shame, and guilt are at risk for experiencing mental health issues (Spillane et al., 2017). Moreover, this theme authenticates claims that individuals experience severe life changes that contain psychological and mental impacts after losing a loved one to suicidal death (Hanschmidt et al., 2016). In light of theme five, Adams et al. (2018) proposed that bereaved individuals who do not receive timely support are at risk for complicated grief, including depression, post-traumatic stress disorder, and mental illness. Overall, the fifth theme aligns with the peer-reviewed literature in Chapter 2.

Theme 6: Education, Community Support, and Networking are Essential in Understanding and Addressing Suicide

The final theme revealed the need for networking, education, and support to understand and address suicide. The participants voiced concerns about the lack of education about suicide which perpetuates stigma and stereotypes. In this theme, the participants shared their views for not seeking support or talking about their experiences.

This theme supports the claim that the participants felt like forgotten mourners as people felt like they should get over their loss in the shortest possible time (Funk et al., 2018; Gabe, 2018; Ragin, 2017). Education about suicide and grief can make grief less challenging, thus reducing the possibility of complicated grief (Borisonik & Kholmogorova, 2018). It can also help create awareness that will foster social support and networking for bereaved individuals (Bottomley et al., 2018). Moreover, the participants supported the view that awareness about suicide can help the bereaved receive timely support and necessary treatment (Keller et al., 2019).

The participants recounted their experiences about the state of the dead and the afterlife (Gall et al., 2020; Jahn & Spencer-Thomas, 2018; Praetorius & Rivedal, 2020). They expressed increased feelings of pain. They worried about their sibling's perpetual punishment and the church not permitting their funerals. This theme corroborates the research in chapter two, which describes the historical perspectives of suicide (Greenland et al., 2020; Pitman et al., 2016). Contrary to this belief, Lee (2017) accentuated that suicide can be pardoned, while Lynn-Gall et al., 2016) asserts that the complete understanding of suicide is dependent on Christians or non-Christians. Consequently, based on the sixth theme, I validated the participants' narratives in the peer-reviewed literature in Chapter 2. There was a recognized gap in research on suicide. Carpenter reported a need for training and support for the bereaved (Andriessen et al., 2019; Carpenter, 2018; McCleary & Figley, 2017).

Connections with Lazarus and Folkman's Theory of Stress and Coping Theoretical Framework

This study's theoretical and conceptual framework was Lazarus and Folkman's (1984) transactional model of stress coping. The theory accentuates stressful events and how individuals navigate during those times. The theory proposed that stress is a complex transaction between the individual and the environment (Cooper & Quick, 2017; Lazarus & Folkman, 1987). The study participants had to employ coping means to deal with their loss within their environment. I noted the individuals' coping style and their interpersonal and positive cognitive processes. I also used the theory to help me analyze the experiences of individuals who lost a loved one to suicide. Information about the in-depth understanding of these individuals' lived experiences derived during telephone interviews as per the transactional theory of stress and coping.

Based on the premise of the transactional theory of stress and coping, stress is the individual's reaction to threats or places demands on their environment. The individual then sees the stress factor as a threat to their inability or limited capacity to respond; coping is a response and management to the impact of pain from the stressor (Lazarus & Folkman, 1984, 1990, 1993). Failure to manage or respond to those stresses favorably will likely lead to social implications (Haynes & Holloway, 2019). The theory requires that individuals assess the stress within their environment before reacting to the stressor (Lazarus & Folkman, 1984). After that, the individual will employ emotional-focused or problem-focused. (Folkman & Lazarus, 1980; Ouch & Moradi, 2019; Poudel-Tandukar et al., 2020), Active and passive (Brooks et al., 2019; Jex et al., 2001), and approach and

avoidance style (Brooks et al., 2019) as coping strategies. Participants in the study shared their strategies for coping with sibling loss to suicide. The participants highlighted coping strategies which validated those mentioned in the peer-reviewed literature in Chapter 2.

The participants' experiences, coping mechanisms, and capacity to respond to the loss of their sibling determined their level of response to the stressor. My analysis and findings indicated that the participants employed both coping mechanisms. However, most of them utilized the emotion-focused style approach compared to the problem-focused approach. The emotion-focused style approach required them to engage in activities that will aid in reducing the negative emotional impact associated with their loss (shame, fear, guilt). The participants who engaged in the emotional-focused style approach exhibited wishful thinking, distancing, self-blame, withdrawal, and distractions to keep their minds off the loss and suppress thoughts (Anderson & Kosloff, 2020). On the contrary, the problem-focused approach required them to face the situation in a manner that employed positive means of handling the situation and seeking to go through the experience by taking positive actions despite the pain of the tragic loss.

Although the loss adversely impacted all participants, very few manifested the problem-focused approach (participants 2,6,8, and 10). Participants 2 and 10 expressed that they had to come to terms with the loss based on their understanding that persons who commit suicide would not have been of sound mind. Participant 6 opined that people must be open to death and dying no matter how difficult it may be. Additionally, he made mention of the social consequences that one must face based on specific decisions made.

Although participant 8 shared a measure of self-blame, he expressed means of employing the problem-focused approach.

My study results indicated that the participants who employed the emotion-focused approach reported suicidal thoughts, regrets, shame, embarrassment, lack of zeal to work, withdrawal and isolation, suppression of the experience by pretending that their sibling traveled, or the refusal to speak about the situation. The findings align with Lazarus and Folkman's theory of stress and coping, which points to individuals' approach and assessment of stressful situations. Subsequently, chapter two corroborated the findings that individuals who engaged in the emotion-focused approach experienced heightened mental, physical, and social impacts; they could not respond adequately (Dumont et al., 2020; Ivbijaro et al., 2019; Spillane et al., 2017; Vishkin, Tamir & Gutentag 2020). Similarly, in chapter two, Silvén (2019) confirmed that individuals who engage in a problem-focused approach would manage stressors to reduce emotional distress, the severity of stressful circumstances, and overall health. The Lazarus and Folkman (1984) transactional theory of stress and coping enhanced my understanding of the coping mechanisms and reactions to individuals who lost a sibling to suicide.

Limitations of the Study

Based on the study analysis, the limitations of this study's findings were consistent with those mentioned in chapter one. Using purposive sampling as a non-probability sampling strategy for the research study was one of the limitations of the research study. The limitations of purposive sampling result from a lack of random sample, which attracts the possibility of selection bias and error (Andrade, 2021; Cambell

et al., 2020). Notwithstanding the limitation of the purposive sampling strategy, I gathered rich and detailed information from the participants' narratives. Although I recruited 15 participants, the sample size for the research study was 10. The oversampling was due to the possibility of withdrawal or refusal to participate in the research.

Regarding the recruitment of participants, there was a possibility of eliminating some persons due to recruitment methods. I recruited participants from Facebook sites and flyers placed on church notice boards and public places like bus shelters, community centers, post offices, and grocery stores. There was a possibility of eligible participants not participating in the study due to the recruitment methods and cellular phones for the interviews for data collection. Hennink et al. (2017) informed that a nine interviewees' sample size is adequate for the qualitative research study. However, the study findings were not generalizable to individuals of African descent in the 20 to 60 age group who lost a sibling to suicide over two years in Saint Lucia.

The participants were given a few interview questions as a sample in the consent form. This prior knowledge of the interview questions could influence how they felt about the phenomenon. My role as the primary instrument and researcher of the study restricted me from corroborating the participants' narratives. Consequently, the participants could have shared the information based on their opinions about suicide and not necessarily their experience. Some of the information could either be inadequate or not a representation of their experiences. The inadequacy or misrepresentation of the shared data can result from a lack of trust, discomfort, and hurt during the interview.

As far as possible, I used an interview guide that contained open-ended questions (see Appendix A) to pose the same questions to the participants to avoid bias. I asked open-ended questions in a telephone interview which lasted 40 to 53 minutes. The participants shared detailed information about their experiences without feeling restricted. I also posed the questions in a neutral tone to the participants. At the end of the interviews, I shared the scripts with the participants. Sharing the scripts ensured adequate documentation and interpretation of the correct information. They also had an option to add more information or amend the information as deemed necessary.

For the participants' safety and comfort, I informed them of the voluntary nature of the research study. They had the option to withdraw their participation from the research or choose not to volunteer. The consent form forwarded to them contained details about the study, including their consent. Moreover, I reminded the participants of the usage of their demographic information for the research. I also sought to maintain their confidentiality and privacy. Considering the psychological discomfort the participants experienced, I directed them to an anonymous toll-free line from which they could get the necessary support.

Recommendations

I found no research on sibling bereavement coping mechanisms to suicide (Kasahara-Kiritani et al., 2017; Royden, 2019; Walker, 2017). Notwithstanding other research on deaths by suicide which is not specific to sibling bereavement (Adam et al., 2020; Carpenter, 2018; Gabbay, 2017; Gilvin, 2018; Macor, 2018; Michaud-Dumont, 2020; Summers, 2019). The findings are not generalizable to individuals of

African descent in the 20 to 60 age group who lost a sibling to suicide over two years in Saint Lucia. That being the case, I consider the following recommendations as a sensitive phenomenon. This sensitivity is due to the vulnerability of prospective participants for future research in the area of sibling grief due to suicide.

The analysis and findings of this phenomenological descriptive research answered the research question: How do Saint Lucians of African descent cope after the loss of a sibling to suicide? 10 participants from the Northeastern part of the island participate in the research. The participants' ages ranged between 20 to 60 years. They shared their experiences through an audio telephone interview. The analysis of the findings also showed the interconnectivity between coping strategies and responses to stressful situations guided by the Lazarus and Folkman theory of stress and coping and other peer review articles in chapter two. In this regard, I recommend the following for future studies on the phenomenon.

Firstly, because the findings were not generalizable, further research can entail a larger sample size with a broader age bracket and a different combination of methodologies. This sample should include individuals from a broader cross-section of the population who experience parental bereavement due to suicide (Corrigan, 2017; Dansrat, 2017; Dias et al., 2017; Hoffman, 2017; Hunt et al., 2019; Renzi-Callaghan, 2018; Torres, 2018; Zisook et al., 2018), spousal bereavement (Bennett et al. 2018; Fagundes & Wu 2020; children (Burrell et al., 2018; Hua et al., 2019; Lee et al., 2017; Moeller, 2018; Ridley & Frache, 2020; Rostila et al., 2016) and older persons (2017; Michaud-Dumont et al. 2020). I also recommended future research about this

phenomenon should recruit individuals of East Indian descent who live in Saint Lucia compared to my current study.

Skirbekk et al. (2017) validated the positive correlation between religious affiliations and death and dying and bereavement. Individuals who have faith-based affiliations find comfort and support in their organized groups, thus offering solace and an understanding of their loved ones' death. Considering the overwhelming response to question eight in the interview guide (see Appendix A), a comparative analysis is recommended for future qualitative research. Research on the coping mechanisms of individuals who have religious/faith-based affiliations (Christian et al., 2019; Diener, 2018; Hsieh, 2017; Joseph et al., 2017; Ostafin & Proulx, 2020; Ramsely et al., 2019; Yoo, 2017) likewise those who do not have any religious/faith-based affiliations. A study of this nature will depict an awareness of the experiences of these individuals. The study will compare the coping mechanisms of individuals with faith-based affiliations those with no affiliations.

Fourthly, I recommend research on the impact of the individual based on their developmental stage of the loss and individuals (Peterson, 2020) and the relationship they shared. This study should point to the impacts of suicide on individuals and their coping mechanisms. I also recommend further exploring the impact of suicide loss and the individuals' coping mechanisms. Exploration into this study will examine how grief affects individuals physically, emotionally, and mentally. Of particular concern is the possibility of individuals experiencing suicidal ideations after sibling loss to suicide (An et al., 2020; Im et al., 2017; Kim et al., 2016; King et al., 2018; Rawlins and Bishop,

2018; Whalen et al., 2018), complicated grief (Sizook, 2018; Spillane et al., 2018; Torres, 2018) and disenfranchised grief (Crowe, 2017; Davidson, 2018; Wright, 2017). Results in future studies will offer an understanding of the individuals' experiences.

Overall, the participants opined on the need for community support and networking in the sixth theme. Similarly, Carpernter (2018) proposed the need for training and education in this regard. Based on the participant's expressions, educational activities which focus on suicide bereavement will help raise awareness about the phenomenon. It will also offer individuals an understanding of the impacts, the possible causes of suicide, and positive coping mechanisms. I hope this awareness can curb or eradicate the negative reactions of stigma and stereotypes related to suicide.

Implications

This study addressed the gap in understanding the experiences of Saint Lucians of African descent who lost a sibling to suicide. This study will benefit the participants and other individuals who have lost a sibling to suicide. It will also have practical implications as it will lend support to the services and programs by human services professionals and policymakers. There is an expectation that the improvement and enhancement of these programs will promote positive social change. With this consideration, the realization of positive social change can occur at the individual, family, organizational and societal, and policy levels (Bottomley et al., 2018; Farzana, 2016).

A vast array of information about sibling bereavement will educate and empower individuals. As individuals understand the implications, they are likely to evaluate their situation. Further, the findings will offer a tool to demystify the means while providing

appropriate and thorough information. It will also seek to reduce the guilt and shame that the individuals experience due to stigma and stereotypes. At an individual level, the individuals will understand and appreciate the need to grieve in ways that are deemed healthy and effective; effective and healthy coping mechanisms will reduce the risk of complicated grief. Finally, the individuals will understand that grief is a normal part of the process individually.

The findings in the study offered information that will aid in a better understanding of the phenomenon. Chapter two corroborated the findings that identified individualized grief patterns (Porter & Claridge, 2019). At a family level, family members can appreciate each individual's response. Based on the findings, family members can better understand the grief from their loss. An understanding of each other's pain can foster support and concern. Family members' knowledge of grief and bereavement can also aid in observing each other for possible grief complications.

Human service professionals are the key beneficiaries of the study's findings. The information can assist them in improving their services and programs related to grief, bereavement, and sibling loss, thus fostering social change within their practice. Human service professionals can also engage in information sharing, which will help with education and empowerment for individuals in the field. They will also become more knowledgeable about the identified complex issues in the study like complicated grief and other mental, physical impact on individuals. A key aspect to better appreciate this phenomenon is understanding the impact of suicide bereavement on individuals. These

impacts can range from the developmental stage, shared relationship, and the support obtained.

While family support is essential, societal engagement is equally crucial. There is a need for society to be educated and empowered to foster information sharing, leading to social change. While the information from the studies is necessary for the individuals impacted, it can also serve as a prophylactic measure for individuals who may experience a sibling loss late in life. Further, research in the area can allow society to embark on educational drives, thus fostering sensitivity and awareness among the public. Heightened education among churches, schools, and workplaces can contribute to the reduction of stigma (Corrigan, 2017), fear, and stereotypes (Corrigan et al., 2017) which is the leading cause of shame, guilt, and sometimes suicidal ideation (Adams et al., 2019; Andriessen et al., 2016; Sheehan et al., 2016). Society can now observe social change by embarking on continuous educational activities, which will create awareness of grief, bereavement, and complicated grief.

Conclusion

The World Health Organization (2019) informed of the high rate of suicide attempts while 800,000 people die by suicide each year. Rawlins and Bishop (2018) noted the highest suicide rate was found in Guyana, followed closely by Suriname and Trinidad and Tobago. Notwithstanding the relatively small population compared to the mentioned Caribbean islands, Saint Lucia recorded 165 deaths by suicide, of which 85% were males, and 15% were females (seven to one ratio) during 2007-2016 (Ministry of Health and Wellness,2016). There is the stigma attached to suicide. Individuals

experience fear, shame, and guilt which are likely to place them at risk for complicated grief (Corrigan, 2017; Levkovich & Vigdor, 2020; Sheehan et al., 2017; Sizook, 2018; Spillane et al., 2018; Torres, 2018). The identified theme also highlighted these negative reactions as barriers to seeking support.

This descriptive phenomenological study sought to understand the lived experiences and coping mechanisms of Saint Lucians of African descent 20 to 60 years who lived in the North-eastern part of the island who lost a sibling to suicide. The analysis and findings offered responses to the research question, how do saint Lucians of African descent cope after losing a sibling to suicide? To provide more insight into the research study, I utilized Lazarus and Folkman's theory of stress and coping (1984). The theory informs that the individual's ability to cope during stressful situations is dependent on their ability to manage the situation or whether they have the necessary resources (internal or external) to confront or handle the situation (Lazarus & Folkman, 1984). The 10 participants shared their experiences within 60 minutes through audio-recorded telephone interviews. Their experience yielded six themes transcribing the information using otter.ai and NVIVO software.

Based on the analysis, the participants described their experiences as challenging. They also reported the negative impact of their experiences on their mental, emotional, social, and physical health. The participants described the experience as life-changing. The participants welcomed the opportunity to share their lived experiences during the audio-recorded telephone interview. However, the others noted how they managed to suppress their emotions about the incident and avoided talking about it. The participants

also shared a quote based on their experiences and lessons learned from these experiences. The following are their quotes:

Participant 1

“Grief is harder based on the relationship that you share with someone and the way that they died. Death by suicide makes grief even more difficult.”

Participant 2

“Anyone can commit suicide once they are not in their right frame of mind and a change in the thought process; stress and mental illness can make someone commit suicide.”

Participant 3

“God allowed him to repent. I believe in the Blessed Hope. I believe that I will see my brother again”.

Participant 4

“Say no to drugs. Check on the people you love. They may be going through a hard time”.

Participant 5

“Be there for people. Give them a listening ear. Be kind and understanding without rushing to judgment.”

Participant 6

“Choices have consequences. We should not live life selfishly because many people will miss you.”

Participant 7

Going to the funeral would mean that he is dead. I was in denial. Grief feels like an ocean of sorrow surrounds you. The negative things people said worsened my pain. I even thought of suicide sometimes. I just want my brother back.

Participant 8

No one is immune to suicide. This can happen to the best of us. We have to be so strong at the time and careful too. May we never come to a place where we cannot manage and have to resort to suicide.

Participant 9

We need to learn to listen when people speak and to treat their concerns with seriousness and respect. This experience had a toll on my health and my job. We need to appreciate the moments and learn to get close to loved ones.

Participant 10

Be mindful that you do not exist in a vacuum. Other people around you also have emotions, and they may be dealing with stuff in their way. We must be emotionally intelligent. People's pain may not always be apparent; they internalize stuff, and sometimes, you wouldn't be aware that they're hurting unless they talk about it.

Of significant concern for the participants were (a) the importance to engage in positive coping mechanisms, (b) negative reactions can serve as a barrier to healing and getting the necessary support, (c) their faith in spirituality and a higher being helped them cope during the experience, (d) the misuse of substances and other overwhelming social issues can predispose one to suicidality, (e) support and necessary resources are needed

to help reduce the impacts of suicide, (f) they consider education an essential component to address suicide. Given these discoveries, the study seeks to promote positive social change and broaden the understanding of all human service professionals in suicide, grief, and bereavement.

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Appendix A: Interview Guide

Date: August 2021

Time: 2:00 p.m.

Interview Code: Participant 1 to 10

Location of Interview: Zoom platform and telephone

RQ: How do Saint Lucians of African descent cope after losing a sibling to suicide?

Parts of the interview	Interview questions
Introduction	<p>Good day participant, thanks again for accepting my invitation to my interview, which should last between 45 to 60 minutes. The purpose of the interview is to talk about your coping experiences after your loss. Note that I will be sharing the script and recording with my committee. However, your name and identification will be confidential and private. I will only share your demographic information for the study. Do you have any questions at this time? If not, are you ready to begin?</p> <p>Please feel free to call me Charmaine.</p>
Neutral questions (Demographics)	<p>What is your name?</p> <p>What is your sex? Male or female?</p>

	<p>How old are you?</p> <p>What level of education did you attain? Primary, Secondary, Tertiary, University?</p> <p>What part of the Northern district do you reside?</p> <p>What is your form of employment or occupation?</p> <p>What is your religious/faith-based affiliation?</p> <p>How long has it been since your loss?</p>
Interview question 1	<p>Tell me about your sibling; how would you describe them and the relationship you shared?</p> <p>(b) Please, help me appreciate how you understand your grief experience after your loss.</p> <p>(c) Tell me about the experience upon receiving the news of the loss.</p>

Interview question 2	<p>How did the family orientation change/reorganize after the death of one of its members?</p> <ul style="list-style-type: none">a. Explain the changes; how were you able to recognize them? What were your responses?b. Family response?c. Tell me about the meaning of this experience for you
Interview question 3	<p>How has it been interacting with your other siblings since the incident?</p> <p>(a) How have your interactions changed?</p> <p>Please share some examples with me.</p>
Interview question 4	<p>How has the experience of losing your sibling been for you?</p> <ul style="list-style-type: none">(a) How have you understood it?(b) Feelings, understanding? Helping others and yourself?

Interview question 5	<p>How has it been interacting with your other siblings or other individuals at school or work after your sibling's death?</p> <p>(b) How has it been for you generally in terms of employment or everyday living after the loss?</p>
Interview question 6	<p>How has the experience been with giving and receiving support after the loss?</p>
Interview question 7	<p>How did people react to you after the suicide?</p> <p>(a) How did the reaction make you feel?</p>
Interview question 8	<p>How would you describe the experience in terms of your faith in a higher being after the loss?</p> <p>(a) How did you prepare yourself to say goodbye to your loved one?</p> <p>(b) How would you describe your progress and creating a life without your sibling?</p>

Interview question 9	<p>How would you describe your grief; how has it been for you?</p> <p>(a) Tell me about your reactions to the loss of your loved one.</p> <p>(b) Tell me how much sense you have made of your loss.</p>
Interview question 10	<p>How would you describe the impact of grief on you?</p> <p>(a) What life lessons have you learned after the loss?</p>
Closing	<p>I thank you for taking the time to participate in my research study. Rest assured that everything you have shared with me will remain private and confidential. I shall forward you the scripts for review and the gift card certificate at the end of the research.</p> <p>Thank you.</p>

Appendix B: Request to the Facebook Administrator

Good day everyone, my name is Charmaine Hippolyte Emmanuel, and I am a Ph.D. candidate on the final stage of my dissertation. The title of my research study is

Coping with sibling suicide: The experiences of Saint Lucians of African descent. I

trust that you and your family are coping well in the face of this current pandemic.

Finally, I wish to express my gratitude for accepting my request to join your group, which seeks to support persons dealing with grief and other social concerns.

I am also sharing with you my flyer, which will aid participant recruitment for my study.

I thank you all in anticipation of your support toward my recruitment drive, which will contribute to completing this study.