

2023

## Childhood Experiences of Black Americans Growing Up With A Suicidal Sibling

Barbara Maulding  
*Walden University*

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# Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Barbara Maulding

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## Review Committee

Dr. Wendy Dupkoski, Committee Chairperson, Counselor Education and Supervision  
Faculty

Dr. Kelly Dardis, Committee Member, Counselor Education and Supervision Faculty  
Dr. Marilyn Haight, University Reviewer, Counselor Education and Supervision Faculty

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

Walden University  
2023

Abstract

Childhood Experiences of Black Americans Growing Up With A Suicidal Sibling

by

Barbara Maulding

MS, Walden University, 2014

MA, Argosy University, 2011

BA, Judson University, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

July 2023

## Abstract

Through this retrospective interpretative phenomenological analysis (IPA) qualitative research project, the childhood experience of growing up with a sibling who experienced a non-fatal suicide attempt was explored. The researcher used IPA as the conceptual foundation. This qualitative phenomenological study included interviewing eight siblings to retrospectively explore the childhood experience of growing up with a suicidal sibling (who had at least one incident of nonfatal suicidal behavior). The interview with each participant consisted of one interview and one follow-up review per Seidman's semi-structured interviewing guide for phenomenological research. The results were analyzed using hand coding to explore the thematic elements. The researcher found that the results included Black American adult siblings experienced grief and trauma responses in relation to growing up with a suicidal sibling. Specific social change implications included further research and identification of a specific experience surrounding current needs of siblings who grew up with a suicidal sibling. Because there were limited research articles or dissertations on this specific topic, the possible benefits of this study could include opportunities for research regarding further research into this specific population. This research also has social change implications, including decreasing stigma associated with suicidal behaviors, increasing the amount of conversations surrounding the broader implications of suicide on society, possible effects on clinical supervision, methods and interventions of counseling, and leadership and advocacy within the counseling profession.

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## Dedication

This is dedicated to my family for all of the things that I have been through with you when I was on my journey.

## Acknowledgments

I want to acknowledge my dissertation team, Dr. Wynn, Dr. Dardis, and Dr. Haight, who have been so patient and understanding with my process. Thank you so much for all of the encouragement, quick turn around with the revisions, and helping me to see this through.

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## Chapter 1: Introduction to the Study

### **Introduction**

This retrospective interpretative phenomenological analysis (IPA) study was used to explore the ways in which adults reflect on their childhood experiences of growing up with a suicidal sibling and their perception of how this experience shaped their lives. This research was unique in that I focused on how the participants reflected on nonfatal suicide attempts of siblings because completed suicide often allowed for grief and healing while nonfatal suicidal attempts did not appear to warrant family bereavement or grief support. Traumatic events such as a sibling's nonfatal suicide attempt may have created persistent stress in their lives (Spirito & Esposito-Smythers, 2006; Tyerman et al., 2019). This study was essential, as there was currently limited literature explaining the personal account of childhood experience of growing up with a suicidal sibling who survived. Abbossein et al. (2022) completed a similar study and noted that they also had trouble identifying research on the topic.

Abossein et al. (2022) examined behavioral versus genetic patterns among siblings who have endured the trauma of their sibling completing suicide. Additionally, Goodall et al. (2022) studied the sibling's grieving process. However, individuals' childhood experiences and the latent effects on their lives stemming from the possible trauma of a sibling's suicide attempts have not been explored. This research has both practical and scholarly implications. The results could inform practice for clinicians, as treatment modalities could be modified to fit themes that arise from data presented in this study. Finally, this study could start a vital, scholarly conversation about an

underexplored facet of a growing up with a suicidal sibling, leading to future research and potential enhanced treatment/intervention modalities targeted to this specific at-risk population.

In Chapter 1, I addressed the following elements: the background of the study which includes information on why this specific topic was important and relevant, problem statement, purpose of the study, research questions, research design, nature of the study, operational definitions, assumptions, scope and delimitations, limitations, and significance.

### **Background**

There appeared to be a salient gap in scholarly research that examined the effects of growing up with a suicidal sibling. The phenomenon being studied was the childhood experience of growing up with a suicidal sibling. Using this retrospective IPA research, I aimed to better understand the phenomenon by asking adults about their specific experience.

Traditionally, the topic of suicide has focused on the suicidal sibling. The expansion of the literature stream can be attributed to a significant increase in suicides in the United States, which was the second most common method of death among individuals between the ages of 10 and 24 (Curtin et al., 2019). According to the Centers for Disease Control ([CDC], 2022), accident was the first most common method of death among individuals of this age group. Curtin et al. (2021) completed a study with 4,500 individuals and found that suicidal behavior among adolescents occurs at an alarming rate and has increased yearly since 1979, from 6.8% to 10.7%. The increased occurrence of



suicidal behaviors made the phenomenon of individuals who are now adults and grew up with suicidal siblings more common. Given that suicidal rates were increasing, an increasing number of family members were impacted by these statistics, in particular siblings.

A retrospective study is when the experience or event occurred in the past and is currently being studied (Pena et al., 2021). A retrospective approach allows participants to explore a significant event and its current effects on their lives to understand better how their experience has been influenced by the traumatic events (Ma et al., 2020; Wright, 1998). My research incorporated a retrospective element to incorporate emotional cushioning between the experience and the individual's retelling of that experience. Emotional cushioning occurs when there is a long period between the individual's childhood experience and processing through the event's details to lessen the individual's emotional response to the retelling of the experience (Cote-Arsenault & Donato, 2011; Hyatt & McCoyd, 2022).

Abossein et al. (2022) noted that the loss of a sibling is considered traumatic. Since the loss of a sibling has been considered traumatic, the possible loss of one may be as well. Zavlis et al. (2021) found that during COVID-19, individuals showed an increase in depression and anxiety symptoms due to the possibility of loss.

### **Problem Statement**

The purpose of this retrospective IPA study was to ask current adults what it was like to experience a suicidal sibling growing up. The problem statement was stated as how do adults perceive the childhood experience of growing up with a suicidal sibling.

No current identified research existed to specifically explore the childhood experience of adults who grew up with a nonfatal suicidal sibling. Due to a lack of research with individuals who grew up with a suicidal sibling, counselors may use various researched methods or interventions that are effective with other core issues or populations. Some of the more common interventions that were used with siblings and families are dialectical behavior therapy (DBT), family therapy (FT), and eye movement desensitization reprocessing (EMDR). Without knowing the experience of growing up with a suicidal sibling directly, counselors may have not been able to meet ethical requirements to provide clients with developmentally and culturally sensitive services. Based on this study's retrospective focus, counselors may have a better understand the sibling's childhood experience and be able to better treat this population.

Different methods or interventions have been utilized with both trauma and grief; thus, the interventions or methods may not be as effective as possible interventions or methods applied when more is known about this specific population. Having explored the childhood experience of growing up with a suicidal sibling, implications and applications of the research are discussed in Chapter 5. While research has supported using some interventions, such as DBT, to intervene and support family members of persons engaging in suicidal behaviors (Rajalin et al., 2009), we lacked information about the effectiveness of the modality for this specific issue. Also, family interventions and support were not focused on individualized support of the other individuals who were not the suicidal sibling (Lifshitz et al., 2021).

In addition, according to the American Counseling Association Code of Ethics ([ACA], 2014) standard A.2.c., counselors are professionally responsible for providing clients developmentally and culturally sensitive services. However, given the lack of research in this area, practitioners may not be employing the most effective therapeutic modalities or assessment tools. Therefore, a growing population of people in the United States may not be receiving appropriate and effective treatment.

In Chapter 2, I discuss the different cultural backgrounds that were found within the literature. I also explore the mortality rates, specifying the different backgrounds within the data found. I also include suicidality rates related to adolescents.

### **Purpose of the Study**

This research may help clinicians to understand the childhood experience of growing up with a sibling who exhibited non-completed suicidal behavior, including the lasting effects of that experience and how those effects influence the participants' experiences of the world. The intent of this retrospective IPA study was to explore the childhood experience of growing up with a suicidal sibling with an adult.

### **Research Questions**

Two central research questions drive the study: How do adults retrospectively interpret their childhood experience growing up with a sibling who exhibited non-completed suicidal behavior? How did their interpretation effect their overall childhood experience?

## Research Design

This research used the IPA approach as the primary conceptual research design. Using IPA, I explored how participants made sense of their personal and social world (MacLeod, 2019). The focal points of the approach were the meanings that particular experiences, events, and states hold for respondents (Smith & Nizza, 2022). In IPA, the researcher plays an active role in the dynamic research process. The researcher attempts to obtain the clearest and most accurate perception of the respondents' personal world to gain an "insider's perspective" (Conrad, 1987, p. 62). The researcher maintains their conceptions of the phenomenon to make sense of the respondents' world. Ultimately, the process is a double hermeneutic because the participants are attempting to make sense of their worlds, while the researcher is attempting to make sense of the respondents trying to make sense of their world. The approach is connected to both hermeneutics and theories of interpretation (Eatough & Smith, 2008; Hefferon & Gil-Rodriguez, 2011; Smith, 2019; Smith & Nizza, 2022). IPA is employed to explore the nature of the respondents' lived experiences.

The semi-structured interview questions were developed by adapting Siedman's (2019) interviewing guide to phenomenological studies. Seidman suggested three in-depth phenomenological interviews with participants. The first interview assessed the respondent's previous experience with the phenomenon of interest, while the second interview was based solely on current experience. The final interview combined the first two interviews to describe the respondent's essential phenomenological experience (Kim, 2011; Seidman, 2019). Because this interviewing process was being done as part of a

requirement for a doctoral program, I planned to combine the second and third interviews.

Even though there were a variety of other qualitative methodologies to choose from (e.g., grounded theory, case study, narrative, or ethnography; Hamilton & Finley, 2019), an IPA study was chosen because it allowed me to examine the uniqueness of respondents' lived experiences. I considered using grounded theory, but the research objective was not theory building. The grounded theory identifies and tests the theory against the data retrieved (Hamilton & Finley, 2019). A narrative approach is used to explore an individual's story in terms of their perception of their lived experience, but the focus is on cultural elements of the individual's experience (Agnisola et al., 2019). The scope of the narrative approach was too narrow for this research. The research objective was not to focus on cultural sharing or the environment where respondents exist; therefore, ethnography was not the most appropriate methodology (Ingold, 2017).

### **Nature of the Study**

This retrospective IPA study was used to explore how adults reflect on their experience of growing up with a sibling who exhibited non-completed suicidal behavior. Additionally, the participants' perception and the latent effects on their lives reflective of having a sibling who had a non-fatal suicide attempt was explored. The research design of this study was an IPA study because I wanted to explore, in detail, a participants' perception or interpretation of a phenomenological experience (Probst et al., 2020; Tong et al., 2007). Subsequently, I attempted to make sense of and interpret these perceptions or interpretations of that lived experience (Hefferon, 2011; Smith & Nizza, 2022; Smith

& Shinebourne, 2012). I interviewed eight adults regarding their experience of growing up with a suicidal sibling. The data were analyzed using IPA.

### **Operational Definitions**

The following definitions have been adopted for this research:

*Adolescence:* McDonald et al. (2007) stated that adolescence occurs between the ages of 12 to 21 years. Sawyer et al. (2018) stated that adolescence occurs between the ages of 10 to 24 years.

*Emotional family system:* Reciprocal actions that occurred when members of the same unit are reacting to each other seem to have a cause and effect on how the energy flows within the group (Bowen, 1978; Cepukiene & Celiauskaite, 2022).

*Family:* A family consists of individuals related through biological and legal means (Sear, 2021). Family members may include parents, grandparents, aunts/uncles, nieces/nephews, or siblings, such as step-siblings, half-siblings, full siblings, foster siblings, and adopted siblings.

*Generational trauma:* A traumatic event that started before the current generation and is being passed on to the current and next-generation(s) from those who have experienced it (Stirbys, 2021). Generational trauma impacts how individuals perceive and cope with the trauma they experience (Stirbys, 2021).

*Incomplete suicide:* Incomplete suicide includes thoughts of hurting oneself and actively participating in intentional self harm activities with the intent to die but not actually dying, either intentionally stopping or unintentionally failing their attempt (Forkmann et al., 2021; Liu et al., 2020). *Intervention:* Medication (Leong et al.,

2022; Lewitzka et al., 2015; Pompili & Goldblatt, 2012) and clinical counseling (Jamshidi et al. 2021; Pelt et al. 2020) are examples of types of interventions utilized for suicidal behaviors.

*Intrapersonal and interpersonal factors:* The intrapersonal and interpersonal factors are both internal and external factors that may have an effect on suicidal behaviors (Schonfelder et al., 2021). These factors include genetic factors, biosocial, reactive aggression, mental health diagnosis, and emotional competency (Hartley et al., 2018; Mann, 2021).

*Parasuicidal behaviors:* Parasuicidal behaviors include non-fatal behaviors, such as bodily harm (Granato et al., 2021). The most common forms of nonsuicidal self-injury are cutting, scratching, burning, hitting, or banging (Reinhardt et al., 2022).

*Preventions:* Prevention includes specific training related to counseling, in terms of prevention of suicide completion (Gallo et al., 2021).

*Retrospective study:* A study that reviews data from the past, typically from either an individual's perspective or previously collected data (Heidinger et al., 2019).

*Suicidal behaviors:* Suicidal behaviors include thoughts of hurting oneself and actively participating in intentional self harm activities with the intent to die (Forkmann et al., 2021; Liu et al., 2020).

*Suicidal sibling:* The defining phenomenon is of a sibling who participated in at least one incident of nonfatal suicidal behavior and/or had suicidal ideations (Gennings et al., 2021).

*Suicide*: Is the intentional violent action against oneself with the mindset to end one's life and being successful with that intent (CDC, 2022).

*Unit of analysis*: The unit of analysis is the childhood experience of growing up with a suicidal sibling (Rosa et al., 2018).

### **Assumptions**

Several assumptions include my adept understanding of trauma and retrospective perceptions of that trauma. Additionally, I assumed that there was a possibility that the respondents may perceive the event to be traumatic. Abossein et al. (2022) found their population to be vulnerable and susceptible to suicide. I assumed that there is a possibility that the participants that I was including in my study were also considered a vulnerable population as well, because the participants grew up with a suicidal sibling. I assumed that respondents have not participated in drugs or alcohol before participating in the interviewing process. Finally, I assumed that participants respond truthfully, conceptualized as a genuine response based on their perception of the questions posed to them.

### **Scope and Delimitations**

Delimitations are those boundaries for the study that are in the researcher's control (Simon, 2011; Theofanidis & Fountouki, 2018). These are circumstances that I enforced to limit the study's scope (Bloomberg & Volpe, 2012; Theofanidis & Fountouki, 2018). For example, I proposed the following delimitations:

1. The research questions only aligned with the given situation, which was limited to the lived experiences of adults who grew up with suicidal siblings.



This problem may not apply to all adult siblings who experienced a similar phenomenon but have lost a sibling due to factors other than suicide or lost their sibling as an adult.

2. All participants were adults who experienced growing up with a suicidal sibling. Due to the specificity of the sample selection, the findings of this study may not be applied to other groups that experienced other forms of sibling experiences, such as those who grew up with a violent, schizophrenic, or abused sibling.
3. All participants must be adult siblings who have experienced a sibling's suicidal behavior. Those adults without this direct connection were not studied, including those with cousins or other family members with suicidal behavior who do not consider themselves to be a sibling.

### **Anticipated Limitations**

Limitations are those factors that the researcher cannot control. Simon and Goes (2013) stated that these factors may cause the study to be weak. Limitations can often be found in the methodology and design section (Simon & Goes, 2013; Theofanidis & Fountouki, 2018). The limitations hinder internal and external validity (Emerson, 2021; Simon, 2011). I proposed the following limitations:

1. Although qualitative research does not have *a priori* methods for determining adequate sample size, it is not unimportant (Boddy, 2016; Sim et al., 2018).  
For example, selecting a small group of participants could help me to achieve

an analytical goal, but the small sample size in this study could limit the results' generalizability.

2. The sampling methodology used was purposive sampling, which is non-probabilistic. Non-probabilistic sampling may limit the generalizability of results to other populations because respondents could have similarities idiosyncratic to this specific group of chosen participants (Carminati, 2018; Etikan et al., 2016).
3. Another anticipated limitation of the study was that various researcher or participant biases that may surface. For example, one potential bias included participants responding to questions based on their desire to please the interviewer. Potential biases in responses could reduce transferability and applicability because it depletes the researcher's confidence in the truth of the findings (see FitzPatrick, 2019; Krefting, 1991). The researcher bias included the assumptions that the researcher has prior to, during, and after the research has been completed. I planned to manage my own biases by documenting those biases in journal form during the entire process. A specific research biases that I have included is that I assumed that individuals were willing to talk about the experience of growing up with a suicidal sibling.
4. A final limitation included limited amount of published research on the specified topic. Aboessein et al. (2022) completed a similar study and acknowledged that a limitation of their research was the limited amount of research in this specific area of study.

### **Significance**

When exploring adult reactions to their sibling's prior non-fatal suicidal behavior which occurred during their childhood, the data may be applied to the understanding of the lived experience and subsequent perceptions that respondents form about their lifeworld. Because trauma shapes one's perceptions of their lifeworld, this study has the potential to expand my understanding of the influence of suicide on that perception (Pisarik et al., 2017).

There were several potential items to consider regarding this study. The first was the scope of influence, as it may have contributed to the treatment methods by offering targeted treatment planning that is relevant to the individual's presenting issue of either grief or trauma. The second was the generational trauma that may have occurred as a result of these issues being overlooked or unexplored. Finally, the third was a possible alternative method of approaching family counseling that could be more effective at eliminating the emotional responses that may be occurring between family members.

This research also has social change implications. For example, the research could decrease the stigma associated with suicidal behaviors and those suffering long-term trauma from that experience by allowing those individuals to tell their own story. Understanding is the cure to ignorance or fear, which is what stigma entails. In addition, given the consistent rise of incidents of suicide in the United States and the growing population of adults affected by siblings' suicidal behavior, the research could catalyze conversations about the broader implications of suicide on society. Other social change implications could include clinical supervision, counseling methods and interventions,

and leadership and advocacy. For example, the information from this study could affect the way that clinical supervision is done when working with this specific population. The results from this study may have an effect on the way that clinical counseling is done with this population. Based on the results, the results from this study could inform a new generation of counselors how to advocate for individuals who experienced growing up with a suicidal sibling or children who have a suicidal sibling as well.

Further quantitative research would need to be done in order to identify trends and to see if the results from this study are an experience shared by others. Finally, this study may be applicable to counseling supervision or education through the information obtained from studying the childhood experiences of growing up with a suicidal sibling could impact counseling supervision by informing the way that they help the individuals in counseling.

### **Summary**

In this chapter, I presented a brief description of the background, explaining that there is little research available on the topic that I chose. My problem statement was that there was little research completed on the childhood experience of growing up with a suicidal sibling. I planned to use IPA to explore my problem statement. My research design influenced my research questions, which are: “How do adults interpret their childhood experience growing up with a sibling who exhibited non-completed suicidal behavior? How did their interpretation effect their overall childhood experience?” Additionally, I articulated the research implications for both scholars and practitioners. Chapter 2 contains an in-depth synthesis of pertinent conceptual and empirical academic

literature. Some of the literature that I discuss in Chapter 2 includes research on grief, trauma, pertinent counseling interventions, and research done on the adolescent suicide attempts as well as current research on the participants.

## Chapter 2: Literature Review

### **Introduction**

The purpose of this retrospective IPA study was to ask current adults what it was like to experience a suicidal sibling growing up. The problem statement included how do adults perceive the childhood experience of growing up with a suicidal sibling. Some of the relevant topics that will be further discussed in this chapter include suicide, epidemiology of suicide, recognition for the need for intervention and prevention programs, generational trauma, resiliency, grief, and other factors affecting sibling responses.

Gahrn-Andersen (2019) explained that an IPA study consists of measuring a phenomenon or experience through the lens of several individuals, which in this study included the childhood experience of growing up with a suicidal sibling. I attempted to make sense of and interpret these perceptions or interpretations of that lived experience (Hefferon, 2011). The conceptual framework was reflected in the following research questions: How do adults interpret their past childhood experience growing up with a suicidal sibling? How do they perceive the effects of that childhood experience on their perceptions?

### **Literature Search Strategy**

The literature search strategy included sources from PsychINFO, PsychArticles, Google Scholar, and information gathered from National Suicide Prevention Lifeline. I used peer reviewed articles or information from government sources, such as school websites, the Centers for Disease Control, and the Council for Accreditation of

Counseling & Related Educational Programs. I found information relating to counselor education programs, suicidal risk factors, information regarding grief and trauma, and other factors relating to both my unit of analysis and my participants. I used the following words when gathering information: *DBT, EMDR, generational trauma, sibling reaction to suicide, sibling dynamics, sibling responses to grief, sibling responses to loss, family reactions to multiple suicidal attempts, reactions to grief, reactions to trauma, non-suicidal behaviors, treatment methods for adolescents, treatment methods for grief, treatment methods for trauma, post-traumatic stress disorder, childhood trauma, treatment methods for adolescent suicide, family treatments for suicide, adverse childhood experiences, siblings who grew up with a suicidal sibling, and suicidal behavior.*

The iterative search process included all of the terms above, identifying most of different combinations to determine whether this topic existed in the literature. I used all of these terms in Google Scholar, which is a comprehensive database and is also connected to my Walden University account. Using Google Scholar allowed me to access EBSCO as well as other scholarly journals and search platforms.

Even when using all of the above platforms, no current research seemed to exist on the childhood experience of growing up with a suicidal sibling. Since I could not find any current research nor current dissertations regarding this topic, I used articles discussing grief, trauma, generational trauma, sibling dynamics, suicide rates, and treatment methods to identify possible elements of this study.

### **Conceptual Foundation**

My conceptual framework was IPA. There are three orientations for phenomenological studies: hermeneutic, transcendental, and interpretative. Transcendental is the original phenomenological design, and interpretative is a more recent transition that incorporates the hermeneutic phenomenological design (Benner, 1994). A researcher who uses the interpretative design pulls from the hermeneutic phenomenological design. I used IPA instead of the hermeneutic circle (Howard et al., 2019). Using the IPA instead of the hermeneutic circle allowed me to conceptualize the data analysis in a more concise way. Instead of analyzing the data in a circular fashion, IPA was used as a spiral with an end point in mind (Conroy et al., 2003). An individual's experience was explored when using a phenomenological research design (Heidegger, 2005; Ihde, 1971; Smith & Nizza, 2022). I describe the differences between the hermeneutic circle and IPA in Chapter 3.

McConnell-Henry et al. (2009) translated one of Heidegger's original works, stating that Heidegger purported that individuals shape meaning from their own experiences through a lens of previous experiences and beliefs. However, some researchers and theorists who are purely phenomenologists would argue that the research process isolates the participant and does not allow the participant to explore the meaning behind the experience (Gahrn-Anderson, 2019).

Initially, when Heidegger identified hermeneutic phenomenology, he used it to better understand the human experience and condition (Heidegger, 2005). As we begin to understand something, it affects our biases and beliefs, which is how people make sense



of their experiences or their filter (Heidegger, 2005). In hermeneutic phenomenology, the hermeneutic circle is used instead of the bracketing more commonly associated with transcendental phenomenology. Heidegger argued that bracketing could not be done due to not being able to remove the self from the study. The researcher is the one who is identifying meaning and patterns within the study, which makes it nearly impossible to remove the researcher's ideas and lens from the theoretical study (Heidegger, 2005).

IPA is the conceptual framework that was used to explore and define the structure within this dissertation. IPA was the lens used to interpret and analyze the data retrieved. Pietkiewicz and Smith (2012) stated that researchers who utilize IPA will often use *emic* and *etic* perspectives. The etic lens is used to analyze the data through psychological concepts, and the emic lens is used to analyze the data through the participant's perspective (Beals et al., 2019; Pietkiewicz & Smith, 2012).

### **Literature Review Related to Key Concepts**

Before researching this topic, I had difficulty finding research articles or dissertation topics to identify or compare methodology that specifically look at the childhood experience of growing up with suicidal siblings. Abbossein et al. (2022) completed a topic on suicide completion with adult siblings, and even they mentioned a similar issue. They stated that there was a significant lack of research regarding the effects of suicidal siblings. Because of this, I chose to approach my topic through a variety of different key concepts, including researching the following terms: *childhood experience of growing up with a suicidal sibling, intervention and prevention programs, generational trauma, resilience, grief, and trauma*. There were other articles that related

to the topic, such as Rajalin et al. (2009) discussing treatment methods with family members of individuals with borderline personality disorder. This article related to my study because it explored treatment methods with siblings who have displayed multiple incidents of suicidal behavior. Abossein et al. (2022) discussed the lived experiences of an adult who has completed suicide.

Abossein et al. (2022) completed a similar study. Some of the differences included the sibling completed suicide, and the sibling was an adult when he or she completed suicide. The authors discussed their own literature review in which they found resources and articles to be hard to find or very limiting. The study was completed on adults who had adult siblings successfully complete suicide (Abossein et al., 2022).

### **Unit of Analysis**

My unit of analysis was the childhood experience of growing up with a suicidal sibling. There were a few things that related to the unit of analysis, including overall cause for suicidal behaviors. When identifying the overall cause for suicidal behaviors, there were a few areas that needed to be noted, including prevalence of behaviors, epidemiology, risk factors, types of suicidal behaviors, prevention and intervention programs, counselor education and supervision, participant response, trauma response, depression, and grief.

### **Prevalence**

Suicide is a costly issue, with the United States spending approximately \$69 billion per year on suicide intervention, with costs determined from hospitals and mental health clinics (American Foundation for Suicide Prevention, 2021). According to the

American Foundation for Suicide Prevention (2021), 1 in 10 individuals attempts suicide per year. However, for every person who successfully commits suicide, an additional 25 people attempt suicide (American Foundation for Suicide Prevention, 2021). According to Curtin (2020), there was a national increase between 2007-2009 to 2016-2018 in suicides with individuals aged 10-24 years old, with an increase from 6.8% to 10.7%. Hoffmann et al. (2020) mentioned that for youth between the ages of 5 to 19 years, suicide is the second leading cause of death in the United States. With each suicide, Cerel et al. (2019) found that about 135 people are affected by the event.

Knowing the type of suicidal behavior was important because the lethality of the actions increase with certain types of suicidal behavior. The Centers for Disease Control and Prevention ([CDC], 2022) has reported that most three common methods of suicide in children ages 10 to 19 years old include firearms, suffocation, and poisoning. Approximately 52.8% of overall suicides include use of firearms (CDC, 2022). With suffocation, approximately 27.25% of individuals who complete suicide use this method (CDC, 2022). Finally, with poisoning, approximately 12% of individuals who complete suicide choose this method (CDC, 2022). Between 2019 and 2020, of the recorded suicide deaths, individuals aged 10-14 had a suicide rate of 2.8% and ages 15-24 had a suicide rate of 14.2% (CDC, 2022).

The difference in type of suicidal means seemed to affect the completion rate of suicide. For example, only about 2% of individuals who attempted suicide by overdose were successful (Fleegler, 2021). For those who attempted suicide using firearms, the rate of successful completion increased to about 91% (Fleegler, 2021). According to the CDC

(2022), the estimated suicidal attempts was 1.2 million adults, and according to Garland and Zigler (1993), about 6% of all adolescents have attempted suicide at least once in their youth.

### **Epidemiology**

Epidemiology refers to the possible causes of adolescent suicidal behavior (Kingsbury et al., 2021). When epidemiology of suicide was discussed, Nosova et al. (2021), Ammerman et al. (2018), and Ibrahim et al. (2019) focused on exploring a variety of different variables including demographics, socio-economic, cultural, psychological, biological, and self-harm tendencies.

Some of the most common demographics that were looked at with adolescent suicidal behaviors include race, ethnicity, sexual orientation, and age (Ammerman et al., 2018). The way that race was typically used in studies was to identify the race of the participants involved. Ammerman et al. (2018) chose to look at the following race categories within their study: Caucasian, Black/African American, American Indian, Hispanic. Chu et al. (2020) noted the following races in their study: African American, Arab American, Pacific Islander, Native American, Asian American, Latina, and Mixed Race, otherwise known as two or more races. However, according to the American Foundation for Suicide Prevention (2021), the Caucasian race has the highest rates of suicide completion. Due to stigma surrounding suicidal attempts that were unsuccessful, the American Foundation for Suicide Prevention (2021) stated that tracking for uncompleted suicidal behavior is unreliable. Sometimes, the researchers identified the results related to the subgroups that were identified; sometimes, they do not. Both of

these studies were similar in that they chose not to specifically correlate the results to the subgroups that were identified. With relation to the LGBTQ community, Kittiteerasack et al. (2020) found that women who were considered ethnically South Asian and African American were at highest risk for suicidality; especially in immigrant populations.

LGBTQIA+ is a vulnerable population, and due to the bullying and invalidation that occurs with this population, this may be a group that I unintentionally come across when completing general sampling. Chu et al. (2020) further identified LGBTQ as a population that they worked with, but they did not specifically correlate the results to the subgroups that were identified. Boyer et al. (2021) compared transgender individuals with cisgender individuals and found that while transgender individuals have a higher risk of suicide, cisgender individuals have a higher rate of mortality. McGraw et al. (2021) found similar results to Boyer et al. (2021), except McGraw et al. expanded their research to include LGBTQ youth in addition to LGBTQ adults.

Suicidal adolescents may come from a variety of different cultures and backgrounds. There were a variety of factors that are included within the umbrella of cultural background. Guvenc (1997) defined culture as all of the habits, craft, communal establishments that a person learns and thus passes on through teaching as the certain habits, craft, communal establishments, and accomplishments of a group of people or nation. Chu et al. (2018) found a theme with ethnic minorities called hidden suicidal ideation. Chu et al. stated that certain cultures, such as Asian American Pacific Islanders, tend to keep suicidal ideations to themselves rather than tell others about it. For example,

in a sample size of 73 Asian American Pacific Islanders, 60.30%, or 44 individuals, admitted to keeping their suicidal thoughts private (Chu et al., 2018).

Particularly in relation to Black American adolescents, there has been an increase in suicide attempts between 1991 to 2017 (Lindsey et al., 2019). According to Boyd et al. (2022), suicidality rates are increasing within the Black American population faster than any other cultural group. Oh et al. (2020) agreed, stating even though White men have the highest suicidality among the cultures, other racial groups are closing the gap. Oh et al. noted that there are several social risks that Black Americans struggle with such as discrimination. Oh et al. delineated discrimination into nine different social risk areas including: unfairly fired, not hired, denied promotion, police abuse, discouraged from education, neighborhood exclusion, neighborhood harassment, denied loan, and bad service. Some of these areas pertained to adolescents and the areas that do not may pertain to the adolescent witnessing family members experiencing some of the social risk areas.

Ibrahim et al. (2019) correlated low socio-economic status with increased chance of suicidal attempts, particularly in males. This study was completed with 176 adolescents, identifying whether social support and spiritual wellbeing had an impact on suicidal ideation. Of the population that they studied, Ibrahim et al. found 59.7% or 105 were male and about 40.3% or 71 were female, and using the Suicide Ideation Scale, they found that 6.8% or 12 individuals of the population had suicidal ideations.

Gender was often a common variable that was noted in studies regarding suicidal behavior. The American Foundation for Suicide Prevention (2021) stated that Caucasian

men completed suicides more often than women, and Caucasian men completed 69.68% of the overall suicide deaths in 2020. Abossein et al. (2022) found that they had more female participants than male participants and noted that the reason for more female participation versus male participation was due to lack of male responses to recruitment. However, even though gender was noted in studies, gender was not always specified in results, such as the study Abossein et al. (2022) completed or the American Foundation for Suicide Prevention (2021).

Adolescents who are dealing with psychopathology have an increased risk of suicidal ideations and attempts. Researchers agreed that adolescents through college, who are dealing with psychopathology issues have an increased risk of suicidal ideation and suicidal attempts. Lawrence et al. (2021) found that comorbid psychopathology was associated with higher rates of both suicidal ideations and suicidal attempts and almost doubled the number of suicidal ideations, which is 43.67% or 5,185 individuals compared to preadolescents, 26.59% or 3157 individuals who did not have the comorbid psychopathology. Auterbach et al. (2018) found a similar theme when interviewing college students regarding suicidality and comorbid psychopathology.

Some researchers have suggested that certain mental health responses are biological in nature, including those related to suicidal ideation and behavior. Miller and Prinstein (2019) suggested that adolescents who struggle with suicidal behaviors may have biological failures, certain biological factors that are passed from parent to child, that contribute to the adolescent's inability to handle certain types of stress. An example

of this includes the individual consistently putting in effort to utilize certain riskier behaviors to self-regulate (such as self-harm) (Miller & Prinstein, 2019).

One of the specific differences with the adolescent population is that the automatic nervous system, hypothalamic pituitary adrenal axis, peripheral stress responses, and the neural pathways in the brain are changing from child to adult, making this population particularly vulnerable to stressors that would not otherwise be of concern (Miller & Prinstein, 2019). Jollant et al. (2018) and Rizk et al. (2018) agreed with Miller and Prinstein (2019), noting a biological marker for increased suicidality.

While epidemiology was not the main focus of this study, epidemiology is important because epidemiology may provide a reference or structure for the reasons why the sibling was participating in suicidal behaviors. Knowing the epidemiology of suicide may help to problem-solve different ways to help the suicidal sibling function in the family unit (Helimaki et al., 2021).

### **Risk Factors**

Certain aspects seem to affect the dynamic of the siblings and the rates of suicidality, including biological and environmental contributions to overall suicidal behavior (Miller & Prinstein, 2019; Schiling et al., 2009; Stephenson et al., 2021). Alcohol and promiscuity seem to correlate with an increased risk for suicidal behaviors, with heavy drinkers exhibiting five times the amount of completed suicide in comparison with social drinkers (Stephenson et al., 2021). Even though this specific study did not focus solely on adolescents, the age of observation started at age 15 and ended at death or when the study was finalized in 2012 (Stephenson et al., 2021). Stephenson et al. found



that there was an increase in suicidality with the heavier drinkers. Schilling et al. (2009) found similar patterns with their research. Schilling et al. (2009) found that an increase in suicide with alcohol use in adolescents, with 17.9% attempted suicide while drinking and 27.3% had suicidal ideations while drinking.

Because adolescents are developing from childhood into adulthood, their bodies are undergoing a variety of changes. An increase in suicidal behaviors relating to biological factors uniquely found in the adolescents may relate to the changes from concrete thought into abstract thought, resulting in a higher risk of different reactions, including external riskier behaviors to self-regulate (Miller & Prinstein, 2019).

#### *Interpersonal Risk Factors*

Some of the interpersonal risk factors related to suicidal ideation include family dynamics, peer dynamics, and other community interactions. Bullying is an example of peer dynamics becoming a risk factor for suicidal ideation and/or behaviors (Cuesta et al., 2021). This is further complicated if the adolescent does not have strong connections within their family unit or strong social support. Klein et al. (2022) found that if the suicidal sibling does not have strong connections within the family unit or strong social support, the suicidal sibling is at risk for increased suicidal behaviors. Forte et al. (2021) agreed and found a correlation to increased risk with suicidal ideations or attempts when harsh parenting techniques were implemented.

Another interpersonal risk factor is abuse. Turner et al. (2018) found that 49.4% or 2275 of adolescents reported experiencing physical abuse from an adult in their life. Of the adolescents that were studied, most individuals that reported experiencing physical

abuse were older and reported not having a significant other in their life (Turner et al., 2018). Over half of the population studied also reported experiencing some form of child abuse before the age of 16 (Turner et al., 2018). Lastly, they found a correlation between all types of abuse and an increase in suicidal behaviors (Turner et al., 2018). In addition to these interpersonal risk factors, there are other risk factors of intrapersonal factors as well, which include genetic factors, biosocial factors, resiliency, and overall coping strategies. Angelakis et al. (2020) agreed and found that there was an increase in suicidality among sexual abuse victims when the abuse went untreated.

#### *Intrapersonal Risk Factors*

Some of the intrapersonal risk factors associated with suicidal behaviors include identifying genetic factors, biosocial factors, resiliency, and overall coping strategies. Mann (2021) found a genetic overlap between populations studied and suicidal ideations and behaviors. Mann stated that when a close relative completed suicide, the risk for the adolescent to participate in suicidal behaviors increased about sixfold. However, Mann further noted that when mental illness is involved and untreated, there is an increase of suicidal attempts. Mann found a correlation between four different factors involved: emotional pain which is passed down through family traits, distorted thought processes which focus on negative input, altered ability to make decisions, and effective ability to adapt and problem solve situations. Kwak and Ickovics (2019) found similar patterns with adolescents and managing overall stress in South Korea which correlated to suicide being the most prevalent reason for deaths among South Korean adolescents.

Another intrapersonal risk factor is reactive aggression. Hartley et al. (2018) identified a cause and effect relationship between increasing rates of suicide and reactive aggression, specifically with adolescents and children. According to Bertsch et al. (2020), reactive aggression is when the individual feels as though they are unable to escape a certain situation and thus react in anger. An example of this would include experiencing abuse from a parent or family member that is repeated and the child or adolescent reacts in an overall angry manner. Similarly, Schonfelder et al. (2021) noted a correlation between suicide attempts with adolescents and children and physical abuse. Schonfelder et al. stated that there is an increase in suicidal attempts among adolescents and children when physical abuse is present in that individual's life.

Specifically relating this data to the unit of analysis, Racine et al. (2021) found that rates of depressive symptoms in adolescents have increased to 63.8% of the adolescent population across the globe. Some individuals with mental health diagnoses such as Major Depressive Disorder, Bipolar I and II, Alcohol Use Disorder, and Drug Use Disorder have also been reported to have had suicidal ideations (Knudsen et al., 2021). When suicidal ideation is linked to a specific mental health diagnosis, such as depression, medications are often sought out to provide chemical balance to the individual.

Another risk factor includes emotional development within adolescents. Li et al. (2021) noted that when the adolescent experiences a disruption in emotional development, the adolescent may end up having issues with hopelessness, developing impulsive behaviors, or feeling as though they are stigmatized. Li et al. (2021) further

stated the emotional development disruption may cause an increase in suicidal ideations and attempts.

### **Parasuicidal Versus Suicidal Behaviors**

Parasuicidal behaviors include non-fatal behaviors, such as bodily harm (Granato et al., 2021). Certain clinicians consider nonsuicidal self-injurious behavior and nonsuicidal self-injury ideation as part of the suicidal behaviors (Kingsbury et al., 2021). Most DBT therapists chose the term nonsuicidal self-injury to describe these types of behaviors to help alleviate the confusion caused by the parasuicidal behaviors (Granato et al., 2021). Granata et al. (2021) stated that nonsuicidal self-injury is used as a way to cope, instead of for intentionally attempting suicide. The most common forms of nonsuicidal self-injury are cutting, scratching, burning, hitting, or head-banging (Reinhardt et al., 2022).

Suicidal ideation and planning are ongoing issues. Passive suicidal behaviors include having suicidal thoughts but not having a plan or desire to participate in it (Beach et al., 2021; Liu et al., 2020). Active suicidal behaviors include acting on suicidal thoughts with intent and a plan for completion (Forkmann et al., 2021; Liu et al., 2020).

### **Prevention and Intervention Programs**

In response to suicidality, the counseling field has addressed the issue through both prevention and intervention methods. Hinze et al., (2021) and Tunno et al., (2021) have identified a correlation between trauma and suicidality, have noted reductions when intervention and prevention programs are utilized. Medication is considered an intervention method.

## **Medication**

According to Lewitzka et al. (2015), lithium has been utilized to treat suicidal ideations and behaviors. Pompili and Goldblatt (2012) noted that Clozapine and Lithium have been linked to a decrease in suicidal ideation. However, Leong et al. (2022) noted that among the drug classes, antipsychotics are the least prescribed medication to children and adolescents.

Longer periods of taking prescribed medications may cause complications for clients (Zhao et al., 2021). Murphy et al. (2021) mentioned that SSRIs are specifically designed as antidepressants but when used in a prolonged capacity led to sexual difficulties, emotional numbness, suicidal ideations, apathy, and weight gain. Chido-Amajuoyi et al. (2021) indicated that though it is rare, an increase in suicidal ideations may occur in adolescent populations.

Another danger with the long-term use of psychotropic medication is increased side effects, such as tardive dyskinesia. Tardive Dyskinesia is the uncontrolled movements of face and limbs (Carbon et al. 2017). Citrome et al. (2021) noted that the longer someone takes a psychotropic medication the more there is a possibility of immunity to the drug, making the drug less effective over time.

Another difficulty with the adolescent population and medication is adherence. Just because individuals are prescribed medication does not mean that they adhere to the recommended dosage given. Benson et al. (2017) stated that it is often difficult to maintain medication adherence with the adolescent population. Medication has been a part of the intervention and prevention history for a long time. Ko et al. (2014) reported

that clinicians have utilized lithium with adolescents to reduce suicidal thoughts, specifically related to bipolar disorder. However, they also found that the number of adolescents being treated with lithium was significantly smaller than they had originally thought, specifically because their results indicated a reduction in suicidal ideation and attempts with lithium (Ko et al., 2014).

### **Counseling Interventions**

DBT, EMDR, and multisystemic family therapy are all different techniques utilized in treating suicidal ideations and behaviors (Jamshidi et al., 2021; Joe et al., 2017; Kothgassner et al., 2021; Oud et al., 2018; Pelt et al., 2020). All of these techniques are promoted in the literature for suicide prevention, ideation, and attempts. All three of these techniques have been utilized with adolescents who have displayed suicidal ideations. Specific research on the treatment methods, other than FT that include treatment for the siblings of the suicidal individual is not presently available.

#### *EMDR*

According to Jamshidi et al. (2021) and Pelt et al. (2020), EMDR has been an effective strategy for reducing suicidality symptoms in adolescents suffering from posttraumatic stress disorder (PTSD). EMDR is used to approach the treatment from a trauma-based perspective by identifying the trauma first (Jamshidi et al., 2021). Once the trauma has been identified and isolated, mental health practitioners utilize bilateral stimulation to reprogram the neural pathways so that the individual is able to process through the traumatic event fully, leading to healthier coping strategies or emotional responses (Fereidouni et al., 2019).

*Dialectical Behavior Therapy*

Mental health practitioners typically utilize DBT with Borderline Personality Disorder (BPD) which has been proven to be effective (Oud et al., 2018). With individuals who have BPD, suicidality is more frequent than in the general population (Gunderson et al., 2018). Even though DBT was specifically created to help mental health practitioners deal with high rates of suicidality and was specifically created for borderline personality disorder (BPD) (DeCou et al., 2019), Kothgassner et al. (2021) found that adolescents, suffering from borderline personality disorder, benefited from DBT as well. DBT techniques seemed to help reduce suicidal ideation with adolescents when using DBT (Kothgassner et al., 2021). Even though DBT is effective, it can be timely and costly. DBT requires an integrated approach with a team, a skills group, and individual sessions (McCauley et al., 2018), and DBT certification has only been a recent development within the last 10 years (Landes & Linehan, 2012).

DBT can be used in conjunction with other therapeutic techniques, such as structural family therapy (Finney & Tadros, 2019). Structural family therapy incorporates a genogram or map of different interactions between members to help identify possible problem areas (Dehghani & Bernards, 2022). Traditionally, there are not a lot of other therapeutic techniques that are used in conjunction with DBT. Knowing that this combination of DBT and structural family therapy exists, helps to provide context for possible treatment modalities commonly used with siblings who display suicidal behaviors. Because of the specificity of structural family therapy, the individual participating in both would need to be in therapy multiple times during the week (Landes

& Linehan, 2012). Being in multiple sessions a week may become very time consuming and costly for both the family involved and the suicidal sibling.

### **Counselor Education and Supervision**

The way that licensing is structured in most United States territories and states requires counselors in training and pre-licensure counselors to receive supervision under a fully licensed or clinical licensed individual. Ideally, within supervision, the newly licensed counselors would be trained on suicide assessments, participating in role plays, and discussing the emotional difficulties associated with talking about suicidality with clients (Gallo et al., 2021). Most counselors receive training on how to handle suicidal ideations and suicidal behaviors in their master's level counselor education program. While most counselor education programs address suicide ideation, Cureton et al. (2021) noted that education related to suicide intervention is significantly different between programs and does not necessarily address specifics regarding proper procedures with suicidality. According to Minton and Pease-Carter (2011), out of the twelve curriculum plans identified that were CACREP accredited, ten of the curriculum plans included suicide assessment and intervention. Five of the curriculum plans included ethical and legal issues related to crisis (Minton & Pease-Carter, 2011). Four of the curriculum plans included crisis plans (Minton & Pease-Carter, 2011). Six of the curriculum plans identified crisis intervention models and cultural issues related to crisis (Minton & Pease-Carter, 2011).

Council for Accreditation of Counseling and Related Educational Programs (CACREP) is a regulatory body which provides certification to programs such as



counseling (Council for Accreditation of Counseling and Related Educational Programs, 2022). According to CACREP (2022), suicide is discussed in two sections which relates to curriculum in counseling programs. The first area is in Section 5.1 Counseling and Helping Relationships where it includes discussion regarding suicide prevention models and strategies. The second area is in Section 7.c Assessment and Testing which includes discussion regarding procedures for assessing risk such as suicide.

According to Gallo et al. (2019), even though CACREP standards requirements indicate this needs to be addressed in school curriculum, specifically related to counselor education programs, the CACREP standards are not very specific as to what the training implicates, causing a variation in training, skills, and preparedness with newly graduated counselors. Further, Gallo et al. mentioned that even when suicide prevention is discussed, applicable skills to various populations, including adolescents, are not consistently reviewed.

An example of courses that are CACREP accredited, include courses with objectives that include discussion of crisis management and risk factors for mental health and behavioral disorders (Eastern Illinois University, 2022; Gallo et al., 2019). Courses such as these address generalities but do not go into detail regarding suicide or suicidal intervention, symptoms of suicide, or suicidal risk factors.. Legal considerations vary by state in the United States, which makes teaching specific standards in schools relatively difficult (Gallo et al., 2019).

### **Supervision in Counseling**

United States licensing procedures requires newly licensed counselors to be in a

supervisee role during their initial license or provisional license period. Counselors work with a variety of different mental health issues, including different diagnoses that are synonymous with suicidality. During this clinical supervision process, suicidality or how to handle suicidality with a client is often incorporated into the clinical supervision process (Gallo et al., 2021). Catalana (2013) noted that clinical supervisors tend to experience higher amounts of stress when providing supervision for counselors who have suicidal clients. Emerging counselors tend to rely on their supervisor's experience and expertise when dealing with suicidal clients (Catalana, 2013). There is not a specific counselor supervision protocol and varies from state to state and supervisor to supervisor, with the American Counseling Association Code of Ethics as a general guide to ethical behavior within the counseling field (Firmin et al., 2019).

Hanschmidt et al. (2016), Petersen et al. (2015), Bolton et al. (2016), and Pitman (2018) all agreed that suicide survivors are increasingly vulnerable to developing grief, depressive symptoms, PTSD, suicidality, and overall physical health issues. Abossein et al. (2022) focused on the adults who had an adult sibling commit suicide. Abossein et al. (2022) noted that when a sibling commits suicide, the surviving sibling experienced both grief and trauma. Jordan (2008) found that siblings and close family members tend to be the most adversely affected by a completed suicide. Bolton et al. (2016) found an increase in mental health disorders, like depression and an increase in suicidality with suicide survivors. Rostilla et al. (2013) agreed and stated that the risk of suicidality for surviving siblings increased by 3x the amount of individual who did not experience the same event.

Abossein et al. (2022) suggested that the adult population that they were working with was vulnerable due to the loss of their sibling and have shown an increased risk of suicidal ideation, trauma symptoms, and grief responses. Gerhardt et al. (2012) noted that little support is given to suicide survivors who lost a sibling. Robson and Walter (2012) and Jordan (2001) stated that this is due to the nature of suicide being treated differently than other forms of loss.

### **Participant Response**

There were a variety of responses that were seen in the data collected. Some of these factors include generational trauma, grief, complicated grief, and grief related to suicidal behaviors. Grief has been linked to completed suicidal attempts within both parents and siblings (Carpio et al., 2021; Royden, 2021).

### ***Trauma and the Participant***

Individuals may have a variety of different reactions when exposed to traumatic events. Royden (2021) found that siblings, when experiencing traumatic events (most notably in younger siblings), seemed to display varied reactions, including PTSD, grief, depression, and anxiety. In addition, siblings seemed to have an increase in suicidal thoughts or self-harming behaviors when experiencing bereavement associated with suicide (Carpio et al., 2021). Other trauma responses include caregiving (Jaques, 2000) and rejection of supports (Bornemisza et al., 2021).

### ***Types of Trauma Response***

Typically, outside of the normal stress response to events, there are three types of posttraumatic stress disorder (PTSD). The three types include acute stress disorder,

uncomplicated PTSD, and complex PTSD. The most common symptoms of PTSD include avoiding situations or people associated with the trauma, memories that feel intrusive, negative thought patterns and actions, and changes to the individual's common reactions and emotions (Carmassi et al., 2020). Complex PTSD is when the individual has experienced several traumatic incidents throughout their lifetime (Karatzias et al., 2019). An example would include an individual who has experienced war, loss of loved ones, and a natural disaster without fully processing any of the events. When this occurs, the person does not have time to process the events and the trauma response becomes complex (Karatzias et al., 2019).

These symptoms and trauma patterns may be passed down to their future children or families. Reciprocal actions that occur when members of the same unit are reacting to each other seem to have a cause and effect on how the energy flows within the group (Bowen, 1978; Cepukiene & Celiauskaite, 2022). This is called the emotional family system (Cepukiene & Celiauskaite, 2022). The emotional family system relates to generational trauma.

### **Generational Trauma**

Generational trauma is trauma that has been passed down from caretaker to offspring or other family members (Koritar, 2019). Passing down the coping strategies may result in differences in the way that perceived coping strategies exist, particularly if one sibling has developed a genetic condition or mental health issue and the other sibling has not. This has been identified in various research when two siblings grow up in a similar environment, yet turn out to be completely different (Segal & Knafo-Noam,

2021). Generational trauma is often passed down from parent to child or caregivers to children by creating societal norms within the family unit (Haleemunnissa et al., 2021). Often times, emotional expression or coping strategies are often utilized by the children and are often modeled by parents (Burke et al., 2020; Haleemunnissa et al., 2021)

Generational trauma can manifest as not feeling like one belongs or feeling a need to react in a violent manner (Koritar, 2019). Because of the nature of generational trauma, incorporating treatment of siblings' reactions and not just the suicidal individual may result in better outcomes to decrease the chances of generational trauma. Lifshitz et al. (2021) and Ben-Ezra et al. (2018) agreed that trauma responses can complicate grief responses, making it difficult for the person to effectively process through the grief that he or she experiences.

### ***Grief***

Grief can be complicated and take on many different forms. Depending on the individual and their situation, they may develop different types of grief. There are a variety of different types of grief including: anticipatory grief, complicated grief, chronic grief, delayed grief, distorted grief, cumulative grief, exaggerated grief, masked grief, disenfranchised grief, traumatic grief, collective grief, ambiguous loss, and abbreviated grief (Cacciatore et al., 2021; Coelho et al., 2018; Dominguez, 2018; Knight & Gitterman, 2018; Nuttman-Shwartz et al., 2019; Reneau & Eanes, 2022; Shi et al., 2022; Worden, 2018)

### ***Definition of Grief***

Grief is an emotional response that is found surrounding the loss of a loved one, situation, or sudden change that occurs. Kubler-Ross (1969) created a model to explain the emotional reaction of grief, which included five stages: denial, anger, bargaining, depression, and acceptance. The five stages of the grief model have been used in a variety of situations, including the most recent with COVID-19 (Valliani & Mughal, 2022). Valliani and Mughal further explained that there are various complications that contribute to the grief response.

#### *Expressions/Types of Grief*

Among the different types of grief, there are anticipatory grief, complicated grief, chronic grief, delayed grief, distorted grief, cumulative grief, exaggerated grief, masked grief, disenfranchised grief, traumatic grief, collective grief, ambiguous loss, and abbreviated grief. Anticipatory grief occurs when the individual's loved one has a long-term illness and has been sick for a while (Coelho et al., 2018). Cumulative grief is when the individual loses a couple of people close to him or her in a short amount of time (Shi et al., 2022). Each death becomes a compounding factor on the person involved (Shi et al., 2022). Exaggerated grief is when the grief response started out within the normal range but intensified over time instead of diminishing (Worden, 2018). Masked grief is when the individual does not recognize his or her own grief process and the grief process impairs their daily functioning (Dominguez, 2018). Disenfranchised grief is when the individual experiences the symptoms of a loss that is not recognized as being real or societally accepted (Dominguez, 2018). Traumatic grief is when the loss is sudden or unexpected and the person experiences enough distress to impair their daily functioning

(Cacciatore et al., 2021). Collective grief is when the individual experiences loss on a community or national level (Reneau & Eanes, 2022). Some examples of collective grief include natural disasters, 9-11, or other larger events.

Ambiguous loss often happens as a result of not knowing what occurred to the loved one (Knight & Gitterman, 2018). Some examples of ambiguous loss include lost at sea, lost in war, or kidnapping without successful retrieval. Abbreviated grief is when the grieving process is shorter than normal (Nuttman-Shwartz et al., 2019). Often times, abbreviated grief occurs when the individual has had time to mourn the loss beforehand (Nuttman-Shwartz et al., 2019). Abbreviated grief can occur in combination with anticipatory grief (Singer et al., 2022).

#### *Complicated Grief Responses*

Complicated grief is when the reaction and feelings of loss interfere with daily activities and functioning (Mason et al., 2020). Because the definition for complicated grief is broader, there are other forms of grief that fall under the umbrella of complicated grief responses. Complicated grief responses also include chronic grief, delayed grief, and distorted grief (Mason et al., 2020). Chronic grief is when the grief response is intense and happens for a prolonged period of time (Paun & Cothran, 2018).

Delayed grief is when the individual does not begin to experience the symptoms of grief until long after the loved one has passed away (Kumar, 2021). Delayed grief can happen when the person has not taken the time to experience the grief or chooses to repress the emotional reaction instead (Wojtkowiak et al., 2019). Distorted grief is when

the person has an above average hostile response or becomes self-destructive with their actions (Rando, 1995).

### *Family Grief Response to Suicidality in Adolescents*

The grief process seems to be unique based on the individual who is processing through the grieving process. An example of this is whether the individual has lost a friend or a loved one (King & Delgado., 2021). Glad et al. (2021) noted that grief responses may include mental health problems such as acute stress disorder or posttraumatic stress disorder. Another layer of differences includes the role of the individual to the loved one that passed away (Roche et al., 2021).

Grief or pre-loss grief may be present when an individual experiences a family member who becomes sick or is hospitalized (Singer et al., 2020). Pre-loss grief (when grief has shown up and the individual has not died yet) seems to show up in caregiver situations where the caregiver is taking care of a loved one with cancer (Coelho et al., 2020). If an individual does not address the experience of grief and loss, it may lead to mental or physical health issues (Zhai & Du, 2020).

When an individual is experiencing grief, the individual's response may be severe which could indicate some trauma. Abossein et al. (2022) noted a connection between grief and trauma when adults lost their adult siblings to suicide. Other responses may include grief, or stress, or possible increase in the participant's own suicidality.

### *Depression*

Other factors that may affect the participant include depression. Depression has different levels according to the DSM-5-TR. Based on the individual's experiences of



symptoms, the type of depression may differ (American Psychiatric Association (APA, 2017). The levels for any depressive disorder include mild, moderate, and severe symptoms (APA, 2017). An individual may experience impairment with their personal life, work, or home life, and depressive symptoms could include self-loathing, lack of motivation to do the things that they once enjoyed, or loss of interest (APA, 2017).

### **Summary and Conclusion**

To conclude, there were a variety of factors which affected the unit of analysis, which was the childhood experience of growing up with a suicidal sibling, The factors that were researched for the unit of analysis included epidemiology of suicide, risk factors of suicide, types of suicidal behaviors, prevalence, medications, counselor training and supervision, counseling interventions, risk factors, trauma response, grief response, generational trauma, emotional competency, and depression.

As mentioned previously, research has been done on completed suicides, suicidal factors, and what contributes to suicidal ideations and attempts. There has even been research done on an adult's reaction to completed suicide by a sibling, which makes the surviving sibling a vulnerable population. However, there was little to no research completed on the childhood experience of growing up with a suicidal sibling without fatalities. According to the APA (2022), there is a difference between a trauma response in a child versus a trauma response in an adult. A lot of what is known about trauma currently is based on studies done on adults (APA, 2022). However, because there was not a lot known about childhood responses to traumatic events, this research was an opportunity to explore a childhood response from an adult's perspective.

## Chapter 3: Research Method

### **Introduction**

This retrospective IPA research aimed to ask adults about their experiences growing up with a suicidal sibling to produce qualitative data that illuminated their existing perception of the impact of those experiences in their present lives. Peoples (2021) noted that the phenomenological design has been used to explore a specific phenomenon by identifiable observation, artifacts from the period being studied, and participant interviews. I used the IPA design to explore the same thing. In Chapter 3, I explore the design and rationale for the study, the retrospective IPA design, my role as the researcher, methodology, validity and reliability, and ethical considerations.

### **Design Rationale**

The two main research questions were as follows: “How do adults interpret their past childhood experience growing up with a suicidal sibling? How did their interpretation effect their overall childhood experience?” These research questions led me to identify the main unit of analysis as the childhood experience of growing up with a suicidal sibling.

The IPA qualitative research methodology was chosen to explore adults’ perceptions regarding growing up with suicidal sibling, and the effect it has on their current lives. I chose a qualitative study based on the emotional dynamics of the research and am using the qualitative study to find out what the specific dynamics of this population entail. Abbossein et al. (2022) noted that adults in similar situations are considered vulnerable, but there is not currently a lot of research to denote this. I used this retrospective IPA study to explore the ways in which adults reflect on their childhood

experiences of growing up with a suicidal sibling and their perception of how this experience shaped their lives. Additionally, qualitative research emphasizes words as accurate reflections of human emotion (Shaw et al., 2019; Yin, 2014). Unlike quantitative research, which often neglects the psychological implications of phenomena, qualitative research emphasizes the necessity of affective, cognitive, and behavioral responses (Gilbert, 2000; Shaw et al., 2019).

### **Qualitative Research Traditions**

While there are a variety of qualitative research traditions (ethnography, case study, narrative, historical and grounded theory), retrospective IPA allowed me to focus on siblings' lived experiences. Four other qualitative research traditions could have been used but were discounted (ethnography, case study, grounded theory, and narrative research approach). Ingold (2017) stated that the researcher participates with the study participants in their own environment. Even though culture may play a role in this study, it was not my goal to explore the topic from a purely cultural perspective; thus, ethnography was inappropriate.

Grounded theory involves creating a new theory (Chun Tie et al., 2019; Sheen & Slade, 2019). I did not plan to create a new theory. The objective of the research was to use existing theory to examine the phenomenon. A case study was considered due to its nature and the fact that it delves deep into a specific topic with a specific population. Houghton et al. (2013) noted that a case study could be used to compare participants to find commonalities among them. However, rather than focusing on the commonalities among the participants, the researcher focuses on the commonality of the experience

(Smith & Nizza, 2022). Lastly, a narrative research approach was considered but ultimately discarded because the objective was not to view the totality of the respondents' lives (Dickie, 2019).

Moustakas (1994) stated that researchers have used various types of phenomenology to explore personal experiences. There are three types of phenomenological designs: transcendental, hermeneutical, and interpretative. Because Smith (2013) suggested that transcendental phenomenological studies are used to identify pure consciousness concretely, I would have found it difficult to maintain that level of structure promptly within the constructs of my dissertation program. For example, transcendental phenomenological studies require a bit more time to complete and would require a bit more structure and ask from the participants that I recruited. I would not have had the amount of time or effort to fully immerse myself in a transcendental phenomenological study design. On the other hand, interpretative phenomenology has been used to explore the lived experience of individuals (Probst et al., 2020; Smith, 2019;), which relates more to what I planned to explore with individuals. I explored adult recollections regarding their childhood experience of growing up with a suicidal sibling.

### **Research Design and Approach**

McConnell-Henry et al. (2009) said individuals create meaning from previous experiences based on existing beliefs and perceptions. Therefore, a retrospective IPA approach allowed participants to express their current emotional state and perceptions based on previous events. I gravitated towards IPA because rather than using the

hermeneutic circle to analyze the data, I only used the IPA to explore the data retrieved. IPA was timelier because the hermeneutic circle requires several more rounds of review (Smith & Nizza, 2022).

Second, in a qualitative retrospective IPA study, the researcher uses an interview guide to better understand the phenomenon (Nguyen et al., 2021). The interviews had two parts. The first interview consisted of the historical context of the phenomenological event being studied and participants' recent experiences involving the phenomenon. The second interview combines Parts 2 and 3. The second meeting focused on the meanings those experiences had for them as well as reflecting on how the experience of growing up with a suicidal sibling affects their future. The interview design was semi-structured, lasting between 60 and 75 minutes. I allowed about 75 minutes per interview to ensure that participants did not feel rushed (see Appendix C).

### **Role of the Researcher**

As a researcher, there were several areas that I needed to be vigilant of including creating a safe space, reflecting through journaling, and encountering different belief systems. In an IPA study, the role of the researcher is to identify their own belief system and how their belief system helps them to understand or interpret the meaning that the participants were giving to their own story as they retell it (Smith & Nizza, 2022).

Since the researcher is the primary tool for identifying and collecting data, it is vital that the degree of bias introduced into the study is monitored effectively (Clark & Veale, 2018). Clark and Veale (2018) noted that journaling has been helpful with identification of biases, values, and opinions. As the researcher, I wrote down any

opinions, values, or biases that I perceived during this process. This information was noted to check for research credibility and can be used for future researchers. According to Liao and Hitchcock (2018), credibility is developed when the researcher can clearly link the findings to the reality, as perceived by others.

Dowling et al. (2019) stated that beliefs or information that may or may not be factual that are used for situations in the future are considered to be biases. For example, I have experience working with families who deal with individuals who present with suicidal ideation. As I work with individuals who struggle with their family interactions, I work with ways to accept affection, so my own experiences may have affected how I view data. I used journaling to identify biases that occurred.

Researchers must also be aware of their perceptions, viewpoints, and analyses. Additionally, there are specific belief systems that I needed to be aware of when I analyzed data and documenting assumptions appropriately. For example, I am a Caucasian American female, and even though I have perceived various dynamics involving family functioning and structures in clinical settings, I still view siblings, parental roles, and family interactions through a filter of a Caucasian, American female.

Some of the biases that I noted included previous experiences related to the topic studied, which included my experiences as a clinical counselor and personal experiences. I documented these thoughts and experiences in a journal form which are included as part of the notes for the final dissertation project. I included these experiences in the findings section per IPA. Dual role relationships should be avoided (Fleet et al., 2016; Haber &

Deaton, 2019; Rosa et al., 2018). To avoid dual relationships, I did not utilize any known individuals in this study.

## **Methodology**

### **Participant Selection**

For the purposes of this section, participants were individuals who are now adults and grew up with a suicidal sibling. For this retrospective IPA research study, I employed convenience sampling, including Walden's participant pool, respondent.io, which is a website for recruiting participants for studies, and Facebook groups, such as *McHenry/Lake County LCSWs and LCPCs* and *Women Helping Women Entrepreneurs*. The choice of siblings was based on the prerequisite requirement of being an individual who is now an adult and grew up with a suicidal sibling. Participants were vetted through a questionnaire, requesting age, and if they had a sibling who participated in suicidal behaviors while as an adolescent. I included gender identity and ethnicity to better connect with the individual as I interviewed them. Because of the specificity of the prerequisite requirement, I utilized a convenience sample for this study.

Another reason for the convenience sampling strategy was the retrospective study model. Yu et al. (2021) utilized a retrospective study to help individuals distance themselves from the issue being studied so that they can feel better when discussing the phenomenon.

I followed Kadam's (2017) example and got informed consent to release the participant's responses for the purposes of this study. Chosen participants consisted of individuals who are now adults and grew up with a suicidal sibling. I interviewed various

individuals who are now adults and grew up with a suicidal sibling until data saturation was reached. Saturation is met when no new themes emerge (Braun & Clarke, 2021; Coates, 2017). Using a similar structure and conceptual framework, Abossein et al. (2022) found data saturation at 12 participants, though they noted that typically no more than 20 participants for qualitative studies is normal. Merriam and Tisdell (2016) stated that data saturation occurs with smaller population sizes when more data rich environments are prevalent. Merriam and Tisdell (2016) also stated that there is no clear answer to the number of participants but rather that the qualitative researcher should continue interviewing until data saturation is met.

Due to the time and effort that the participants were putting into the interviewing process, I offered participants a \$25.00 Amazon gift card. I notified participants that they had the right to withdraw from the study and that participation was voluntary. If the participants withdrew from the study, there were no consequences. For example, participants would have still received their \$25.00 gift card even if they chose to withdraw.

I did not know any participants ahead of time, which helped with validity. Siblings were chosen using a participant pool. Once agreeing to participate, the sibling was asked to share their story using the semi structured interview questions provided. The participant had to have the experience of growing up with a suicidal sibling. The suicidal sibling had to have at least one incident of suicidal behavior. In addition, the participant must have had contact with the suicidal sibling during the time of the suicidal behavior or attempt.



Participants were interviewed individually to ensure privacy. With this particular study, a single unit was the individuals who are now adults, and grew up with a suicidal sibling, but further exploration of this topic included looking for and identifying themes. This exploration was to identify any similar patterns between the separate individuals who experienced the phenomenon of sibling suicidal behavior. Therefore, this IPA study consisted of multiple individuals who are now adults and grew up with a suicidal sibling as the measure of the study.

### **Recruitment Procedures**

Initially, I posted in certain Facebook groups to elicit responses for the study. I also utilized Walden's participant pool, as well as respondent.io, which is a website that serves as a participant pool for research projects as well. An informational letter went out, along with the flyer. The informational letter was posted on respondent.io. I used the information from the informational letter and flyer to answer questions for the Walden participant pool. The flyer was posted on the Facebook groups, such as *McHenry/Lake County LCSWs and LCPCs* and *Women Helping Women Entrepreneurs*. Both the flyer and informational letter had information that pertained to participation in the study. The difference between the informational letter and the flyer was formatting. The flyer was more visually appealing.

After Walden's IRB approved the participant pools, I posted an informational response on the Facebook groups and in the two participant pools mentioned above, along with the flyer, which is posted in the Appendix (Appendix F). All individuals were directed to a link to fill out a qualifying questionnaire, which is located in the Appendix

(Appendix D), with a consent statement agreeing that they would like to participate. Once the individuals responded to the qualifying questionnaire, they were contacted with a recruitment letter, which is also posted in the addendum. All participants were individuals aged 18 and older.

After Walden's IRB approved the flyer, the flyer was added to the recruitment letter which was posted in the Facebook groups with pertinent information regarding contact information to participate in the study, expectation of interview process, and length of interview process. Per the flyer and the informational letter, the potential participants were asked to complete a quick survey on Survey Planet to determine eligibility to participate.

### **Compensation for Participants**

Pandya and Desai (2013) mentioned that even though compensation may affect the integrity of the research, compensation for time and effort with participants is still a motivating factor. Pandya and Desai used the appreciation model to let participants know that their time and effort within the study was noted. Providing compensation for the time and effort was what I did, offering individuals a \$25.00 Amazon gift card for participating. Gift cards were given during the follow up interview as a token of appreciation for the individual completing both interviews. All gift cards were given as e-gift cards, which were emailed to them. If participants decided not to continue with the interviewing process, they would have still received a \$25.00 gift card as an appreciation of the time and effort that spent during the initial interview. I ensured that I received a receipt for the e-gift cards so that I was sure that the participants received them.

**Eligibility Criteria**

The eligibility criteria was an event that occurred in the past. The event included the childhood experience of growing up with a suicidal sibling. Due to the nature of asking participants about growing up with a suicidal sibling, I utilized a retrospective design. Reeves et al. (2018) suggest that retrospective research methodologies are less likely to trigger traumatic responses to past trauma, as time acts as a buffer between the respondents' present emotional state and the past traumatic event.

**Inclusion Criteria**

Individuals over 18, who speak English, had the unit of analysis at least two years from the date of the interview, and were willing and able to participate in the interviews were all the required participant inclusion criteria. Participants needed to be at least the legal age of 18 (Wex Definitions Team, 2022). I only speak English. I did not hire an interpreter to avoid miscommunication.

**Exclusion Criteria**

The following was exclusion criteria for this study: individuals who were under age 18 and as such are not considered legally to be an adult who had a suicidal sibling non-consenting participants, physically or mentally ill participants, drug induced or medically impaired individuals, and participants who cannot complete the required qualifying questionnaires or subsequent interviews. These exclusion criteria were implemented at my discretion and could have occurred during the interviewing process. I utilized a screening assessment tool with participants. In addition, I used an assessment tool to screen participants (See the assessment tool in Appendix D). The screening tool

hosted a variety of questions regarding demographics and basic questions regarding the unit of analysis.

The final sample size was based on the number of siblings that chose to participate and data saturation was met at eight participants. Most phenomenological studies have at least six participants (Mason, 2010). Abossein et al. (2022) found data saturation with 12 participants. According to Dworkin (2012), some factors determine whether the sample size is acceptable. The factors include (a) whether the data gathered from participants is helpful, (b) the quality of the data, (c) the breadth of the study, and (d) the nature of the topic. Ellis et al. (2017) suggested a descriptive study with no less than five participants in the sample size.

### **Instrumentation**

Zorgo et al. (2021) recommended the semi-structured interview format because of the ability to ask follow up questions. I utilized semi-structured interviews that lasted about 60 minutes. Harrison et al. (2017) noted that the 60 to 75 minute time frame seems to provide participants with enough time to process and tell their story. My interview guide was based on both Kallio et al. (2016) and Seidman's (2019) phenomenological semi-structured interview guide (see interview guide in Appendix C). Semi-structured interviews are common in IPA studies because they allow for flexibility and encourage free expression yet maintain sufficient parameters to solicit relevant information (Lauterbach, 2018). This interview guide included an introduction for the participant.

I utilized a semi-structured interview. Researchers have utilized a variety of methods, including semi-structured interviews. Horton et al. (2007) and Hawkins (2018)

purported that qualitative research, specifically in the form of semi-structured interviews, allows the researcher to more accurately achieve greater levels of credibility because they allow for more freedom during data collection. Dearnley (2005) and Hawkins (2018) discussed how using the semi-structured interviewing format allows interviewees more freedom within their answers. I utilized semi-structured interviews to help interviewees explain their thoughts and to emphasize memories, perceptions, or feelings that are most important to them.

Initially, when I met with the participant, I reminded the participants of their rights to ensure that they were aware of their ability to withdraw from the study if they wished. Lauterbach (2018) stated that questions should be utilized that do not further distress the participant. I used Seidman's phenomenological semi-structured interview guide to assist me (Seidman, 2019) as well as Kallio et al. (2016)'s method for collecting the data. I am also trained in trauma-focused treatment and interventions, which helped in developing an interviewing guide and in conducting interviews with individuals regarding a sensitive topic.

### **Development and Structure of the Interview Guide**

The interview guide was adapted from Kallio et al. (2016). The development process involves a five-phase framework to increase the rigor and trustworthiness of data collection: 1) identifying the prerequisites for using semi-structured interviews; 2) retrieving and using previous knowledge; 3) formulating the preliminary semi-structured interview guide; 4) pilot testing the guide, and 5) presenting the complete semi-structured interview guide.

The interview guide included semi structured interview questions. The use of semi-structured interviews allowed for a great deal of versatility, flexibility, and a degree of reciprocity between the researcher and participants. This reciprocity allows the researcher to improvise follow-up questions based on the participant's responses to the questions posed (Kallio et al., 2016). That existing knowledge may drive the development of the interview questions in a structured, but not rigid fashion (Gill et al., 2008). The objective of the interview questions was to elicit only the *necessary* information to complete the study (Seidman, 2019).

### **Post-Interview Protocol**

Once I received the transcribed files, which were completed by TranscriptionPuppy (2022), I reviewed the transcripts for accuracy. The audio files, which had no identifying information, were sent to TranscriptionPuppy (2022), which is a HIPAA compliant transcription service and were returned to me within 24 hours. I utilized a cross-case analysis to help me identify patterns within the content drawing from Leopkey et al. (2019) and Kanygin and Koretckaia (2021). I read through transcripts several times, per the IPA, gleaning different types of information each time I read through. This process allowed me to identify an initial set of codes or themes.

While reading the transcripts, the I generated an initial list of ideas about the data, specifically focusing on what is interesting or unique. Then, I created initial codes from the data. Tucket (2005) asserts that this phase of the data analysis is one in which you organize your data into meaningful groups. I incorporated coding techniques from Braun and Clarke (2021), including (a) coding for as many potential themes and patterns as

possible, (b) coding extracts of data inclusively with any relevant context (c) accepting some level of inconsistency and adapt groups as necessary to account for those inconsistencies.

Next, those initial codes were sorted into different themes, and relevant coded data extracts were collated within those identified themes. I began to conceptualize relationships among codes, themes, and different levels of themes. Some initial codes formed subthemes, while others formed main themes (Braun & Clarke, 2021). Then, I refined those themes using the IPA process. I incorporated Patton (1990) for dual criteria judgment categories, i.e., internal homogeneity. Internal homogeneity means that I looked for the categories that were more frequent within the data retrieved. Data within themes should have meaningful connections, while different themes should have clear and identifiable distinctions. The next step involved defining these themes and analyzing the data within them. Braun and Clarke (2021) described this phase as “identifying the essence of what each theme is about (as well as themes overall) and determining what aspect of the data each theme captures.” (p. 92). Finally, I created a relevant narrative that reflects the experiences, emotions, and perceptions of participants.

### **Debriefing Process/Protocol**

Following transcription of the audio-recorded interviews by TranscriptionPuppy (2022), I sent the interview transcript to the participant for an interviewee transcript review (ITR) or *member checking* for final approval. I asked the respondents to review the transcripts intently and respond with any requested corrections to ensure data accuracy. Member checking is a validation technique that explores the credibility of the

data collected and is also integral to establishing trust with participants (Birt et al., 2016). Mero-Jaffe (2011) asserted that this process is “intended to validate the transcripts, to preserve research ethics, and to empower interviewees by allowing them control of what was written.” (p. 231).

### **Dissertation Committee Review**

The expert panel review serves as an evaluation of the created questions to be sure rich data may be collected (Iadecola et al., 2019). My dissertation team reviewed the dissertation at various points in the process, including the proposal. After I completed the research, data collection, and writing the rest of the dissertation, I needed to defend my dissertation to my committee as well. As part of this process, I continued to receive feedback from all three members of my dissertation team.

### **Procedures for Data Collection**

The data for this qualitative descriptive study was collected through semi-structured interviews. The adults that participated in this study met the inclusion criteria described within this chapter. Each adult participant was given a number to conceal identity and protect their information. The code book regarding the individual’s identity is kept in a separate excel sheet. This document is located on the separate external drive as the information obtained from the study.

I utilized Doxy.me, which is a HIPAA compliant platform to conduct the interviews. I had the participants consent to participating as they filled out their qualifying questionnaire, which contained information regarding extra resources available as well as their right to stop the interview at any time. I recorded the interview,



which lasted about 60 minutes. I sent the audio file to be transcribed. Per Walden's IRB Form C (Walden University, 2022), all information obtained from the interviewing process will be contained on a separate password protected external hard drive for five years.

Dowling et al. (2020) stated that data collection can be a lengthy process and may consist of a couple hours to a couple of months and does not rely on the length of time but rather on data saturation. However, participants were recruited until data saturation was reached, meaning no novel information was conveyed by participants (Guest et al., 2006; Guest et al., 2020).

Proper guidelines state that it is safer to have the information collected be protected by a password and separate from personal devices (U.S. Department of Health & Human Services, 2021). The separate file, which is located on an external hard drive, is stored in a safe that is locked and located in the office. I will be the only one with a code to the safe. A will was created to retrieve and destroy the data and other study artifacts if I were to pass away prior to the date determined for data destruction. .

### **Data Analysis Plan**

The data analysis included transcribing the interviews verbatim, which included sending the audio files to a HIPAA compliant transcription service, TranscriptionPuppy (TranscriptionPuppy, 2022). The participants' identifying information was left out of the information sent to transcription service. All files were given a code to differentiate between them. The transcribed documents were reviewed for accuracy. None of the participants identified any information that needed to be changed. This is a common

practice with IPA (Smith & Nizza, 2022). Once this is done, I explored each case using IPA approach.

The IPA approach involved reviewing each case in an exploratory manner, illuminating provisional comments from the transcripts, combining those provisional comments into a consistent framework, and developing a personal table of provisional themes for each case (Smith & Nizza, 2022). The first step was to read through the transcript slowly and deliberately, making notes in the margin of the document in regard to initial reaction (Smith & Nizza, 2022). The notes included any areas of significance or consequence by staying within the interviewee's notated words (Smith & Nizza, 2022). Smith and Nizza (2022) recommended looking for both similarities and differences as well as any discrepancies when reviewing the transcripts. This was done by looking at single words or sentences to explore my reactions to the individual's thoughts to pursue meaning (Smith & Nizza, 2022). I utilized notes in Microsoft Word to do this. In the initial exploration of the transcripts, I sectioned the notes into three different portions, descriptive, linguistic, and conceptual.

Smith and Nizza (2022) described descriptive notes as terms that are used to make an assumption or to explain what matters to the participant. For example, a descriptive note may include: having a family dinner and choosing porkchops. This statement is used to describe the person's assumption regarding wanting to provide context for the choices that the individual makes.

Linguistic notes include pronouns, the use of language, intermissions, interruptions, recurrence of language, reluctant pauses, and certain vocalizations (Smith

& Nizza, 2022). The linguistic notations are often utilized to interpret the transcript. An example could include the participant choosing to change their narrative from first person to third which creates distance between themselves and the subject matter to which they are speaking. A false start could indicate that the topic is difficult to vocalize and would be represented as the participant starting to formulate a sentence but then changing their thought halfway through (Smith & Nizza, 2022). Another use of linguistic notations includes metaphors which the participant may use to give words to the experience that they may not have otherwise had (Smith & Nizza, 2022).

Conceptual notes include the researcher's initial questioning of the participant's experience (Smith & Nizza, 2022). Sometimes, as the researcher is exploring the transcript, these conceptual notations are not answered until further analysis takes place. For example, if the researcher is asking what was the reasoning behind why a participant responded, the researcher may make a conceptual note stating: "What was it about this experience that made the participant hesitant to speak"?

Step two of IPA involved pulling out experiential statements. This step involved identifying certain emerging themes and assigning the specific phrases to different types of themes. The experiential statement should include verbs, adjectives, and nouns to sufficiently denote what the participant's psychological response is (Smith & Nizza, 2022). An example of this would include: stepping out of my bubble of protection to go towards something bigger. According to protocol, I reviewed each participant's transcript with the first three steps before comparing all of the transcripts for connections between the participants' transcripts.

Step three of IPA involves finding connections and clustering the statements into specific themes (Smith & Nizza, 2022). Smith and Nizza recommended printing out the experiential statements and clustering the statements into categories with similar connections. For example, two similar statements such as: *being choosy about who to connect with* and *being officious with sense of self to become social* may go together as they have a commonality of social connection.

Step four of IPA includes collecting the statements to incorporate into a table of personal experiential themes. In this step, if there are certain statements that do not pertain to any specific theme, these experiential statements may be removed from the analytic process (Smith & Nizza, 2022). Also included in this step, the researcher will put the experiential statements into a timeline of events to help tell the participant's story (Smith & Nizza, 2022).

Each participant's transcript was reviewed utilizing all four of these steps. I utilized eight participants as that was when data saturation was met (e.g., no new themes were emerging). After all transcripts were reviewed utilizing the steps of the IPA, all the participants' themes were compared to each other using a cross analysis design to explore the experiential themes. I did not have to return to recruitment and data collection because the participants' interviews generated clear themes.

### ***Trustworthiness***

Trustworthiness includes credibility, transferability, dependability, and confirmability (Lemon & Hayes., 2020). Stewart et al. (2017) concluded that study participants' responses need to be reviewed thoroughly and the researcher must follow

the critical components of trustworthiness to ensure the interviewing process is completed correctly. Gunawan (2015) asserted that trustworthiness in qualitative research is a form of persuasion, “where the research scientist is viewed as having made practices visible and therefore auditable” (p. 10). Therefore, the researcher should remain transparent about the research practices to attain and maintain trustworthiness, which ultimately elicits richer, more useful data (Cloutier & Ravasi, 2021; Sandelowski, 1993).

### ***Credibility***

Credibility is developed when the researcher can clearly link the findings to the reality, as perceived by others (Liao & Hitchcock, 2018). Once the data was coded, I categorized it to achieve organized meaning and a deeper understanding of the phenomenon. These strategic measures ensured that the study can be replicated. The methodology chosen allowed me to gain perspective from several different respondents to gain a more profound understanding of the phenomenon.

There are inherent threats to the credibility of the research based on the research design. Replicability is cumbersome in qualitative descriptive research because of its observational nature. Because of the absence of statistical tests, there may be a certain level of bias. Additionally, making causal inferences and relationships among variables can be more complicated than in quantitative research (Liao & Hitchcock, 2018). Despite these potential disadvantages of qualitative descriptive studies, I was confident that this methodology was the most fitting for the proposed study because of

the incorporation of thick data, member checking, and experts who ensured that the research was executed effectively and accurately.

### ***Transferability***

A study's transferability examines how the work may be used in other situations and with a more extensive population (Munthe-Kaas et al., 2020; Shenton, 2004). Gentles et al. (2015) stated that the researcher should be consistently connecting themes that align with the phenomenon. The sources of data for this study included interviews as instruments. The use of interviews yielded insightful opinions and attitudes on a particular topic and broaden the researchers' understanding of the phenomenon (DeJonckheere & Vaughn, 2019). Because the interviews were semi-structured and open-ended, the conversations with participants yielded insightful personal experiences from adult siblings. I employed thick description in the form of a detailed account of all data collection efforts to provide a comprehensive and rich understanding of the research setting to enhance transferability.

### ***Dependability***

Dependability refers to the reliability or consistency, which is achieved when the steps of the research are verified through examination of raw data and process notes (Golafshani, 2003; Urban & van Eeden-Moorefield, 2018). To address dependability, I delineated each process involved in the research in detail to ensure that future researchers can assess the research practices and determine whether they have been appropriately

followed. Subsequently, future researchers can replicate the research practices (Baumgart et al., 2021; Shenton, 2004).

I helped to replicate future research practices by completing the following: detailing the data collection process within the research guidelines, informed consent, and the interview protocol. By employing guidelines and protocols, I ensured that all data was collected from participants in the same way. By maintaining rigorous adherence to established guidelines and protocols, the researchers ensured that future researchers could evaluate and replicate the data collection process (Baumgart et al., 2021; Shenton, 2004).

I maintained detailed journal entries throughout the research process. Smith and Nizza (2022) recommended utilizing a journaling and reflective process in their data collection process. The authors would use the 24 hours after the interviewing process to journal reflections as they came up. I utilized a similar process. I also used reliable technological means to gather the data, record the data, and transcribe it. Finally, I performed a reflective appraisal of the work by evaluating the efficacy of the processes employed through member checking and expert assessments (Baumgart et al., 2021; Shenton, 2004).

### **Confirmability**

Confirmability is the final step in trustworthiness and assures the research's unbiased nature and its respective findings (Houghton et al., 2012). Shenton (2004) identified confirmability as the researcher's ability to remain objective. Therefore, the researcher must exhibit an appropriate level of neutrality to the findings and take steps to ensure that objectivity is maintained throughout the entire research process (Baumgart et

al., 2021; Gentles et al., 2015; Shenton, 2004). The researcher must ensure that the findings are an accurate reflection of “the informants’ experiences and ideas, rather than the researcher’s characteristics and preferences” (Shenton, 2004, p. 72).

Since bias is usually the result of human intervention, qualitative research based on participants’ experiences can allow for human bias and error, decreasing a research study’s dependability and confirmability (Nguyen et al., 2021; Shenton, 2004). However, the threats associated with dependability and confirmability were minimized to the greatest extent possible. The use of a detailed data collection plan, interview guidelines, artifact collection protocol, member checking, expert assessment, a reflective appraisal of each step taken, and inferences drawn ensured that the research maintains high levels of dependability and confirmability.

### **Ethical Considerations**

I have addressed most of the ethical considerations such as creating safe interviewing spaces, data collection, and storing data. The Walden University guidelines dictate that data must be stored for a minimum of five years per IRB Form C (Walden University, 2022). In regard to creating a safe interviewing space, Cypress (2017) stated that creating comfortable environments can be difficult, and creation of safe environments has been further complicated by COVID-19 with the use of telehealth platforms (Hoffman, 2020). Duane et al. (2021) stated that creating a safe space may include verbalizing with the participant some of the things that they can do to create an environment that is relatively distraction free.



### **Summary and Transition**

I utilized this chapter to identify ways in which this research can be repeated. This study was designed to explore adult siblings' retroactive perceptions and feelings about past childhood experiences of suicidal siblings. After retrieving all the data from the participants and analyzing each interview, I completed a cross-case analysis to explore common themes between the participants' responses.

Rangarajan et al. (2022) noted that the phenomenological study helps to identify responses and relates those responses to themes that are currently in existence. I was mindful to identify themes for future research so that the themes may be used in other studies. Williams (2021) noted that qualitative studies are useful to explore multiple reactions to a single phenomenon.

## Chapter 4: Results

### **Introduction**

This research was conducted to help clinicians to better understand the experience of growing up with a sibling who exhibited non-completed suicidal behavior, including the lasting effects of that experience and how those effects influence the participants' experiences of the world. The intent of this retrospective IPA study was to explore the childhood experience of growing up with a suicidal sibling with an adult. Two central research questions drove this study: How do adults retrospectively interpret their childhood experience growing up with a sibling who exhibited non-completed suicidal behavior? How did their interpretation effect their overall childhood experience? In this chapter, I discuss the setting in which the research occurred. I discuss the demographics that were present in the population that volunteered for this study. I then proceed to discuss the data collection process and analysis. The main themes that I found were affliction, perpetual loss, alliance, and advocacy. The subthemes for affliction were as follows: communication, understanding, challenge, and fear of shame. The subthemes related to perpetual loss were potential future loss and loss of innocence. The subthemes found for alliance included family connections and social and supportive relationships. I reviewed the trustworthiness and results from the data collection and analysis.

### **Interview Setting**

All of the interviews were conducted via Doxy, which is a HIPAA compliant platform (Doxy, 2023). Each interview started the same and ended the same. Each participant was in their home environment which differed from each other. Some

interviewees had background noises, such as television or children talking. I was located at my home office. I live alone, so there were no interferences from other people. There may have been additional factors that influenced the interpretation of the results, including cultural differences. I am a Caucasian, and all of the participants identified as either Black American, African American, or Black.

All participants seemed alert and answered the questions asked. Some participants were more talkative and expanded on their answers more than others. According to Scharff et al. (2010), participants who identified as Black often did not want to participate in medical research for a variety of reasons, including mistrust. Scharff et al. further delineated that some of the reasons for mistrust are due to the way that this particular ethnic group has been treated in the past: often times unfairly or harmed. Due to the lack of participation of Black participants in studies, current research has not been generalized to findings with this specific ethnic group. Further, there could have been mistrust and a lack of responses or willingness to expand on answers due to the ethnic identity of my participants.

### **Demographics**

Of the eight participants, participants were aged 25 through 35 years old (see Table 1). All participants identified as being female, married, and being a parent (see Table 2). Six participants identified as Black, one participant identified as African American, and one participant identified as Black American (see Table 3). Please see the tables below for more information.

**Table 1***Participant Reported Age*

Age	Number of participants	Percentage
25	2 of 8	25%
29	1 of 8	12.5%
30	1 of 8	12.5%
31	1 of 8	12.5%
32	1 of 8	12.5%
34	1 of 8	12.5%
35	1 of 8	12.5%

**Table 2***Participant Self Identifying Demographic Information*

Demographics	Number of participants	Percentage
Female	8 of 8	100%
Married	8 of 8	100%
Being a parent	8 of 8	100%

**Table 3***Participant Self Identifying Ethnicity*

Ethnicity	Number of participants	Percentage
Black	6 of 8	75%
African American	1 of 8	12.5%
Black American	1 of 8	12.5%

\*Participants self-identified using their own language for ethnicity on pre-qualifying questionnaire

**Data Collection**

Both the qualifying questionnaire and interview questions are located in the appendix. The Interview Questions are listed in Appendix C, and the qualifying questionnaire is listed in Appendix D. I obtained my participants using Walden's

participant pool and Facebook Groups. All participants agreed to informed consent upon filling out the qualifying questionnaire. There were a total of eight participants in this study. Each participant was selected from a qualifying questionnaire where they filled out questions to see if they were able to participate in the study. Once they were chosen, each participant was sent a welcome email explaining the process and asking the participant for a time that worked for them to participate in the interview.

Both interviews occurred on Doxy, which was a HIPAA compliant video platform (Doxy, 2023). Each participant engaged in two interviews. The first interview focused on the past and present. The second meeting focused on reflecting on the previous interview, debriefing, as well as any corrections to the transcript from the first interview.

I greeted each participant and thanked them for participating in the interviewing process. I reviewed risks associated with participating in the study and confirmed that the participant had the right to stop the study at any time. I then held up the recording device and stated that I was going to start the recording. Once the questions had been reviewed, I held up the recording device and stated that I was going to stop the recording now. I reviewed the debriefing document, which is located in Appendix E, with the participant and scheduled the following debriefing interview. I also stated that I would be sending the transcript to the participant once I received the transcript back from TranscriptionPuppy (TranscriptionPuppy, 2022).

During the debriefing interview, I greeted each participant and thanked them again for participating in the study. I confirmed with the participant that they received the transcript that I emailed to them. I reviewed the transcript with the participant and asked

if any corrections needed to be made. All participants stated no. I held up the recording device, stated that I was going to start the recording, and proceeded to review the questions for the second interview. Once all of the questions had been reviewed, I held up the recording device and stated that I was going to stop the recording. I reviewed the email address with the participant that they wanted the Amazon gift card sent to. I also stated that when the data had been compiled and reviewed, I would provide them with a link to that information. After the transcription was completed for the debriefing interview, I emailed them a copy of their transcript, asking for any clarification.

I was at a home office completing the interviews with the participants, and each participant was at their residence during the time of the interviews. I began interviewing on February 1, 2023 and completed the all of the second interviews by February 13, 2023. The entire process between qualifying questionnaire, first interview, debriefing interview, member checking, and scheduling took about an hour per individual.

During the interviewing process, I had to ask one participant to please turn off the television in the background, because I could barely hear her. During the first interview with the second participant, I made the mistake of having a fan on in the background and had to shut off the fan during the first part of the interview. During the first interview with the third participant, I got the impression that the participant was distracted. I had to repeat myself several times when asking the questions. During the first interview with the fifth participant, my cat hopped into the camera, so I acknowledged him. It made the participant smile. These reflections were important to note due to any possible influences that may have occurred due to the differences in the interviewing process.

### Data Analysis

The IPA approach involved reviewing each case in an exploratory manner, illuminating provisional comments from the transcripts, combining those provisional comments into a consistent framework, and developing a personal table of provisional themes for each case (Smith & Nizza, 2022). Some of the provisional themes that I found included family dynamics, environmental factors, treatment consistency, and feeling responsible (see Table 4). Smith and Nizza (2022) recommended looking for both similarities and differences as well as any discrepancies when reviewing the transcripts. Looking for similarities and differences was done by looking at single words or sentences to explore my reactions to the individual's thoughts to pursue meaning (Smith & Nizza, 2022).

**Table 4**

*Provisional Themes*

Participant	P. 1	P. 2	P. 3	P. 4	P. 5	P. 6	P. 7	P. 8
Family Dynamics	X	X	X	X	X	X	X	x
Environmental Factors	X		X	X	X			x
Treatment Consistency	X	X	X	X	X	X	X	x
Feeling Responsible	X	X				X	X	

During Step 1, I used the IPA approach by reading through the transcripts slowly and deliberately, making notes in the margin of the documents in regard to my initial reaction. The notes included areas of significance or consequence by staying within the participants' noted words. I used the comments on the transcripts to explore my reactions

to the participants' thoughts. I used comments in Microsoft Word to do this and incorporated a general overview to identify initial themes that stood out to me. Some of the phrases that stood out to me included difficult, stigma, and possible hypervigilance. I am a clinical counselor. Some of the terms and phrases that the participants identified, I linked to concepts commonly associated with trauma and grief.

In Step 2, using the steps of IPA, I reviewed all of the participants' transcripts, pulling out general ideas and themes present based on the descriptive, linguistic, and conceptual themes. During Step 3, once I had those identified, I went back to the original transcript and began pulling out general themes that I noticed from each of the individual's transcript, dedicating a word document to the general themes found in each transcript (see Step 3: Table 5, Figure 1 and Figure 2). I separated out the transcript into past, present, reflection, and reflection on previous interview. Once I had the general themes pulled from each of the participant's transcripts, I began noting similar concepts found in each of the transcripts. Here are the similar themes that I found:

**Table 5**

*Preliminary Themes*

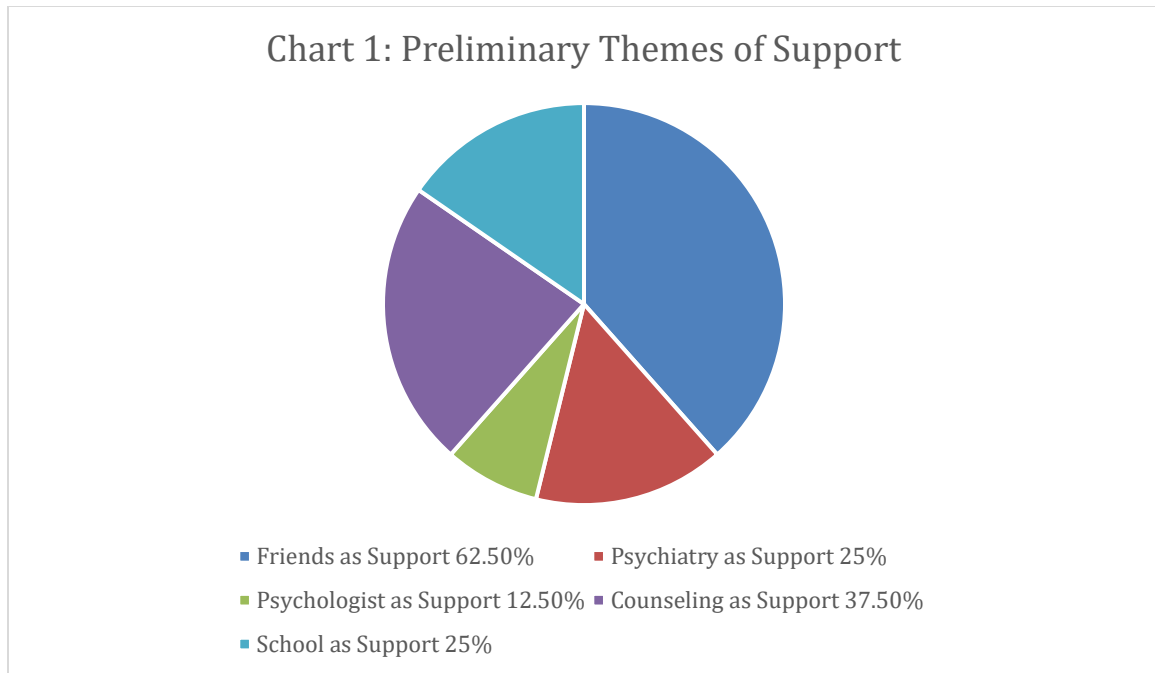
Participant	P. 1	P. 2	P. 3	P. 4	P. 5	P. 6	P. 7	P. 8
Single Parent Household				X	X			x
Absent Dad	X		X					
Extended Family	X						X	
Involvement Changed	X				X			
Schools Often Encouraged to Participate in	X							

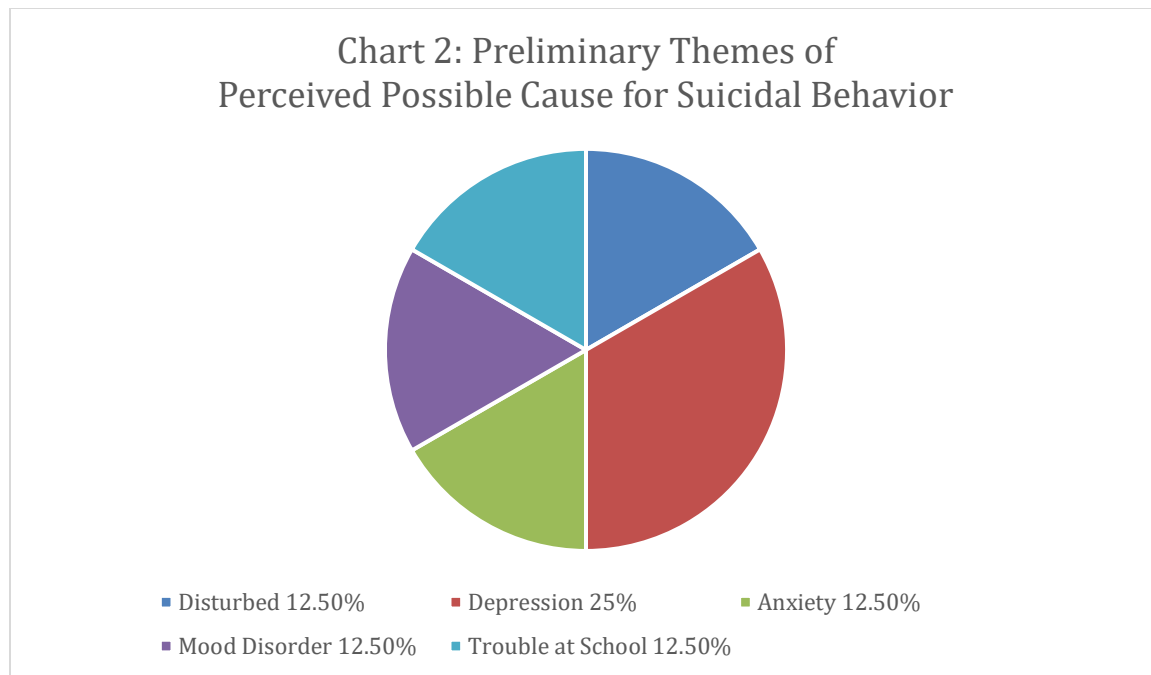


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Family Treatment								
Tried to Understand		X					X	
Feeling Responsible for Sibling	X	X				X		
Bonded Experiences	X	X		X				
Sibling Lives with Parent	X	X					X	x
Sees Sibling Often	X			X	X	X		x
Stigma	X			X	X			
Vigilant with Children	X			X	X		X	X
Close Knit Family	X					X	X	
Challenge	X	X	X	X	X		X	x
Hypervigilant	X	X	X	X	X	X		X
Sad Memories							X	
Self Advocate					X		X	
Advocate for others	X		X		X		X	X
Communication is Important	X	X	X					

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**Figure 1***Preliminary Themes of Support*

**Figure 2***Preliminary Themes of Perceived Possible Cause for Suicidal Behavior*

In the initial exploration of the transcripts, I categorized the initial themes into three different portions, descriptive, linguistic, and conceptual. The descriptive phrases included preliminary identification of themes that would go on to become overall themes and subthemes. For example, I found descriptive themes relating to the treatment availability, communication, understanding, challenges, stigma, potential future loss, loss of innocence, family ties, family connections, social and support relationships, and advocacy.

When reviewing for linguistics, I found that most of the participants seemed to struggle when discussing feeling close to their sibling or when they were talking about their sibling in general. I stated struggle because during the interviewing process, they would either stutter, repeat words, or use placeholders to indicate some sort of lack of

comfort with the topic being discussed. I identified this to mean that the incident was challenging or difficult for the participant.

When reviewing conceptual, I was able to pull certain themes based on the information provided. I used the conceptual process to provide meaning to both the descriptive and linguistic review. For example, participant 3 stuttered when talking about family, the incident, treatment, how to handle the incident, and discussing closeness. Participant 4 repeated or used pause phrases when talking about support systems, stigma, and closeness. Participant 2 stuttered and stumbled when discussing suicidal sibling, living situation, her perception of the suicidal sibling, effect on her, current relationship, and creating time for family interactions or family functions.

After identifying the preliminary themes, I was able to identify four general themes with subthemes in three of those categories. The four main themes included affliction, perpetual loss, alliance, and advocacy. The main theme affliction included the following subthemes: communication, understanding, challenging, and fear of shame. The main theme perpetual loss included the following subthemes: potential future loss and loss of innocence. The main theme alliance included the following subthemes: family ties, family connections, and social and support relationships. The fourth theme advocacy did not have any subthemes associated with it.

### **Evidence of Trustworthiness**

Credibility was developed when the researcher can clearly link the findings to the reality, as perceived by others (Liao & Hitchcock, 2018). I coded the data as I planned. I started by reviewing initial thoughts and reactions based on the transcripts. I then

proceeded to look for descriptive, linguistic, and conceptual data within the transcripts. Once I obtained that, I looked for experiential data. After compiling that data, I went back through and identified themes in the individual transcripts. Using a word document, I proceeded to identify overarching themes that were similar between the participants' transcripts. With any qualitative research design, making causal inferences and relationships among variables may have been more complicated than in quantitative research (Liao & Hitchcock, 2018). There were many instances where I made causal inferences, mostly utilizing the linguistics to identify the level of comfort that the participant had with the topic being discussed. However, utilizing the IPA allowed me structure so that this study can be replicated.

A study's transferability included how the work may be used in other situations and with a more extensive population (Munthe-Kaas et al., 2020; Shenton, 2004). Gentles et al. (2015) stated that the researcher should be consistently connecting themes that align with the phenomenon. The sources of data for this study included interviews. Per DeJonckheere and Vaughn (2019), the use of interviews provided an opportunity to yield opinions and attitudes on a particular topic and broaden the researchers' understanding of the phenomenon being studied. As I have completed the interviewing process, I agree. There were very interesting themes that emerged from the interviewing process which helped me to better understand the participants' experiences of growing up with a suicidal sibling.

Because the interviews were semi-structured and open-ended, the conversations with participants yielded insightful personal experiences from adult siblings. I employed

a thick description in the form of a detailed account of all data collection efforts to provide a comprehensive and rich understanding of the research setting to enhance transferability.

Dependability refers to the reliability or consistency, which was achieved when the steps of the research were verified through examination of raw data and process notes (Golafshani, 2003; Urban & van Eeden-Moorefield, 2018). To address this process, I described in detail each step of the IPA in detail to ensure that future researchers can assess the research practices and determine whether they have been appropriately followed. (Baumgart et al., 2021; Shenton, 2004).

I detailed the data collection process within the research guidelines, informed consent, and the interviewing protocol. All participants were asked the same initial questions which are detailed in Appendix C. Each participant was sent a copy of the informed consent that they agreed to by filling out the qualifying questionnaire and a debriefing handout after the first interview was completed. Each participant was also sent their transcript to review before participating in the second interview. I began each interview by describing the purpose of being there, reviewing the risks, and reviewing their ability to stop the interviewing process at any time. I held up my recording device and showed them when I started recording and stopped recording, detailing afterwards that the audio recording would be sent to TranscriptionPuppy without any identifying information. After the second interview, I notified each participant that they would receive a link to the results of the research and confirmed what email to send their \$25 Amazon gift card to. I thanked each participant for showing up and engaging in the

process. By employing guidelines and protocols, I ensured that all data was collected from participants in the same way. By maintaining rigorous adherence to established guidelines and protocols, I have ensured that future researchers could evaluate and replicate the data collection process (Baumgart et al., 2021; Shenton, 2004).

My journal entries included my thoughts and reflections as I was reading through the initial transcripts. I utilized the comment function in Microsoft Word to do this as I was reading through the transcripts. I also utilized Microsoft Word as a reflection journal as I was interviewing participants, so that I could remember any thoughts or frustrations as I was completing the process. This was incorporated into the data analysis as part of the IPA process, which is considered the preliminary phase. From there, I pulled specific themes that I noticed and began to explore how some of the themes related to each other. After I identified the preliminary themes, I reviewed Abossein et al. (2022)'s themes and how they structured the information that they received. From there, I was able to identify my main themes and categorized my subthemes into the main themes. I identified themes through my processing of the information that I received, which includes identifying how I came to the conclusions at which I arrived.

Abossein et al. (2022) utilized a journaling and reflective process in their data collection process. The authors used the 24 hours after the interviewing process to journal reflections as they came up. I utilized a similar process. Finally, I performed a reflective appraisal of the work by evaluating the efficacy of the processes employed through member checking and expert assessments (Baumgart et al., 2021; Shenton, 2004).

Because this research was completed as part of the dissertation process for a doctoral program, my member checking team consisted of my dissertation chair.

Confirmability was the final step in trustworthiness and assured the research's unbiased nature and its respective findings (Houghton et al., 2012). Shenton (2004) identified confirmability as the researcher's ability to remain objective. Therefore, the researcher must exhibit an appropriate level of neutrality to the findings and take steps to ensure that objectivity was maintained throughout the entire research process (Baumgart et al., 2021; Gentles et al., 2015; Shenton, 2004). The researcher must ensure that the findings were an accurate reflection of "the informants' experiences and ideas, rather than the researcher's characteristics and preferences" (Shenton, 2004, p. 72).

Since bias was usually the result of human intervention, qualitative research based on participants' experiences have allowed for human bias and error, decreasing a research study's dependability and confirmability (Nguyen et al., 2021; Shenton, 2004). However, the threats associated with dependability and confirmability were minimized to the greatest extent possible. I identified a detailed data collection plan, interview guidelines and the semi structured interview guide used, member checking, a reflective appraisal of each step taken, as well as included any inferences that I made during the process.

### **Study Results**

Two central research questions drove the study: How do adults retrospectively interpret their childhood experience growing up with a sibling who exhibited non-completed suicidal behavior? How did their interpretation of these experiences effect their overall childhood experience? After completing the research and data analysis, I



arrived at four main themes with several subthemes. The four main themes include *affliction, perpetual loss, alliance, and advocacy*. Several subthemes include *communication, understanding, challenge, fear of shame, potential future loss, loss of innocence, family connections, and social and support relationships*.

### **Main Theme: Affliction**

The main theme affliction related to the participant's ability to process what happened. Communication, understanding, challenge, and fear of shame were identified as subthemes within this main theme. All of these subthemes related to how the individual perceived the event and reacted to it. I obtained the overall main theme based how on the participants responded to the process. I noticed the subthemes before I noticed the overall theme. All of these subthemes came from the preliminary themes that I identified as I was reviewing the participants' transcripts. The main theme was derived from step 4 as I was identifying similarities between the participants' transcripts.

### **Subtheme Communication**

I found that communication was a theme because the participants indicated a need to communicate with the suicidal sibling or that communication was important during that time in their lives. The following statements were included as part of the communication identification. Participant 1 stated "Right now, I feel like we're in a better position. We are able to interact and we are able to communicate." Participant 2 stated "I try as much as possible to maintain that contact, that bond, a better relationship that you are able to communicate, really want to call her on a daily basis." Participant 3 stated

“cannot share”. Participant 4 stated “Um, we had some conversations.” Participant 5 stated “made me to grow to be very sensitive to people around me”.

### **Subtheme Understanding**

The second subtheme that was found under affliction was understanding. I included the participant’s ability to conceptualize what occurred and whether they wanted to understand what happened as a part of this subtheme. Participant 1 stated “And it wasn't easy for her because even growing up, she used to change schools very often. My mom would really struggle with her mental health, and also she was very sad, a very[?] sad child who really wanted to like curl up to herself.” “I feel like it has made me realize that the environment where one grows in and the personality that one has, uh, has a way of like triggering a lot of reaction, a lot of emotional reactions towards people, towards a situation.” Participant 2 stated “you're really trying to understand the person, you're really trying to be there, you're really trying to... to fill that space that they feel like no one can fill.” “And you're really trying as much as possible to get to understand why it's happening.” “It's really difficult to understand someone you have to like get to have help. Get to have someone interpreting it to have that kind of interaction with the person to get to know what's really bothering and get to know what can be done to improve the situation.” Participant 3 stated “So having her or witnessing her undergoing through that process. Someone you love, she's disturbed”. Participant 4 stated “you're, you are really trying to understand the past” “I've not had a, another sibling growing up so I didn't really understand exactly during the past few days that we interacted, that little [inaudible] is when you come to understand and you get to know that. Most of these things are mainly

mental issues and they need a lot of support.” “It's not easy, at time scary. At times you not know what to- the right thing to say, and what is not the right thing to say.”

Participant 6 stated “Uh, it just made me realize that depression really exists and as much as people say that it doesn't or don't understand it, I have seen it. Yeah.” Participant 7 stated “until my-my-my sister was really struggling with anxiety and depression at one stage in life, so that was really challenging.” Participant 8 stated “At times you cannot understand” “they have that mood disorder, they have this, uh, changes in their bodies”.

Linguistics indicated a participant’s struggle or challenge regarding a specific topic if they have stutter, changed wording, repeated words, used placeholders, or paused. Participant 2, 4, and 8 had notable linguistics during the interviewing process in regard to this subtheme. Participant 2 repeated herself when talking about understanding what was happening with her sibling discussing being able to understand her sibling. Participant 4 changed wording as she was talking about “not knowing what to- the right thing to say and what is not the right thing to say” and repeated herself when stating that “you are really trying to understand the past”. Participant 8 used placeholders when talking about changes in the suicidal sibling’s body and mood disorder. Placeholders are verbalizations that the participants used to indicate difficulty with a topic. Placeholders are considered to be a part of the linguistic analysis (Smith & Nizza, 2022).

### **Subtheme Challenge**

The next subtheme was Challenge. Most of the participants utilized words to indicate that the experience of growing up with a suicidal sibling was challenging, difficult, and not something that they would like others to experience. Participant 1 stated

“And it's not easy dealing with some of the things”, “say it was really difficult, especially because you had to be with her most of the time”, and “She would not be alone, especially during the holidays. And we had to have childcare even at that older age.” Participant 2 stated “The experience during that time, I think it's really tough”, “Oh, I feel like this is a problem that no one really chooses to have.”, and “I have just realized that this is something that could happen to anyone. No one really chooses”. Participant 3 stated “I say it's hard. You know you love- you love her. Okay, personally, I love her. And having witnessed her going through that process, it's terrible.”, “I would say not wish someone to undergo through that.”, and “Yeah, it's hard.” Participant 4 stated “It is not easy”. Participant 5 stated “it's challenging”. Participant 6 stated “And I think at one point she battled depression and it got really bad when she went to this school where she felt like she didn't belong. The other students are very mean.” Participant 7 stated “so that was really challenging.”, “It's-it's not something I would want anyone to undergo. It's challenging, but you have to live with it at times”, and “I would say the experience is, is very, I wouldn't say it's something that is easy to, to handle. It's very challenging.” Participant 8 stated “it's really difficult”, and “I think it's not really something easy.”

Participants 1, 4, and 6 had notable linguistics during the interview process in regard to this subtheme. Participant 1 stumbled when starting to talk about the incident and repeated herself before continuing discussing her experience, indicating that it was something that was difficult to talk about. Participant 4 repeated self when talking about the incident. Participant 6 repeated herself when talking about her suicidal sibling.

### **Subtheme Fear of Shame**

The final subtheme under affliction was fear of shame. Fear of shame included what others perceive of the incident. For example, over half of the participants indicated that others needed to be less judgmental or the incident would have been more manageable if there was not as much stigma associated with it. Participant 1 stated “Some of the things require that you have to be in that space where you are not judgmental, and you have to offer support to these people who are struggling in a way.” Participant 4 stated “But I also realized that at that time, it's good to listen, not judging” Participant 5 stated “the thing is the stigma that surrounds it makes it worse. But I feel like it's also something that can be managed [breathing], but stigma at times. It's too much.” Participant 7 stated “a lot of understanding”. Participant 8 stated “they are changing on the interaction and people tend to even judge. So, it was really difficult.” “interaction are needed with less judgment.”

Even though participants 1, 4, 5, 7 and 8 had themes from their interviews in this subtheme. Participant 5 was the only one with linguistics pertaining to the fear of shame. Participant 5 repeated herself when talking about stigma and took a breath when talking about managing the stress.

### **Main Theme: Perpetual Loss**

I found two main subthemes for perpetual loss: potential future loss and loss of innocence. Based on the data retrieved from the interviews, the participants seemed to be experiencing a trauma response. I noticed the fear of loss first, which seemed to show up as hypervigilance with both the suicidal sibling and participants’ children. I found that

instead of calling it hypervigilance, a more accurate representation would be to include the reason for the reaction, hence the sense of loss. An individual reacted in a heightened protective manner due to the fear of losing that person or situation. Since participants identified increased vigilance to interactions with siblings and increased awareness of possible signs of suicidal behavior or causes in their children, I associated this type of behavior with feeling perpetual loss. To me, this type of response indicated trauma.

### **Subtheme Potential Future Loss**

For the potential of future loss, I included the participants' statements in regard to their children and heightened awareness regarding their own children. Participant 1 stated "I feel like I'm really trying my best to be the best for my children, and honestly it makes you want to reflect more such that is in case of any red flags. You're able to communicate with them, you're able to talk them, you know?" Participant 2 stated "Uh, I'll just want my children, or even if I have one child like to relate well with their cousins or even their other siblings, that, that they have a relationship because it's easier that too, they're able to communicate to each other. That's from my experience" Participant 3 stated "Okay, it's, I'll say it has impacted it greatly because I tend to want to be more close to my kid. Such that I can understand her, I can be, uhh, a safe space, I think. So that I can, to avoi-, is-, I think if someone had remains open some issues even though, you know, the-the thought of having it that it can happen to my kid, I'd like to be more close to her or very much open, that is it." Participant 4 stated "I think I, um, that kind of a parent who always wants to do things that are really essential for the children and being a present parent. Yeah." Participant 5 stated "parent who wants to check up on the kids very often. Even

after school, I want to know how their school was, get to know and get to how to address them.” Participant 6 stated “I feel like children should be raised to be close to each other if you are a parent” and “I’m so intentional in making them close as they grow up from that tender age, so that they look out for each other.” Participant 7 stated “I plan to address that.” Participant 8 stated “It makes me want to be a good parent to all the children I’ll get.”

### **Subtheme Loss of Innocence**

During the interviewing process, participants indicated that they want to remain close to their sibling and make sure that nothing happens to them in the future. This seemed to indicate a loss of innocence that was carried over from the event. This theme indicated elements of trauma and grief that have yet to be explored. Participant 1 stated “And any time I feel like she's undergoing straining, we have to reach out” and “I feel like we also still get to see each other very often because she doesn't live very far from, from me, where I-I am.” Participant 2 stated “I try as much as possible to maintain that contact, that bond, a better relationship that you are able to communicate, really want to call her on a daily basis” and “It's something that you have to keep on checking you don't want anything relapsing, yeah.” Participant 4 stated “Right now, we are very close. I believe that the time we are related now, we have covered it a lot, like her growth, that kind of bond with her. And we are clearly close.” Participant 5 stated “Oh, it's up every day” and “we are very close, the three siblings actually. Cause we almost work in the same locality, almost the same industry, and I feel like we are now more closer.”

Participant 6 stated “close-knit family, very close. We almost have been together the whole time since childhood. Even when I am married, I'm still living in the same area.”

I noticed that talking about a suicidal sibling was a challenging topic for most participants, particularly participants 1, 2, 4, 6, and 7. Participant 1 stumbled when transitioning from close to talking about sibling. Participant 2 stumbled when discussing sibling for the first time, hesitated when talking about her current relationship with her sibling, and stuttered when talking about creating time for her sibling. Participant 4 repeated self when discussing closeness. Participant 6 changed the subject when talking about current relationship with suicidal sibling and used placeholder when discussing finding time for suicidal sibling. Participant 7 used placeholder and repeated self when talking about her suicidal sibling struggling.

### **Main Theme: Alliance**

To me, alliance meant that the individual was aligning themselves with certain structures or people that provided a source of hope, structure, or support. This main theme included two main subthemes: family connections and social and support relationships. Family connections included the impact of family dynamics on the participant. Social and support relationships included supports from extended family, friends, school, and other forms of support. These two themes took a little bit more time to identify. In the beginning, I noticed that participants would mention the family dynamics in regard to outside of their core family unit. I felt like it was important to include other forms of support that the participant received, not just family, so I broke up alliance into two separate subthemes.



### **Subtheme Family Connections**

Participants indicated that different family connections emerged during their experience of growing up with a suicidal sibling. Participant 2 stated “Many are trying to get members from the extended”. Participant 3 stated “With both parents but one, that is our dad was not available all the time” and “I would say I'm particularly close to my small sister. And also my mother. Yeah, these are quite some... Yes, we are close, but some, the bond is not the same between me and our dad.” Participant 4 stated “Okay, my sister started to live at one point with my sibling and my mom and dad for a while, then we got separated. Then, later on, we had to reunite because my mom was living in a different state and my dad was also in a different state.” Participant 5 stated “I come from a single mom setup of three siblings and I being the first born, and we have been in, growing up in different places” and “We are pretty close to my mom. Uh, we kind of got alienated from other family members, especially due to work and also cause of the moving factor.” Participant 7 stated “That is me, my dad, and my sibling- that is my sister, and me. I being the second born. I-I been the firstborn and then my sister being the second one. And we were pretty close when we were growing up. Yeah.” Participant 8 stated “We were just the two of us and then my mom there.”

Family connections seemed to be a subtheme that had a lot of linguistic data, linking this subtheme to being difficult to talk about. There were other ways to include this data but to me, it seemed to relate to family connections. It could have also been included under the incident being challenging, because as the participants were discussing the family connections, family connections seemed to be a difficult topic.

Participant 1 stumbled on the word “close” when describing family. Participant 2 stumbled when discussing parents and living situation. Participant 3 stumbled when answering about growing up in a family of three and hesitated when describing closeness. Participant 4 repeated self when talking about her family dynamics. Participant 6 repeated herself when talking about family history and repeated herself when talking about family dynamics. Participant 7 paused, stuttered and used a placeholder when discussing previous and current family dynamics. Participant 8 inhaled during discussion regarding family and switched pronoun from “she” to “we” when discussing current family dynamics.

### **Subtheme Social and Support Relationships**

Participants identified outside support such as friends, extended family, counselors, psychologists, school, and psychiatrists. Participant 1 stated “At that time, I remember there was an uncle of mine who was her psychologist. So she had visited him for various occasions. And then the uncle happened to move out, so she, he moved on to another state so we had to like find someone else.” Participant 2 stated “And I feel like it requires a lot of intervention in terms of medical” and “We had support system of family, I think family came through for us a lot. Many are trying to get members from the extended and also from hospital. She on and off hospital therapy, at times, even hospital treatment in terms of medicine when things got really bad.” Participant 4 stated “We had to, uh, like, some, some kind of group or clubs that she was engaged in the week. They meet twice a week, and there will be some peer counseling” and “Most of these things are mainly mental issues and they need a lot of support.” Participant 5 stated “But we have

really good friends, family, friends, um” and “from the school, school that she used to attend and also from, from family and friends, but a lot of help came from friends actually.” Participant 6 stated “Academic, uh, counselors and also psychologists and family.” Participant 7 stated “We, at one point we were living with other family members, uh, cousin of mine from my aunt's side, my mom's side” and “We had, uh, hired a psychiatrist and also a nurse, a psychiatrist nurse. I think those were the main supportive staff... people who are there for us.” Participant 8 stated “She had to be put under psy-, psychiatry, and also some counseling sessions here and there. And then- and then a lot of support is needed from family [inhales] and people who are really close to her, friends, family, friends. Yeah.”

The linguistic data related to social and support relationships was most notable with participants 4, 5, 6, 7, and 8. This theme was interwoven throughout most participants’ stories and seemed to be a difficult topic to talk about, especially in regard to treatment and support systems. Participant 4 used placeholders when talking about treatment. Participant 5 repeated and used placeholders when talking about support systems. Participant 6 used a placeholder when talking about support systems. Participant 7 repeated self and changed thought mid-sentence when describing support and paused when talking about support. Participant 8 stuttered when talking about support systems.

### **Main Theme: Advocacy**

There were two main parts that advocacy ended showing up in the themes. Some participants indicated a desire to advocate for others, and some participants indicated a need to advocate for themselves. This theme could indicate a grief response. I noticed the

theme of self-advocacy was present, possibly indicating that this was in some ways a universal experience, inability to self-advocate, seeking out support, and moving away from the situation. Participant 2 stated “I have just realized that this is something that could happen to anyone.” Participant 5 stated “not to be able to be in a position to like advocate for yourself.” Participant 7 stated “Also, at one point, you also have to seek support for your own self.” Participant 8 stated “That is when I started working. And so I had to move to a different state, then we reunited much later on after around 2 and a half years.”

The second part of advocacy was advocating for others. Participant 1 stated “By just being a friend. Like a friend to...your sister or brother growing up, you have to be someone who can be called upon. Yeah.” Participant 3 stated “Okay. Not really, but I think... Uhh, a way to go to help our siblings who have such thoughts or the one that you should... seek counsel or therapy, you know, in a place to vent, to avoid all that. Yeah, at least it will avoid-, okay, even though it will not erase all the experience but at least a therapy may help somehow not as much as you would like, but at least somehow, they may get help [clears throat], yeah.” Participant 4 stated “We have to do so many things with someone who is in that condition” and “For me, I was reflecting on the support system a bit. That is really essential in terms of its affordability and also in terms of its accessibility.” Participant 5 stated “It has made me to grow to be very sensitive to people around me and to also advocate for people going through challenges in life” and “Like you have to stand in that gap and support such people.” Participant 7 stated “it's also calls for a lot of, like... I don't know if it's teamwork and support from people who are close to

the person”, “a lot of intervention from different stakeholders pertaining to doctors, uh, nurses, and even peer support” and “Uh, I was thinking about mental health as an emerging issue that needs to be addressed even from that [exhales] small age because people notice a little struggling with their mental health.”

Finally, even though participants 1, 2, 3, 4, 5, 6, and 7 had themes in this area, only participants 6 and 7 had notable linguistic data surrounding this topic. Participant 6 used a placeholder to describe current life as a result of experience. Participant 7 stuttered when talking about perspective of current life.

### **Summary**

According to the research collected, a majority of the participants seemed to exhibit some form of grief and/or trauma response to the experience of growing up with a suicidal sibling. A majority of the participants identified patterns of responsibility with the suicidal sibling or vigilance with their own children. I concluded that the effect of growing up with a suicidal sibling included the participants feeling extra responsibility for the suicidal sibling even into adulthood, teaching their own children vigilance or responsibility for the other siblings, as well as becoming extra vigilant with their own children as a result of their experience.

In chapter 5, I will discuss the purpose and nature of exploring the experience of growing up with a suicidal sibling. I planned to describe how these findings may impact the core areas related to Counselor Education and Supervision and compared the results with the literature obtained in Chapter 2. I also discussed possible implications for further research and limitations of the study.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

This research may be used to help clinicians understand the childhood experience of growing up with a sibling who exhibited non-completed suicidal behavior, including the lasting effects of that experience and how those effects influenced the participants' experiences of the world. The intent of this retrospective IPA study was to explore the childhood experience of growing up with a suicidal sibling with an adult.

This retrospective IPA study was used to explore how adults reflect on their experience of growing up with a sibling who exhibited non-completed suicidal behavior. Additionally, the participants' perception and the latent effects on their lives reflective of having a sibling who had a non-fatal suicide attempt was explored. The research design of this study was an IPA because it could be used to explore, in detail, a participant's perception or interpretation of a phenomenological experience (Probst et al., 2020; Tong et al., 2007). Subsequently, I attempted to make sense of and interpret these perceptions or interpretations of that lived experience (Hefferon, 2011; Smith & Nizza, 2022; Smith & Shinebourne, 2012); I interviewed eight adults regarding their experience of growing up with a suicidal sibling. The data were analyzed using IPA.

According to the research collected, most of the participants found the experience of growing up with a suicidal sibling difficult or challenging. Only two of the participants reflected on how the experience personally affected their mental health. Five out of eight participants identified patterns of responsibility with the suicidal sibling. All eight participants discussed vigilance with their own children. I concluded that the effect of

growing up with a suicidal sibling seemed to include the participants feeling extra responsibility for the suicidal sibling even into adulthood, teaching their own children vigilance or responsibility for the other siblings, as well as becoming extra vigilant with their own children as a result of their experience.

### **Interpretation of Findings**

In this qualitative IPA study, I completed semi structured interviews with eight participants who identified as having the experience of growing up with a suicidal sibling. All eight participants had some sort of affliction related to the experience. Affliction means that the participants identified the experience as being difficult or challenging, which was similar to themes found in other studies. Abossein et al. (2022) suggested that the adult population that they were working with was vulnerable due to the loss of their sibling and have shown an increased risk of suicidal ideation, trauma symptoms, and grief responses. Royden (2021) found that siblings, when experiencing traumatic events (most notably in younger siblings), seemed to display varied reactions, including PTSD, grief, depression, and anxiety. Other trauma responses included caregiving (Jaques, 2000) and rejection of supports (Bornemisza et al., 2021). As mentioned previously, I am a clinical counselor, and one of the things that I noticed afterwards when reviewing the data was certain patterns that related to these other studies that indicated the same reactions that my participants had as being either a trauma or a grief response.

My study had eight participants that were all female. Similarly, Abossein et al. (2022) stated that the reason for more female participation versus male participation was

due to lack of male responses to recruitment. I found a similar situation. I had no male volunteers. Additionally, all of the individuals participating considered themselves to be of Black American, Black, or African American ethnicity. The individuals that participated were between the ages of 25 and 35 years old. During the interviewing process, I found that my participants all identified with one specific ethnicity, which was not my intention during the recruitment process. However, this specific outcome did relate back to increasing suicidality rates among Black American adolescents (Lindsey et al., 2019). According to Boyd et al. (2022), suicidality rates are increasing within the Black American population faster than any other ethnic group, which aligns with all of my participants identifying with a similar ethnicity.

One participant discussed difficulties arising with her parents separating. Certain aspects seemed to affect the dynamic of the siblings and the rates of suicidality, including biological and environmental contributions to overall suicidal behavior (Miller & Prinstein, 2019; Schiling et al., 2009; Stephenson et al., 2021). Li et al. (2021) noted that when the adolescent experiences a disruption in emotional development, the adolescent may end up having issues with hopelessness, developing impulsive behaviors, or feeling as though they are stigmatized. Li et al. further stated the emotional development disruption may cause an increase in suicidal ideations and attempts. A disruption to the living environment may have contributed to the suicidal sibling's ideations.

One participant mentioned having a mother who struggled with mental health. Miller and Prinstein (2019) suggested that adolescents who struggle with suicidal behaviors may have biological failures, certain biological factors that are passed from



parent to child, that contribute to the adolescent's inability to handle certain types of stress. Mann (2021) found a correlation between four different factors involved: emotional pain which is passed down through family traits, distorted thought processes which focus on negative input, altered ability to make decisions, and effective ability to adapt and problem solve situations.

Two participants indicated that their sibling had trouble at school, while one of the participants indicated that the difficulty arose from being bullied. Bullying is an example of peer dynamics becoming a risk factor for suicidal ideation and/or behaviors (Cuesta et al., 2021). This is further complicated if the adolescent does not have strong connections within their family unit or strong social support. Six out of the eight participants indicated a strong connection to their family unit or strong social support. The subtheme of social and support relationships was present with Participants 1, 2, 4, 5, 6, 7, and 8. The theme of family connection or social support was indicated in the theme of alliance. Most participants indicated a strong sense of support which does not seem to align with what Klein et al. (2022) and Forte et al. (2021) found in their studies. Klein et al. found that if the suicidal sibling does not have strong connections within the family unit or strong social support, the suicidal sibling is at risk for increased suicidal behaviors. Forte et al. agreed and found a correlation to increased risk with suicidal ideations or attempts when harsh parenting techniques were implemented. Most of the participants indicated that they had strong supports, which were found in family, friends, and other supports.

Two of the eight participants indicated that their sibling struggled with depression and only one participant indicated the use of psychiatric services as a support. Racine et al. (2021) found that rates of depressive symptoms in adolescents has increased to 63.8% of the adolescent population across the globe. The increase in depressive symptoms may also be related to the ease of recruitment within this study as well.

Other forms of support that were present in the overall theme of alliance were intervention programs such as counseling and medication. When suicidal ideation was linked to a specific mental health diagnosis, such as depression, medications were often sought out to provide chemical balance to the individual (Pompili & Goldblatt, 2012). I did not specifically ask my participants about the medication that their sibling was taking at the time of the suicidal action. Some of the participants mentioned counseling services but did not indicate the type of therapy that the sibling participated in. DBT, EMDR, and multisystemic family therapy were all different techniques utilized in treating suicidal ideations and behaviors (Jamshidi et al., 2021; Joe et al., 2017; Kothgassner et al., 2021; Oud et al., 2018; Pelt et al., 2020). All of these techniques were promoted in the literature for suicide prevention, ideation, and attempts. All three of these techniques have been used with adolescents who have displayed suicidal ideations. This theme was included in the social and support relationships that were present in seven of the eight participants, but not every participant indicated participation in counseling services and only one participant indicated that the suicidal sibling participated in psychiatric services.

Participants 1, 4, 5, 7, and 8 indicated themes of fear of shame in their transcripts. Robson and Walter (2012) and Jordan (2001) indicated that fear of shame is due to the

nature of suicide being treated differently than other forms of loss. Participants 1, 4, 5, 7, and 8 indicated fear of shame, using words, while Participant 5 also indicated fear of shame through linguistics by repeating herself when talking about stigma and taking a breath when talking about managing the stress.

These symptoms and trauma patterns may be passed down to their future kids or families. Reciprocal actions that occurred when members of the same unit were reacting to each other seemed to have a cause and effect on how the energy flows within the group (Bowen, 1978; Cepukiene & Celiauskaite, 2022). This was called the emotional family system (Cepukiene & Celiauskaite, 2022). The emotional family system related to generational trauma. All eight participants noted that they are currently vigilant with their own children.

Generational trauma was trauma that has been passed down from caretaker to offspring or other family members (Koritar, 2019). Passing down the coping strategies may have resulted in differences in the way that perceived coping strategies exist, particularly if one sibling has developed a genetic condition or mental health issue and the other sibling has not. This has been identified in various research when two siblings grow up in a similar environments yet turn out to be completely different (Segal & Knafo-Noam, 2021). Generational trauma was often passed down from parent to child or caregivers to children by creating societal norms within the family unit (Haleemunnissa et al., 2021). Emotional expression or coping strategies were often used by the children and are often modeled by parents (Burke et al., 2020; Haleemunnissa et al., 2021).

Generational trauma may manifest as not feeling like one belongs or feeling a need to react in a violent manner (Koritar, 2019). Because of the nature of generational trauma, incorporating treatment of siblings' reactions and not just the suicidal individual may have resulted in better outcomes to decrease the chances of generational trauma. Lifshitz et al. (2021) and Ben-Ezra et al. (2018) agreed that trauma responses can complicate grief responses, making it difficult for the person to effectively process through the grief that he or she experiences.

Trauma responses related to caregiving (Jaques, 2000) and rejection of supports (Bornemisza et al., 2021) were similar to the themes of perpetual loss and advocacy. The trauma response of caregiving (Jaques, 2000) related to both the loss of innocence and potential future loss. This trauma response was evident in both continued caregiving for the suicidal sibling and for the participants' children. The trauma response of rejection of supports (Bornemisza et al., 2021) related to the theme of advocacy because the participants seemed to want to advocate more so for others in that situation rather than focusing on themselves, with only two participants' indicating any need for self-care or advocacy. Participants 1, 2, 3, 4, 5, 6, 7, and 8 all indicated themes related to potential future loss.

Individuals may have a variety of different reactions when exposed to traumatic events. Royden (2021) found that siblings, when experiencing traumatic events (most notably in younger siblings), seemed to display varied reactions, including PTSD, grief, depression, and anxiety. Other trauma responses included caregiving (Jaques, 2000). Two patterns that seem to be consistent with these participants included possible PTSD

response and caregiving. As mentioned, all eight participants mentioned vigilance when it came to their current interactions with their sibling. Participants 1, 2, 4, 5, and 6 all had themes of loss of innocence in their transcripts.

All of the participants identified as being a parent. I found the caregiving trauma response to be evident in the participants' responses as they described advocacy for others who struggle as well as being present in their relationship with their children. The participants described ensuring that their own kids were not experiencing suicidal behaviors, which may be considered generational trauma. One participant indicated that she plans on making sure that the siblings look out for each other. Another participant indicated that she wanted the cousins to be close for the exact same reason. The way that the participant was responding to their own children may be teaching the children advanced mental health and parenting concepts that were well beyond their current developmental stage.

One of the perceived reasons that the participants' reacted to raising their children with patterns of generational trauma was anticipatory grief. Anticipatory grief occurred when the individual's loved one has a long-term illness and has been sick for a while (Coelho et al., 2018). The participant never fully lost their sibling and so they go into a state of hypervigilance. A few participants described this experience as having to constantly check in and call the suicidal sibling to make sure that they were okay, even into adulthood. Abossein et al. (2022) noted a connection between grief and trauma when adults lost their adult siblings to suicide.

Some participants indicated a desire to advocate for others, and some participants indicated a need to advocate for themselves. This theme seemed to indicate a grief response. I noticed the theme of self-advocacy show up as indicating that this was in some ways a universal experience, inability to self-advocate, seeking out support, and moving away from the situation. Bornemisca et al. (2021) indicated a rejection of supports when suffering from trauma.

There seemed to be a presence of disenfranchised grief. Disenfranchised grief is when the individual experiences the symptoms of a loss that was not recognized as being real or societally accepted (Dominguez, 2018). A few of the participants discussed the stigma or judgment related to what they were experiencing with their suicidal sibling. As the participants discussed the stigma and judgment related to growing up with a suicidal sibling, some participants indicated that others not understanding the experience made the experience more difficult. The theme of advocacy was present with Participants 1, 2, 3, 4, 5, 7, 8.

Specific challenges within this ethnic group included problems with discrimination. One participant disclosed that her sibling had trouble with peers at school. Oh et al. (2020) noted that there are several social risks that Black Americans struggle with such as discrimination. Oh et al. delineated discrimination into nine different social risk areas including: unfairly fired, not hired, denied promotion, police abuse, discouraged from education, neighborhood exclusion, neighborhood harassment, denied loan, and bad service. Some of these areas pertain to adolescents. The areas that do not

necessarily pertain directly to the adolescent, may pertain to the adolescent indirectly through witnessing family members experiencing some of the social risk areas.

### **Limitations of the Study**

The limitations that were discussed previously, still currently apply. Qualitative research does not have *a priori* methods for determining adequate sample size (Boddy, 2016; Sim et al., 2018). Due to the small sample sizes associated with most qualitative studies, qualitative studies were limited in terms of generalizability. My purposive sampling, non-probabilistic sampling strategy limited generalizability even further (Carminati, 2018; Etikan et al., 2016). I noted specific biases before, during, and after the research has been completed. As part of the data analysis process, I included my reasoning behind my data analysis. A specific research bias that I mentioned previously, included that I assumed that individuals were willing to talk about the experience of growing up with a suicidal sibling. All the participants that volunteered for this research were open and willing to discuss the unit of analysis with me. Another limitation was that the results can only be applied to a specific group of people. All of my participants identified as either Black American, Black, or African American. A final limitation was that I identified as a different ethnicity than my participants which may have contributed to my participants' disclosure during the interviewing process.

I did not explore the types of suicidal behavior, whether the suicidal sibling was a part of the LGBTQIA+ population, possible biological markers, genetic factors, reactive aggression, the use of medication, use of parasuicidal behaviors, effectiveness of specific counseling modalities, whether the attending counselor was trained in a CACREP

accredited program, and whether the participant had symptoms of depression. There were incidents of one participant mentioning some of these themes in passing, but it was not in detail and not included in the overall themes found.

There are some other areas of exploration due to the specificity of the individuals that participated. Because of my specific population being all female, I am not able to identify if the male experience would be different. My participants were aged 25-35, so it would also be interesting to see if there are differences in older adults as well. The final limitation included the limited amount of research on the specified topic, which even though this study did provide more information in regard to the experience, there are several different facets of this area of study that could be expanded upon.

### **Recommendations**

There were several areas that could be expanded upon. When I first started this research, I did not specify a particular ethnicity that I wanted to focus on. However, all of my participants happened to identify as Black American, Black, or African American. My first recommendation would be to explore other specific ethnicities in regard to the experience of growing up with a suicidal sibling.

It would be interesting to further explore epidemiology in regard to whether or not discrimination or racism plays a role in the suicidality of the individual. However, only one participant mentioned trouble with peers and did not specifically note discrimination or racism as the cause, this was not a theme that was identified. Future researchers may want to explore this to see if this is relevant to the experience of a Black American growing up with a suicidal sibling.



I also did not explore whether or not the participant was in counseling services and feel as though this would be an important facet to explore in the future. Future researchers may want to explore whether or not certain treatment modalities are effective with the unique presentation of symptoms that these individuals face, which could be done using a qualitative method to see effectiveness or a quantitative method to see which treatment modalities are used.

### **Implications**

There are several areas of positive social change that may be addressed in the future. Exploring the adult reactions to growing up with a suicidal sibling seemed to have indicated a level of vigilance with both the sibling and the participants' children. The results from this study seemed to affect societal social change because it may affect parenting strategies and coping strategies that are passed down from parent to child.

Because this dissertation is being completed as a requirement for the counselor education and supervision doctoral program, I am including the core competencies as part of the implications for possible future endeavors. The five core competency areas per CACREP accredited standards include counseling, teaching, supervision, advocacy, and research (Council for Accreditation of Counseling and Related Educational Programs, 2022).

### **Counseling**

Only two of the participants indicated a need for self-advocacy during the experience. A lack of self-advocacy can indicate a need for counselors to recognize different aspects of trauma that may show up in counseling sessions, in form of

relationship patterns, work/life balance, and self-worth or self-confidence. A counselor may benefit from understanding where the patterns originate from so that they can provide better assistance to the individual seeking services.

Other issues such as discrimination (Bleich et al., 2019), poverty (Ahmad et al., 2020), and racism (Taylor & Kuo, 2019) played a role in this specific ethnic group receiving appropriate clinical services. Taylor and Kuo (2019) noted that Black Americans have a variety of reasons that discourage participation in mental health services including stigma, social pressure against seeking help for psychological issues, cultural mistrust, and microaggressions in therapy. Most of the clinical counseling professionals are predominantly white and middle to upper class (Brown & Grothaus, 2019), leaving Black women to receive clinical services from individuals who may or may not have had the same issues.

The results from this study can be used as a tool to provide psychoeducation to clients so that they may better understand themselves and be able to relate to others. Psychoeducation may also provide a source of healing in knowing that they are not alone if they experience similar conditions. The results from this study can be used to find a treatment modality that may be useful for individuals who are seeking services.

### **Teaching and Supervision**

The results from this study may also be used to help educate future counselors so that they can be prepared when treating this specific population. Preparation may involve training specific to what the experience is like for someone growing up with a suicidal sibling. The overall impact for this population was rooted in hypervigilance and lack of

self-advocacy. The hypervigilance and lack of self-advocacy seemed to result in generational trauma which could be passed along to their children.

Counselors should be aware of the struggles related to this specific ethnic population. As mentioned previously, Black individuals have traditionally struggled with seeking out medical or clinical services due to the mistreatment experienced prior. This specific population has had trouble with being abused and neglected within the medical system, leading to many individuals within this ethnic group having a deep mistrust of the medical system. Even though many of the participants indicated a strong need for advocacy for others to participate in counseling services, not many indicated a need for counseling services themselves due to this experience.

Clinical supervisors should be aware of the issues surrounding cultural competency, especially when working with this specific ethnic group and have an understanding of the history and reasons for why this ethnic community does not regularly seek out counseling services. Clinical supervisors should also be aware of possible vicarious trauma, countertransference when it comes to working with this specific ethnic population and the signs of it during supervision, to provide psychoeducation and gatekeeping responsibilities if needed.

Clinical supervisors should also be aware of different ethnic backgrounds to provide culturally competent supervision to counselors. According to Brown and Grothaus (2019), there are three superordinate themes in a biracial clinical supervision relationship. These three themes include reasons for trust, mistrust, and benefits of cross-racial mentoring (Brown & Grothaus, 2019). In order to advocate for more counselors to

enter the field that are ethnically diverse, the supervisor should be cognizant of the difficulties that the supervisee may face when performing services with clients to alleviate possible vicarious trauma and countertransference.

### **Advocacy**

This information may also be used to help counselors advocate for individuals who may not seek services due to stigma or shame associated with this area. Some of the participants mentioned stigma and judgment associated with suicidal behaviors or having a sibling who exhibited these types of behaviors. The participants that expressed this also mentioned the need for services to help individuals in the future, indicating a possible need to protect the suicidal sibling as well as possible trauma or grief response.

Also, advocacy with Black women includes helping them find the words to describe their experience or to understand what is happening with their suicidal sibling. Many of the participants indicated a lack of understanding and the want to understand what their suicidal sibling was experiencing. Giving the individuals psychoeducation regarding the experience and explaining what is happening may increase their understanding of their sibling's experience as well as their own experience as well.

Another form of advocacy as mentioned from two of the participants is the need for access to services. Minority individuals should have access to counselors that look like them as well as readily available access to medical services if they choose to partake. Because minority groups have traditionally had issues with access to fair treatment and services, the importance of having access to quality medical services is crucial. Having

access translates into counselors taking Medicaid and Medicare insurance and offering sliding scale fees to those that need it.

In order to encourage more minority groups to participate in the medical field, access to funding, education, and overall encouragement to participate needs to occur. Having a variety of access to medical services from their own ethnic group may encourage Black women to seek services and help them to feel more comfortable doing so.

### **Research**

Finally, there are a multitude of possible areas of research that could be completed with this specific population. As mentioned previously, there was not a lot of research completed on the experience of growing up with a suicidal sibling, much less with specific minority groups. It would be beneficial to further explore this in the future as it seems to not only impact the current population but rather future populations as well.

As mentioned previously, Oh et al. (2020) noted several social risks that apply to this specific ethnic group, including discrimination. Only one of my participants identified issues with school and bullying, and the participant did not specify whether or not the bullying contained elements of discrimination. One of the areas of future research could include whether or not discrimination plays a role in suicidal behaviors in youth.

Possible research opportunities include quantitative studies identifying other ethnic groups who have had similar experiences, which treatment modalities are being utilized with this specific population, and which treatment modalities are effective with hypervigilance and a lack of self-advocacy. Qualitative study opportunities include

whether discrimination or racism plays a role in whether the individual going through this experience decides to participate in therapy, whether or not other ethnicities experience similar reactions, whether those reactions from other ethnicities are different, whether individuals who grew up with a suicidal sibling participated in counseling services themselves, whether these services were effective with other minority groups who have experienced growing up with a suicidal sibling, and whether or not certain treatment modalities are effective with the participants who grew up with a suicidal sibling. Finally, another possible research area includes identifying the male experience of growing up with a suicidal sibling.

### **Conclusion**

In this chapter, I discussed the purpose and nature of the study and why it was completed. I compared previous peer-reviewed findings with the results of the research completed. I discussed limitations related to the study as well as recommendations for future research. I also discussed how this study may affect social change in the future.

In this IPA study, I identified the key findings related to the childhood Black American experience of growing up with a suicidal sibling. My study consisted of eight female participants who were parents. All of my participants disclosed some level of distress related to the experience of growing up with a suicidal sibling, which occurred as either a trauma response or a grief response, or at times, both trauma and grief. The trauma symptoms and grief symptoms were present in how they interacted with their suicidal sibling currently and how they were interacting with their children. In others, these symptoms were present as a need to advocate for others, a lack of need to self-

advocate, and at times both self-advocacy and advocacy for others. I identified the existence of grief and trauma responses among participants and provided ways to further the research opportunities with this population as well as other populations. This is an important topic that needs to be explored more in the future and there are various ways to do so. I would encourage other researchers to explore other ethnic populations, treatment modalities, the role of discrimination or racism, and participation in therapy for the non-suicidal sibling. There is so much more to explore with this specific population that could encourage and promote growth within the counseling field in general.

## References

- Abossein, S., Santurri, L., Borrero, L., & Shaw, L. (2022). Lived experiences of individuals bereaved by the suicidal death of a sibling. *Journal of Mental Health Counseling, 44*(2), 133-152. <https://doi.org/10.17744/mehc.44.2.03>
- Agnisola, G., Weir, S., & Johnson, K. (2019). The voices that matter: A narrative approach to understanding Scottish Fishers 'perspective of Brexit. *Marine Policy, 110*, 1-8. <https://doi.org/10.1016/j.marpol.2019.103563>
- Ahmad, K., Erqou, S., Shah, N., Nazir, U., Morrison, A. R., Choudhary, G., & Wu, W. (2020). Association of poor housing conditions with COVID-19 incidence and mortality across US counties. *PLOS ONE, 15*(11): e0241327, 1-13. <https://doi.org/10.1371/journal.pone.0241327>
- American Counseling Association. (2014). *ACA code of ethics*. <http://www.counseling.org/knowledge-center/ethics>
- American Foundation for Suicide Prevention. (2021). *Suicide statistics*. <https://afsp.org/about-suicide/suicide-statistics/>
- American Psychiatric Association. (2017). *What is depression?* <https://www.psychiatry.org/patients-families/depression/what-is-depression>
- Ammerman, B. A., Serang, S., Jacobucci, R., Burke, T. A., Alloy, L. B., & McCloskey, M. S. (2018). Exploratory analysis of mediators of the relationship between childhood maltreatment and suicidal behavior. *Journal of Adolescence, 69*(1), 103-112. <https://doi.org/10.1016/j.adolescence.2018.09.004>



- Angelakis, I., Austin, J. L., & Gooding, P. (2020). Association of childhood mistreatment with suicide behaviors among young people. *JAMA Network Open*, 3(8), 1-15. <https://doi.org/10.1001/jamanetworkopen.2020.12563>
- Baumgart, A., Craig, J. C., & Tong, A. (2021). Qualitative research in CKD: How to appraise and interpret the evidence. *American Journal of Kidney Diseases*, 77(4), 538-541. <https://doi.org/10.1053/j.ajkd.2020.12.011>
- Beach, V. L., Brown, S. L., & Cukrowicz, K. C. (2021). Examining the relations between hopelessness, thwarted interpersonal needs, and passive suicide ideation among older adults: does meaning in life matter? *Aging & Mental Health*, 25(9), 1759-1767. <https://doi.org/10.1080/13607863.2020.1855102>
- Beals, F., Kidman, J., & Funaki, H. (2019). Insider and outsider research: Negotiating self at the edge of the emic/etic divide. *Qualitative Inquiry*, 26(6), 593-601. <https://doi.org/10.1177/1077800419843950>
- Ben-Ezra, M., Karatzias, T., Hyland, P., Brewin, C. R., Cloitre, M., Bisson, J. I., Roberts, N. P., Lueger-Schuster, B., & Shevlin, M. (2018). Posttraumatic stress disorder (PTSD) and complex PTSD (CPTSD) as per ICD-11 proposals: A population study in Israel. *Focus on Depression & Anxiety Worldwide*, 35(3), 264-274. <https://doi.org/10.1002/da.22723>
- Benson, T., Corry, C., O'Neill, S., Murphy, S., & Bunting, B. (2017). Use of prescription medication by individuals who died by suicide in Northern Ireland. *Archives of Suicide Research*, 22(1), 1-14. <https://doi.org/10.1080/13811118.2017.1289870>

- Bertsch, K., Florange, J., & Herpertz, S. C. (2020). Understanding brain mechanisms of reactive aggression. *Current Psychiatry Reports*, 22(12), 1-16.  
<https://doi.org/10.1007/s11920-020-01208-6>
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802-1811. <https://doi.org/10.1177/1049732316654870>
- Bleich, S. N., Findling, M. G., Casey, L. S., Blendon, R. J., Benson, J. M., Steelfisher, G. K., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: Experiences of Black Americans. *Health Services Research*, 54(S2), 1399-1408.  
<https://doi.org/10.1111/1475-6773.13220>
- Bolton, J. M., Au, W., Chateau, D., Walld, R., Leslie, W. D., Enns, J., Martens, P. J., Katz, L. Y., Logsetty, S., & Sareen, J. (2016). Bereavement after sibling death: A population-based longitudinal case-control study. *World Psychiatry*, 15(1), 59-66.  
<https://doi.org/10.1002/wps.20293>
- Bornemisza, A. Y., Javor, R., & Erdos, M. B. (2021). Sibling grief over perinatal loss- A retrospective qualitative study. *Journal of Loss and Trauma*, 27(6), 530-546.  
<https://doi.org/10.1080/15325024.2021.2007650>
- Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson, Inc.
- Boyd, D. T., Quinn, C. R., Jones, K. V., & Beer, O. W. J. (2022). Suicidal ideations and attempts within the family context: The role of parent support, bonding, and peer experiences with suicidal behaviors. *Journal of Racial and Ethnic Health Disparities*, 9, 1740-1749. <https://doi.org/10.1007/s40615-021-01111-7>

- Boyer, T. L., Youk, A. O., Haas, A. P., Brown, G. R., Shipherd, J. C., Kauth, M. R.,  
Jasuja, G. K., & Blosnich, J. R. (2021). Suicide, homicide, and all-cause mortality  
among transgender and cisgender patients in the Veterans Health Administration.  
*LGBT Health, 8*(3), 173-180. <https://doi.org/10.1089/lgbt.2020.0235>
- Braun, V., & Clarke, V. (2021). To saturate or not to saturate? Questioning data  
saturation as a useful concept for thematic analysis and sample-size rationales.  
*Qualitative Research in Sport, Exercise, and Health, 13*(2), 201-216.  
<https://doi.org/10.1080/2159676X.2019.1704846>
- Brown, E. M., & Grothaus, T. (2019). Experiences of cross-racial trust in mentoring  
relationships between black doctoral counseling students and white counselor  
educators and supervisors. *Professional Counselor, 9*(3), 211-225.  
<https://doi.org/10.15241/emb.9.3.211>
- Burke, H., Barker, B., Wallis, L., Craig, S., & Combo, M. (2020). Betwixt and between:  
Trauma, survival and the Aboriginal Troopers of the Queensland Native Mounted  
Police. *Journal of Genocide Research, 22*(3), 317-333.  
<https://doi.org/10.1080/14623528.2020.1735147>
- Cacciatore, J., Thieleman, K., Fretts, R., & Jackson, L. B. (2021). What is good grief  
support? Exploring the actors and actions in social support after traumatic grief.  
*PLOS ONE, 16*(5), 1-17. <https://doi.org/10.1371/journal.pone.0252324>
- Carbon, M., Hsieh, C. H., Kane, J. M., & Correll, C. U. (2017). Tardive dyskinesia  
prevalence in the period of second-generation antipsychotic use: A meta-analysis.

*The Journal of Clinical Psychiatry*, 78(3), e264-e274.

<https://doi.org/10.4088/JCP.16r10832>

Carmassi, C., Foghi, C., Dell'Oste, V., Cordone, A., Bertelloni, C. A., Bui, E., &

Dell'Osso, L. (2020). PTSD symptoms in healthcare workers facing the three coronavirus outbreaks: What can we expect after the COVID-19 pandemic.

*Psychiatry Research*, 292, 1-10. <https://doi.org/10.1016/j.psychres.2020.113312>

Carminati, L. (2018). Generalizability in qualitative research: A tale of two traditions.

*Qualitative Health Research*, 28(13), 2094-2101.

<https://doi.org/10.1177/1049732318788379>

Carpio, L. D., Paul, S., Paterson, A., & Rasmussen, S. (2021). A systemic review of

controlled studies of suicidal and self-harming behaviors in adolescents following bereavement by suicide. *PLOS ONE*, 16(7), 1-29.

<https://doi.org/10.1371/journal.pone.0254203>

Catalana, M. G. (2013). *Overseeing supervisees treating clients exhibiting suicidal*

*behaviors: Its impact on clinical supervisors*. [Doctoral Dissertation, University of Tennessee]. [https://trace.tennessee.edu/utk\\_graddiss/1706](https://trace.tennessee.edu/utk_graddiss/1706)

Centers for Disease Control and Prevention. (2022, November 3). *Underlying cause of*

*death 1999-2020*. [https://wonder.cdc.gov/wonder/help/ucd.html#ICD-](https://wonder.cdc.gov/wonder/help/ucd.html#ICD-10%20Codes)

[10%20Codes](https://wonder.cdc.gov/wonder/help/ucd.html#ICD-10%20Codes)

Cepukiene, V., & Celiauskaite, S. (2022). The relationship between nuclear family

emotional system and adult health: Mediating and moderating role of general self-

efficacy. *Journal of Family Studies*, 28(2), 678-694.

<https://doi.org/10.1080/13229400.2020.1750451>

Cerel, J., Brown, M., Maple, M., Singleton, M., van de Venne, J., Moore, M., & Flaherty, C. (2019). How many people are exposed to suicide? Not six. *Journal of Suicide and Life-Threatening Behavior*, 49(2), 529-534.

<https://doi.org/10.1111/sltb.12450>

Chido-Amajuoyi, O. G., Mantley, D. S., Omega-Njemnobi, O., Yu, R. K., & Shete, S. (2021). Association of dual and poly tobacco use with depressive symptoms and use of antidepressants. *Addictive Behaviors*, 115, 1-6.

<https://doi.org/10.1016/j.addbeh.2020.106790>

Chu, J., Lin, M., Akutsu, P. D., Joshi, S. V., & Yang, L. H. (2018). Hidden suicidal ideation or intent among Asian American Pacific Islanders: A cultural phenomenon associated with greater suicide severity. *Asian American Journal of Psychology*, 9(4), 262-269. <https://doi.org/10.1037/aap0000134>

Chu, J., Maruyama, B., Batchelder, H., Goldblum, P., Bongar, B., & Wickham, R. E. (2020). Cultural pathways for suicidal ideation and behaviors. *Cultural Diversity and Ethnic Minority Psychology*, 26(3), 367-377.

<https://doi.org/10.1037/cdp0000307>

Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *Sage Open Medicine*, 7, 1-8.

<https://doi.org/10.177/2050312118822927>

- Citrome, L., Isaacson, S. H., Larson, D., & Kremens, D. (2021). Tardive dyskinesia in older persons taking antipsychotics. *Neuropsychiatric Disease and Treatment, 17*, 3127-3134. <https://doi.org/10.2147/NDT.S328301>
- Clark, K. R., & Veale, B. L. (2018). Strategies to enhance data collection and analysis in qualitative research. *Radiologic Technology, 89*(5), 482CT-485CT. <http://www.radiologictechnology.org/>
- Cloutier, C., & Ravasi, D. (2021). Using tables to enhance trustworthiness in qualitative research. *Qualitative Methods, 19*(1), 113-133. <https://doi.org/10.1177/1476127020979329>
- Coates, T. L. (2017). Hearing the voices of Generation Y employees: A hermeneutic phenomenological study. *Human Resource Development International, 20*(1), 37-67. <https://doi.org/10.1080/13678868.2016.1222486>
- Coelho, A., de Brito, M., & Barbosa, A. (2018). Caregiver anticipatory grief: Phenomenology, assessment, and clinical interventions. *Current Opinion in Supportive and Palliative Care, 12*(1), 52-57. <https://doi.org/10.1097/SPC.0000000000000321>
- Coelho, A., de Brito, M., Teixeira, P., Frade, P., Barros, L., & Barbosa, A. (2020). Family caregivers 'anticipatory grief: A conceptual framework for understanding its multiple challenges. *Qualitative Health Research, 30*(5), 693-703. <https://doi.org/10.1177/1049732319873330>

- Cote-Arsenault, D., & Donato, K. (2011). Emotional cushioning in pregnancy after perinatal loss. *Journal of Reproductive and Infant Psychology, 29*(1), 81-92. <https://doi.org/10.1080/02646838.2010.513115>
- Council for Accreditation of Counseling and Related Educational Programs. (2022, July 24). *2016 CACREP standards*. [cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf](https://www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf)
- Cuesta, I., Monteso-Curto, P., Sawin, E. M., Jimenez-Herrera, M., Puig-Llobet, M., Seabra, P., & Toussaint, L. (2021). Risk factors for teen suicide and bullying: An international integrative review. *International Journal of Nursing Practice, 27*(3), 1-11. <https://doi.org/10.1111/ijn.12930>
- Cureton, J. L., Clemens, E. V., Henninger, J., & Couch, C. (2021). Readiness of counselor education and supervision for suicide training: A CQR study. *Journal of Counselor Preparation and Supervision, 14*(3), 1-38. <https://digitalcommons.sacredheart.edu/jcps/vol14/iss3/1>
- Curtin, S. C. (2020). State suicide rates among adolescents and young adults aged 10-24: United States, 2000-2018. *National Vital Statistics Reports, 69*(11), 1-11. <https://stacks.cdc.gov/view/cdc/93667>
- Curtin, S. C., Hedegard, H., & Ahmad, F. B. (2021). Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2020. *National Vital Statistics System, 16*. <https://www.cdc.gov/nchs/data/vsrr/VSRR016.pdf>

- Curtin, S. C., & Heron, M. (2019). Death rates due to suicide and homicide among persons aged 10-24: United States, 2000-2017. *NCHS Data Brief*, 352, 1-8. <https://www.cdc.gov/nchs/products/index.htm>
- Cypress, B. (2017). Rigor or reliability and validity in Qualitative Research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253-263. <https://doi.org/10.1097/DCC.0000000000000253>
- Dearnley, C. (2005). A reflection on the use of semi-structured interviews. *Nurse researcher*, 13(1), 19-28. <https://doi.org/10.7748/nr2005.07.13.1.19.c5997>
- DeCou, C. R., & Lynch, S. M. (2019). Emotional reactivity, trauma-related distress, and suicidal ideation among adolescent inpatient survivors of sexual abuse. *Child Abuse & Neglect*, 89, 155-164. <https://doi.org/10.1016/j.chiabu.2019.01.012>
- Dehghani, M., & Bernards, J. (2022). The effectiveness of structural family therapy in repairing behavioral problems and improving family functioning in single-parent families in Iran. *Journal of Marital and Family Therapy*, 48(4), 1040-1058. <https://doi.org/10.1111.jmft.12597>
- DeJonckheere, M., & Vaughn, L. M. (2019). Semi-structured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, 7(e000057), 1-8. <https://doi.org/10.1136/fmch-2018-000057>
- Dickie, M. (2019). Narrative research in practice: Stories from the field. *Journal of Higher Education Research & Development*, 38(2), 428-430. <https://doi.org/10.1080/07294360.2018.1495603>



- Dominguez, K. M. (2018). Encountering disenfranchised grief: An investigation of the clinical lived experiences in dance/movement therapy. *American Journal of Dance Therapy, 40*, 254-278. <https://doi.org/10.1007/s10465-018-9281-9>
- Dowling, A., Kunin, M., & Russell, G. (2020). The impact of migration upon the perceived health of adult refugees resettling in Australia: A phenomenological study. *Journal of Ethnic and Migration Studies, 48*(7), 1536-1553. <https://doi.org/10.1080/1369183X.2020.1771173>
- Dowling, K., Guhl, D., Klapper, D., Spann, M., Stich, L., & Yegoryan, N. (2019). Behavioral biases in marketing. *Journal of the Academy of Marketing Science, 47*(196), 1-29. <https://doi.org/10.1007/s11747-019-00699-x>
- Doxy (2023, May, 25). *Secure Worldwide*. Retrieved from <https://doxy.me/en/providers/>
- Duane, J., Blanch-Hartigan, D., Sanders, J. J., Caponigro, E., Robicheaux, E., Bernard, B., Poldoski, M., & Ericson, J. (2021). Environmental considerations for effective telehealth encounters: A narrative review and implications for best practice. *Telemedicine and e-Health, 28*(3), 309-316. <https://doi.org/10.1089/tmj.2021.0074>
- Dworkin, S. L. (2012). Sample size policy for qualitative studies using in-depth interviews. *Archives of Sexual Behavior, 41*, 1319-1320. <https://doi.org/10.1007/s10508-012-0016-6>
- Eastern Illinois University. (2022, August 6). *EIU Master of Science in counseling: CACREP syllabi samples*. <https://www.eiu.edu/counseling/CACREPsyllabi.php>

- Emerson, R. W. (2021). Convenience sampling revisited: Embracing its limitations through thoughtful study design. *Journal of Visual Impairment & Blindness*, *115*(1), 76-77. <https://doi.org/10.1177/0145482X20987707>
- Fereidouni, Z., Behnammoghadam, M., Jahanfar, A., & Dehghan, A. (2019). The effect of eye movement desensitization reprocessing (EMDR) on the severity of suicidal thoughts in patients with major depressive disorder: A randomized controlled trial. *Neuropsychiatric Disease and Treatment*, *15*, 2459-2466. <https://doi.org/10.214/NDT.S210757>
- Finney, N., & Tadros, E. (2019). Integration of structural family therapy and dialectical behavior therapy with high-conflict couples. *The Family Journal: Counseling and Therapy for Couples and Families*, *27*(1), 31-36. <https://doi.org/10.1177/10664807/18803344>
- Firmin, M. W., DeWitt, K., Zurlinden, T. E., Smith, L. A., & Shell, A. L. (2019). Differences in competency and qualification requirements between APA and ACA code of ethics. *Journal of Integrated Social Sciences*, *9*(1), 39-56. [https://www.jiss.org/documents/volume\\_9/JISS%202019%209\(1\)%2039-56%20APA%20vs%20ACA.pdf](https://www.jiss.org/documents/volume_9/JISS%202019%209(1)%2039-56%20APA%20vs%20ACA.pdf)
- FitzPatrick, B. (2019). Validity in qualitative health education research. *Currents in Pharmacy Teaching and Learning*, *11*(2), 211-217. <https://doi.org/10.1016/j.cptl.2018.11.014>

- Fleegler, E. W. (2021). Our limited knowledge of youth suicide risk and firearm access. *JAMA Network Open*, 4(10), e2127965.  
<https://doi.org/10.1001/jamanetworkopen.2021.27965>
- Fleet, D., Burton, A., Reeves, A., & DasGupta, M. P. (2016). A case for taking the dual role of counselor-researcher in qualitative research. *Journal of Qualitative Research in Psychology*, 13(4), 328-346.  
<https://doi.org/10.1080/14780887.2016.1205694>
- Forkmann, T., Glaesmer, H., Paashaus, L., Rath, D., Schonfelder, A., Juckel, G., Gauggel, S., Beginn-Gobel, U., & Teismann, T. (2021). Testing the four main predictions of the interpersonal-psychological theory of suicidal behavior in an inpatient sample admitted due to severe suicidality. *Behavior Therapy*, 52(3), 626-638. <https://doi.org/10.1016/j.beth.2020.08.002>
- Forte, A., Orri, M., Turecki, G., Galera, C., Pompili, M., Bolvin, M., Tremblay, R. E., Cote, S. M., & Geoffroy, M. (2021). Identifying environmental pathways between irritability during childhood and suicidal ideation and attempt in adolescence: Findings from a 20-year population-based study. *The Journal of Child Psychology and Psychiatry*, 62(12), 1402-1411. <https://doi.org/10.1111/jcpp.13411>
- Gahrn-Andersen, R. (2019). Heideggerian Phenomenology, practical ontologies and the link between experience and practices. *Human Studies*, 42, 565-580.  
<https://doi.org/10.1007/s10746-019-09493-8>
- Gallo, L. L., Doumas, D. M., Moro, R., Midgett, A., & Porchia, S. (2019). Evaluation of a youth suicide prevention course: Increasing counseling students' knowledge,

- skills, and self-efficacy. *The Journal of Counselor Preparation and Supervision*, 12(3), 1-23. <https://repository.wcsu.edu/jcps/vol12/iss3/9>
- Gallo, L. L., Miller, R., Dourmas, D. M., Midgett, A., & Porchia, S. (2021). Counseling students' experiences learning how to assess youth suicide risk. *Journal of Counselor Preparation and Supervision*, 14(3), 1-32. <https://digitalcommons.sacredheart.edu/jcps/vol14/iss3/9>
- Gennings, E. K., Brown, H., & Hewlett, D. (2021). Constructing a definition: Adolescent wellbeing from the perspective of the child and expert. *International Journal of Wellbeing*, 11(1), 69-88. <https://doi.org/10.5502/ijw.v11i1.1461>
- Gerhardt, C. A., Fairclough, D. L., Grossenbacher, J. C., Barrera, M., Gilmer, M. J., Foster, T. L., Compas, B. E., Davies, B., Hogan, N. S., & Vannatta, K. (2012). Peer relationships of bereaved siblings and comparison classmates after a child's death from cancer. *Journal of Pediatric Psychology*, 37(2), 209-219. <https://doi.org/10.1093/jpepsy/jsr082>
- Gilbert, K. (2000). *The emotional nature of qualitative research*. CRC Press.
- Glad, K. A., Stensland, S., Czajkowski, N. O., Boelen, P. A., & Dyb, G. (2021). The longitudinal association between symptoms of posttraumatic stress and complicated grief: A random intercepts cross-lag analysis. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(3), 386-392. <https://doi.org/10.1037/tra0001087>

- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597-607. <http://www.nova.edu/ssss/QR/QR8-4/golafshani.pdf>
- Goodall, R., Krysinka, K., & Andriessen, K. (2022). Continuing bonds after loss by suicide: A systematic review. *International Journal of Environmental Research and Public Health*, 19(5), 1-18. <https://doi.org/10.3390/ijerph19052963>
- Granato, H. F., Sewart, A. R., Vinograd, M., & McFarr, L. (2021). *Handbook of Cognitive Behavioral Therapy: Overview and approaches* (Wenzel, A., Ed.). American Psychological Association, 539-565. <https://doi.org/10.1037/0000218-018>
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, 18(1), 59-82. <https://doi.org/10.1177/1525822X05279903>
- Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PLOS ONE*, 15(5), 1-17. <https://doi.org/10.1371/journal.pone.0232076>
- Gunawan, J. (2015). Ensuring trustworthiness in qualitative research. *Belitung Nursing Journal*, 1(1), 10-11. <http://belitungraya.org/BRP/index.php/bnj/>
- Gunderson, J. G., Fruzzetti, A., Unruh, B., & Choi-Kain, L. (2018). Competing theories of borderline personality disorder. *Journal of Personality Disorders*, 32(2), 148-167. [https://www.researchgate.net/profile/Lois-Choi-Kain/publication/324140014\\_Competing\\_Theories\\_of\\_Borderline\\_Personality\\_D](https://www.researchgate.net/profile/Lois-Choi-Kain/publication/324140014_Competing_Theories_of_Borderline_Personality_D)

isorder/links/6076d85e73e0d20986e161f3/Competing-Theories-of-Borderline-  
Personality-Disorder.pdf

- Haber, R., & Deaton, J. D. (2019). Facilitating an experiential group in an educational environment: Managing dual relationships. *International Journal of Group Psychotherapy*, 69(4), 434-458. <https://doi.org/10.1080/00207284.2019.1656078>
- Haleemunnissa, S., Didei, S., Swami, M. K., Singh, K., & Vyas, V. (2021). Children and COVID19: Understanding impact on the growth trajectory of an evolving generation. *Children and Youth Services Review*, 120, 105754, 1-10. <https://doi.org/10.1016/j.chidyouth.2020.105754>
- Hamilton, A. B. & Finley, E. P. (2019). Qualitative methods in implementation research: An introduction. *Psychiatry Research*, 280, 1-8. <https://doi.org/10.1016/j.psychres.2019.112516>
- Hanschmidt, F., Lehnig, F., Riedel-Heller, S. G., & Kersting, A. (2016). The stigma of suicide survivorship and related consequences: A systematic review. *PLOS One*, 11(9), 1-16. <https://doi.org/10.1371/journal.pone.0162688>
- Harrison, A., Burrell, R., Velasquez, S., & Schreiner, L. (2017). Social media use in academic libraries: A phenomenological study. *The Journal of Academic Librarianship*, 43(3), 248-256. <https://doi.org/10.1016/j.acalib.2017.02.014>
- Hartley, C. M., Pettit, J. W., Castellanos, D. (2018). Reactive aggression and suicide-related behaviors in children and adolescents: A review and preliminary meta-analysis. *Suicide and Life-Threatening Behavior*, 48(1), 38-51. <https://doi.org/10.1111/sltb.12325>

- Hawkins, J. E. (2018). The practical utility and suitability of email interviews in qualitative research. *The Qualitative Report*, 23(2), 493-501.  
[https://digitalcommons.odu.edu/nursing\\_fac\\_pubs/24](https://digitalcommons.odu.edu/nursing_fac_pubs/24)
- Heidegger, M. (2005). *Introduction to phenomenological research* (D. O. Dahlstrom, Trans.). Bloomington, IN: Indiana University Press. (Original Work Published 1994).
- Heidinger, A., Schwab, C., Lindner, E., Riedl, R., & Mossbock, G. (2019). A retrospective study of 199 Xen45 Stent Implantations from 2014 to 2016. *Journal of Glaucoma*, 28(1), 75-79. <https://doi.org/10.1097/IJG.0000000000001122>
- Helimaki, M., Laitila, A., & Kumpulainen, K. (2021). 'Can I tell? 'Children's participation and positioning in a secretive atmosphere in family therapy. *Journal of Family Therapy*, 43(1), 96-123. <https://doi.org/10.1111/1467-6427.12296>
- Hinze, V., Ford, T., Evans, R., Gjelsvik, B., & Crane, C. (2021). Exploring the relationship between pain and self-harm thoughts and behaviors in young people using network analysis. *Psychological Medicine*, 1-10.  
<https://doi.org/10.1017/S0033291721000295>
- Hoffman, D. A. (2020). Increasing access to care: Telehealth during COVID-19. *Journal of Law and Biosciences*, 7(1), 1-15. <https://doi.org/10.1093/jlb/Isaa043>
- Hoffmann, J. A., Farrell, C. A., Monuteaux, M. C., Fleegler, E. W., & Lee, L. K. (2020). Association of pediatric suicide with county-level poverty in the United States 2007-2016. *JAMA Pediatrics*, 174(3), 287-294.  
<https://doi.org/10.1001/jamapediatrics.2019.5678>

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2012). Rigour in qualitative case-study research. *Nurse Researcher*, 20(4), 12-17.

<https://doi.org/10.7748/nr2013.03.20.4.12.e326>

Howard, K., Katsos, N., & Gibson, J. (2019). Using interpretative phenomenological analysis in autism research. *National Autistic Society*, 23(7), 1871-1876.

<https://doi.org/10.1177/1362361318823902>

Hyatt, E. D. G., & McCoyd, J. L. M. (2022). Counseling pregnant people after previous termination of pregnancy for fetal anomaly (TOPFA): The double RAINBOW approach. *Anxiety, Stress, & Coping*, 36(2), 259-273.

<https://doi.org/10.1080/10615806.2022.2047179>

Iadecola, C., Duering, M., Hachinski, V., Joutel, A., Pendlebury, S. T., Schneider, J. A., & Dichgans, M. (2019). Vascular cognitive impairment and dementia: JACC scientific expert panel. *Journal of the American College of Cardiology*, 73(25), 3326-3344. <https://doi.org/10.1016/j.jacc.2019.04.034>

Ibrahim, N., Din, N. C., Ahmad, M., Amit, N., Ghazzali, S. E., Wahab, S., Kadir, N. B. A., Halim, F. W., & Halim, M. R. T. A. (2019). The role of social support and spiritual wellbeing in predicting suicidal ideation among marginalized adolescents in Malaysia. *BMC Public Health*, 19(553), 1-8. <https://doi.org/10.1186/s12889-019-6861-7>

Ihde, D. (1971). *Hermeneutic Phenomenology: The philosophy of Paul Ricoeur*. Northwestern University Press.



- Ingold, T. (2017). Anthropology contra ethnography. *Journal of Ethnographic Theory*, 7(1), 21-26. <https://doi.org/10.14318/hau7.1.005>
- Jamshidi, F., Rajabi, S., & Dehghani, Y. (2021). How to heal their psychological wounds? Effectiveness of EMDR therapy on post-traumatic stress symptoms, mind-wandering and suicidal ideation in Iranian child abuse victims. *Counseling & Psychotherapy Research*, 21(2), 412-421. <https://doi.org/10.1002/capr.12339>
- Jaques, J. D. (2000). Surviving suicide: The impact on the family. *The Family Journal*, 8(4), 376-379. <https://doi.org/10.1177/1066480700084007>
- Joe, S., Scott, M. L., & Banks, A. (2017). What works for adolescent black males at risk of suicide: A review. *Research on Social Work Practice*, 28(3), 340-345. <https://doi.org/10.1177/1049731517702745>
- Jollant, F., Wagner, G., Richard-Devantoy, S., Kohler, S., Bar, K., Turecki, G., & Pereira, F. (2018). Neuroimaging-informed phenotypes of suicidal behavior: A family history of suicide and the use of a violent suicidal means. *Translational Psychiatry*, 8(120), 1-10. <https://doi.org/10.1038/s41398-018-0170-2>
- Jordan, J. R. (2001). Is suicide bereavement different? A reassessment of literature. *Suicide and Life-Threatening Behavior*, 31(1), 91-102. [http://johnjordanphd.com/pdf/pub/Jordan\\_%20Is%20Suicide%20.pdf](http://johnjordanphd.com/pdf/pub/Jordan_%20Is%20Suicide%20.pdf)
- Jordan, J. R. (2008). Bereavement after suicide. *Psychiatric Annuals*, 38(10), 679-685. <https://doi.org/10.3928/00485713-20081001-05>

- Kadam, R. A. (2017). Informed consent process: A step further towards making it meaningful! *Perspectives in Clinical Research*, 8(3), 107-112.  
[https://doi.org/10.4103/picr.PICR\\_147\\_16](https://doi.org/10.4103/picr.PICR_147_16)
- Kanygin, G., & Koretckaia, V. (2021). Analytical coding: Performing qualitative data analysis based on programming principles. *The Qualitative Report*, 26(2), 316-333. <https://doi.org/10.46743/2160-3715/2021.4342>
- Karatzias, T., Murphy, P., Cloitre, M., Bisson, J., Roberts, N., Shevlin, M., Hyland, P., Maercker, A., Ben-Ezra, M., Coventry, P., Mason-Roberts, S., Bradley, A., & Hutton, P. (2019). Psychological interventions for ICD-11 complex PTSD symptoms: Systematic review and meta-analysis. *Psychological Medicine*, 49(11), 1761-1775. <https://doi.org/10.1017/S0033291719000436>
- King, K. M., & Delgado, H. (2021). Losing a family member to incarceration: Grief and resilience. *Journal of Loss and Trauma*, 26(5), 436-450.  
<https://doi.org/10.1080/15325024.2020.1816753>
- Kingsbury, M., Reme, B., Skogen, J. C., Sivertsen, B., Overland, S., Cantor, N., Hysing, M., Petrie, K., & Colman, I. (2021). Differential associations between types of social media use and university students' non-suicidal self-injury and suicidal behavior. *Computers in Human Behavior*, 115, 1-6.  
<https://doi.org/10.1016/j.chb.2020.106614>
- Klein, D. A. Ahmed, A. E., Murphy, M. A., Pearlman, A. T., Johnson, N., Gray, J. C., & Schvey, N. A. (2022). The mediating role of family acceptance and conflict on

- suicidality among sexual and gender minority youth. *Archives of Suicidal Research*, 1-8. <https://doi.org/10.1080/13811118.2022.2075815>
- Ko, A., Swampillai, B., Timmons, V., Scavone, A., Collinger, K., & Goldstein, B. I. (2014). Clinical characteristics associated with lithium use among adolescents with bipolar disorder. *Journal of Child and Adolescent Psychopharmacology*, 24(7), 382-389. <https://doi.org/10.1089/cap.2013.0120>
- Koritar, E. (2019). Working out phantoms in trans-generational transmission of trauma. *The American Journal of Psychoanalysis*, 79, 494-506. <https://doi.org/10.1057/s11231-019-09226-x>
- Kothgassner, O. D., Goreis, A., Robinson, K., Huscsava, M. M., Schmahl, C., & Plener, P. L. (2021). Efficacy of dialectical behavior therapy for adolescent self-harm and suicidal ideation: A systematic review and meta-analysis. *Psychological Medicine*, 51(7), 1057-1067. <https://doi.org/10.1017/S0033291721001355>
- Knight, C., & Gitterman, A. (2018). Ambiguous loss and its disenfranchisement: The need for social work intervention. *Families in Society: The Journal of Contemporary Social Services*, 100(2), 164-173. <https://doi.org/10.1177/1044389418799937>
- Kubler-Ross, E. (1969). *On death and dying* (13<sup>th</sup> ed.). Macmillan.
- Kumar, R. M. (2021). The many faces of grief: A systematic literature review of grief during the COVID-19 pandemic. *Illness, Crisis, & Loss*, 31(1), 100-119. <https://doi.org/10.1177/10541373211038084>

- Kwak, C. W., & Ickovics, J. R. (2019). Adolescent suicide in South Korea: Risk factors and proposed multi-dimensional solution. *Asian Journal of Psychiatry, 43*, 150-153. <https://doi.org/10.1016/j.ajp.2019.05.027>
- Lauterbach, A. A. (2018). Hermeneutic phenomenological interviewing: Going beyond semi-structured formats to help participants revisit experience. *The Qualitative Report, 23*(11), 2883-2898. <https://doi.org/10.46743/2160-3715/2018.3464>
- Lawrence, H. R., Burke, T. A., Sheehan, A. E., Pastro, B., Levin, R. Y., Walsh, R. F. L., Bettis, A. H., & Liu, R. T. (2021). Prevalence and correlates of suicidal ideation and suicide attempts in preadolescent children: A US population-based study. *Translation Psychiatry, 11*(489), 1-10. <https://doi.org/10.1038/s41398-021-01593-3>
- Lemon, L. L., & Hayes, J. (2020). Enhancing trustworthiness of qualitative findings: Using Leximancer for qualitative data analysis triangulation. *The Qualitative Report, 25*(3), 604-614.  
[https://media.proquest.com/media/hms/PFT/1/wARoF?\\_s=kYqabYRlnee%2B3EibL7E1J5qk9rc%3D](https://media.proquest.com/media/hms/PFT/1/wARoF?_s=kYqabYRlnee%2B3EibL7E1J5qk9rc%3D)
- Leong, C., Katz, L. Y., Bolton, J. M., Enns, M. W., Delaney, J., Tan, Q., & Sareen, J. (2022). Psychotropic drug use in children and adolescents before and during the COVID-19 pandemic. *JAMA Pediatrics, 176*(3), 318-320.  
<https://doi.org/10.1001/jamapediatrics.2021.5634>

- Leopkey, B., Salisbury, P., & Tinaz, C. (2019). Examining legacies of unsuccessful Olympic bids: Evidence from a cross-case analysis. *Journal of Global Sport Management, 6*(3), 264-291. <https://doi.org/10.1080/24704067.2019.1604072>
- Lewitzka, U., Severus, E., Bauer, R., Ritter, P., Muller-Oerlinghausen, B., & Bauer, M. (2015). The suicide prevention effect of lithium: More than 20 years of evidence—a narrative review. *International Journal of Bipolar Disorders, 3*(15), 1-16. <https://doi.org/10.1186/s40345-015-0032-2>
- Li, Z., Sturge-Apple, M. L., Russell, J. D., Martin, M. J., & Davies, P. T. (2021). The role of emotion processing in the association between parental discipline and adolescent socio-emotional development. *Journal of Research on Adolescence, 31*(1), 85-100. <https://doi.org/10.1111/jora.12584>
- Liao, H., & Hitchcock, J. (2018). Reported credibility techniques in higher education evaluation studies that use qualitative methods: A research synthesis. *Evaluation and Program Planning, 68*, 157-165. <https://doi.org/10.1016/j.evalprogplan.2018.03.005>
- Lifshitz, C., Tsvieli, N., Bar-Kalifa, E., Abbott, C., Diamond, G. S., Kobak, R., & Diamond, G. M. (2021). Emotional processing in attachment-based family therapy for suicidal adolescents. *Psychotherapy Research, 31*(2), 267-279. <https://doi.org/10.1080/10503307.2020.1745315>
- Lindsey, M. A., Sheftall, A. H., Xiao, Y., & Joe, S. (2019). Trends of suicidal behaviors among high school students in the United States: 1999-2017. *Pediatrics, 144*(5), e20191187. <https://doi.org/10.1542/peds.2019-1187>

- Liu, R. T., Bettis, A. H., & Burke, T. A. (2020). Characterizing the phenomenology of passive suicidal ideation: A systematic review and meta-analysis of its prevalence, psychiatric comorbidity, correlates, and comparisons with active suicidal ideation. *Psychological Medicine*, *50*(3), 367-383.  
<https://doi.org/10.1017/S003329171900391X>
- Ma, H., Hu, J., Tian, J., Zhou, X., Li, H., Laws, M. T., Wesemann, L. D., Zhu, B., Chen, W., Ramos, R., Xia, J., & Shao, J. (2020). A single-center, retrospective study of COVID-19 features in children: A descriptive investigation. *BMC Medicine*, *18*(123), 1-11. <https://doi.org/10.1186/s12916-020-01596-9>
- MacLeod, A. (2019). Interpretative phenomenological analysis (IPA) as a tool for participatory research within critical autism studies: A systematic review. *Research in Autism Spectrum Disorders*, *64*, 49-62.  
<https://doi.org/10.1016/j.rasd.2019.04.005>
- Mann, J. J. (2021). Can knowledge of genetic and environmental causal factors of fatal and nonfatal suicidal behavior be translated into better prevention? *The American Journal of Psychiatry*, *178*(11), 994-997.  
<https://doi.org/10.1176/appi.ajp.2021.21090913>
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Methods for Qualitative Management Research in the Context of Social Systems Thinking*, *11*(3), 1-19. <https://doi.org/10.17169/fqs-11.3.1428>

- Mason, T. M., Tofthagen, C. S., & Buck, H. G. (2020). Complicated grief: Risk factors, protective factors, and interventions. *Journal of Social Work in End-of-Life & Palliative Care, 16*(2), 151-174. <https://doi.org/10.1080/15524256.2020.1745726>
- McCauley, E., Berk, M. S., Asarnow, J. R., Adrian, M., Cohen, J., Korslund, K., Avina, C., Hughes, J., Harned, J., Harned, M., Gallop, R., & Linehan, M. M. (2018). Efficacy of dialectical behavior therapy for adolescents at high risk for suicide: A randomized clinical trial. *JAMA Psychiatry, 75*(8), 777-785. <https://doi.org/10.1001/jamapsychiatry.2018.1109>
- McConnell-Henry, T., Chapman, Y., & Francis, K. (2009). Unpacking Heideggerian Phenomenology. *Southern Online Journal of Nursing Research, 9*(1), 7-15. <https://hdl.handle.net/10018/60917>
- McDonald, G., O'Brien, L., & Jackson, D. (2007). Guilt and shame: Experiences of parents of self-harming adolescents. *Journal of Child Health Care, 11*(4), 298-310. <https://doi.org/10.1177/1367493507082759>
- McGraw, J. S., Docherty, M., Chinn, J. R., & Mahoney, A. (2021). Family, faith, and suicidal thoughts and behaviors (STB) among LGBTQ youth in Utah. *Psychology of Sexual Orientation and Gender Diversity, 1-12*. <https://dx.doi.org/10.1037/sgd0000517>
- Mero-Jaffe, I. (2011). 'Is that what I said?' Interview transcript approval by participants: An aspect of ethics in qualitative research. *International Journal of Qualitative Methods, 10*(3), 231-247. <https://doi.org/10.1177/160940691101000304>

- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative Research: A guide to design and implementation* (4<sup>th</sup> ed.). Jossey-Bass: A Wiley Brand.
- Miller, A. B., & Prinstein, M. J. (2019). Adolescent suicide as a failure of acute stress-response systems. *Annual Review Clinical Psychology, 15*, 425-450.  
<https://doi.org/10.1146/annurev-clinpsy-050718-095625>
- Minton, C. A. B., & Pease-Carter, C. (2011). The status of crisis preparation in counselor education: A national study and content analysis. *Journal of Professional Counseling: Practice, Theory, & Research, 38*(2), 5-17.  
<https://doi.org/10.1080/15566382.2011.12033868>
- Munthe-Kaas, H., Nokleby, H., Lewin, S., & Glenton, C. (2020). The TRANSFER approach for assessing the transferability of systematic review findings. *BMC Medical Research Methodology, 20*(11), 1-22. <https://doi.org/10.1185/s12874-019-0834-5>
- Murphy, S. E., Capitaio, L. P., Giles, S. L. C., Cowen, P. J., Stringaris, A., & Harmer, C. J. (2021). The knowns and unknowns of SSRI treatment in young people with depression and anxiety: efficacy, predictors, and mechanisms of action. *The Lancet Psychiatry, 8*(9), 824-835. [https://doi.org/10.1016/S2215-0366\(21\)00154-1](https://doi.org/10.1016/S2215-0366(21)00154-1)
- Nguyen, H., Ahn, J., Belgrave, A., Lee, J., Cawelti, L., Kim, H. E., Prado, Y., Santagata, R., & Villavicencio, A. (2021). Establishing trustworthiness through algorithmic approaches to qualitative research. In: Ruis, A. R., Lee, S. B. (eds) *Advances in Qualitative Ethnography. ICQE 2021. Communications in Computer and*



Information Science, vol 1312, Springer, Cham. [https://doi.org/10.1007/978-3-030-67788-6\\_4](https://doi.org/10.1007/978-3-030-67788-6_4)

Nuttman-Shwartz, O., Shorer, S., & Dekel, R. (2019). Long-term grief and sharing courses among military widows who remarried. *Psychological Trauma: Theory, Research, Practice, and Policy*, *11*(8), 828-836.

<https://doi.org/10.1037/tra0000439>

Oud, M., Arntz, A., Hermens, M. L. M., Verhoef, R., & Kendall, T. (2018). Specialized psychotherapists for adults with borderline personality disorder: A systemic review and meta-analysis. *Australian & New Zealand Journal of Psychiatry*, *52*(10), 949-961. <https://doi.org/10.1177/0004867418791257>

Paun, O. & Cothran, F. (2018). Chronic grief management: A live-streaming video, group-based intervention for family caregivers of individuals with dementia in long-term care. *Journal of Psychosocial Nursing and Mental Health Services*, *57*(1), 17-24. <https://doi.org/10.3928/02793695-20180601-03>

Pelt, Y. V., Fokkema, P., de Roos, C., & de Jongh, A. (2021). Effectiveness of an intensive treatment programme combining prolonged exposure and EMDR therapy for adolescents suffering from severe post-traumatic stress disorder. *European Journal of Psychotraumatology*, *12*(1), 1-10.

<https://doi.org/10.1080/20008198.2021.1917876>

Pena, E., Borrue, C., Mata, M., Martinez-Castrillo, J. C., Alonso-Canovas, A., Chico, J. L., Lopez-Manzanares, L., Llanero, M., Herreros-Rodriguez, J., Esquivel, A., Maycas-Cepeda, T., & Ruiz-Huete, C. (2021). Impact of Safinamide on

depressive symptoms in Parkinson's Disease patients (SADness-PD study): A multicenter retrospective study. *Brain Sci*, 11(232), 1-11.

<https://doi.org/10.3390/brainsci11020232>

Peoples, K. (2021). *How to write a phenomenological dissertation: A step by step guide*. Sage Publications, Inc.

Pietkiewicz, I., & Smith, J. A. (2012). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, 18(2), 361-369.

<https://www.researchgate.net/file.PostFileLoader.html?id=53c8b90acf57d7ce4b8b45a2&assetKey=AS%3A273565755084817%401442234566451>

Pisarik, C. T., Rowell, P. C., & Thompson, L. K. (2017). A phenomenological study of career anxiety among college students. *The Career Development Quarterly*, 65(4), 339-352. <https://doi.org/10.1002/cdq.12112>

Pitman, A. (2018). Addressing suicide risk in partners and relatives bereaved by suicide. *British Journal of Psychiatry*, 212(4), 197-198.

<https://doi.org/10.1192/bjp.2017.46>

Pompili, M., & Goldblatt, M. J. (2012). Psychopharmacological treatment to reduce suicide risk. *Psychiatric Times*, 29(4), 23.

<https://www.psychiatrictimes.com/view/psychopharmacological-treatment-reduce-suicide-risk>.

Probst, S., Sechaud, L., Bobbink, P., Skinner, M. B., & Weller, C. D. (2020). The lived experience of recurrence prevention in patients with venous leg ulcers: An

- interpretative phenomenological study. *Journal of Tissue Viability*, 29(3), 176-179. <https://doi.org/10.1016/j.tv.2020.01.001>
- Racine, N., McArthur, B. A., Cooke, J. E., Elrich, R., Zhu, J., & Madigan, S. (2021). Global prevalence of Depressive and Anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. *JAMA Pediatrics*, 175(11), 1142-1150. <https://doi.org/10.1001/jamapediatrics.2021.2482>
- Rajalin, M., Wickholm-Pethrus, L., Hursti, T., & Jokinen, J. (2009). Dialectical behavior therapy-based skills training for family members of suicide attempters. *Archives of Suicide Research*, 13(3), 257-263. <https://doi.org/10.1080/13811110903044401>
- Rando, T. A. (1995). *DYING: Facing the Facts* (3<sup>rd</sup> ed.). (Ed. Wass, H. & Neimeyer, R. A.) Taylor & Francis.
- Rangarajan, V., Onkar, P. S., Kruiff, A. D., & Barron, D. (2022). A descriptive phenomenological approach to perception of affective quality in design inspiration. *Design Studies*, 78, 1-15. <https://doi.org/10.1016/j.destud.2021.101072>
- Reeves, K. W., Okereke, O. I., Qian, J., Tamimi, R. M., Eliassen, A. H., & Hankinson, S. E. (2018). Depression, antidepressant use, and breast cancer risk in pre- and postmenopausal women: A prospective cohort study. *Cancer Epidemiology Biomarkers & Prevention*, 27(3), 306-314. Doi: 10.1158/1055-9965.EPI-17-0707
- Reinhardt, M., Rice, K. G., Duran, B. S., & Kokonyei, G. (2022). A person-centered

approach to adolescent nonsuicidal self-injury: Predictors and correlates in a community sample. *Journal of Youth and Adolescence*, 51, 1760-1773.

<https://doi.org/10.1007/s10964-022-01628-y>

Reneau, C., & Eanes, B. J. (2022). The invisible pandemic of grief: Finding meaning in our collective pain. *Illness, Crisis, & Loss*, 30(3), 396-409.

<https://doi.org/10.1177/1054137320963888>

Rizk, M. M., Galfalvy, H., Singh, T., Keilp, J. G., Sublette, M. E., Oquendo, M. A., Mann, J. J., & Stanley, B. (2018). Toward subtyping of suicidality: Brief suicidal ideation is associated with greater stress response. *Journal of Affective Disorders*, 230(1), 87-92. <https://doi.org/10.1016/j.jad.2018.01.012>

Robson, P., & Walter, T. (2012). Hierarchies of loss: A critique of disenfranchised grief. *Omega: Journal of Death and Dying*, 66(2), 97-119.

<https://doi.org/10.2190/OM.66.2.a>

Roche, R., Youngblut, J. M., & Brooten, D. A. (2021). Parent and child perceptions of the child's health at 2, 4, 6, and 13 months after sibling intensive care or emergency department death. *Quantitative Research*, 33(10), 793-801.

<https://doi.org/10.1097/JXX.0000000000000429>

Rosa, F., Bagnasco, A., Ghirotto, L., Rocco, G., Catania, G., Aleo, G., Zanini, M., Dasso, N., Hayter, M., & Sasso, L. (2018). Experiences of older people following an acute exacerbation of chronic obstructive pulmonary disease: A phenomenological study. *Journal of Clinical Nursing*, 27(5-6), e1110-e1119.

<https://doi.org/10.1111/jocn.14189>

- Royden, L. J. (2021). Theoretical research: Forgotten but not gone: A heuristic literature review of sibling suicide bereavement. *Aotearoa New Zealand Social Work*, 33(2), 19-31.  
<https://search.informit.org/doi/abs/10.3316/informit.046129569271621>
- Sandelowski, M. (1993). Theory unmasked: The uses and guises of theory in qualitative research. *Research in Nursing & Health*, 16(3), 213-218.  
<https://doi.org/10.1002/nur.4770160308>
- Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child & Adolescent Health*, 2(3), 223-228.  
[https://doi.org/10.1016/S2352-4642\(18\)30022-1](https://doi.org/10.1016/S2352-4642(18)30022-1)
- Scharff, D. P., Matthews, K. J., Jackson, P., Hoffsuemmer, J., Martin, E., & Edwards, D. (2010). More than Tuskegee: Understanding mistrust about research participation. *Journal of Health Care Poor Underserved*, 21(3), 879-897.  
<https://doi.org/10.1353/hpu.0.0323>
- Schonfelder, A., Rath, D., Forkmann, T., Paashaus, L., Lucht, L., Teismann, T., Stengler, K., Juckel, G., & Glaesmer, H. (2021). Child abuse and suicidality in the context of the interpersonal psychological theory of suicide: A network analysis. *British Journal of Clinical Psychology*, 60(4), 425-442. <https://doi.org/10.1111/bjc.12293>
- Sear, R. (2021). The male breadwinner nuclear family is not the 'traditional' human family, and promotion of this myth may have adverse health consequences. *Royal Society*, 376(1827), 1-9. <https://doi.org/10.1098/rstb.2020.0020>

- Segal, H., & Knafo-Noam, A. (2021). "Side by side": Development of twin relationship dimensions from early to middle childhood and the role of zygosity and parenting. *Journal of Social and Personal Relationships*, 38(9), 2494-2524.  
<https://doi.org/10.1177/02654075211005857>
- Seidman, I. (2019). *Interviewing as qualitative research: A guide for researchers in education and the social sciences* (5th ed.). Teachers College Press.
- Shaw, R. M., Howe, J., Beezer, J., & Carr, T. (2019). Ethics and positionality in qualitative research with vulnerable and marginal groups. *Qualitative Research*, 20(3), 277-293. <https://doi.org/10.1177/1468794119841839>
- Sheen, K., & Slade, P. (2019). Grounded theory approach describes individual and external factors implicated in processing a work-related traumatic event in midwives and obstetricians. *Evidence-Based Nursing*, 22, 58-59.  
<http://dx.doi.org/10.1136/ebnurs-2018-103015>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75. <http://doi.org/10.3233/EFI-2004-22201>
- Sim, J., Saunders, B., Waterfield, J., & Kingstone, T. (2018). Can sample size in qualitative research be determined a priori? *International Journal of Social Research Methodology*, 21(5), 619-634.  
<https://doi.org/10.1080/13645579.2018.1454643>
- Singer, J., Roberts, K. E., McLean, E., Fadalia, C., Coats, T., Rogers, M., Wilson, M. K., Godwin, K., & Lichtenthal, W. G. (2022). An examination and proposed

definitions of family members' grief prior to the death of individuals with a life-limiting illness: A systematic review. *Palliative Medicine*, 36(4), 581-608.

<https://doi.org/10.1177/02692163221074540>

Singer, J., Spiegel, J. A., & Papa, A. (2020). Preloss grief in family members of COVID-19 patients: Recommendations for clinicians and researchers. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S90-S93.

<https://doi.org/10.1037/tra0000876>

Smith, J. A. (2019). Participants and researchers searching for meaning: Conceptual developments for interpretative phenomenological analysis. *Qualitative Research in Psychology*, 16(2), 166-181. <https://doi.org/10.1080/14780887.2018.1540648>

Smith, J. A., & Nizza, I. E. (2022). *Essentials of Interpretative Phenomenological Analysis*. American Psychological Association. <https://doi.org/10.1037/0000259-000>

Stephenson, M. E., Lonn, S. L., Salvatore, J. E., Sundquist, J., Kendler, K. S., Sundquist, K., & Edwards, A. C. (2021). Sibling alcohol use disorder is associated with increased risk for suicide attempt. *Clinical Psychological Science*, 10(2), 374-382.

<https://doi.org/10.1177/21677026211025041>

Stewart, H., Gapp, R., & Harwood, I. (2017). Exploring the alchemy of qualitative management research: Seeking trustworthiness, credibility, and rigor through crystallization. *The Qualitative Report*, 22(1), 1-19.

<https://eprints.soton.ac.uk/401432/1/TQR%2520RESUBMISSION%2520%2528a%2529%2520Stewart%2520Gapp%2520Harwood.pdf>

Stirbys, C. D. (2021). Potentializing wellness to overcome generational trauma.

*Grounded Theory Review*, 20(1), 58-74.

<https://web.b.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authType=crawler&jrnl=15561542&AN=152018886&h=DDXODfZ481clJFamcZhGbj1xhZaFKF7kZulqfyv0tU1Vx7HatxGQ84UXmho7VKsheVVgbGgrkgGWhwGWt8E35g%3d%3d&crl=c&resultNs=AdminWebAuth&resultLocal=ErrCrlNotAuth&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authType%3dcrawler%26jrnl%3d15561542%26AN%3d152018886>

Taylor, R. E., & Kuo, B. C. H. (2019). Black American psychological help-seeking intention: An integrated literature review with recommendations for clinical practice. *Journal of Psychotherapy Integration*, 29(4), 325-337.

<https://doi.org/10.1037/int0000131>

Theofanidis, D., & Fountouki, A. (2018). Limitations and delimitations in the research process. *Perioperative Nursing*, 7(3), 155-163.

<https://doi.org/10.5281/zenodo.2552022>

TranscriptionPuppy. (2022, June 19). *Services*.

[https://www.transcriptionpuppy.com/?gsearch&gclid=Cj0KCQjwkruVBhCHARIsACVliOzIOfh5Lq4itse1eKxQTGqww\\_ULAiY90OUR9Y9pr8U-ASSk2NwR2ssaAryLEALw\\_wcB](https://www.transcriptionpuppy.com/?gsearch&gclid=Cj0KCQjwkruVBhCHARIsACVliOzIOfh5Lq4itse1eKxQTGqww_ULAiY90OUR9Y9pr8U-ASSk2NwR2ssaAryLEALw_wcB)

Tunno, A. M., Inscoc, A. B., Goldston, D. B., & Asarnow, J. R. (2021). A trauma-informed approach to youth suicide prevention and intervention. *Evidence-Based*



*Practice in Child and Adolescent Mental Health*, 6(3), 316-327.

<https://doi.org/10.1080/23794925.2021.1923089>

Turner, S., Taillieu, T., Carleton, R. N., Sareen, J., & Afifi, T. O. (2018). Association between history of child abuse and suicidal ideation, plans and attempts among Canadian public safety personnel: A cross-sectional survey. *CMAJ Open*, 6(4), E463-E470. <https://doi.org/10.9778.cmajo.20170153>

Tyerman, E., Eccles, F. J. R., Gray, V., & Murray, C. D. (2019). Siblings' experiences of their relationship with a brother or sister with a pediatric acquired brain injury. *Disability and Rehabilitation*, 41(24), 2940-2948.

<https://doi.org/10.1080/09638288.2018.1482506>

Urban, J. B., & van Eeden-Moorefield, B. M. (2018). Establishing validity for qualitative studies. *Designing and proposing your research project* (pp. 119-127). American Psychological Association. <https://doi.org/10.1037/0000049-010>

U.S. Department of Health & Human Services. (2021, October 24) *Summary of the HIPAA Security Rule*. <https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>

Valliani, K., & Mughal, F. B. (2022). Human emotions during COVID-19: A lens through Kubler-Ross Grief theory. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(2), 247-249. <https://doi.org/10.1037/tra0001064>

Walden University. (2022, September 20). Walden University IRB Form C.

[https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdrive.google.com%2Fuc%3Fexport%3Ddownload%26id%3D1Pso\\_VUz3-](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdrive.google.com%2Fuc%3Fexport%3Ddownload%26id%3D1Pso_VUz3-)

LUVurePyzzl9ABO-

SgQYIKu&data=05%7C01%7Circb%40mail.waldenu.edu%7Ccb40dec3bed04123  
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DAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C  
%7C%7C&sdata=IvVYcssD5Q%2Bq182%2FkO49fuPIYqWh1vOXtQlspZ%2B  
qgM%3D&reserved=0

Wex Definitions Team. (2022, August 6). Legal age.

[https://www.law.cornell.edu/wex/legal\\_age](https://www.law.cornell.edu/wex/legal_age)

Williams, H. (2021). The meaning of “phenomenology”: Qualitative and philosophical phenomenological research methods. *The Qualitative Report*, 26(2), 366-385.

<https://doi.org/10.46743/2160-3715/2021.4587>

Wojtkowiak, J., Vanherf, N. C., & Schuhmann, C. M. (2019). Grief in a biography of losses: Meaning-making in hard drug users’ grief narratives on drug-related death. *Death Studies*, 43(2), 122-132. <https://doi.org/10.1080/07481187.2018.1456708>

Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (5<sup>th</sup> ed.). Springer Publishing Company.

Yu, Z., Xu, F., & Chen, D. (2021). Predictive value of modified early warning score (MEWS) and revised trauma score (RTS) for the short-term prognosis of emergency trauma patients: A retrospective study. *BMJ*, 11(3), 1-7.

<https://doi.org/10.1136/bmjopen-2020-041882>

- Zavlis, O., Butter, S., Bennett, K., Hartman, T. K., Hyland, P., Mason, L., McBride, O., Murphy, J. Gibson-Miller, J., Levita, L., Martinez, A. P., Shevlin, M., Stocks, T. V. A., Vallieres, F., & Bentall, R. P. (2021). How does the COVID-19 pandemic impact on population mental health? A network analysis of COVID influences on depression, anxiety and traumatic stress in the UK population. *Psychological Medicine*, 52(16), 3825-3833. <https://doi.org/10.1017/S0033291721000635>
- Zhai, Y., & Du, X. (2020). Loss and grief amidst COVID-19: A path to adaptation and resilience. *Brain, Behavior, and Immunity*, 87, 80-81. <https://doi.org/10.1016/j.bbi.2020.04.053>
- Zhao, S., Zhang, B., & Sun, X. (2021). A retrospective study of the effects of psychotropic drugs on Neuroendocrine Hormones in patients with bipolar disorder. *Neuropsychiatric Disease and Treatment*, 17, 1543-1550. <https://doi.org/10.214/NDT.S306458>
- Zorgo, S., Swiecki, Z., & Ruis, A. R. (2021). Exploring the effects of segmentation on semi-structured interview data with epistemic network analysis. *Communications in Computer and Information Science*, 1312, 78-90. [https://doi.org/10.1007/978-3-030-67788-6\\_6](https://doi.org/10.1007/978-3-030-67788-6_6)

## Appendix A: Consent

You are invited to take part in a research study about exploring childhood experiences of growing up with a suicidal sibling. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study seeks 6-20 volunteers who are:

- Individuals over 18,
- Individuals who speak English,
- Individuals who grew up with a suicidal sibling and the suicidal sibling has not been suicidal for at least two years from the date of the interview

This study is being conducted by a researcher named Barbara Maulding, who is a doctoral student at Walden University.

**Study Purpose:**

The purpose of this study is to explore childhood experiences of growing up with a suicidal sibling.

**Procedures:**

This study will involve you completing the following steps:

- I am requesting that you fill out a pre questionnaire, which will take about 5 minutes to complete, to ensure that you meet the criteria to be included in this study
- I am requesting that you permit me to interview you twice, once for the initial (which will take approximately 60 minutes) and a follow up interview for clarification and reflection (which will take approximately 60 minutes).
- I plan on recording the interview, using a recording device.

Here are some sample questions:

- a. Tell me a little bit about your history and your background
- b. Please tell me about your family dynamics?
- c. How would you describe the experience of living with a sibling who demonstrated suicidal behavior as an adolescent?
- d. Please describe any specific support systems did you have at the time?

**Voluntary Nature of the Study:**

Research should only be done with those who freely volunteer, so everyone involved will respect your decision to join or not.

If you decide to join the study now, you can still change your mind later. You may stop at any time. Please note that not all volunteers will be contacted to take part.

**Risks and Benefits of Being in the Study:**

Being in this study could involve some risk of the psychological discomfort that may be considered stressful. This is due to the interviewing process requesting you to reflect on a previous experience that you may find distressing. I am asking participants to recall past experiences, some of which could have been traumatic. It can be stressful, if not distressing, to recall such events. Participation in this study is completely voluntary and you may withdraw from the study at any time. Some of the overall benefits to the study

include identification of risks and possible core issues with regard to a population that has yet to be studied. Further information will help improve overall mental health services in the future for this specific population. Here are some resources that you may find useful:

Insight Timer (App)

<http://solacetemple.wordpress.com/tag/self-care-during-grief/>

<http://www.griefwatch.com/self-care>

<http://www.opentohope.com/grief-and-self-care1/>

If you are in need of immediate assistance, you are welcome to contact your local crisis center. The main line for crisis in the Kane County, Illinois area is: 847-697-2380. This study offers no direct benefits to individual volunteers. Once the analysis is complete, the researcher will share the overall results by emailing you a link to a summary.

Payment:

As a thank you for participating in this study, you will be eligible for a \$25.00 Amazon gift card which will be sent out via email.

Privacy:

The researcher is required to protect your privacy. Your identity will be kept confidential, within the limits of the law. The researcher is only allowed to share your identity or contact information as needed with Walden University supervisors (who are also required to protect your privacy) or with authorities if court ordered (very rare). The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. If the researcher were to share this dataset with another researcher in the future, the dataset would contain no identifiers so this would not involve another round of obtaining informed consent. Data will be kept secure through password protection, use of codes to protect participant identity, names and coding sheets will be kept stored separately from each other (on separate drives). Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You can ask questions of the researcher by email at [barbara.maulding@waldenu.edu](mailto:barbara.maulding@waldenu.edu). If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 612-312-1210. Walden University's approval number for this study is 01-19-23-0326206. It expires on January 18, 2024.

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

Obtaining Your Consent

If you feel you understand the study and wish to volunteer, please complete the qualifying questionnaire listed below. If you qualify for this study, you may be asked to participate in research for a doctoral study and may be contacted to set up a time and date for the interviews. Thank you for your interest and your time. Best regards.

Contact Information:

Barbara Maulding



### Appendix B: Letter of Intention

The following will be sent to the family units, requesting participation:

I hope this note finds you well.

My name is Barbara Maulding, LCPC, and I am in the Walden Ph.D. program. As part of my coursework, I'm conducting qualitative interpretative phenomenological research to explore the childhood experience of growing up with a suicidal sibling. I am seeking individuals 18 and older who are willing to participate in the study. Would you be interested in assisting?

You would need to complete an Informed Consent statement (which will be provided to you prior to the interview which will need to be signed electronically); and allowing me to interview you twice. The whole process should take no more than 2 hours of your time. As a thank you for participating in this study, you will be eligible for a \$25.00 Amazon gift card.

Please let me know if you would like to participate. In order to complete this process in a timely manner, we will need to begin this process by \_\_\_\_\_, and finish the interviewing process by \_\_\_\_\_.

You can contact me by phone (999-999-9999) or e-mail [barbara.maulding@waldenu.edu](mailto:barbara.maulding@waldenu.edu) if you have any questions.

Best regards-

Barbara Maulding, LCPC, NCC

Walden University Doctoral Student

## Appendix C: Interviewing Guide

Because this is a semi-structured interview, I may not ask every specific question below but I plan to review all topics.

Say to participant: “The purpose of this interview is to explore your childhood experience of growing up with a sibling who experienced a non-fatal suicide attempt. I also want to explore how that experience may have (or may not have) influenced your life in general.”

I will ask the following questions when appropriate, making sure to cover each topic:

### **Historical**

Tell me a little bit about your history and your background

Please tell me about your family dynamics?

How would you describe the experience of living with a sibling who demonstrated suicidal behavior as an adolescent?

Please describe any specific support systems did you have at the time?

### **Current**

What is your relationship like with your sibling now?

How is your perspective of your current life as a result of having experienced this growing up?

What are your current family dynamics like now?

### **Reflection**

As you have talked about your experience with me, are there any thoughts that have occurred to you or that you would like to expand upon?



If you have children, tell me about how having that experience with your sibling has impacted (or not influenced) your experience as a parent?

What have I not asked that you feel is important for me to know and to understand?

Contact Information:

Barbara Maulding

[REDACTED]

[REDACTED]

#### Appendix D: Qualifying Questionnaire for Survey Monkey

By completing this questionnaire, you are consenting to participate in the interpretative phenomenological analysis study of exploring the childhood experience of growing up with a suicidal sibling. Participation is voluntary. In order to identify if you are appropriate for the interpretative phenomenological study that I am completing as part of my doctoral program, I am requesting that you complete the following information:

Name:

Phone Number:

Email:

Are you able to speak and understand English? Yes/No

Was one of your siblings suicidal growing up? Yes/No

Is your sibling still alive? Yes/No

Is your sibling over the age of 18? Yes/No

Are you over the age of 18? Yes/No

Are you a parent? Yes/No

Age:

Ethnicity:

Gender Identity:

Marital Status:

Thank you for your interest and your time. Your answers will be reviewed and if you meet the criteria for the study, you may be asked to participate in research for a doctoral study. Best regards.

Contact Information:

Barbara Maulding

[REDACTED]

[REDACTED]

### Appendix E: Debriefing Handout

Thank you so much for your participation. I really appreciate it! As possibly stressful or hard topics are talked about, they can bring up strong emotions, such as anxiety, depression, anger, and other stress responses.

If you are not experiencing an emergency, I encourage you to contact your current counselor to debrief on the emotions as they arise. You are welcome to contact me if you have any concerns or questions regarding your participation in the study. If you do not currently have a counselor, you may contact your insurance company to find an appropriate provider that is in network.

Other resources that may be useful for you include increasing self-care practices. Some self-care practices include art, journaling, exercise, discussions with friends and family, listening to music, or participating in mindfulness or meditation.

Here are some additional self-care resources that you may find useful:

Insight Timer (App)

<http://solacetemple.wordpress.com/tag/self-care-during-grief/>

<http://www.griefwatch.com/self-care>

<http://www.opentohope.com/grief-and-self-care1/>

If you are in need of immediate assistance, you are welcome to contact your local crisis center. The main line for crisis in the Kane County, Illinois area is: 847-697-2380

## Appendix F: Flyer



## Childhood Experiences of Growing Up with a Suicidal Sibling

Are you:

\*18 or older

\*When you were under the age of 18, experienced your sibling participating in suicidal behaviors without fatalities?

If so, you are invited to participate in a study conducted by

Barbara Maulding, LCPC

Doctoral Student, Walden University

Upon completion of the study, participants will receive a \$25.00 gift card to Amazon.com

For more information contact:

Barbara Maulding

[Barbara.maulding@waldenu.edu](mailto:Barbara.maulding@waldenu.edu)

Walden University's approval number for this study is 01-19-23-0326206 and it expires on January 18, 2024

## Appendix G: Eligibility Email

Dear Participant,

My name is Barbara Maulding and I am a doctoral student at Walden University. Thank you so much for the opportunity to interview you regarding your childhood experience of growing up with a suicidal sibling. Just a couple of things that you should know before we get started. The interviews will be conducted via doxy and should take no more than two hours between the two interviews. Please send an email to the above email address to schedule the first interview. When you schedule the interview, you will be provided with a doxy link. If for any reason, you would like to reschedule or you are having technical difficulties, please send an email to [barbara.maulding@waldenu.edu](mailto:barbara.maulding@waldenu.edu). Upon completion of the interviewing process, you will be given a debriefing handout and will be asked to provide an email address where you would like the \$25.00 Amazon gift card to be sent. Again, I appreciate your participation and look forward to hearing your story. All the best!

Barbara Maulding, LCPC