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The Lived Experiences of Those bereaved By Suicide

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Abstract

The Lived Experiences of those Bereaved-by-Suicide:

A Qualitative Study

By

Vincent Shumpert Kinsey

M.Ed. Northern Arizona University, 1997

BS. Arizona State University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

This study sought to explore the lived experience of the bereaved-by-suicide and to provide a detailed description of their experience with the loss of a loved one. The study participants were 12 bereaved-by-suicide individuals between the ages of 21 and 65 who had experienced the loss of a loved one by suicide two or more years before the interviews. The research question was made up of three parts, "How do the bereaved-by-suicide describe their grief in personal, practical, and existential terms?" The theoretical framework for the study was derived from Neimeyer's meaning reconstruction theory. Data were collected via individual interview and coded according to the themes acquired from the study participants. The primary themes of grief that emerged from their narratives included the following: (a) the initial shock, (b) episodes of anger, (c) feeling a sense of loss, (d) living in a world of grief, (e) inability to trust and the resulting isolation, (f) thoughts on life after death, (g) preparing to say good-bye, and (h) building stronger relationships. The research confirmed the overwhelming effect of suicide on those bereaved; their daily lives were disrupted, and there was a higher risk of mental instability even two or more years after the suicide. The broader implications of these findings pertain to developing strategies to increase social awareness about the grief experienced by the bereaved-by-suicide, despite the person's efforts to appear strong and hide their grief and fears. The results of this study may add to the current research and can contribute to bringing about social change in development of prevention programs, enhancements in bereavement training, support group development, and in how the bereaved-by-suicide are viewed.

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Dedication

I would like to dedicate this research study to my mother, Mary Frances, my father, William, my brothers Carl, Marcus, Nathan, Brian, and Ronald and my sisters Karen, Priscilla, and Judy. In addition, I dedicate the research to my children Andre, Corey, Yannick, Kaya, Raphael, Vincent, Santonio, Shamir, Shaolin, and Makai. It is my belief that in life you can achieve whatever your heart desires if you are committed, determined, and have the perseverance to go the distance.

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Chapter 1: Introduction to the Study

Suicide is a human tragedy as well as a frequently explored psychological construct. Typically, suicide is a self-inflicted death accomplished by violent means. It is usually unexpected by the victim's family and associates who are commonly referred to in the literature as suicide survivors (Oulanova, Moodley, & Seguin, 2014). Although the terms *suicide survivor*, *bereaved-by-suicide*, and the *forgotten ones* are widely used in the United States to describe individuals left behind to grieve, the term *bereaved-by-suicide* is more widely used internationally and therefore was used throughout this research project (Cerel, Maple, Aldrich, & Van de Venne, 2013). A death by suicide occurs every 14.2 minutes in America (Cerel et al., 2013), and according to data, those who commit suicide are from every race, culture, religion, and economic status (Mitchell, Kim, Prigerson, & Stephens, 2005). When a person dies due to suicide, there are no precise data to determine how many other people are affected by the event. If the immediate family were the only ones left to grieve, there might be only a few mourning the death of a loved one (Bartik, Maple, Edwards, & Kiernan, 2013). Berman, Jobes, and Silverman (2006) reported that the number of individuals intimately and directly affected by the suicide death of a loved one, friend, or relative could be as many as 45 to 80 individuals. That estimation depends on kinship relationships that include family members, extended family, friends, workers, and classmates. This study may fill the gap in the literature concerning grief and its effect on the lived experience of the bereaved-by-suicide two years post-suicide, including their resilience, if any, and ability to overcome the physical and emotional scars of bereavement. Suicide bereavement has both a social and a cultural context in which the bereaved experience a sense of change or transformation that results from their loss. As a result,

the bereaved may become prone to commit suicide (Oulanova et al., 2014). The act of suicide is considered to be a social issue because of the stigma attached to this specific event. The bereaved may sense the loved one's presence, and although some bereaved individuals find this comforting, such a response is not uniformly the case. Society blames the bereaved for the suicide; this perpetuated belief impacts the social reactions of the bereaved-by-suicide, and they become isolated within their own world (J. Jordan, 2008). The positive social change implications of this study include knowledge that can be useful to clinicians, psychologists, educators, program developers, and other researchers who are searching for direction in their attempt to improve on the treatment offered to the bereaved-by-suicide. The inferences for positive social change include a better understanding of bereavement, its influence on the lived experience of the bereaved, the potential to minimize the stigma of suicide, and the opportunity for the bereaved to have a voice.

Background

A review of the literature supports the need for further inquiry into the psychological impact of the loss of a loved one due to suicide and the lived experience of individuals bereaved-by-suicide. J. Jordan (2008) provided an overview of the research on the effects of suicide, as well as the symptoms displayed by suicide survivors. According to the researcher, survivors of suicide experience immeasurable remorse that transforms into complicated grief. This form of grief impacts the world of the bereaved individual, and daily rituals become frustrating and prolonged. Cerel, Jordan, and Duberstein (2008) explored the impact of suicide on the family and on social networks and felt more research should be conducted to further the understanding of how to help the bereaved-by-suicide. Begley and Quayle (2007) explored the lived

experience of adults who are bereaved-by-suicide and discovered few studies have reported on how the bereaved describe their lived experience in the aftermath of a family suicide. According to Cerel et al. (2013), the bereaved person fosters a sense of secrecy regarding the cause of death to limit the negative impact of suicide. The researchers stated that there are few definitive characteristics to describe the behaviors of those who are bereaved-by-suicide or how suicide affects their lived experiences. During this researcher's survey of the literature, no studies were found to have evaluated the likelihood that the suicide of a loved one might still have an enormous impact on the bereaved individual two years post-suicide. There is a gap in the research literature regarding the lived experience of the bereaved-by-suicide two years post-suicide and their day-to-day experiences with grief in personal, practical, and existential terms. This researcher's goal was to address the gap in the literature from a qualitative perspective by interviewing the bereaved-by-suicide and assessing their live experience with suicide bereavement.

Problem Statement

According to the current literature, bereavement following a suicide is different from experiencing the death of a loved one as a result of other causes. For example, when a person dies because of a prolonged physical illness, family and friends may have the opportunity to be at the person's bedside in a show of support. Cerel et al. (2013) noted that as in deaths from illness or accident, family members grieve differently, and their actions influence each other. Family members and friends may display signs of psychological or physiological changes, and their grief usually diminishes within a reasonable timeframe. The researchers stated that the bereaved tend to regain their ability to keep to daily routines as their grief begins to decrease.

However, in the aftermath of suicide, the dynamics of the family are forever changed. When a death occurs due to suicide, the tone of family communications and quality of previous relationships may become strained, and problems in family functioning may become apparent. Bereavement may challenge individuals' beliefs about themselves, thereby upsetting the very foundation that supports and sustains them. The stigma of suicide varies and continues to manifest as a significant source of distress that can be overtly and/or covertly conveyed through nonverbal cues based on social norms (Cerel et al., 2013). Family members may become accusatorial and experience periods of unexplained guilt, in addition to displaying episodes of chronic instability.

The bereaved may undergo social withdrawal and blame each other for the death, and this impacts the cohesiveness of the family's social network. Such a societal change occurs more in individuals who are bereaved-by-suicide when compared to other types of losses (Cerel et al., 2013). The bereaved may hide the death from family members or individuals outside the immediate family. This secrecy may lead to a significant source of dysfunction within the family and might have a long-term impact on the psychological development of family members. Neimeyer (2001) and Cvinar (2005) are among the researchers who investigated the responses of those who were bereaved-by-suicide. Neimeyer suggested that in the early period of mourning, sense-making predicts adjustment to the loss, and benefit-finding plays an essential role as time progresses. Cvinar theorized that society is culturally ill-prepared to respond adequately to the emotional and social needs of this type of survivor. The researcher also hypothesized that the bereaved-by-suicide experience an array of difficulties such as excessive guilt, shock, depression, psychomotor retardation, and physical disturbances. In addition to these problems,

the bereaved individual may suffer chest pains, changes in socialization, and intermittent agonizing pain over why the death occurred. Cvinar discussed three distinct effects that may alter this type of grief, (a) the impact of suicide on family systems, (b) the social processes relative to the survivor, and (c) the severe manifestation of grief itself. A significant push toward understanding the bereaved-by-suicide population two years post-loss as well as a more in-depth study of their needs is necessary to extend the current knowledge base and to develop targeted strategies and prevention practices. Implications from this research may shape new approaches that were never considered conceptualized or incompletely conceptualized in prior research.

Purpose of the Study

The intent of this research study was to describe the lived experience of the bereaved-by-suicide who have experienced a loved one's death two-year's post-loss. This study investigated the emotional and behavioral adjustment of the bereaved and their perceptions of the loss. By using qualitative methods, the researcher extensively assessed the bereaved-by-suicide personal patterns of impairment (Ghesquiere, 2014) to reveal why certain individuals bereaved-by-suicide are more resilient than others. In a review of the literature on suicide, the pain of grief is different for each person; no one person grieves the same (Ghesquiere, 2014). The perceptions of the bereaved two years after the suicide may provide a deeper understanding of the impact of bereavement and the formulation of complicated grief within the context of the bereaved lived experience.

Research Questions

Angela and Dransart (2016) argued that using a quantitative approach as a means of gathering and analyzing data relative to suicide bereavement is inadequate. Instead, a qualitative

approach based on phenomenological research and in-depth interviews can provide reliable, comprehensive, meaningful rich data. The review of existing literature on grief, loss, and the lived experience of the bereaved-by-suicide were essential to the development of the following research questions.

RQ1: How do the bereaved-by-suicide describe their grief in personal terms?

RQ2: How do the bereaved-by-suicide describe their grief in practical terms?

RQ3: How do the bereaved-by-suicide describe their grief in existential terms?

Theoretical Framework

A death by suicide is one of life's most difficult, intense, and traumatic experiences. The fluctuating course of grief must be understood, or it can become an overwhelming factor in the life of the bereaved-by-suicide. Neimeyer's (2001) theory of the reconstruction model of meaning provided the theoretical framework that guided this dissertation study and provided insight into the processes of sense-making and benefit-finding. The interaction between sense-making and benefit finding and the ongoing attachment to the deceased suggest that strong continuing bonds predict higher levels of traumatic separation distress, especially when the bereaved-by-suicide are unable to make sense of their loss in personal, practical, or existential terms (Neimeyer, Baldwin, & Gillies, 2006). The objective of this research study was to determine if unique characteristics are found to be similar among those who are bereaved-by-suicide. The unique features of interest may encompass an inquiry into how the bereaved-by-suicide manage their day-to-day activities and events, how they handle previous and new relationships, and whether they seek a higher power existentially to lessen the impact of their loss.

Nature of the Study

This qualitative study was conducted using an interpretative phenomenological approach so that the participants' specific statements, experiences, and the universal essence of the human experience could be uncovered. The interpretative phenomenology method of interviewing as both a philosophy and practice allowed for a better understanding of the meaning of grief as the bereaved themselves perceive it (Douglas, 2004). In personal terms, grief is not something that people are typically willing to discuss. At some point in human life, all individuals must deal with the challenges that come with the loss of a loved one. When the loss is due to a suicide, there is more of a personal connection. The shock of it can render a person heartbroken and in a daze. The hardest part of life for the bereaved is finding order within the individual's personal tragedy. At times, grief may feel overwhelming; it can trigger a prolonged process of despair, and reorganization as the bereaved attempts to adapt to the loss. In practical terms, there lies the idea that bereaved individuals may prefer to grieve at their own pace, and when the time permits, they will move forward sporadically seeking strength and closure. However, for some who are bereaved, the thought of moving in any direction may be problematic due to their level of grief and dismay. The bereaved may feel devastated and blame themselves for past and present dilemmas that occurred prior to the loss of their loved one. Thus, moving forward is not an option, and, isolation, depression and suicidal ideations may pose a threat to the existence of the bereaved. Also, the offers of consolation from others that are meant to do no harm may trigger points of sorrow that reopen remembrances of unexplained disagreements one may have shared with their lost loved one, and that perpetuates the grief experience. Grief can come in many different forms—sadness, crying, paranoia, periods of isolation, excessive sleeping, and displays

of inappropriate behavior that are detrimental to the life of the bereaved. This research study sought to compare themes that are relevant to the bereaved-by-suicide since every person grieves differently. From an existential point of view, the bereaved may become religiously preoccupied with the loss of his or her loved one to the point of seeking daily religious guidance and creating excessive memorials that include continued bonding with their God. They may replace their grief with doing God's work in the name of their loved one. These assumptions may not be common for all who are bereaved-by-suicide, for there lies a difference in how each individual mourns, and this research study may not clarify each variation. The current literature suggests the bereaved-by-suicide are at a higher risk for severe adverse health outcomes including post-traumatic stress disorder, guilt, anger, depression, and arrhythmias (Denhup, 2017). If health professionals and others who work with bereaved individuals are to provide optimal care following the suicide death of a loved one, a deep understanding of the phenomenon of bereavement is vital. One objective of this research study was to uncover the different ways in which the bereaved experience, conceptualize, realize, and understand various aspects of their world (Douglas, 2004).

Definition of Terms

Benefit-finding. This term refers to the significance of the loss and the bereaved person's ability to uncover a silver lining in the personal or social consequences of their failures (Currier, Holland, & Neimeyer, 2007).

Bereavement. Bereavement refers to all the physiological, psychological, behavioral, and social response patterns displayed by an individual following the loss of a significant person, or thing usually through death (Cvinar, 2005).

Bracketing. The process of bracketing consciously and actively strips away prior experiential knowledge and personal bias, so as not to influence the description of the phenomenon at hand (Wojnar & Swanson, 2007).

Continued bonds. Continued bonds focus on the frequency with which the bereaved person reports an ongoing engagement with memories and images of the deceased months and years later and the healthy function of maintaining this attachment (Neimeyer et al., 2006).

Complicated grief. A type of grief that causes distress and impacts functioning in several domains is referred to as complicated grief (J. Jordan, 2008).

Descriptive phenomenology. Descriptive phenomenology is the study of a phenomenon and (described through a narrative form) how it is experienced (Wojnar & Swanson, 2007).

Grief. Also referred to as bereavement, grief is a reaction to the loss of a loved that is manifested in a variety of feelings and behaviors (Powell & Matthys, 2013).

Phenomenology. The focus of phenomenology is one of accurately describing an experience thematically in a systematic way to comprehend the phenomenon, contextualize the experience, and clarify the phenomenon (Wojnar & Swanson, 2007).

Reconstructing process. This process involves weaving together the remaining fragments of one's assumptive world to recreate an existence that has a purpose, meaning, and some semblance of predictability and order (Holland, Currier, & Neimeyer, 2006).

Sense-making. The comprehensibility of the loss or the bereaved capacity to find some explanation for the experience framed in philosophical or spiritual terms is referred to as sense-making (Holland et al., 2006).

Theoretical framework. A theoretical framework serves as a guide to systematically identify logical, precisely defined relationships among variables (Holland et al., 2006).

Assumptions

The suicidal death of a loved one can be excruciating and can have a significant impact emotionally on the bereaved and their lived experiences depending on their relationship with one another. The loss due to suicide may create a bottomless void in which the bereaved struggle to assimilate. The bereaved may conceal their loss and their responses to it and not receive the support needed to become emotionally healthy (Angela & Dransart, 2016). In the study of phenomenology, there is the belief that through the narratives of the bereaved their feelings, thoughts, and actions may be uncovered from a first-person point of view (Wojnar & Swanson, 2007). This method of inquiry, according to the researchers, may prove useful in discovering aspects of a phenomenon not conceptualized or incompletely conceptualized in prior research. According to Wojnar and Swanson, phenomenology allows the researcher and participants to come to the investigation with a limited understanding of their respective backgrounds and foster an understanding of the phenomenon throughout the process of collaboration. Researchers can creatively apply explorative methods such as detailed phenomenological and ethnographic research to capture in-depth interviews and personal narratives. The consideration is that if the researcher has a solid understanding of the phenomenological perspective and the philosophical viewpoints that guide phenomenological research, the significance of this study will be transparent.

Scope and Delimitations

This study centered on the lived experiences of the bereaved-by-suicide two-year post-suicide. The researcher examined the impact of the loss of a loved one to suicide, the emotional adjustment, perceptions of impairment, and spiritual effects experienced by the bereaved two years after the death. The boundaries of the study were specific to the bereaved individuals' experiences two years post-suicide rather than soon after the initial occurrence. Initially, when a suicide occurs, the bereaved may experience shock, emotional turmoil, anger, guilt, depression, sleep disturbances, and changes in socialization (Mitchell et al., 2005). Alongside these complications, bereaved individuals' reactions may involve a set of core symptoms such as yearning and longing for the loved ones and periods of disbelief as to why their loved one decided to die by his or her own hand. Mitchell et al. stated that for the family members or loved ones left behind, the suffering and the wondering why may remain for the rest of their lives. According to the literature, the pain of bereavement is greater two years post-suicide than initially, and the bereaved is unlikely to find a resolution to lessen their pain (Mitchell et al., 2005). This study did not investigate whether or not the deceased had experienced prior attempts at suicide or had mental health issues. The specific focus of this study was on the bereaved individuals' lived experiences two years post-suicide in order to explore the meaning of their experiences.

Limitations

The study was completed with a sample size of 12 participants. This may not be considered an appropriate sample size or a true representation of a certain population. However, researchers suggest that qualitative sample sizes of 10 may be adequate for sampling among a

homogenous population (Boddy, 2016). Also, the phenomenological researcher must understand the concept of studying how people experience a particular phenomenon and the philosophical perspectives behind the approach (Wojnar & Swanson, 2007). Given this assertion, males and females grieve in different ways, and there is a commonality associated with their lived experience; however, the bereaved may not feel comfortable discussing their loss. The interviewer must be cognizant of the responses of the participants; they may feel guilty about the loss of their loved one and find fault within themselves feeling they could have done more to prevent the death (Wright, 2016). The bereaved may experience issues due to a lack of support from friends who avoided them after the suicide. This avoidance from prior friends may lead to feelings of isolation and create a lack of meaningful contact with the researcher during the interview process (Wojnar & Swanson, 2007). The researcher must be able to abandon his or her own lived reality and perceive the world of the bereaved-by-suicide. The researcher must also be able to unravel the structure, define it, and analyze it in a non-biased manner as he or she avoids the chance of skewing the data and any interpretation based on personal experience (Wojnar & Swanson, 2007).

Significance

A qualitative phenomenology research design was selected for this study because the researcher's focus was to provide an extensive description of the lived experience of the bereaved-by-suicide and to support the investigation of a minimally studied area. J. Jordan (2008) provided an overview of the research on the impact of suicide, as well as on the symptoms displayed by suicide survivors, the relationship between suicide and complicated grief, and possible interventions. Cerel et al. (2008) explored the impact of suicide on family

and social networks and stated that more research needs to be done to gain further understanding into how to help the bereaved and prevent further suicides. Neimeyer et al. (2006) explored the relationship between bereaved adults and the experience of continued bonding with the deceased. In addition, the researchers delved into how the bereaved attached meaning or significance to their loss and their report of complicated grief. The life of the individual bereaved-by-suicide is mainly private, and it is impossible to see with any form of certainty what feelings populate the individual's heart and mind. This dissertation was centered on factors in the literature about suicide and the bereaved individuals' life experiences, social adjustment, and their grief from a personal, practical, or existential perspective two years after their loss.

Implications for Social Change

The results of this research study may add to the body of scholarly research on bereavement and complicated grief. For a moment, consider the significance of information regarding the feelings of the bereaved-by-suicide and the social context of their pain. The individual who is bereaved by suicide may be able to positively alter negative patterns of psychological and physiological reactivity that influence bereavement. The results of this study may support positive social change aimed at broadening the understanding of behaviors that positively influence the reduction of the negative effects of bereavement. This study may offer meaningful research that is relevant to lessening the social stigma associated with suicide in ways such as helping the bereaved understand the link between sense-making and benefit-finding and the circumstances surrounding their loss. Essentially, findings from the research may generate hope and well-being that may reduce movement toward stressful pathways and equip the bereaved individual with the capacity to choose potentially good paths to mitigate

neurobehavioral stressors. Positive social change implications include knowledge useful for educators, psychologists, program developers, counselors, mental health clinicians, psychiatrists, and social workers who are searching for direction in improving the treatment provided to the bereaved-by-suicide. This direction is essential to the pursuit of positive social change in the ways society views the bereaved-by-suicide; further, professionals may be given new insight as they develop effective suicide-specific measurement tools.

Summary

Suicide can be an overwhelming experience for those left behind. Unfortunately, there is limited research on the lived experiences of the bereaved-by-suicide, and this is an avenue for further inquiry. Suicide disturbs the very core of a person's belief system, and when combined with feelings of personal responsibility and guilt, can increase the negative emotions felt by the bereaved. Those who are bereaved-by-suicide may be unable to move beyond their grief and become fixed in the grieving process; this fixation complicates every aspect of their well-being. There is a need for further research into the lived experiences of the bereaved-by-suicide; an understanding of their mindset is essential to their treatment. Chapter 2, the literature review, examines, in detail, the effects of bereavement, complicated grief, and the impact of pain on the lived experiences of the bereaved-by-suicide. Chapter 3 explains the research design, setting, the sample used for the study, and data analysis procedures. Chapter 4 provides the results from the data and information collected for the study. Chapter 5 presents a summary of the findings of the study, conclusions, and recommendations for future research drawn from the results.

Chapter 2: Literature Review

In 2011, the World Health Organization estimated that one million people die by suicide yearly, and it is one of the three leading causes of death across most age groups (Young et al., 2012); however, due to the stigma of suicide, many deaths from suicide went unreported. As a result, this number may undoubtedly be higher. According to Powell and Matthys (2013), nearly 200,000 family members are left to grieve each year. Furthermore, it is estimated that at some point in their lives, 85% of all people will know someone personally who has completed suicide (Young et al., 2012). The correct number of people affected by the suicide death of an individual is unclear when first responders, coworkers, healthcare providers, and acquaintances are included in this number of individuals. Although not everyone exposed to suicide may be acutely affected by the death, those most closely related to the deceased are the most adversely affected (Young et al., 2012). The hesitancy of researchers to ask the bereaved to take part in research studies limits the knowledge that could be acquired, and as a result, the act of suicide is harder to explain and understand (Powell & Matthys, 2013). This leaves a plethora of unanswered questions regarding suicide and its impact on those who are bereaved due to a suicide (Powell & Matthys, 2013). There is a gap in the research that centers on a correlation of the lived experiences of the bereaved-by-suicide, and how their grief influences their lives two years post-suicide. The differences in their behavior and emotional stressors are not significantly addressed in the current research (Begley & Quayle, 2007). This research study explored the lived experiences of the bereaved-by-suicide and answers the research questions:

RQ1: How do the bereaved-by-suicide describe their grief in personal terms?

RQ 2: How do the bereaved-by-suicide describe their grief in practical terms?

RQ 3: How do the bereaved-by-suicide describe their grief in existential terms?

There is no universally accepted perspective on the phenomenon of grief or bereavement (Douglas, 2004). Recent grief and bereavement literature offers very little consistent predictors on the impact of bereavement or the grief response. However, a more intense level of the grief response is evident when there is a lack of social support (Supiano, 2012). According to Begley and Quayle (2007), the death of a loved one due to suicide is viewed as one of the most stressful life events. There is a period after the act itself when the bereaved individual is unable to communicate his or her feelings and may even question that the death has occurred. One significant variable in predicting the intensity of grief or bereavement is the closeness to the deceased. RQ1 asked, "How do the bereaved describe their grief in personal terms?" The bereaved have reported increased levels of stress, reduced coping capacity, and prolonged grief symptoms that continued beyond the death of their loved one. Thus, the experience of coping with post-loss is not linear or predictable. Suicide is a human tragedy and is known to affect some individuals for a long period of time with a variety of psychological and social difficulties (Bartik et al., 2013).

To better understand the effect of suicide grief during this transitional period, one aim of this research study was to respond to RQ2, "How do the bereaved describe their grief in practical terms?" The method of questioning employs descriptive structural questioning and the novel use of imaginative variation to explore the bereaved experience. This method is considered valuable in identifying differences between predetermine reactions and responses to the death of a loved one and bereavement. Several studies that have explored the relationship between religion and bereavement indicated a positive association; however, these studies did not focus mainly on

suicide (Anderson, Marwit, Vandenberg, & Chibnall, 2005; Houck, 2004; J. Jordan, 2001). Feelings of guilt and fear may paralyze the bereaved, and their religious beliefs related to meaning and creation may be tested if their religious beliefs facilitate the support of an ongoing relationship with the departed (Vandercreek & Mottram, 2009). The initial challenge in the analysis of religion and suicide bereavement is to first clarify RQ3, "How do the bereaved describe their grief in existential terms?" This study brought the lived experiences of the bereaved individual into focus to explore the phenomenon more extensively and to examine how the bereaved handle their daily routines, social contacts, and resolve their grief in personal, practical, and existential terms.

Literature Search Strategy

Information about suicide was acquired for this study by conducting an EBSCO search of the most common psychology databases, including PsycINFO and Sage Journals databases. The search produced over 67,234 references to books and articles. An EBSCO search used the following keywords: *lived experience, death, stages of grief, survivors, bereavement, complicated grief,* and *mourning*. This search produced 39,824 results associated with different themes relative to the lived experience of bereaved individuals. The topics ranged from facing terminal illnesses to the lived experiences of battered females and refugees. This researcher found no literature relative to an examination of the effects of suicide on the lived experiences of the bereaved-by-suicide two years post-suicide. The information obtained from PsycINFO was scarce; however, with the use of essential words (i.e., *suicide, survivor,* and *grief*), valid data were gathered that could be used to formulate the study. This researcher was concerned with grief and its impact on the lived experiences of the bereaved-by-suicide two years after their loss.

Neimeyer's (2001) theory of meaning reconstruction for interpreting the lived experience of the bereaved-by-suicide guided the study.

Theoretical Framework

Neimeyer (2001) theorized that meaning reconstruction in the first two years of mourning consisted of three core elements: sense-making, benefit-finding, and identity reconstruction. The core elements of Neimeyer's theory are essential to answering the research questions. The first component of Neimeyer's theory is making sense of what has occurred in personal terms. The shock of the suicide leaves the bereaved in dismay; they feel lost and numb. The bereaved are aware that a death has occurred, and their aim may be to find a motive for the death that can provide them a semblance of understanding that may lessen the impact of their immediate grief. During this period, a careful assessment of the emotional and behavioral impressions is significant to the bereaved.

The second component of the Neimeyer's theory is about benefit-finding; the bereaved individual seeks to identify the benefits of grief and adjustment to the loss of a loved one. It is at this point that perceptions of the grief and its cognitive effects may become apparent in practical terms if the emotional and behavioral outcomes are clearly understood.

The third component of Neimeyer's theory is identity reconstruction. After experiencing the loss, the bereaved individual comes to realize the necessity of moving forward. He or she may seek a spiritually oriented understanding to bring about a clearer sense of self and how the bereaved individual's world will continue without the presence of the deceased loved one. There is no exact right or wrong way to grieve, and there is no accurate representation of the grieving process; each individual grieves differently. Bereavement often challenges people's beliefs

about themselves and their world, and this can influence the very foundation that sustains and supports them (Holland et al., 2006). Thus, healing from the loss of a loved one to suicide can be seen as a reconstructive process that involves weaving together the fragile remaining fragments of one's assumptions of the world in personal, practical, and spiritual or existential terms in order to recreate an existence that has a purpose, meaning, and an appearance of certainty and symmetry (Holland et al., 2006). Neimeyer's theory of meaning reconstruction may be helpful in explaining the lived experiences of the bereaved-by-suicide and their day-to-day actions, interactions with others, and their belief in reshaping their identity spiritually or in existential terms expressed through narrative.

Review of the Research

Phenomenological Research Examples

The researcher found several examples of phenomenological research with elements that correlated with the grief experience of the bereaved-by-suicide. These included the research by Douglas (2004), Swanson-Kauffman (1986), and Wojnar and Swanson (2007). The aim of Douglas's investigation was to describe the bereavement experience of adults whose relative had died by suicide and to explore the challenges faced in coping after the loved one's death. The study was conducted based on the phenomenological method of interviewing bereaved individuals for a description of their lived experiences of loss. The research sample size consisted of 12 individuals who responded to a newspaper advertisement. The inclusionary criteria stipulated that the participants must be (a) 18 years old or older, (b) at least three months post-loss, and (c) has never had psychotropic medications prescribed. The final sample included eight females and four males ranging in age from 32 to 65 years old. The elapsed time since the

death of their loved one ranged from three to 19 months. The interviewer conducted all the interviews in the privacy of the interviewer's office, and the interviews were free from distractions and interruptions (Douglas, 2004). Data analysis occurred as recommended by Colaizzi (1978) with an initial process of developing clusters of themes from each transcript. Sample characteristics identified in the study verified a pattern of instability in the emotions of the bereaved. The findings uncovered 116 significant statements regarding loss which were combined and summarized to comprise a total of 64 significant statements regarding loss. These included such statements as (a) "I felt alone and devastated;" (b) "It hurts all the time; this ache is always here;" (c) "I am empty and very angry;" and (d) "I really do not want to go on living." The final aspect of the interview explored the interviewees' views of life, society, and their perceptions of life since the death of their loved one; three themes were found.

The first theme focused on controlling the impact of the suicide. Once the participants discovered their loved one had committed suicide, the family closed ranks to outsiders and did not freely communicate within the family. Family members felt stressed and found it difficult to cope with everyday life in response to the emotional reality of the loss. Some engaged in self-harming behaviors. Others chose to go outside the family bonds and sought out professional support (Douglas, 2004).

The second theme noted in the study described how participants tried to make sense of their loss. They ruminated about the pre-death demeanor of the deceased and the events that led to the act of suicide. Douglas (2004) noted the persistent need that participants discussed—a desire to match the deliberateness of the death to what they believed about themselves, their world, and their loved one. They tried to integrate the experience of suicide into their schemas

about life and how the death fitted into what they knew about the cause of suicide. Participants searched for a trigger or an event that had caused the loved one to take their life, even if the loved one had a mental illness. Making sense of the suicide was a complex adjustment and not necessarily undertaken in a linear fashion.

The third theme Douglas (2004) reflected on concerned the participant's personal experiences and how the suicide death of their loved one had changed their lives. This change appeared to be positive and resulted in a sense of purposefulness. Participants reported finding meaning in life after the death of their loved one by turning to outward means to help others who were vulnerable rather than seeking solace through inward philosophical thinking. Their purposefulness was associated with a continuing attachment to the deceased in the absence of their physical presence by maintaining a mental bond with the loved one. The results of the study allowed the bereaved to communicate the after-effects of their loss and the uniqueness of their lived experience. The questions were broad and open-ended, and each participant was given sufficient opportunity to express viewpoints. The strength of this study was derived from the basic approach of descriptive phenomenology that is considered central to the interpretive paradigm and understanding the phenomena as experienced through narrative. The dissertation research study differed from Douglas's investigation due to the time elapsed since the suicide death occurred. The grief or bereavement response resulting from the death of a loved one two-year post-loss may possibly include a wide range of psychological and physiological responses that decrease cognitive functioning, decrease problem-solving ability and increase negative health outcomes. Although attitudes toward suicide have changed throughout history, the effects of loss have not and do not follow a predictable course. This researcher's purpose was to bring to

the forefront the impact of loss on the bereaved-by-suicide two-year post-loss, in addition to addressing the gaps in the literature by describing the meanings and qualities of the bereaved-by-suicide lived experience of loss in personal, practical, and existential terms through narratives.

In an older phenomenological study, Swanson-Kauffman (1986) wanted to investigate the grief experiences of females who miscarried. There had been no previous studies that the author could find on how females experienced early pregnancy loss, the author had never miscarried, and she had limited experience caring for females who had miscarried. The researcher wanted to bring this frequently hidden phenomenon to light with the goal of exploring and potentially developing supportive interventions to help females to heal after such loss. Her goal was to at the heart of the females' common experiences of miscarriage and recovery. It was necessary for Swanson-Kauffman to talk to females and gather different accounts; her second research dealt with what females went through when they miscarried, what supported their healing process, and what responses and actions of others they felt were caring and helpful. Gaining insight into this descriptive phenomenology was an appropriate approach to gather this information through narrative. Once the data were collected, the researcher developed supportive interventions to help females heal after loss.

In a related study, Wojnar and Swanson (2007) researched what it was like for lesbian mothers or social mothers (also known as co-mothers) to experience miscarriage. There was no published literature on lesbian mothers' experience with unexpected early pregnancy loss. The researchers had never miscarried, although they were familiar with heterosexual experiences of miscarriage from a clinical and research experience. Wojnar and Swanson's knowledge regarding lesbian health and the childbearing experience was very limited. Therefore, driven by

curiosity and a desire to fill a gap in clinical knowledge with the ultimate goal of developing a clinical intervention, one of the researchers' questions asked what it was like for lesbian birth mothers or social mothers who experienced miscarriage. Descriptive phenomenology was the appropriate approach to bring this hidden phenomenon to light through narrative. The researchers developed a clinical intervention that promoted healing. As demonstrated by the studies presented in this section, when the researcher's aim is to describe the universal essences of a phenomenon with the goal of developing interventions that promote healing in clinical practice, descriptive phenomenology is an appropriate approach.

The impact of suicide on the lived experiences of the bereaved-by-suicide remains essentially understudied. The need for a rigorous study of the consciousness of the bereaved lived experience is imperative. To interpret the bereaved individuals' private experiences and the ultimate expression of their grief two-years post-loss, the researcher wanted to determine the following information: (a) how the bereaved-by-suicide describe their grief in personal terms, (b) how the bereaved-by-suicide describe their grief in practical terms, and (c) how the bereaved-by-suicide describe their grief in spiritual or existential terms. The primary goal of this research study was to develop interventions that promote healing from the ongoing process of grief or bereavement for those who are bereaved-by-suicide. This research study used descriptive phenomenology as an approach to assess the participants' common themes as they experienced their grief experiences.

Complicated Grief

There is a universal human belief that grief can lead to predictable distressing symptoms that often interrupt a person's ability to perform daily tasks (Cerel et al., 2008). Neimeyer's

(2001) theory suggested that individuals experience grief differently, and this is a common theme throughout the literature. The loss of a loved one disrupts the very fabric of personal meanings by which individuals order their life experiences. Although the research on complicated grief is mixed, data suggest the likelihood that complicated grief is higher among those bereaved-by-suicide (Cerel et al., 2008). Mitchell, Kim, Bullian, and Chiappetta (2009) reported a 43% rate of complicated grief among a study of 60 participants (mostly females) who were grieving the death of a loved one due to suicide. The researchers indicated the bereaved who were more closely related to the deceased experienced higher rates of complicated grief—as much as twice the rate of relatives, friends, and coworkers. According to Mitchell et al., the effects of complicated grief symptoms begin to appear six months following the loss.

Effect of complicated grief. Although evidence-based treatments to address complicated grief are notable, the literature is lacking when it comes to examining the impact of complicated grief on the bereaved-by-suicide two-year post-suicide (Ghesquiere, 2014). Complicated grief is often labeled as unresolved, prolonged, or traumatic grief and with the onset of complicated grief, the bereaved individual is unable to move forward. In order to better understand the inability of a bereaved individual to move forward, it was appropriate for the dissertation researcher to ask RQ1, "How do the bereaved-by-suicide describe their grief in personal terms?" This question would serve to identify the variables present in the relationship between the bereaved and the deceased, their life experiences, personalities, and circumstances, as well as their culture and religion. Such information is essential to understanding the needs of the bereaved. The capacity of the bereaved-by-suicide to fully and deeply find meaning from the event led to an analysis of RQ2 in this dissertation, "How do the bereaved-by-suicide described

their grief in practical terms?" The grief-stricken family and friends may question the purpose and meaning of life, and others can never fully comprehend the experience or the reason for suicide. In relation to suicide and grief, an individual may find himself or herself exploring religious beliefs in various dimensions including religious assumptions and practices.

To better understand the effect of grief and its impact on religion, the researcher asked RQ3, "How do the bereaved-by-suicide describe their grief in existential terms?" A. Jordan and Litz (2014) conducted an exhaustive meta-analysis of 61 grief treatment trials and found that regardless of the demographics of the target population, grief therapies failed to show any lasting benefit for normative grief reactions. The research suggested that the loss of a loved one to suicide causes suffering and intense anguish among the bereaved. The researchers hypothesized that the effects of complicated grief are more debilitating and prevalent than what research studies suggest.

This dissertation research study may answer qualitatively how the bereaved live their lives day-to-day socially and foster personal relationships that are positive in temperament. It was also important for the bereaved to maintain a level of calmness spiritually while conscientiously pursuing a way to reinvent identity. One aim of the study was to make sure the interview questions were broad and open-ended, so the participants had sufficient opportunities to express and clarify the modality of their grief and their desire to maintain a bond with the deceased.

Grief in Personal Relationship Terms

The second area of investigation in this research was related to the personal relationship that the bereaved had with the loved one who died by suicide; the research was conducted to

support and develop this concept. The role of maintaining bonds during the grieving process has attracted increased attention, especially from behavioral scientists such as Sveen and Walby (2008), Currier, Irish, Neimeyer, and Foster (2015), and Maple, Edwards, Minichiello, and Plummer (2013). Sveen and Walby argued that continuing bonds could be either maladaptive or adaptive for bereaved individuals, depending on the effect the continuing bond had on them; their coping strategies either contributed toward overcoming or enhancing complicated grief. Maple et al. considered that continuing bonds with the deceased help the bereaved retain access to the comforting memories of the dead. This continued bond with the deceased can also facilitate the cultivation of an abstract identification and communion with the values of the deceased. Furthermore, continuing bonds can also result in a sense that the presence of the deceased loved one is near, and this can be either internalized or externalized (Currier et al., 2015). Internalized relationships are evident in cases in which bereaved individuals rely on their interpersonal association with the deceased to form a secure base from which they can promote their autonomy and acceptance of the loss and post-loss reality. Externalized continuing bonds, in contrast, entail an expression of the deceased person's presence, which might be an indicator of a complicated grieving process or even a disruption to the attachment the individual had before the death occurred (Currier et al., 2015). This dissertation research study gave the bereaved-by-suicide a voice through narrative to answer RQ1: "How do the bereaved-by-suicide describe their grief in personal terms?"

Currier et al. (2015) tested a moderate model on continuing bonds, complicated grief, and attachment following the violent loss of a loved one due to suicide or homicide. The study consisted of 195 participants drawn from a large university in the mid-south. The participants

were young adults with an average age of 21, and each had experienced grief due to the loss of a loved one to suicide, homicide, or accident within the past two years. The researchers measured the participants' attachment-related insecurities including their ongoing bonding to the deceased. The study used the Experiences in Close Relationships-relationship Structure (ECR-RS) questionnaire to assess the attachment-related insecurities faced by the bereaved. The ECR-RS questionnaire consisted of 10 items on a self-report for assessing both avoidance and attachment anxiety. The Inventory of Complicated Grief Revised scale (ICG-R) was used to assess the severity of complicated grief. The ICG-R is a self-report scale questionnaire containing 31 declarative statements concerning one's level of grief in response to loss. Prior to the study, Currier et al. asserted there is a growing consensus that general attachment, security, and ongoing connectedness of the bereaved with the deceased contribute prominently toward healing. The researcher concluded that continuing bonds are linked concurrently with increased complicated grief symptomatology. In addition, insecurities resulting from avoidance affected the adaptiveness of the survivor's ongoing attachment to the deceased and in his or her ability to accept the reality of losing a loved one. The appropriateness of encouraging continuing bonds as a means of coping with complicated grief may be ineffective depending on the level of avoidance and attachment the survivor had with the deceased, according to Currier et al. The research had several shortcomings that suggest the need for further studies on coping with complicated grief in suicide survivors. First, since the focus was on participants who were young college students, it is unproven whether these findings would apply to older adults. The study also failed to elaborate on the various attachment patterns of the bereaved-by-suicide. Although the study used questionnaires to arrive at their conclusions, the survivors' descriptions

of their underlying need for continued bonding with the deceased did not define the issue. Currier et al. suggested that depending on the magnitude of the continued bonding a survivor has with the deceased, there may be conflicting consequences that might eclipse specific dimensions of grief. Therefore, allowing the bereaved the opportunity to express themselves through narrative may be beneficial. Therefore, a question during the participant interviews dealt with the day-to-day lives of the bereaved; RQ2 asked, "How do the bereaved-by-suicide describe their grief in practical terms?" This researcher wanted to determine the conflicting consequences experienced by those who are bereaved-by-suicide. In some cases, continuing bonds can entail the pursuit of life goals in honor of the deceased or possibly continuance of the legacy of the dead. The findings of this study may contribute to the growing literature on continuing bonds and attachment following the loss of a loved one to suicide.

Religion

Historically, people have turned to religious beliefs and practices during periods of mourning as a way of coping with their loss, and religion is equally relevant in present times for the bereaved, primarily since it addresses matters that are very close to the heart and cultural and societal norms (Vandercreek & Mottram, 2009). This dissertation research may bring the phenomenon of religion to light through the narrative of the participant response to RQ3, "How do the bereaved describe their grief in existential terms?" Numerous studies have explored the relationship between grief and religion in various dimensions of mourning, including intrapersonal religious assumptions, practices, and beliefs. Several studies that explored the relationship between religion and bereavement (although without mainly focusing on suicide) indicated a positive association (Anderson et al., 2005; Houck, 2004; A. Jordan, 2001).

According to current literature, religious beliefs diversely relate to meaning and creation, since they facilitate the support of an ongoing relationship with the departed (Vandercreek & Mottram, 2009). Also, religious beliefs enhance attributions of responsibility and hope for the future, and it is that hope that is essential to understanding the bereaved-by-suicide. Vandercreek and Mottram opined that religion has been found particularly helpful to parents coping with the death of a child or a friend.

Benore and Park (2004) examined the role of religious beliefs and used a stress-coping and meaning-making model to establish a theory regarding the purpose of death-specific religious beliefs. Their observations suggested that afterlife perceptions are integral to most religions such as acceptance into heaven, the resurrection of the body, and survival of a person's soul after death. Such beliefs constitute a significant element of a meaning system that individuals initiate following the death of a loved one. Several theories have emerged that suggest that the feelings of the bereaved may decrease anxiety following a death, increase spiritual well-being, or improve their recovery from grief during bereavement (A. Jordan, 2001).

Afterlife beliefs. Houck (2004) explored the role of afterlife beliefs of those faced with the death of a loved one by various causes including suicide. The researcher suggested that an individual who had a strong faith in an afterlife experienced enhanced recovery from grief, irrespective of the cause of death. The religion practiced by the participant who was managing grief seemed to significantly influence the process of coping in those who were bereaved-by-suicide, although results from most studies found during the literature review were preliminary. Anderson et al. (2005) indicated the bereaved-by-suicide who had enhanced levels of spiritual development described a decreased level of stress and increased levels of adaptability as

compared to those individuals with low spiritual development. In contrast, the effects of coping based on the religious beliefs of the bereaved-by-suicide can be especially affected if the individual is concerned with whether the event is a punishment from God. An exploratory study by Vandercreek and Mottram (2009) sought to investigate the religious lives of those faced with the suicide death of a loved one; the researchers wanted to determine whether religion helped the participants in coping with their loss. The study collected narratives from a sample of 10 females who were bereaved-by-suicide, and the participants were from suicide support groups in a state characterized by high rates of suicide. Vandercreek and Mottram explored the experiences and religious lives of those affected by death through three significant dimensions. The first dimension involved the personal religion of the bereaved who was coping with grief. The second dimension entailed the role of religious support from friends and family, and the third dimension involved the purpose of the established religious communities (Vandercreek & Mottram, 2009). A qualitative descriptive approach and ten themes were identified to describe how religion functioned in the lives of the bereaved. These themes included the afterlife fate of the deceased, the effect of religious beliefs, the spiritual dimension, emotional contributions of the bereaved to distant relationships, and support from relatives and friends. Other themes included in-depth, long-term spiritual support, assistance from the religious congregants, the funeral service, and clergy ministry (Vandercreek & Mottram, 2009). A majority of the respondents (eight of the 10) acknowledged their belief in an afterlife and shared that it played a role in their bereavement process. The bereaved also reported their views as having grown stronger as a result of the death and believed their loved one's suicide was a tool that God could use to produce better outcomes. Thus, these survivors used religion as an essential meaning-

making framework in the process of coping with their grief (Park, 2005). The Christian survivors in the study reported their clergy were most helpful immediately after the suicide, and the congregation offered their support for a period. Overall, religion seemed to play a vital role in facilitating the process of coping with grief after the loss of a loved one to suicide. There were several shortcomings in the study by Vandercreek and Mottram, as well as in other scientific and theoretical literature about the influence of religion during bereavement. In some religions, there is the belief that suicide is murder and is considered a sin; this belief can make the grieving worse. Although most of the research suggested that faith contributed significantly toward coping with grief, most studies focused on other causes of death rather than mainly focusing on suicide. The concept of religion in Vandercreek and Mottram's research was also ambiguous since the study included only females; thus, the results were representative of only half the population. The study also raised multiple questions such as whether the process of moving through the stages of grief from a religious paradigm was acceptable. Overall, the study on the effects of religion on coping with bereavement and complicated grief due to suicide raised more questions than answers.

Conclusion and Recommendations

The bereaved-by-suicide are faced with more significant challenges to cope with their pain than those who suffer a loved one's death because of other factors (Mitchell et al., 2004). These challenges result from the experience of guilt, shame, and the stigma associated with death due to suicide. There are various approaches and strategies the bereaved may undertake to enhance their ability to cope, especially if the experience of complicated grief is detrimental to the person's ability to live. The bereaved-by-suicide will not successfully advance through the

grief process unless they are able to accept the reality of their loss. Therefore, giving the bereaved-by-suicide a voice through narrative may help to answer the three dissertation research questions: (a) "How do the bereaved-by-suicide describe their grief in personal terms," (b) "How do the bereaved-by-suicide describe their grief in practical terms?" and (c) "How do the bereaved-by-suicide describe their grief in existential terms?" Depending on the characteristics of bereaved individuals, the strategies they embrace may either help or hinder them in overcoming complicated grief and adapting to their own personal pain. The dissertation researcher examined this phenomenon from the narratives of the bereaved-by-suicide by asking how they made sense of their loss, what benefit was derived from their experience with loss, and how the bereaved reorganized their identity and lifeworld. Evidence from the literature review indicated that death by suicide may constitute a very catastrophic form of loss for those who are bereaved. Thus, further studies are needed to identify effective interventions capable of helping those grieving the loss of a loved one. Empirically supported analysis of what the bereaved-by-suicide experience two years post-loss may facilitate the development of more efficient and compassionate support resources and coping interventions.

Summary

Chapter 2 presented the literature search, theoretical framework, and review of the research. Chapter 3 explains the methodology of the proposal and how data were analyzed. The research design and role of the researcher are defined. The rationale for the research questions and participants' selection, including ethical considerations are addressed. Chapter 4 provides the results from the data analysis and information collected for the study. Chapter 5 presents a

summary of the findings of the study, conclusions, and recommendations for future research drawn from the results.

Chapter 3: Research Method

The purpose of this research study was to examine bereavement and the lived experiences of the bereaved-by-suicide two years post-loss using interpretive phenomenology and qualitative analysis. Bereavement is associated with grief for many, and extreme cognitive and physical health consequences for some (Stroebe, Stroebe, & Schut, 2003). Qualitative methods allowed for a more extensive assessment of the bereaved-by-suicide experience and their sense of change (Wojnar & Swanson, 2007). This researcher's goal was to investigate how the bereaved-by-suicide actively attempted to make sense of their loss, found benefit from the experience, and reconstructed their identities. Neimeyer's (2001) theory of meaning reconstruction set the theoretical foundation for this study. The literature review in Chapter 2 discussed the theoretical framework, phenomenology review of the research, phenomenological research examples, and grief, complicated grief, effects of complicated grief, continuing bonds, attachment, religion, and afterlife beliefs. This chapter addresses the following: (a) the research design and approach, (b) the role of the researcher, (c) the methodology employed, (d) an analysis of the data, (e) the ethical procedures required, (f) the protection of the participants, and (g) the debriefing of the participants.

Research Design and Rationale

The following research questions were employed during the interviews to determine the many experiences of the bereaved participants:

RQ1: How do the bereaved-by-suicide describe their grief in personal terms?
1. Tell me about your reactions to the loss of your loved one.
2. Tell me how much sense would you say you made of your loss.
3. How would you describe the impact of grief on you, personally?

RQ2: How do the bereaved-by-suicide describe their grief in practical terms?
1. How did people react to you after the suicide?

2. How would you describe your process of living and grieving?
3. Have you been able to find any benefit from your loss?

RQ3: How do the bereaved-by-suicide describe their grief in existential terms?

1. How would describe your faith in life after death?
2. How did you prepare yourself to say goodbye to your loved one?
3. How would you describe your perceived growth as you moved on in the grief process to create a different lifeworld?

A phenomenological research design was selected for this study to provide an extensive description of the lived experience of the bereaved-by-suicide and to support the investigation of a minimally studied area. The phenomenological approach was well suited for gaining insight into the phenomenon of bereavement post-suicide and added to the current body of knowledge. Qualitative studies differ from quantitative studies in that the latter employ surveys and questionnaires to gather statistical data (Creswell, 2003). A quantitative approach would be inappropriate for this study due to its method of data collection. The choice of data collection methods depends on the goals and priorities of the research project; in qualitative research, an effective collection method is the in-depth interview (Stroebe et al., 2003). The dissertation research relied on detailed narratives of individuals concerning their self-perceived psychological, physical, and social distress. The participants had experienced this phenomenon for a considerable length of time after exposure to the loss of a loved one to suicide. There is scant research concerning the needs of the bereaved-by-suicide two years post-loss, how they perceive their needs, and how these perceptions may vary individually (Dyregrov, 2002).

Role of the Researcher

This researcher chose the phenomenological method to identify and describe the meaning and characteristics of each person's lived experience of suicide two years post-loss. Moustakas (1994), the founder of phenomenology, theorized that research should consider the wholeness of

the experience and view behavior as an integrated and inseparable relationship with a phenomenon the individual experienced. This study allowed participants to express their lived experiences of losing a loved one to suicide and what they might have in common with others who had experienced the phenomenon. The participants were asked to respond verbally to opened-ended questions including "Do you avoid thoughts, feelings, or conversations associated with the loss?" and "Do you experience marked loneliness and experience an unwelcome sense that life is meaningless?" The live experiences as described by the participants captured their personal experiences and provided a universal description of the phenomenon. The researcher was aware of potential bias in the collection of the data; to avoid bias, the distinct components of interpretative phenomenology were used, based on the Heideggerian belief of analyzing narrative text; Diekelman, Allen, and Tanner (1989) devised a step-by-step process that involved seven steps:

1. Read the interviews to get an overall understanding;
2. Compose interpretive summaries and coding for emerging themes;
3. Analyze transcripts as a group to identify themes;
4. Review the text or return to the participants to clarify disagreements in interpretation and writing a composite analysis for each text;
5. Compare and contrast texts to identify and describe shared commonalities and meanings;
6. Identify patterns that link the themes; and
7. Elicit responses and suggestions from others who are familiar with the content or the methods of interpretive phenomenology.

If procedural methods appeared to be problematic, a qualitative researcher makes the needed adjustments; tolerating ambiguity allows the researcher to become a more sensitive observer, analyst, and communicator. To build trust between the researcher and participant, the

researcher must demonstrate empathy, employ active listening, and build rapport; these actions are essential to both parties. This phenomenological researcher transcribed, analyzed, arranged, and organized all data according to the specific themes.

Methodology

This dissertation research was conducted in a southwestern state. The search for participants who had lost a loved one two years post-suicide was accomplished through social media, community outreach organizations, and word of mouth. Interviews were conducted using a structured interview method of inquiry lasting from 60 to 90 minutes and consisted of a series of opened-ended questions. The objective was to interview between six and 12 individuals within an age range of 21 to 65. Research suggests that a sample size of nine interviews is sufficient for capturing all of the dimensions of thematic codes and possible themes prior to determining if code saturation has occurred (Hennink, Kaiser, & Marconi, 2017). The concept of theoretical saturation was developed by Glaser and Strauss (1967) as part of their grounded theory approach to qualitative research (Hennink et al., 2017). In grounded theory, the term *theoretical saturation* refers to a point in data collection where no additional data or insights have emerged, and all relevant categories have been identified, explored, and or exhausted. This signifies that the relevant categories are saturated, and the emerging themes and or theories are comprehensive and credible (Hennink et al., 2017).

When this researcher began his investigation, he did not have a prior threshold to determine code saturation without analyzing the data. However, according to researchers, there is the possibility that some codes reach meaningful saturation by interview nine or sooner and many of the essential elements may be present between interview one and six (Hennink et al.,

2017). Corresponding to the current viewpoint on saturation, Boddy (2016) posited that data saturation as a guide to sample size is the idea that once saturation is reached, the results must be capable of some degree of generalization. His research was one of a few studies that investigated actual theoretical saturation. Boddy suggested that a single sample case study can provide reliable indications for the direction in which future research can go and can also provide a new deep and meaningful understanding of previously unexplored phenomena. The researcher referred to the discovery of penicillin as an example of a single case study of great importance. According to Boddy, Fleming noticed an accidental case of mold growing as a contaminant on the jelly in one of his Petri dishes. The mold appeared to have an effect on the surrounding growth of bacteria. He called the mold penicillin and published his findings in 1929; it was so successful and generally applicable that it did not undergo random trials before it was made available to humans. Penicillin was celebrated as being one of the greatest breakthroughs in modern medicine (Boddy, 2016).

In a single market or a relatively homogeneous population, any qualitative sample size at or over 12 focus groups, or more than 30 in-depth interviews, could be considered too large and would require justification, according to Boddy. The issue of what constitutes an appropriate sample size in qualitative research is answerable in the context of the scientific paradigm of the research being conducted (Boddy, 2016). Consistent with this viewpoint, actual theoretical data saturation can be found to occur at six in-depth interviews and evident at 12 in-depth interviews (Boddy, 2016). Also, in constructivist or in-depth qualitative research, a single case example can prove to be highly instructive (as in the example of the discovery of penicillin). The dissertation

researcher focused each interview on the core of the following research questions that aimed to bring together the perspectives of the bereaved participants' lived experience:

RQ1: "How do the bereaved-by-suicide describe their grief in personal terms?"

RQ2: "How do the bereaved-by-suicide describe their grief in practical terms?"

RQ3: "How do the bereaved-by-suicide describe their grief in existential terms?"

Inclusionary Criteria

The participants in the dissertation research were required to meet the inclusionary criteria that stipulated the following: (a) they must be a minimum of 21 years of age or older, (b) it has been two years since the loss of their loved one, (c) they are not receiving psychotropic medications, and (d) the participant has had no previous suicide attempts. All volunteers indicated with a "Yes" or "No" response if they were genuinely comfortable discussing their experiences associated with the loss of their loved one. All of the individuals participating in the study were required to review and sign Appendix A, the informed consent that explained the research risk, the benefits, and confidentiality. Once the participants reviewed Appendix B, which outlined their demographic information, they were assigned a number for identification. The participants who consented to take part in the study were made aware that they could withdraw or discontinue their involvement at any time. The participants' interviews were audiotaped in a private and comfortable area that was free from distractions and interruptions. The overall goal was to have the participants feel relaxed and unhurried as they shared how the loss of their loved one affected their lived experience. The interview questions are outlined in Appendix C.

For this study, interpretative phenomenological analysis was employed to explore the lived experiences of each participant during the audiotaped interviews. The participants were asked open-ended questions to elicit more information and help clarify ambiguous or incomplete responses. Dyregrov (2002) opined that there is an entire healing process that needs to be explored, and the situation as experienced by the bereaved-by-suicide requires further study. Scant research has examined the natural coping efforts used by those who are bereaved-by-suicide or that has identified specific problems or needs of the bereaved two-year post-suicide. Since death by suicide is a societal issue, there is a need to build on preliminary findings and to provide a solid foundation for evidenced-based interventions for those who are bereaved-by-suicide (Troister, D'Agata, & Holden, 2015). Bracketing was implemented by this researcher to diminish the presence of bias; this allowed the researcher to accurately gather data related to the participants' experiences without personal bias. Epoché, the phenomenological attitude, takes nothing for granted; the personal beliefs and opinions of the researcher are suspended throughout the interview. Therefore, the researcher uses the process of contextualizing what the participants describe in the form of a narrative to reconstruct their experience and to explain events, actions, and activities. The implication here is that a single question is inadequate when it comes to presenting the many aspects experienced; the researcher must be prepared to ask more questions that will allow the participant to be descriptive. In an effort to gain insight into the participants' lived experience, the interviewer must develop a method of inquiry that is likely to be unstructured, uncertain, and unexpected. This process decreases bias and allows for the clarification of data from multiple sources. To avoid bias, the interviewer must also develop a capacity to recognize when practical methods are not always transparent; he or she must

demonstrate empathy, active listening, build rapport, and purposefully build trust between the interviewer and participant (Cerel et al., 2008).

Analysis

Relative parts of the interview transcript were analyzed using the interpretative phenomenological method of analysis to answer the following:

RQ1: How do the bereaved-by-suicide describe their grief in personal terms?
1. Tell me about your reaction to the loss of your loved one.
2. Tell me how much sense would you say you made of your loss.
3. How would you describe the impact of grief on you, personally?

RQ2: How do the bereaved-by-suicide describe their grief in practical terms?
1. How did people react to you after the suicide?
2. How would you describe your process of living and grieving?
3. Have you been able to find any benefit from your loss?

RQ3: How do the bereaved-by-suicide describe their grief in existential terms?
1. How would you describe your faith in life after death?
2. How did you prepare yourself to say goodbye to your loved one?
3. How would you describe your perceived growth; moving on, creating a different lifeworld?

To get a sense of the participants' views of their lived experiences, once the interviews were recorded, conducted, and transcribed, the transcripts were read by the interviewer. From the transcribed interviews, phrases or sentences directly about the phenomena under investigation were assessed. This process would help discover patterns from the participants' lived experiences. The themes that appeared to dominate the responses of the participants were stated as simply as possible in more professional language, from specific to general categories. The units of meaning were synthesized, resulting in a structure of the perceived motivations of the bereaved. To organize, analyze, and explore insights that arose in unstructured or qualitative data, the researcher used Nvivo-11, which supports qualitative and mixed methods research. It is designed to be used in the collection of data from interviews. For this study, in-depth interviews

with a small sample of the population of bereaved individuals were appropriate because the variables of interest were theoretically examined. Qualitative research provided the researcher with an alternative paradigm that had the potential to add depth to the assessment of the grieving process, in addition to a range of techniques for data collection, analysis, and interpretation (Stroebe et al., 2003). Following a general review of suicides that occurred during 2013, 2014, and into 2015, the Stroebe et al. study highlighted a broad range of detrimental mental and physical health concerns that developed during periods of mourning; these concerns included anger, depression and family-system breakdowns. The adverse psychological effects of bereavement, complicated grief, and access to mental health services profoundly impact the individual, the family, and the community. Therefore, research on the lived experiences of the bereaved-by-suicide two years post-suicide may add to the literature and suicide; knowledge gained from the research may be beneficial for clinicians and for others who must face this phenomenon.

Debriefing of Participants

The process of debriefing occurred for all participants including those who discontinued their participation before the end of the study. Every participant in the research project, whether they decided to leave the project early or not was provided with a list of community referrals for crisis services and support groups within the community. No participant had to explain his or her reason for leaving the research study under any circumstances. Once the research data were transcribed, the research project was completed and sent to the University Review Board for review and approval. The participants who participated in the study had an opportunity to review a copy of the dissertation online at their request and were notified by mail or email how to access

the document online. All data collected regarding the study remained with the researcher, and the names of the participants were de-identified before the inclusion of data from the analysis. The codes associated with the participants' names will be kept in a separate file under lock and key and will be destroyed five years after the study is published.

Analyzing the Data

Analysis of the data consisted of the following six steps:

1. Reading and rereading the participants' descriptions of the phenomenon helped to make sense of their accounts and to acquire a feeling for their experience.
2. The researcher separated significant statements that pertained to the phenomenon and tactfully obtained the meaning of the significant statements hidden in the context of the participants' responses.
3. A goal of this dissertation was to seek out what meanings were common to all participants comparing themes of clusters to the original transcription.
4. It was necessary for the researcher to achieve validation and confirmation of consistency between the investigator's conclusions and the participants' original stories.
5. The dissertation included the process of integrating the findings into an exhaustive description of the phenomenon being study.
6. The researcher's goal was to bridge the gap between data collection, intuition, and the explanation of concepts.

Interpretive phenomenology is designed for examining contextual features of a lived experience created from a blend of meanings and understandings communicated by the research and participants (Wojnar & Swanson, 2007). This researcher determined a final description of the essence of the phenomenon that was based on incorporating changes offered by the participants. Data analysis involved reviewing field notes and debriefing; a discussion of findings with colleagues who are experts in the phenomenological method was planned, if the need arose.

Ethical Procedures

The key ethical considerations this researcher was required to follow were determined by the American Psychological Association (2010). When there is a research study with human participants, researchers must follow the APA guidelines on ethical principles and code of conduct. Three main moral principles must be observed as outlined in the code of conduct: beneficence, justice, and respect for participants. Beneficence refers to the maximization of benefits and the minimization of risk to participants in research (APA, 2010). This researcher addressed this principle by protecting participant confidentiality using pseudonyms, and participants were assigned a number (APA, 2010). The researcher also attempted to identify any potential risk to participants and informed them immediately of that risk. The researcher thoroughly explained the purpose of the research and the expectations of the participants before the start of the interview process. The researcher did not intend to use vulnerable populations such as minors, pregnant females, or the mentally disabled for this research study (American Psychiatric Association, 2013). Survivors of suicide are especially vulnerable, and therefore, special consideration was taken to ensure there were no risks to the participants. Justice denotes the equitable distribution of the risks and benefits associated with the research to all participants (Dresser, 2012). The researcher respected the autonomy of the participant and his or her right to voluntarily participate in the research (Dresser, 2012). The researcher honored this principle through the process of informed consent and answered any questions the participant had about the study. The researcher also reminded participants their participation was strictly voluntary, and they could withdraw from the study at any time without adverse consequences. To lessen the influence of research bias, the researcher first acknowledged and examined his own

experiences and beliefs relative to suicide bereavement. The researcher also practiced epoché and bracketing to set aside his personal views temporarily. By doing so, the researcher could observe the phenomenon from a different perspective and accurately collect and interpret the information from the participants (McIntosh, 2003).

Summary

The goal of this research study was to have participants describe their lived experiences as they related to the loss of a loved one to suicide two-years after the incident. It is not unusual for people to explain their experience through the lens of an analogy, chronology, or by relating significant events in a narrative account. Their expressions are interpretations of how they view a phenomenon, and the researcher should not consider these descriptions as already understood. The interpretative phenomenology method was chosen for this research project because it is often regarded as central to the interpretive paradigm (Wojnar & Swanson, 2007). The focus of interpretative phenomenology is one of accurately describing an experience thematically in a systematic way to comprehend the phenomenon, contextualize, and clarify the event. The interview structure of this study offered an explicit, theoretically based approach that enabled the application of interpretative phenomenology as a distinct method for the research (Wojnar & Swanson, 2007). The interpretative phenomenology design had a descriptive approach that allowed for clarity in defining a phenomenon and enabled this researcher to demonstrate consistency, dependability, credibility, and trustworthiness that is essential to research.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to explore the lived experience of the bereaved-by-suicide. The main objective of this study was to discover how the phenomena of suicide bereavement affected the live of the bereaved participants and their overall functioning post two-years or more after the loss of a loved one to suicide. Attempts to quantify the number of people affected by each suicide are estimated in the range of 45 to 50 people (Bartik et al., 2013). Given the developmental changes and life transitions associated with the suicidal death of a loved one, there is no sole way of describing what each individual may encounter. The research questions that were applicable to this study were:

RQ1. How do the bereaved-by-suicide describe their grief in personal terms?

RQ2. How do the bereaved-by-suicide describe their grief in practical terms?

RQ3. How do the bereaved-by-suicide describe their grief in existential terms?

No individual grieves the in the same manner as another, and the perspectives on suicide bereavement are as unique as are views on death. Grief is a comprehensive lived human experience and the factors that influence the reactions, both psychological and somatic, were discussed by the participants. When a loved one dies, those left behind lose a companion, and the connection of memories and experiences shared between the two of them is severed. This can be a very traumatic experience for those navigating through the loss of a loved one to suicide.

Those who are bereaved-by-suicide have been overlooked in the literature and therefore have not been empirically studied to fully understand the depth and breadth of their loss. This chapter includes a brief description of the study participants' demographics, followed by

descriptions of the data collection, and data analysis procedures described in Chapter 3. The chapter also includes a discussion of the evidence of this study's trustworthiness. Qualitative research data collection required the researcher to immerse himself in the participants' world. This helped him gain an insight into the context of the study and minimized the distortion of information that might arise due to the presence of the researcher (Hennink et al., 2017). A presentation of the study's results is discussed, and the chapter concludes with a summary.

Setting

No organizational or personal conditions had an influence on the participants or their experience at the time of this study in a way that might have influenced the interpretation of the results. The interviews were conducted in a private study room at a local library, away from any form of distraction. Participants were encouraged to bring a lunch and or bottled water to the interview. Prior to the meeting, the participant was made aware that participation in the study was voluntary and consent could be withdrawn at any time.

Demographics

The participant sample included 12 adults; six females and six males ranging in age from 27 to 58 years. The elapsed time, since the death of the study participants loved one, ranged from 24 to 36 months. The relationship to the lost loved one was spouse, fiancée, niece, sister, or best friend. The names of the lost loved ones have been substituted to protect their anonymity and to add clarity to the study. The participants were either Christian, Catholic, Baptist, or Non-denominational. A summary of each participant's experience follows.

Participant 1

The participant reported,

> I felt devastated and as if my own life was going to end when I learned my best friend, Jill, had committed suicide. Just the thought of losing Jill to suicide sent me into a depressive state of mind. My heart felt heavy and my tummy quivered.

The participant had talked to Jill two hours before the suicide was discovered by Jill's mother. Jill told her what she was thinking and how upset she was; "she [Participant 1] blew her off." Presently, she feels angry at herself because she did nothing to help the situation. She remembers telling Jill, "Life is so much more important, and you have so much to live for." She explained, "What Jill thought was a major situation, I felt was minor and not worthy of worrying over. I will always carry the pain of her suicide." She reportedly struggles with the loss of her best friend and has no one, she can trust, to express how she truly feels. She stated, "I suffer in silence. It's my fault Jill is no longer here."

Participant 2

Participant 2 talked about the day her friend committed suicide and the events that followed:

> I remember the day my best friend, Chink, committed suicide like it was yesterday. I was getting ready for work, and my husband came in the room. He said I may not want to go to work today. I looked at him as if he was joking. But, the look on his face seemed ghostly and he did not seem like himself. I asked if he was okay and he told me to have a seat.

Participant 2's husband told her that Chink, her friend since childhood, was gone. "I asked, 'Gone where?' Then, my husband told me Chink was dead. He had shot himself. I paused for minute, grabbed my coat and rushed toward the door." Her husband stopped her, she tried to fight him off, but he would not let her go. She remembered experiencing an emptiness, her heart ached, and she felt physically ill. She reported, "I didn't know where I was going. But I had to go." She remembered trying to cry but could not. Then, she got angry at Chink and that is when her tears came. She has tried to discuss her feelings with others, but the pain of his loss is too

much to bear. She stated, “My husband is there for me. Yet, there are times when I prefer to be alone with my childhood memories of Chink.”

Participant 3

During his interview, Participant 3 shared how he learned about his friend’s suicide and how he felt afterward in the following way:

> On Friday, I called to see how Nancy was doing, and a friend of hers answered the phone. The friend asked, ‘Who’s calling?’ I proceeded to tell her. She replied, ‘Oh! Hi,’ as if she knew me. Then, out of nowhere she told me, ‘Nancy is gone.’ I replied, ‘What?’ The friend told me, ‘Nancy committed suicide yesterday.’ I held the phone for a while in silence. My heart felt this intense pain, and I lost my breath. I asked how and was told that Nancy shot herself.

Then the participant stated, “I can remember my eyes and heart hurting and this feeling of emptiness hit me in the pit of my stomach.” He reported, “I knew she was depressed. But I did not realize how much it affected her,” and shared, “For a while I could not think straight. I kept thinking it was my fault. I wasn’t there for her. “Participant 3 said he felt a void of darkness consuming him, and he was unable to feel any form of comfort. Sometimes, when he is alone, he feels responsible for not being there and gets angry at himself. He has tried to discuss how he feels with those close to him, but no one wants to hear about people who kill themselves. Therefore, he keeps his feelings to himself, even when it gets bad. Alone, he struggles with his thoughts and the pain.

Participant 4

Participant 4 was asked to identify her friend’s body, a very traumatic experience for her:

> I received a call from the police department to come to the coroner’s office to identify Bob’s body. When I saw my best friend’s body, I went into complete shock and disbelief. I felt like I couldn’t breathe and cried like a baby. When I was able to pull myself together, I asked the officer why I was asked to identify the body and not his mother. The officer stated, “This was per his mother’s request.”

The participant reported her inability to make "any sense of Bob's death to this day" and struggled with why she was asked to identify the body. She stated, "I'm still in shock, lost, and confused. I really have no one I can talk to about how I feel." Although they had been friends for a long time, she feels she never really knew Bob. She is faced with the challenge of trying to forgive him, instead of feeling ashamed of their friendship. She stated, "People feel suicide means you're crazy and that's why people commit suicide." She admitted there are times when she wants to talk to someone, just to let them know how she feels. Then she said, "But who really cares? He's gone and people feel I should let it go."

Participant 5

When she got the call that Hannah, her 15-year-old niece, had been placed on a ventilator, Participant 5 immediately wanted to know why. Her sister explained, "This afternoon when we arrived home, we found Hannah hanging from a beam on the back porch." The participant reported, "[I] could not believe it because Hannah was so smart and accomplished." She experienced mixed feelings of anger, feelings of being empty inside, and confusion. She worries about the rest of the children. She stated, "I search my mind for someone to blame, although I do not have the complete story of why my niece took her own life." She reported, "I feel mentally exhausted and the sense of loss and anger seem to have become part of my core." Later in the interview she stated, "My emotional pain is unbearable." She remembered experiencing racing thoughts of past events and of happier times with the family. The participant said, "At first, it was hard for me to stay focused at work. My niece was constantly on my mind. Today, I can manage working to a point; until my mind starts to drift away from reality." She admitted she struggles with what happened, and some days are harder than others. She reported

that she has very little patience when she experiences changes in her mood and seems to get angry over "little things."

Participant 6

His wife's suicide was totally unexpected by Participant 6, even though she had been chronically ill for some time.

> I was in shock and disbelief when I was told my wife, Anne, committed suicide. I can honestly say I was angry at first. I believe her pain was a contributing factor. She was very ill, and her recovery was slow; this is what happens with multiple sclerosis. The doctors told Anne she would never be the same. But, with the proper care, could get back some of her mobility. That was not the prognosis Anne wanted to hear, and I tried to convince her things would get better.

He remembered that as Anne's illness worsened, she expressed she did not want to suffer, yet he never thought she would do something like committing suicide. "I feel sad because she is no longer a part of my life." He admitted to struggling with his thoughts since losing Anne. "I blame myself because I was not attentive enough to observe the changes in her attitude, personality and behavior." He acknowledged missing his wife. "I miss her 'til it hurts, and the emotional pain brings on physical pain as well." He reported reaching out to friends and family. "But no one wanted to talk about what happened." He recalled a close friend saying, "You will not start to heal until you let go." Then he admitted, "I think about her every day and it's my hope she has found peace."

Participant 7

Participant 7 recalled when he first heard that his best friend, Thomas, had taken his own life.

> I couldn't believe it; he was my best friend. When you find out the person you grew up with committed suicide, what the hell do you do? I didn't cry. I was angry as hell at him for doing something so thoughtless.

The participant was aware that Thomas had found out his wife was having an affair, but since Thomas had only spoken once of his wife's infidelity, Participant 7 thought they had worked things out. "I will never know why Thomas decided to take his own life. It still hurts and getting mad at him or being angry serves no purpose." He never considered Thomas to be the type of person to end his own life. He admitted to struggling with the loss of his friend and has no one he can discuss it with because "no one really cares." The participant continued, "Thomas left behind two children, a boy and girl. His life was full of joy. At least that's the way I saw it. I still struggle. How did I miss this? Why didn't my friend discuss his true feelings?"

Participant 8

After Participant 8's wife had committed suicide, he experienced myriad physical reactions to his grief.

> When I first heard my wife had committed suicide, I sat down in disbelief, feeling shocked. I felt this enormous pain come over me and I felt lost and alone. I just sat there; lost in my thoughts, feeling confused, and trying to process what I was told.

Then reality hit him and the pain he felt was indescribable. His body hurt from his head to his toes. All he could manage to think about was her. He stated, "I felt a chill come over me, as if someone or something was touching me." Sleep was difficult for Participant 8. All he could think about was his wife and why she took her own life. He did not want to be around anyone and felt that no one would understand or that they would blame him. Their friends were in disbelief, and he was unable to discuss the loss with them, and therefore, isolated himself from their friends. He once thought about suicide but knew, in his heart, he would never do it. He felt wronged and abandoned and struggled with those emotions. Often, he felt extreme loneliness and had nightmares he could not explain. Now he prays and asks God for guidance, something he had never done before. He struggles with trusting others and stated, "As soon as I mention

suicide people do not want to hear about it. They look at me like 'hey it's time to let it go and move on.'" He continued, "I think about my wife when I'm alone, more now than ever. She was my soulmate and it hurts."

Participant 9

The participant admitted that before the loss of her loved one to suicide, she considered suicide to be a coward's way out. Since the loss of her husband, John, she feels different. She recalled, "I came home from work and there he was—dead. I stood over his body feeling a sense of something I couldn't explain." Then, something came over her and she reached out to touch John. She didn't remember calling 911. The first responders pronounced John dead. She sat there crying and trying to figure out why he would do this to his family. She stated, "He wasn't sick. He was depressed because he could not provide for his family. But he was trying and doing the best he could." Participant 9 acknowledged she would never be able to figure out John's reason for committing suicide and struggles with the loss every day. She said, "I know there is nothing I can do to change that." Sometimes, when she is alone, she asks herself, "Did I push him too hard to do better?" She continued, "I ask God to free me of the pain, but it's become a part of me now." She loved her husband very much and thought he loved her. She stated, "There are days when I feel so confused and angry. I cannot leave the house. I isolate within my own little world until I feel safe." Participant 9 has no one to talk to about her emotions or struggles. She stays away from friends, co-workers and neighbors out of fear they may blame her. She believes in a God, but there are times when she feels her faith is being challenged and this creates a fury in her she cannot explain.

Participant 10

Participant 10's daughter committed suicide, and he shared his feelings about how his religious beliefs supported him.

> Jade had started college over a year ago and things seemed to be going well. Then I received a call; she had taken her own life. I was in shock. I remember feeling uneasy and fearful. I was crying so hard and I kept saying "No, no."

He felt something did not seem right and observed, "Jade was getting good grades and all of a sudden she's gone. I couldn't believe it! I still have a hard time with it. There are days when I feel up and down." When he thinks about Jade, he feels this emptiness and struggles with why she would take her own life. He spoke with family members and some of Jade's friends, and they were shocked about the situation, but no one had any answers, and Jade did not leave a note. He stated, "I do not feel death is the final end to everything. I believe God is there when we need Him to be." He hopes Jade is at peace because no one will ever know why she decided to take her own life.

> It hurts. At times, I get angry. Who would really understand how I feel? It's not about me. It's about her. Jade is still a part of the family. I will never let her go or settle with saying good-bye to her.

Participant 10 stated that his faith in God and the afterlife means he will see her again.

Participant 11

Participant 11 stated there are times when he wishes things were not what they seem. When he lost his best friend, lover, and wife, his whole world changed. He never believed mental illness could be so devastating that a person would want to end it all. He felt if only he had listened, Serena would still be here. Serena always told him she did not want to live a life on medication because she did not feel normal when she took her prescriptions. No matter how he tried to convince Serena she was normal; it wasn't enough. He stated, "You know, I get mad at the mental health system because I feel they do not care. In order to feel normal, sometimes it

helps to get mad at someone." He misses Serena and thinks about her every day and the life they shared. He wonders if things would be different if she did not have a mental illness and struggles every day with the thought of her on his mind. When it gets to be too much for him, Participant 11 stays away from friends, co-workers, and neighbors. He feels no one can understand what he is going through; he just wants to be left alone to grieve on his own.

Participant 12

Participant reported that it totally shocked her when she was told that her husband, Sam, had committed suicide. When she first heard it, she stopped what she was doing, sat down, and the tears began to fall. She felt confused as she sat in silence, thinking about what she had been told. She felt an emptiness she had never felt before. When asked if she was angry, she stated, "Yes, very much so. This was my husband. No one should wake up and decide to kill themselves." She feels angry not knowing why this happened and she is not willing to let go of the anger. The participant confessed, "If not for the anger, I would go into a little dark hole and stay there. I'd rid myself of the rest of the world." She struggles with trying to let go and has received counseling. She stated,

> It doesn't really help because they want you to move on and let go. I need to hold on a little longer; until I feel it's time to let go. People do not understand. I loved him. He was my life. How can you let go of something like that?

Composite Summary of the Participants' Experiences

The participants indicated an interest in becoming involved in a study of this magnitude and confirmed they had lost a loved one to suicide. Their lived experiences with suicide bereavement were characterized by physical and emotional hardships. Most of the them experienced shock and disbelief once they were told of the loss of their loved one to suicide. Not knowing why their loved one committed suicide was a daily concern for several of the

participants. The impact of grief was physically agonizing and for some of the participants, this led to a state of isolation and confusion. Several of the participants experienced unexplained anger, the inability to think straight, sporadic sleep patterns, and periods of mental and physical pain. All of the participants struggled with how to move beyond the pain of their loss. Several avoided their friends, neighbors and co-workers out of fear of not being able to explain why the suicide occurred. A few of the study participants felt their belief in God would bring them peace. Others found themselves renewing their belief in the church and their faith. Some of the study participants expressed appreciation for how truly precious life is and saw the beauty in living.

Data Collection

Data were collected through in-depth, semi-structured, face-to-face interviews with 12 participants (see Appendix C for the interview guide). The researcher conducted a single interview with each study participant. The study participants agreed to meet at a local library where the researcher had previously reserved a private room to conduct the interviews. Once the study participants agreed to the location, a mutually agreeable time for the interview was selected. The duration of the interviews was 60 minutes. The interviews were audio recorded with the participants' consent, using a digital recorder. There were no deviations in the collection of the data from the researcher's plan, and no atypical circumstances were encountered during data collection.

Data Analysis

The interview data were transcribed verbatim by the researcher and analyzed using NVivo 11 software. The data analysis process was based on the steps developed by Husserl

(1967). To achieve the overall goal of phenomenological research, the first step involves bracketing—peeling away preconceived interpretations so that the phenomena can be seen as it actually exists. The researcher accomplished this by setting aside his own personal biases and preconceived ideas about the topic in preparation for the analysis of the data. The reduction of the collected data involved reducing large amounts of data within the transcripts into smaller units of meaning and assigned different codes. These data represented the participants' lived experiences. The second step in the process of data analysis required the researcher to define the codes and meanings by assigning labels to them. In the third step, the researcher clustered all of the units of meaning into themes, based on the code similarities with one another. Once this was achieved, the resulting themes represented the core of the reported lived experiences of the bereaved-by-suicide participants. During the fourth phase, the data analysis was completed by summarizing the themes and descriptions of each of the participants' lived experiences with suicide bereavement.

Evidence of Trustworthiness

The trustworthiness of this study's results was achieved by the researcher's adherence to the procedures recommended by Miles and Huberman (1994). Credibility of the results was ensured through process in which the research checked for accuracy as he reviewed, analyzed, and summarized the collected data from each participant. The participants had been sent copies of their transcripts so that they might check for errors or misunderstandings as part of research member checking; they recommended no changes. To enhance the transferability of the results, the researcher provided a description of the methodological procedure and the research context. He used audit trails to enhance dependability that included information about what the research

had accomplished at every stage of data collection and data analysis. As a final point, the researcher enhanced the confirmability of the study's results by practicing reflexivity by acknowledging elements of biases, opinions, and influences from his professional background that might affect the objective of the study.

Results

The research questions were the basis for the presentation of the study's results. The first research question asked the bereaved-by-suicide participants to describe their grief in personal terms—their reactions to their loss, their sense of loss, and the impact of their grief. The second research question asked the participants to describe their grief in practical terms—how others reacted toward them, the process of living and grieving, and any benefit from the loss. The third research question asked the bereaved-by-suicide participants to describe their grief in existential terms—their thoughts about life after death, preparing to say good-bye, and perceived growth. The results provided an understanding of the preconceived meanings the participants attached to their lived experiences and their struggles with bereavement linked to suicide.

Research Question 1

How do the bereaved-by-suicide describe their grief in personal terms? The sub-themes that emerged from the analyses of the data included the participants' reactions to the loss of their loved one to suicide that included shock, anger, and a sense of loss.

Initial shock. The twelve participants described their lived experiences of being told their loved one had committed suicide; these perceptions were characterized by some form of physical or emotional struggle. Several of the participants' appeared to have a difficult time

during the interviews once they began to describe their reactions to their loss. They were less talkative when discussing their loved one, and they appeared to be experiencing survivor's guilt.

Participant 1 said, "I found out my best friend had committed suicide. I felt my life was over. Our friendship was gone all because of me and my stubbornness. I should have listened to her instead of just blowing her off." Participant 2 described, "I was in shock and kept it to myself to appear strong. The feeling of disbelief and emptiness seemed to bring about a physical pain I had never experienced." Participant 3 echoed her feelings of pain as she opined, "Suicide does something to you. I remember the pain move rapidly throughout my body. I felt overwhelmed and in shock. I remembered a conversation where she stated, 'I would never commit suicide' when referring to her brother; he had taken his life 15 years earlier."

Participant 4 stated, "When I saw my best friend's body, I went into complete shock and disbelief. I felt like I couldn't breathe and cried like a baby." Participant 5 shared, "When I was told they found my niece hanging from a beam on the back porch, I dropped to my knees in pain and cried out to God to forgive her. I felt overwhelmed with grief."

Participant 6 commented, "I was in shock and disbelief when I was told my wife committed suicide. I can honestly say I was angry at first. I believe her pain was a contributing factor." Participant 7, too, expressed anger and related,

> I couldn't believe it; he was my best friend. When you find out the person you grew up with committed suicide; what the hell do you do? I didn't cry. I was angry as hell at him for doing something so thoughtless.

Participant 8 explained, "I sat down in disbelief, feeling shocked. I felt this enormous pain come over me and I felt lost and alone." Participant 9 shared that sense of unreality and said, "I came home from work and there he was—dead. I stood over his body feeling a sense of

something I couldn't explain." Participant 10 was in shock and described, "I remember feeling uneasy and fearful. I was crying so hard; I kept saying 'No, no.'" Participant 11 stated,

> When I was told of the suicide, I felt my whole world had changed. I never thought mental illness could cause a person to take their own life. I remember it was hard, at first, to deal with it. I was in shock and wanted someone to blame, as if it would have made a difference. I felt devastated because I left her alone for too long of a period, knowing how depressed she really was. I feel this is all my fault.

Participant 12 described,

> I was totally shocked when I heard of the suicide. You get this feeling of being all alone. There's an emptiness that comes over you like you never felt before. You feel confused and you have no idea how to respond. So, you sit in silence; thinking about what happened.

Episodes of anger. Participants had various ways to face their anger and management it. Participant 1 said, "I grapple with my anger on my own. I feel weak and can't endure this loss. I will always carry the pain of her suicide with me. I'm not suicidal. I just feel lost and empty inside."

Participant 2 offered, "I have no one to be angry with. I just want to know why," but Participant 3 turned the anger on himself, "I knew she was suffering from depression. I feel guilty and it's an awkward feeling. I keep my anger to myself because there are times when I feel responsible for not being there to help her."

Participant 4 shared, "I still experience periods of feeling lost and confused. My anger is there; but it wouldn't hurt as much if I knew why he committed suicide." Participant 5 felt anger mixed with other emotions. She described, "When I was told the truth; my stomach was in knots. I experienced mixed feelings of anger, confusion and felt empty inside. The pain of her loss was much more devastating than I could have anticipated." Participant 6 explained,

> I'm angry at myself for not being more attentive and realizing she was in pain. There are times when I feel sad and mad because she did this to us. We had plans for the future and things we both wanted to do. Now she's gone and it feels so unreal.

Participant 7 shared, "It's hard to believe he took his own life. I can't seem to understand why. I get more frustrated, than angry, just trying to figure out why." However, anger was experienced to a greater degree by Participant 8, who commented,

> I felt extreme anger for a period of time. When things seemed not to go right; I got angrier. I wanted to be left alone with my pain, to grieve alone. I can get mad. But, what does that do? It's not going to bring them back. So, all I can do is live through the pain and anger in silence; until I can focus on what to do next.

Participant 9 admitted, "I isolated [myself] to deal with the pain and anger. If I didn't, I would have unleashed a wrath of rage on innocent people, which I would have regretted later." Participant 10 said, "I get angry, and I look at others to blame. Yet, I can't really blame anyone. So, I live through the pain and anger."

Participant 11 offered, **"**My anger is directed toward the mental health system. I don't think that will ever change. I get mad and angry at her; but she's gone and the life we had can never be. I miss her." Participant 12 also expressed the notion that anger would be an ongoing issue to be addressed. "I was angry, yes. It is hard to get rid of; I'm not willing to let it go. Normally, I would be able to let go and move on. You know, with suicide nothing is normal."

***Feeling a sense of loss*.** The participants discussed how they dealt with their loss. Participant 1 shared, "I will always carry the pain of her suicide and the sense of her loss with me. No one can understand my struggle. Our last words together will be with me forever." Participant 2 thought about her future life and said, **"**I have tried to discuss with others how I feel from day to day. I feel hurt, angered, sad and lost. This is my life now. How do I move on from that?"

Participant 3 stated, “I will miss her laughter; the way she laughed would make you laugh. When I think of my sense of loss, I feel it is unbearable. I cry on the inside and pray for her every day.” Participant 4, too, felt the loss daily and noted, “I have not made any sense out of what has happened. I miss him very much and struggle daily without him. There are times, when I believe, I can still feel his presence.”

Participant 5 explained, “I found out my niece was being sexually abused. How do you overcome something like that? I miss her very much and the thought of losing her will be with me forever.” Participant 6 also saw how life would be changed forever and observed, “It’s unbelievable. I miss her. My sense of loss seems to be so overwhelming. I felt we were in a good place. But I was wrong. I will never forget her and what we had.”

Participant 7 related, “I want to know what made him do it. I miss him he was like the brother; I didn’t have. Now I have no one I can trust or talk with to lessen my burden.” Participant 8 had that same feeling of being alone and opined, “When you think about it; it hurts. My sense of loss is unbearable. You feel betrayed and unforgiving. I think what really bothers me is realizing she’s gone and not coming back. You think about how powerless you are when you’re alone.”

Participant 9 described her loss. “I struggle. It’s not getting any easier to deal with. Just when you begin to feel better; the thought of why and the death seems to return. It’s hard to let go of those thoughts.” Participant 10 shared, “I struggle with feelings of emptiness and unanswered questions. I can’t seem to say good-bye because the sense of loss is so overwhelming.” Participant 11 also struggled and explained, “I struggle every day with the

thought of her on my mind. There is an emptiness, I feel in the pit of my stomach, that I can't seem to shake."

Participant 12 offered, "I have a sense of him wherever I go. His presence is always with me. If I were asked to describe what I feel, I'd say it's like a warm blanket wrapped around me."

Research Question 2

How do the bereaved-by-suicide describe their grief in practical terms? There were several sub-themes that emerged from the analyses of the data. These sub-themes included the participants' perceptions of living in a world of grief. They also expressed their inability to trust and their feelings of isolation.

Living in a world of grief. The participants explained how they now lived in a different world than they had experienced before their loved one's suicide. Participant 1 shared,

> I feel like I have no purpose in life. I struggle with the loss of my best friend. I'm unable to trust anyone or tell them how I feel. No one will understand my pain; so, I keep the pain hidden. I'm less active; more alone and preoccupied with the past.

Participant 2 said, "I have learned that trying to explain the suicide death of another person is impossible. They do not want to listen. His suicide left me feeling wronged. I'm afraid to seek help because it's hard for me to trust."

Other participants expressed their difficulties talking about their inability to talk about the suicide of their loved ones.

> I keep my feelings to myself because no one will understand. Living this way, I'm unable to feel any form of comfort. It's as if a dark cloud is hanging over me. I struggle with the thought of losing her daily. When it's bad, I prefer to be alone with my thoughts. (Participant 3)

> There are days when I struggle just to get out of bed. I have no appetite and I lack focus. This is my life. I really don't want to talk with people or answer any questions. I just want to be left alone. Then, the depression sets in and you feel like you're alone. Sometimes, you think about suicide. (Participant 4)

Participant 5 described how difficult it was to function; she found it difficult to leave her home and go to work and described it in the following way:

> There are times when I find it hard to go to work. I push myself out the door, in order to limit my profound suffering. Trusting others is not going to happen. No one really cares or wishes to discuss suicide. This is my life for now.

Participants 6 and 7 missed their loved ones every day.

> My life is surrounded by emptiness. I struggle with the thought of losing her every day. The emotional pain brings on a sense of physical pain like I have never experienced. I try to make sense of it. It's hard. I can feel her presence and smell her. I know it sounds strange; but it's real. (Participant 6)

> Living in a world of grief, I'm reminded daily that my best friend is gone. Just the thought of it sends me into a depressive state of mind. We worked together. We grew up in the same neighborhood. We even had some of the same friends. Now, I can't talk to them. They think I should know why he took his own life. I really don't know why. I don't want to discuss it because it's too depressing. (Participant 7)

Participant 8 shared, "This may sound weird, but there are times when I feel her presence. This may be due to my extreme loneliness. I wonder if this will be my life from now on; I get lost in my thoughts." Participant 9 was overwhelmed with thoughts brought on by grief and described, "There are days when I wake up crying. I feel confused and unable to discuss the suicide. I think about him every day. I will always be a bereaved person and this grief is part of my overall existence."

Participants thought of their loved ones as they went about their daily routines. Participant 10 related, "I think about her when I wake up. I struggle with why she would want to take her own life. I feel her presence. Not knowing why is what keeps my mind going." Participant 11 shared,

> I go to work and I think about her throughout the day. It's hard to deal with mental illness; I never thought she would take her own life. I think about the life we shared every day. I have memories of good times

Participant 12 said,

> I struggle with the loss of my husband. When I do things throughout the day, I feel like a robot. There are times when I think about him; I feel his presence and a chill covers over me. I miss him so much."

Inability to Trust and Isolation. Many of the participants had a special need to be alone and battled with their feelings of distrust. Participant 1 explained, **"**I struggle with the loss of my best friend. I have no one I trust. People tell me I should just move on. There are times when I isolate and . . . struggle with survivor's guilt." Participant 2 related, "There are times when I want to be left alone. Nobody really wants to listen. I miss him; he was like the brother I never had."

Participant 3 commented, **"**There are times when I can't think straight, and I prefer being alone . . . with the pain of losing my best friend. Since his loss, I really have a hard time trusting others. I don't know why." Participant 4 also felt alienated from others and observed,

> I have no one I can trust. I struggle every day and I like being alone with my thoughts; this helps me to stay focused on my own life. The challenge of living day to day in a world of grief is hard to deal with.

Participant 5 noted,

> It is hard for me to focus and go to work. There are times when I experience setbacks; when this happens there is no one to discuss it with. My faith in the Lord and my belief in God help to keep me grounded. I'm no longer a social person. I prefer to be alone. This is my life.

Participant 6 offered, "One of our closest friends told me I can start to heal if I let go. I think about her every day. I will never let go." Participant 7 explained,

> I never thought my best friend would take his life. We grew up together; we had the same friends. Yet, I can't discuss the loss. I feel they didn't know him like I did. I will never understand why people find suicide to be so taboo. No one wants to discuss it.

Participant 8 said, “I want to discuss the suicide, but no one wants to listen. So, I find my peace within my own loneliness and the memories we shared.” Participant 9 also felt isolated and related, “I can’t change what has happened. I am not a social person anymore. I stay away from coworkers, friends and neighbors. I want to communicate with them but, I don’t know how. I have an issue with trust.”

Participant 10 shared, “I prefer not to discuss the loss of my friend. I tried to discuss it with her family, but no one wants to talk about it. I don’t feel death is the final end to everything.” Participant 11 and found it difficult to talk about suicide with others and shared, “I struggle every day with thoughts of her. When it becomes too much, I stay away from my friends, coworkers and neighbors. I prefer to grieve on my own and alone.”

Participant 12 explained,

> I don’t trust people will understand my pain, so I don’t discuss it. I tried psychotherapy. I was told in order to move forward, I had to let go. I don’t think people understand. I loved him and he was my life. Therefore, I will never let go. There are times when I’m alone; I go into this little dark hole. That is how I rid myself from the rest of the world.

Research Question 3

How do the bereaved-by-suicide describe their grief in existential terms? Sub-themes that emerged from the analyses of the data related to the third research question included the participants’ thoughts on life after death, preparing to say good-bye, and building stronger relationships.

Thoughts on life after death. The participants tended to lean on the beliefs they had been taught according to their religious upbringing. Participant 1 shared, “I was raised in the church. I feel my religious beliefs are stronger now than before. God promised life after death.

However, suicide is considered a sin. I pray every day and ask God to forgive her." Participant 2 said,

> I realize now how precious life is, and I hope he has found his way to the Lord. I believe my faith in God will lead me to find my own inner peace and I'll see him again. God said, "Ask and I will provide." I ask for forgiveness for him.

Participant 3 admitted,

> I have absolutely no faith anymore. Suicide is a painful ordeal and trying to live beyond it is very difficult. I questioned why God would close his eyes when she needed Him. My life has changed and will never be the same. I have never experienced anything like this before, and I hope I never will again.

Several of the participants discussed how very different their lives had become since the suicide of their loved one.

> My life, after the loss of my loved one, is very complicated. I am still in shock, question why and feel somewhat responsible. It makes absolutely no sense, to me, as to why God would allow this to happen. I see this as a life changing experience. I believe in the faith and there is life after death. (Participant 4)

> Although, my life has changed; my faith in life after death is crucial to my survival. It is my hope that she has found God and was forgiven. I pray every day for her and the family. I know we'll see each other again. (Participant 5)

Participant 6 opined, "I believe no one really dies. She is in good hands and is no longer in pain. I handle my grief on my own. I believe in God and life after death." Participant 7 also leaned on his faith and observed,

> Life after death, in spite of what has happened, is real to me. The Lord watches over all of us. I know we'll see each other again. All we have is our faith. If we believe in God, we will have eternal life.

Participant 8 commented, "It depends on how you were raised. Since the loss of my loved one, I have reached out to God and asked for direction. My belief in life after death is stronger. I hope she has found peace." However, Participant 9 was dealing with a faith struggle and

explained, “I believe in God and I feel my faith is being challenged. This creates a fury in me I cannot explain.”

Participant 10 explained, “I tried counseling and talking with friends. But suicide is a subject no one wants to discuss. I reached out to the community. I was told to look to the Lord and he will provide the answers.”

Participant 11 shared, “Although I feel a piece of me is missing, I don’t feel alone. I find myself having a conversation with her. My faith is stronger, and I believe in life after death.” Religion was also a solace for Participant 12 who said,

> At first, I gave up and reduced most of my activities. I isolated from our friends and co-workers. I tried to avoid them as much as possible. I suffered a lot. However, my belief in Christ and the word of God sets the tone for my belief in life after death.

Preparing To say good-bye. The participants discussed how or if they had been able to say good-bye to their loved one; some realized that this might never be a possibility for them.

Participant 1 declared, “I will never say good-bye. She was my bestie. I was not there for her when she needed me. I will be there for her in death and keep her memory alive through me.” Participant 2 agreed.

> I really don’t know how to say good-bye to a friend. To say good-bye makes it final. God said, “He who believeth in me shall have eternal life.” I believe in God, and I know he did. So, saying good-bye is not an option. I’ll see him again in another lifetime.

Participant 3 and Participant 4 had very different views on saying good-bye.

> I talk about her whenever I have the opportunity. I want people to know who she was and what she meant to me. Her laughter was intoxicating, and she was amazing. I walked away from her services knowing I’ll see her again. This, I truly believe. (Participant 3)

> Moving on has been a challenge during my time of bereavement. My husband has been there for me and has never left my side. Sometimes, I feel he thinks I will kill myself, because he’ll find me isolating from him and everyone else. I do this and see it as my private time; I can spend time thinking about my best friend. I will never be prepared to say goodbye. (Participant 4)

Participant 5 noted, "When I walked into the funeral home, the only thing on my mind was how to celebrate the life of my niece. I will never say good-bye. I hope she has found peace." Saying good-bye was not something that Participant 6 could do, either.

> It's hard. Moving on is something I am having a tough time doing. We went from planning our whole entire live together to nothing. I have a journal where we wrote down our thoughts and plans for the future. I may be able to say goodbye; but not today.

Several of the participants discussed the day of the funeral and their inability to use the ceremony as a way to say good-bye.

> I will never be able to say goodbye. The finality of it is too much to bear. I lost my best friend. I am still confused as to why he would do something like this. We were like brothers. Although I went to the funeral and carried his casket; I am just not ready to say goodbye. It's not that easy to let go. (Participant 7)

> I don't believe I have prepared myself to say goodbye to anyone I love. On the day of her memorial service, everything looked so scripted, like we were in a movie—as unrealistic to me as saying goodbye. (Participant 8)

> I didn't prepare myself to say good-bye or to discuss how I felt with anyone at the services. The day of his service, I sat in the back of the church. I couldn't even walk to the front to be with his mom and brother. I was unable to say goodbye. Maybe one day I'll be stronger and can do it. (Participant 9)

Participants 10 and 11 have not been able to say good-bye.

> It hurts at times and I get angry. She is still a part of the family and I will never let go or settle with saying goodbye. My faith in God and life after death means I will see her again. (Participant 10)

> It took me two and a half years to understand why she would do something like this. She always talked about how she wished she had a different life because she would be able to do things like normal people. I will never say goodbye to my wife. Her presence is always with me. (Participant 11)

Participant 12 opined,

> I think about our good times, which I know has helped me through the years. I'm no longer waking up questioning the situation. He wouldn't want me crying. When I cried around him, he would say, "Girl, wipe them tears. The salt from your tears are going to

> ruin your natural beauty." He always complimented me on my dark skin. I could never say-goodbye.

Building stronger relationships. As a result of their loved one's suicide, those who grieved found that their relationships with others were increasingly important. Participant 1 shared,

> I find myself being more opened minded and speaking to those who are suffering the loss of a loved one. It helps me get through the day-to-day stresses and gives me a better outlook on how things could have been done differently.

Participant 2 said, "It really doesn't get easier as time goes on. Grieving is a lifelong process and I would like to be there for others. I realize having some type of support is important." Participant 3 concurred that helping others would give meaning to their grief.

> Losing someone hurts and the manner in which they died makes a difference. I have not dealt with my grief, like most people. I refuse to accept the loss. I would like to be there for others who are suffering and maybe this will help me to work through my own stuff.

Participants 4 and 5 considered ways to reach out to others who were grieving.

> I think grief is something that you have to deal with because you are bereaved. I really hope this study makes a difference for others who are experiencing grief. I would like to be there for others and to help them through this transition. (Participant 4)

> I would like to build a stronger relationship with my extended family. The death of a family member is difficult to experience. Envisioning the future, without the deceased, is a painful experience. I would like to help others in their time of grief. (Participant 5)

Participant 6 hoped to support others who were experiencing grief. "Although I struggle with the loss of my spouse, I have learned there is no right or wrong way to grieve. I would like to help others in the same situation and let them know they are not alone." Participant 7 observed,

> Since my loss, I have a heightened sense of life and not wasting time. Saying goodbye is hard and there is no good way to bring it up when discussing the loss with others. I would like to be able to help others who are seeking support and to let them know they're not alone.

Participant 8 explained, "[After] a suicide, a state of normal no longer exists. At one point, I was thinking only of myself. Now, I want to help others understand how bereavement differs from grief and let them know it's okay to grieve." Awareness of how differently people grieve was also mentioned by Participant 9.

> How to get through a loss . . . varies between people. The manner in which it is discussed makes a difference. I just want to help other people through the healing process by showing support and sharing my experience.

Participant 10 shared, "Life is completely different when a suicide occurs. Things people do and say can cause additional suffering. From my experience, I could help others to learn how to live with the loss of a loved one." Participant 11 observed,

> After the death of my loved one; everything changed. There were adjustments that I made in order to feel normal again. My faith is a source of strength. As I work through this transition, it is my hope, one day, I will be able to help others and let them know they don't have to be alone.

Participant 12's comments were examples of what all of the participants felt to be true.

> Accepting the loss of a loved one is the first task of bereavement. The overall goal is to be able to transform your loss, pain and despair into a meaningful experience. I would like to be supportive of others facing similar situations and help them find peace.

Summary

The purpose of this qualitative phenomenological study was to explore the lived experiences of the bereaved-by-suicide and their grief brought on by the loss of a loved one. Data were collected through in-depth, semi-structured, face-to-face interviews with 12 individuals who suffered the loss of a loved one due to suicide two years or more before the interview. Three research questions were used to guide the study.

The first research question was, "How do the bereaved-by-suicide describe the grief in personal terms?" The results indicated that the participants' lived experiences with grief were

characterized by emotional and physical hardships. Most of the participants described, from a personal perspective, the moment when they were told their loved one had committed suicide, and they immediately went into shock and experienced extreme emotional and physical pain. The participants' disbelief that the individual's loved one had taken his or her own life left them feeling an emptiness they had never experienced. They lacked the ability to focus or make rational decisions. The uncertainty of why their loved one decided on suicide, over life, was described as overwhelming.

The second research question was, "How do the bereaved-by-suicide describe the grief in practical terms?" The participants reported that living in a world of grief that was linked to the suicide of a loved one created paranoia and the inability to trust. The participants limited their social activities out of fear of having to explain the suicide or being blamed for not preventing it. The bereaved-by-suicide inadvertently blamed themselves (survivors' guilt) and suffered in silence. This transition from living a functional life with purpose became a life of unconsciously examining one's own existence.

The third research question was, "How do the bereaved-by-suicide describe their grief in existential terms?" Most of the participants' beliefs about life after death were shared and were based on their religious upbringing. What most of the participants found problematic centered on saying good-bye. Several of the participants felt if they said good-bye, their connection to the deceased would be lost. However, the loved one's suicide became a trigger for reorienting the participants' lives and providing a new driving force. The suffering felt by the bereaved-by-suicide became a life asset they sought to put to good use. Therefore, the participants wanted to make meaning from the death of their loved one and feel that the loss was not in vain. They were

strongly committed to helping others facing a similar situation. Throughout the study, one premise was shared by all of the study participants and that was their need to know why. No matter the time since the loss, the unrelenting question expressed by all of the participants was why?

No amount of research would be able to answer this question for the participants. However, Chapter 5 is an incorporation of the interpretation of the findings from this study that answered the three research questions. The chapter presents the limitations of the study, recommendations, and implications for positive social change. The conclusion incorporates the search for meaning that bereaved individuals experience, the perceptions of the bereaved-by-suicide that need to be changed, and the need to refine interventions for those who are bereaved.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Prolonged suicide bereavement can impact one's ability to function in life by impairing the human psyche of the bereaved individual to the point of eventually impairing the individual's mental and physical health. The bereaved person continually struggles with making meaning of the loss, feelings of shame, guilt, anger, and stigmatization (Gall, Henneberry, & Eyre, 2014). The results of the 12 phenomenological interviews represent the participants' prolonged lived experience with suicide bereavement and their emotional and physical hardship due to the loss of a loved one to suicide.

Interpretation

The first research question asked, "How do the bereaved-by-suicide describe their grief in personal terms?" The study participants' grief was characterized by physical and emotional suffering, for they experienced shock, episodes of anger, and a sense of loss. Once the participants were told their loved one had committed suicide, they moved from having control over their life to searching for answers for why the deliberate act of suicide had occurred. The cause of the suicide and ruminating about the demeanor of the deceased created a sense of stress linked to why their loved one chose suicide over life. This is significant throughout Neimeyer et al.'s (2006) meaning reconstruction theory. Neimeyer et al. theorized that reconstructing meaning in the first two years of mourning consisted of three core elements: sense-making, benefit-finding, and identity reconstruction. Sense-making develops parallel to the bereaved individual's awareness that a death has occurred. The shock of the suicide leaves bereaved individuals in a state of disbelief, loss, and numbness as they try to make sense of their loss.

This reoccurring theme emerged as the study participants confirmed the concept of needing to find why the event had occurred. The participants struggled with finding meaning in the death; that struggle increased depression and put a strain on their ability to cope with their loss. The bereaved searched for a motive for the death which could provide a semblance of understanding to lessen the impact of their immediate grief. The participants also described living through periods of intense pain (e.g., "my heart hurt," and physical pain) combined with survivor's guilt. The participants' grief embodied feelings of being responsible for the suicide which created an overwhelming sense of hopelessness. Douglas (2004) supported these findings; being unable to find meaning for the death creates a sense of feeling alone, devastation, emptiness, and intense anger. The emotional reality of the loss of a loved one to suicide created an overwhelming need for the bereaved to find meaning in the loss.

This finding was backed by Shields, Kavanagh, and Russo (2007) who theorized that suicide bereavement can be categorized into three areas: making meaning of the suicide, higher levels of guilt, and blame related to a death by suicide. The inability of the bereaved to successfully negotiate these challenges impacts the bereaved person's ability to move forward within the first 18 months following a suicide. This is significant in terms of Neimeyer et al.'s (2006) continuing bonds and reconstructing meaning theory which posits that the death of an attachment figure represents the ultimate threat to the relationship and triggers a long process of despair and reorganization as the bereaved attempts to adjust to the loss. Bereaved individuals' search to find meaning in their loss increased their grief and stagnated their ability to move forward, manifesting greater traumatic distress. Neimeyer et al. theorized that successful reconstruction of the meaning process is by no means an assured outcome and can lead to the

risk of clinical complications in the course of the mourner's grief. The study participants expressed that the suicide of their loved one created a deep dark void within their souls. This void represented a distinct cluster of symptoms such as feeling empty, in a daze, drugged, and feelings of guilt that seemed to paralyze them. This recurring theme emerged from the present study and clearly described the challenges faced by the bereaved in the first 24 months following the suicide. The study participants experienced marginal adjustments to their personality and behavior within the first two years after the loss of their loved one. This led to unsuccessful attempts to make sense of the loss and heightened distress in the early months of bereavement. A heightened sense of distress was reported by all of the study participants, and none of them were able to find meaning within their loss regardless of the length of time. Two years or more after the death of a loved one, the bereaved responses included a wide range of psychological and physiological changes that included decreased cognitive functioning, decreased problem-solving ability, and increased negative health outcomes. Although attitudes toward suicide have changed throughout history, the effects of loss have not changed and do not follow a predictable course. The present study confirmed similar reported findings and the behavioral patterns pointing to the negative effects of suicide bereavement. The study participants expressed that the overwhelming effect of suicide disrupted their life daily and created a higher risk of mental instability. The participants stated they struggled every day to find the motivation to continue living in a world without their loved one. This was a significant finding that was expressed by all of the study participants. The process of acceptance or coming to terms with their loss often left an emotionally painful scar characterized by social isolation which plagued them as did the absence of finding meaning in their loss.

The second research question was, "How do the bereaved-by-suicide describe their grief in practical terms?" The study participants reported an inability to understand the dynamics of the suicide and the rationale for their loved one's choice of death over life. This day-to-day worry consumed the bereaved-by-suicide. The participants' acknowledgment of this reoccurring thought was consistent with some of the previous research that demonstrated a similar pattern among the bereaved-by-suicide in the early months of their loss. Neimeyer et al.'s (2006) theory of reconstructing meaning suggested that identity reconstruction has a significant positive relationship with traumatic distress. The greater that the identity change is, when triggered by the loss, the greater the traumatic disruption will be that is experienced by the bereaved. The bereaved who remained closely bonded to their loved one were unable to integrate the loss into a system of personal meaning and were at a greater risk for experiencing bereavement difficulties. The study participants discussed how it felt to have their world turned upside down; they expressed the fear of not surviving the loss. The passage of time was unrelated to the amelioration of the bereaved individual's symptoms, and all of the study participants agreed that no form of benefit or silver lining was apparent in the loss of a loved one to suicide. The present study confirmed past findings—if the emotional and behavioral outcomes of bereavement were understood, the perceptions of grief and its cognitive effects were noticeable in practical terms. Neimeyer et al.'s theory of finding benefit or a silver lining in the loss of a loved one to suicide is based on the bereaved who experienced positive grief outcomes and noted a progressive rather than regressive transformation of one's identity. The study participants identified themselves as unmotivated to interact in society and were unable to move forward in their journey to understand the reason for the suicide. The pain of their loss hindered healing and interfered with

the normal functioning of the bereaved person's ability to foster a positive change in identity. The study participants expressed that in their own particular sequence of events, no benefit could be found from the loss of a loved one to suicide. A study participant expressed, "The loss of a loved one passes through the body causing emotional and physical pain. The pain is compounded with the loss of direction and identity and complicated with extreme anger and thoughts of suicide." Douglas (2004) theorized that if bereaved individuals are able to integrate the experience of the suicide into their schema, this would facilitate a positive change in identity. The inability of the participants to reconstruct their identity was based on several variables: profound suffering, undeserved grief, and the perception of what people thought about the loss of their loved one. The participants felt their identity was of no importance in retrospect to the death of their loved one. The bereaved person's ability to foster a positive identity was not plausible. The study participants did not reveal the type of integration or positive outcomes associated with identity reconstruction described by Douglas's (2004) theory of identity reconstruction. However, the participants stated that they focused their attention on their religious beliefs and practices during their period of bereavement as a way of coping with their loss. This process helped them in the course of restructuring their identity.

Shields et al. (2007) implied there are a range of problems and emotions unique to the bereaved-by-suicide. Those who are able to integrate the loss of their loved one into an ample system of personal meaning may experience fewer complications in the restructuring of their identity. The study participants needed to make sense of the death and construct a narrative to help explain the reason for the suicide; this appeared to be one of the most important thematic issues for the bereaved-by-suicide. The study participants felt society suppressed their desire to

grieve, and the societal stigmatization of suicide stripped them of the power to grieve the way they wanted to or would like to grieve. The participants wanted to make certain their voices were heard and their lived experiences because of the suicide of a loved one were clearly expressed. This was a significant finding that added to the participants' descriptions of how they felt as they tried to deal with their own internal grief, loss, and confusion.

The third research question asked, "How do the bereaved-by-suicide describe their grief in existential terms?" The bereaved reported experiencing immediate chaos and the challenge of finding peace or normalcy that is dependent upon individual strength. The participants described how it felt to have their world turned upside down and indicated a fear of not coming through or surviving. Their biggest challenge, before letting go, was to reflect on and clarify the relationship they had with their loved one. This extends the current knowledge in how bereaved individuals' beliefs about themselves and their world can sustain and support the rebuilding of a positive identity. According to Neimeyer et al. (2006), identity reconstruction begins when the bereaved realize the necessity of moving forward and seek a spiritually oriented understanding of their sense of self in order to recreate an existence with purpose, meaning, and symmetry. Therefore, healing from the loss of a loved one can be seen as a reconstructive process that weaves together the fragile remaining fragments of one's worldview in personal, practical, and existential terms. Douglas (2004) described the experience of bereavement and explored the challenges faced in coping after a death-by-suicide. The sample characteristics identified in Douglas's study verified a pattern of emotional instability in the emotions of the bereaved. The recurring theme that emerged from the study is exemplified in such statements as (a) "I felt alone

and devastated;" (b) "It hurts all the time; this ache is always here;" and (c) "I'm empty and very angry." The study participants' analogies to their loss were aligned with Douglas's research.

The dissertation research relied on the participants' own perspectives and revealed a pattern of emotional instability—a feeling of emptiness, body aches, and intense pain. In response to the emotional reality of their loss, the participants were stressed, confused, and found it difficult to cope with everyday living. Even though the individuals recognized their need for isolation to be unhealthy, their desire to withdraw from social contact provided an opportunity for the bereaved to assess their life, society, and their perceptions of life and death. The current findings on the negative emotional impact of suicide bereavement are soundly situated within the study by Douglas (2004) and the existing literature that demonstrates the negative influences on the bereaved individual's social and emotional health. The participants' perceptions of their grief triggered a significant interruption in their ability to perform daily tasks or to take part in social activities.

The phenomenon of bereavement is conceptually different from that of grief and only self-reports can define the phenomena as it develops. Religion can be equally relevant for the bereaved, especially since it addresses matters that are very close to the heart. Although bereavement has many different components, it is a type of grief that causes distress and impacts functioning in numerous domains beyond what is considered to be a normal reaction (A. Jordan, 2001). In addition, cultural and religious taboos, combined with the tendency to avoid death and bereavement, serve to isolate and stigmatize the bereaved-by-suicide. Clearly, the impact of suicide on the bereaved is not easy to comprehend. The process of coping with the loss of a loved one to suicide may not involve acceptance or coming to terms with the death.

What this researcher learned from the participants' responses to the research questions is that the impact of suicide bereavement is faced daily in the life of the bereaved. The individuals' process of coming to terms with their loss is exemplified by an overwhelming feeling of anguish. The bereaved suffer higher levels of blame, guilt, and greater feelings of rejection and abandonment. The lives of the bereaved-by-suicide are forever changed, and the risk of psychological stress, existential crisis, and social distress are consequences related to their loss. The stigmatization and social isolation experienced by the bereaved impact their ability to interact with their peers and within their family systems. The bereaved perceive that society, the community, and their peers are complicit in suppressing their desire to grieve the way they wanted or for how long they wanted. However, the study participants had faith in their perception of life after death and it is their belief that provides the inner strength to keep living the way their loved one would have preferred. Although there has been a drastic change in their identity, faith in the idea of seeing their loved one again nourishes their desire to live.

Limitations of the Study

A limitation of the study was that the interview data were collected 24 or more months after the loss; as a result, it would be difficult to determine if the bereaved individual's feelings changed over time or during the process of finding meaning in the suicide. Another limitation was that the findings cannot be generalized for a number of reasons. First, these findings offer one interpretation of the lived experiences of the bereaved-by-suicide, as it was lived by 12 study participants. Furthermore, biases due to self-selection or the method of recruitment cannot be excluded, for participation in the research could have been motivated by an emotional drive to help

others. Although the response rate was acceptable for this study, the conclusions may not apply to all who are bereaved-by-suicide.

Recommendations for Further Study

The results of the current study revealed that suicide has a significant effect on the physiological, psychological, behavioral, and social response patterns of the bereaved. This relevant finding merits further consideration and provides an opportunity to expand this dissertation study in different directions. Future research could benefit from expanding the number and scope of the participants; this would allow for a larger sample size to increase generalization of the results. The research would also benefit from diversity within the variables such as religion and ethnicity to further understand this type of bereavement. Also, future expanded research could explore the possible effects of the bereaved person's isolating from family, friends and associates. To a large extent, more research is needed to identify effective interventions with the potential to help the bereaved lessen their suffering. Empirically supported analysis of the struggles the bereaved-by-suicide undergo can facilitate the development of more effective and compassionate support resources and interventions. One recommendation to assist the bereaved in adjusting to their loss involves cultivating a supportive relationship characterized by deep empathic listening; these individuals should be encourageed to tell their stories and share their lived experiences about the loss of a loved one. In addition, research could explore how the bereaved find meaning in order to identify strategies or components the bereaved identified as helpful. It may also be valuable in the age of social networking websites to explore the ways suicide is considered and discussed via the internet and social media sites. Communication through use of the internet has

the potential to help or to hinder the understanding of suicide bereavement and its impact on the lived experience of the bereaved-by-suicide.

Implications for Social Change

This study contributes to the body of knowledge on suicide bereavement and provides insight into the knowledge, beliefs, and attitudes of the lived experiences of the bereaved-by-suicide. For professionals who work with the bereaved-by-suicide, being able to explore their grief and worldview increases social awareness and helps to decrease the stigma of suicide. More information on the experiences of the bereaved may lead to a better understanding of suicide bereavement at the societal level and increase public awareness. The information from this study can lead to positive social change in a number of ways. Health care and mental health professionals who have a greater understanding of bereavement and the experiences of the bereaved-by-suicide may develop the tools to support the bereaved in finding personal meaning in their loss and working through their feelings of guilt. This process can be achieved by providing counseling with a trained bereavement professional and encouraging active participation in a bereaved-by-suicide support group. Trained professionals can help guide the bereaved-by-suicide to improve their adaptation strategies and put their sense of guilt into perspective, for such feelings deter them from rebuilding themselves after the suicide. Furthermore, reconstruction of the bereaved individual's life can be achieved by providing sufficient, long-lasting, and varied support such as psychoeducation, problem solving, and grief therapy. For the bereaved-by-suicide, the suicide was the starting point from which the whole of their life changed. The nature of the qualitative, phenomenological methodology used in this

study serves to advance the literature by demonstrating how to proceed with phenomenological analysis of qualitative data associated to the lived experience of the bereaved-by-suicide.

Conclusions

Scholars have pointed to a need for more in-depth, qualitative research focusing on the lived experiences and problem-solving processes of the bereaved-by-suicide. This qualitative research study focused on the lived experiences of the bereaved-by-suicide and relied on in-person interviews as a methodology and provided a phenomenological interpretation of their lived experiences. Human behavior is influenced by personal, behavioral, and environmental experiences (Angela & Dransart, 2016). Consequently, negative events have an impact and affect how the individual may interact in the future; such events can create a barrier to implementation of healthy behaviors. In American society, there is a shameful stigma attached to suicide. This shame often places enormous pressure on the bereaved and their ability to interact in society that results in isolation of the bereaved for a period of time immediately following the suicide. Evidence from the literature review indicated that suicide can constitute a very catastrophic form of loss, requiring extra vigilance and the extension of outreach initiatives to the bereaved. Therefore, raising awareness of the specific needs of this population is vital in order to encourage positive social change and a shifting away from previous perceptions of the bereaved-by-suicide. The research from this study provides a possibility to refine interventions for the bereaved-by-suicide and to make a difference in the life of someone struggling with the effects of suicide bereavement.

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Appendix A

Consent Form

You are invited to take part in a research study about the lived experience of individuals' bereaved-by-suicide. The researcher is inviting individuals 18 to 65 years of age who have lost, a loved one to suicide within the past 24 months or more to be in the study. This study is being conducted by a researcher named Vincent Kinsey, who is a doctoral student at Walden University. You might already know the researcher as a Lead Mental Health professional, but this study is separate from that role.

Background Information:
The purpose of this study is to address the stigma of suicide grief and to establish effective treatment methods.

Procedures:
If you agree to be in this study, you will be asked to:

- Respond to 7 questions as a screening process prior to your acceptance into the study.
  Once accepted to take part in the study you will be asked 9 interview questions.
  The interview will last 60-90 minutes and will be audiotaped.
  After the interview, I may ask you to confirm whether, I interpreted your statements accurately.

Here are some sample questions:

- Tell me about your reaction to the death of your loved one?
- Have you been able to find any benefit from your loss?
- How would you describe the impact of grief personally?

Voluntary Nature of the Study:
This study is voluntary. You are free to accept or turn down the invitation. No one at Walden University will treat you differently if you decide not to be in the study. If you decide to be in the study now, you can still change your mind later. You may stop at any time. Please note the researcher will follow up with all volunteers to let them know whether or not they were selected for the study.

Risks and Benefits of Being in the Study: Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress or becoming upset. Being in this study would not pose risk to your safety or well-being. All participants prior to the study will be provided with contact information for free community counseling or group support services. The results of this study will help counselors, psychologist, psychiatrist, educators, and others in the mental health field to improve on the care provided to individuals who are bereaved-by-suicide.

Payment:
No monetary incentive, gifts or reimbursements will be provided to participants who decide to take part in the study.

Privacy:
Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by lock and key, and all information on a PC will be password protected. All participants will be given a number followed by a letter of the alphabet for identification purposes. All names of the participants in the study will be stored separately from the data, and password protected on a PC. All data will be kept for a period of at least 5 years, as required by the university. After the 5-year period all data will be destroyed.

Contacts and Questions:
You may ask any questions you have now. Or if you have questions later, you may contact the researcher via vincent.kinsey@waldenu.edu or 623-205-0208. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is **02-11-19-0277990** and it expires on **February 10, 2020.**

The researcher will give you a copy of this form to keep.

Obtaining Your Consent

If you feel you understand the study well enough to make a decision about it, please indicate your consent by signing below.

Printed Name of Participant _____

Date of consent _____

Participant's Signature _____

Researcher's Signature _____

Appendix B

Participant Information sheet

The completion of the demographic information below is important to determine how different factors may be related to the experience of suicide bereavement addressed in this study. All data collected in this study will remain confidential and any identifying information regarding the participants will not be released under any circumstances.

Participant ID # _____

Participant Gender: (Circle) Male or Female

Participant Age: _____

Participant Race / Ethnicity:

Asian American

African American / Black

Native Hawaiian / Pacific Islander

Alaskan Native

White or European American

American Indian

Participant Religion:

Atheism

Buddhism

Christianity

Islam

Baptist

Judaism

Hinduism

None

Other

Appendix C

Interview Questions

Interviews will be conducted for approximately one hour and will be audiotaped. The participant will be asked to respond verbally to the prompts listed below:

RQ1: How do the bereaved-by-suicide describe their grief in personal terms?

1. Tell me about your reactions to the loss of your loved one?
2. Tell me how much sense would you say you made of your loss?
3. How would you describe the impact of grief on you, personally?

RQ2: How do the bereaved-by-suicide describe their grief in practical terms?

1. How did people react to you after the suicide?
2. How would you describe your process of living and grieving?
3. Have you been able to find any benefit from your loss?

RQ3: How do the bereaved-by-suicide describe their grief in existential terms?

1. How would describe your faith in life after death?
2. How did you prepare yourself to say goodbye to your loved one?
3. How would you describe your perceived growth; moving on, creating a different lifeworld?

Appendix D

Debriefing Script

The following script will be read as a way to debrief participants at the conclusion of data collection.

> I would like to thank you for your participation in this study. Please remember that any information you provided will be kept confidential. You may ask any questions you have now or if you have questions later, you may contact me at vincent.kinsey@waldenu.edu. Please remember that a list of local grief resources and suicide hotlines are also available to you if needed. This concludes your participation in this study. Thank you.

Appendix E

Local Community Resource Sheet

Grief	**Suicide Prevention**
Barbara Cohen Psy, D 4500 N 32nd St Ste 118, Phoenix · (602) 750-0698	**Apache Nation Tribal Guidance Center** Greer, AZ 85927 928-338-4811 Fax: 928-338-4930
Counseling & Family Resources 99 E Virginia Ave Ste 275, Phoenix · (602) 264-4600 **Hospice of the Valley Administration** *For the newly bereaved.* Building 1; 1510 E. Flower St. Phoenix, AZ 85014 Meets 2nd & 4th Tuesdays 4:30–6 p.m. **Anthem Civic Building** 3701 W. Anthem Way Anthem, AZ 85086 Meets 1st & 3rd Tuesdays 6:30–8 p.m.	**Arizona Behavioral Health Services Crisis Hotlines** 24-Hour Crisis Hotlines - Suicide/Crisis Hotlines by County 1-800-631-1314 and 602-222-9444 **TTY (800) 327-9254** (Maricopa County) 1-800-796-6762 or 520-622-6000 (Pima Country) 1-866-495-6735 (Graham, Greenlee, Cochise, and Santa Cruz Counties) 1-800-259-3449 (Gila River and Ak-Chin Indian Communities) 1-866-495-6735 (Yuma, La Paz, Pinal, and Gila Countries) 1-877-756-4090 (Mohave, Coconino, Apache, Navajo, and Yavapai Counties)
Healing Rainbows *For lesbian, gay, bi-sexual, transgender community.* Hospice of the Valley Building 1; 1510 E. Flower St., Phoenix, AZ 85014 Meets 2nd & 4th Tuesdays 6:30–8 p.m. **St. Matthew's United Methodist Church** 2540 W. Baseline Road, Mesa AZ 85202 Room D-23; SW corner of Youth Education Bldg. North end of campus. Meets 1st & 3rd Tuesdays 6–7:30 p.m. **Hospice of the Valley East Clinical Office** 2020 E. Woodside Ct., Gilbert, AZ 85297 Lost Dutchman Room	**Arizona Department of Veteran's Services** 3829 N. 3rd St., Phoenix, Az 85012 (602) 255-3373 **Arizona Teen Crisis Solutions** For Parents of Struggling & Troubled Teens 24-Hour Cell Phone (**623) 879-9600** **La Frontera** 3810 S Evans Blvd, Tucson, AZ 85714 (520) 867-6860 **Mercy Maricopa Behavioral Health Crisis Line.** Crisis intervention, support and referrals are available 24 hours day, 7 days a week.

Meets 2nd & 4th Mondays 6:15–7:45 p.m.	Just call **602-222-9444** or **1-800-631-1314**(toll free) or **1-800-327-9254** hearing impaired
Pecos Community Center 17010 S. 48th St., Phoenix, AZ 85048 Meets every other Wednesday 6–7:30 p.m. ***2018 dates:*** January 10, 24 • February 7, 21 • March 7, 21 • April 4, 18 • May 2, 16, 30 • June 13, 27 • July 11, 25 • August 8, 22 • September 5, 19 • October 3, 17, 31 • November 14, 28 • December 12, 26	**1-800-SUICIDE** 1-800-784-2433 IMALIVE **National Suicide Hotline & Chat**
LifeWorks AZ 1130 E Missouri Ave, Phoenix, Az (602) 575-4030	LGBT Youth Suicide Hotline: 1-866-4-U-TREVOR
New Song Center for Grieving Children 1510 E Flower St, Phoenix (480) 951-8985 **Phoenix Interfaith Counseling** 2400 W Dunlap Ave, Phoenix · (602) 943-4284 **Sandy Jardine, M.S.** LPC Certified Emotionally Focused Therapist and Supervisor 7411 E 6th Ave Ste 204, Scottsdale (480) 990-9128	**MARICOPA COUNTY & STATEWIDE** **TeenLifeline.org** Peer Counseling Suicide Hotline 3:00pm - 9:00pm Daily Inside Maricopa County **(602) 248-TEEN** **(602) 248-8336** Outside Maricopa County **1-800-248-TEEN** **1-800-248-8336**
Therapy with Heart 8737 E Via de Commercia Ste 200, Scottsdale, Az (480) 888-5380	**Military Veterans Suicide Hotline:** **1-800-273-TALK (Press 1)**
	National Suicide Prevention Lifeline 1-800-273-8255 or 1-800-273-TALK
	PIMA COUNTY SAMHC - Behavioral Health Services Southern Arizona Mental Health Corp Crisis Line 24 hours / 7 days (520) 622-6000 1-800-796-6762
	SAMHC 2502 N Dodge Blvd Ste 190, Tucson, AZ 85716 (520) 617-0043
	Suicide Hotline in Spanish: **1-800-273-TALK** **(Press 2)**

	Southeastern Arizona Behavioral Health 251 W. Fourth St. Building 207 Suite 5 Benson AZ 85602 520-586-1027 Fax: 520-586-1029
	Suicide Prevention Center 1232 E Broadway Rd, Tempe **(480) 784-1500 or 1-866-205-5229**
	Teen-lifeline 4612 N 12th St, Phoenix (602) 248-8336 or 1-800-TEEN