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An examination of the grieving processes of suicide survivors

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AN EXAMINATION OF THE GRIEVING PROCESSES OF SUICIDE
SURVIVORS

by

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2005

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A thesis submitted in partial fulfillment
of the requirements for the

Master of Science in Counselor Education
Department of Counselor Education
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ABSTRACT

An Examination of the Grieving Processes of Suicide Survivors

by

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Dr. Dale-Elizabeth Pehrsson, Examination Committee Chair
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The scope of this research serves to aid in the understanding and counseling of survivors of loved ones who have committed suicide. This study will examine the phenomenon of survivors; specifically, what occurs as survivors move through the experience of grief and loss, as well as their individual grieving processes. The grieving process of those who deal with suicidal deaths of loved ones will be examined. Themes that emerge within the experiences of the participants will be identified and examined. Further, recommendations for the clinical practice of current and future counselors for work with suicide survivors will be suggested. Recommendations for further research will also be offered.

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Melvin and Dorothy, your integrity and love have driven me to strive for continual growth and I am so very lucky to call you my grandparents.

Derek, thank you for leading your ear so many nights and for giving me those much needed pushes along the way to just put one foot in front of the other.

To my siblings, Josh, Ben, Luke, Leah and Angie, you have played a large part in my motivation and inspiration to seek understanding.

This is dedicated to my family. My aspiration is that through knowledge may come healing not only for others, but for our family as well.

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CHAPTER 1

OVERVIEW

Although suicide is far from a new phenomenon, it continues to be shrouded within a cloud of misunderstanding. It seems as a Western society we are still lacking the ability to understand the exact causes for individuals who reach a personal breaking point and subsequently take their own lives. Because of this we still do not properly know how to discourage or eliminate this act.

We have much knowledge, as well, about who commits suicide: the most vulnerable groups and the social backgrounds and the gender of those most at risk; and we know, too about the how's and where's and when's of suicide: the methods used; the places, times, and seasons chosen. But we are less certain of why people kill themselves.

(Jamison, 1999, p. 19)

Since the precise knowledge of reasons why people kill themselves is lacking, it follows that the survivors might find this aspect troublesome.

The motivations for people taking their own lives vary. Contrary to popular belief, there is often no suicide note left behind. Only about one in four suicides ends with a final note left for others to read, however, the majority of families are left to wonder forever the real reasons for the suicide (Strauss, 2009). Often, loved ones search their memories and review the days and weeks prior to the suicide. They search any clues that might solve the puzzle of why (Cain, 1972). They attempt to put together a puzzle for which they may never find all the pieces. They look for answers to these why questions in order to make sense of the suicide but also an attempt to close the deep gap that is created by suicide (Alexander, 1991).

Suicide is an act that has been prevalent in all societies for centuries. However, the views of those who committed suicide have varied. As put forth by Farberow (1975),

The overview of suicide also makes it clear that the rate of suicide has been high or low in particular eras in direct relationship with variations in social controls and different emphases on the value of the individual in comparison to state, such as idealization of reason, and individuality. (p. 2)

So the different mores, values, and norms in societies may influence not only the suicide rate but the survivors' grieving processes as well. The society's response to suicide may vary from sympathy to blame but even when there is sympathy given, questioning may still be present (Farberow, 1975). With often conflicting responses from those around them, suicide survivors may feel their grief is not fully understood and their pain is seen by others as partially their own fault.

They are left to a bank of questions from others, both asked and unasked, about why; they are left to the silence of others, who are horrified, embarrassed, or unable to cobble together a note of condolence, an embrace, or a comment; and they are left with the assumption by others-and themselves-that more could have been done.

(Jamison, 1999, p. 292)

If suicide is highly stigmatized in a culture then the survivors may experience more negative consequences of the death such as shame and isolation. "Yet there is considerable evidence that survivors feel more isolated and stigmatized than other mourners and may in fact be viewed more negatively by others in their social network" (Jordan, 2001, p. 93). Therefore, one could argue that it is not the act of the suicide alone that creates complicated grief but rather the views of the society that creates the problems

for individuals with their grieving processes. Sometimes, the survivors of suicide feel that they cannot talk as openly about their loss as survivors of other forms of death of family members. Suicide survivors may avoid revealing suicide as the cause of death in social settings and instead state the death as a sudden illness when asked about their loved one's death (Alexander, 1991). The views on the deceased and the grieving process of the family may be influenced by the views the society holds on suicide, as explained by Alexander (1991), "The way in which a person experiences loss, whether from suicide or another kind of death, is shaped and colored by the particular combination of personality, physiology, family, and culture" (p. 6).

Personal Experience

As a survivor of a family member who committed suicide I can relate to the feelings of guilt, shame, rejection, and the immense desire for answers. My older brother committed suicide at the age of twenty-six. It was on the Fourth of July when I found out and as the sounds of fireworks and laughter surrounded me, all I could think was one word, "Why?" Even moments from first learning of his death, the feeling that I had somehow failed my brother was overpowering. Why hadn't I sensed something was wrong? Why hadn't I called more? Why hadn't I been a better sister? Suicide hit to my core, creating a deep sense of insecurity. I thought, "If only I had been better, he wouldn't have killed himself". It was somehow my failure as a person that contributed to his death. I struggled with contradicting feelings of being angry at myself for not being there more, and experiencing overpowering anger at my brother for "taking the easy way out". I felt that he had gotten off easy and left us to deal with the aftershocks. The shame I experienced was deeply felt, especially when people who heard of my brother's death

would ask me how he died. I always cringed inside while explaining that his death had been by his own hands. People seemed to either react with silent awkwardness or intense interest. Similar to when people are driving by an accident and feel the need to try to peer over the crowd to get a small glimpse of what happened. I had some people ask me if my brother was crazy or ill. I remember the anger that brought on. I felt my brother was solely being defined by his death. That he was chalked up as this insane man who killed himself. Not his witty humor, intelligence, or love of music. No, instead I was fearful that his suicide would overshadow all else and follow him as his only legacy.

Having personally experienced the suicide of a loved one, I would agree with the research that this kind of the grieving process is different from other forms of death. “In a review of literature, Knieper (1999) points to findings from several studies that indicate bereavement following suicide is not the same as that following natural death” (Cvinar, 2005, p. 16). For me, the moment I found out my brother committed suicide, the haunting questions started. The feeling of rejection dominated all my emotions during my grieving process. Research supports that loved ones experience feelings of deep shame, intense anger, and guilt. These feelings are a common occurrence, they follow in the wake of the suicide of a loved one (Kaslow & Gilman Aronson, 2004).

CHAPTER 2

LITERATURE REVIEW

History

Historically, opinions of suicide are rich and varied. During the fall of Rome, St. Augustine had strong words for those who died by their own hands. According to Capuzzi (2004), “Augustine forwarded several lasting notions: Suicide was caused by a lack of fortitude; it was a sin, self-murder, and an act that damned the soul” (p. 7). Additionally, “Suicides were not recorded through church organizations because the bodies of the suicidal were not given a Christian burial” (Capuzzi, 2004, p. 4). Suicide is seen as violating many of Christianity’s values. Some of the ideals that are seen as a reason to view suicide in a negative light is that it goes against God’s plan for their life, life is a gift that should be cherished, the body is a temple of God that should not be destroyed, avoidance of suffering, and suicide not being a natural behavior to seek self-preservation (Battin, 1995). The attitudes in the United States against suicide have been historically negative. Committing suicide is often seen as a failure; that the person had a certain moral or character deficiency (Minois, 1999). “Popular culture still largely considers suicide as a sin, an illness, and even a crime, and until very recently has been not at all willing to explore the bases of this view” (Battin, 1995, p. 20). Since suicide has been traditionally seen as dishonorable and those who have partaken in it were often denied a traditional burial, it is easy to forget some of the celebrated talents in Western society have faced death by their own hands. Those such as Sylvia Plath, Ernest Hemmingway, Vincent Van Gogh, Hunter S. Thompson, and Virginia Woolf have all reportedly committed suicide (Strauss, 2009). This negative view regarding suicide seems

to have been the predominate attitude, extending throughout the ages in a large number of societies. “During the Middle Ages suicide stigmatization was fully institutionalized: suicide corpses were regularly mutilated to prevent the unleashing of evil spirits; suicides were denied burial in church cemeteries; and the property of their families was confiscated” (Feigelman, Gorman, & Jordan, 2009, p. 591). Although suicide was often viewed as a less than honorable way to die, it was not the consensus of all societies in every time period. “Is it commonly held that suicide was allowed in ancient Greece as long as it had been authorized by the public magistrate” (Marra & Orru, 1991, p. 276). Certainly, cultures have varied in their notions of self-inflicted death. “The Eskimo, Norse, Samoan, and Crow Indigenous peoples accepted and even encouraged, ‘altruistic’ self-sacrifice among the elderly and sick” (Jamison, 1999, p. 12). In some societies, such as China, suicide may even be viewed as an honorable way to die. In the United States however, suicide is often seen as a cowardly way to end one’s life. Those who commit suicide are seen as unstable or consumed by mental illness. “Are people who kill themselves ‘crazy’ No. Are people who kill themselves mentally ill? No. These ‘facts’ deny a connection between mentally ill and suicide” (Wroblewski, 1994, p. 34). Besides society’s view as suicide being committed by those who are severely mentally ill, there are other assumptions that come with the act of suicide. Suicide is viewed negatively in Western society because of the pain caused to the loved ones and families, breaking society’s law to not kill, and the deceased can no longer contribute to society (Battin, 1995).

Agreements and Disagreements in the Literature

An area of debate regarding suicide survivors and survivors of other forms of death is whether the suicide survivors have a more complicated grieving process. Feigelman,

Jordan, and Gorman (2009) argue, “Past research suggests some confusion and controversy over whether suicide survivors stand at higher risk for having more grief difficulties compared to other survivors of traumatic deaths” (p. 253). There is further debate as to whether suicide survivors’ grief is different from survivors when loved ones die by other causes. Some literature supports the premise that suicide survivors’ grief does not differ from others who are dealing with non-suicide deaths. Van Der Wal (1989) argued that survivors of suicide experienced no more symptoms in grief than other survivors. Additionally, in a study conducted by Demi (1984), who compared widows who survived suicide to other widows who survived partners who died from non-suicides, found there were minimal differences between the two groups. So do suicide survivors experience grief that is different from other kinds of grief, and if so, how is it different? With information saying that there is no difference in the grieving process, the alternative view might indicate that the grieving process is not the same. Others proclaim that suicide survivors experience a multitude of emotions in the grieving process. “The suicide of a loved one frequently unleashes an emotional tsunami of guilt and self-reproach in survivors” (Jordan, 2008, p. 681). Those who argue that survivors of suicide are more prone to complicated grief offer reasons that this may occur such as; rejection, anger, shame, guilt, and possibly relief. Even though a possibility exists that people who have had loved ones die by other means other than suicide may experience some rejection and guilt, the degree may be less. Survivors of suicide were less likely to reveal the true cause of death and more commonly experience stigma, rejection, shame, and blame (Feigelman, Jordan, & Gorman, 2009). Therefore, even if these emotions are present within loved ones of non-suicide death, they may be more intense with suicide survivors.

Jordan offered a rationale for the confusion regarding the difference between suicide and non-suicide grieving. Jordan suggested these contradictions may be due to the nature of the studies conducted using quantitative methods instead of qualitative methods. The quantitative studies may not fully capture the delicate intricacies of the grieving processes of suicide survivors (2001). With the enormity of this group in the United States and incongruous information in research, one might wonder why this issue is not been investigated more thoroughly in order to clarify what survivors of suicide experience. Of course, this is an emotionally charged issue and this could be one reason for the dearth of research. Examining this topic is not for the faint of heart.

Current Information

The number of people in the United States who take their own life is staggering. According the American Association of Suicidology (AAS) there are 33,000 men and women who commit suicide each year in the U.S. alone. The number of people impacted by this statistic each year is striking. This becomes particularly significant when one estimates that for each person who takes their own life there are estimated, “at least six survivors” (AAS, 2009). So, that makes at least 198,000 Americans who are coping with the suicide of loved ones each year. The numbers shown of those impacted by the act of suicide in the U.S. are often overlooked, the population most affected by tragedy. Suicide ranks as the eleventh leading cause of death in the U.S. over all, and ranks the third leading cause of death with youth aged fifteen-twenty four. Those who take their own lives are often seen as the topic of frequent research but there are critical questions regarding those who are left behind (AAS, 2009). The population of suicide survivors cuts across all races, ethnicities, genders, sexes, economic classes, and religions. No one

population escapes from the touch of suicide. With the conservative estimate of people in our population affected by suicide at around 198,000, a huge part of the U.S. population deals with the grief of a suicide death (AAS, 2009).

Need for Research

Those who commit the act of suicide are the focus of numerous studies but it is the survivors of the suicide who require further attention. In addition to working to prevent this heartbreak, more time should be spent on looking into the effects that this tragedy brings on those left behind, and how it may differ from grief of non-suicide deaths. The family and friends who are left behind by a loved one's suicide are referred to as suicide survivors. As stated by Jordan (2008), "Within suicidology, the term 'suicide survivor' has come to refer to a person who is grieving after the suicide of a loved one, not someone who has survived a suicide attempt" (p. 679). This group is widely underserved and overlooked. Although there has been a considerable increase in research conducted in the area of survivors of suicide there still remains a call for clarification and increased understanding of the implications on the grieving process. The need for research is critical to aid in the understanding in the effects that suicide has on those left behind. It can aid in better understanding of not only clinicians but the general public. Part of making the grieving process not so lonely for suicide survivors is providing understanding of their feelings and emotions in this difficult time.

Suicide survivors work through various stages on their passage through grief: They learn to acknowledge, understand, accept, and express their feelings and reactions; to understand what suicide is, in general, and to have their own understanding of their

particular experience of suicide; as well as to accept and forgive the decision.

(Andriessen, Beautrais, Grad, Brockmann, & Simkin, 2007, p. 211)

This knowledge should provide counselors with additional tools to make the counseling process more effective. There are many different aspects in counseling suicide survivors that counselors must face. Kaslow and Gilman Aronson (2004) point out that, “The therapist should reflect on his or her attitudes about suicide, acknowledge the challenges in helping families cope with the devastating loss, and not blame the deceased, family, or other care givers ” (p. 241).

This study aims to increase the therapeutic value of counseling of those lives who have been impacted by suicide. The hope is to engender understanding and healing. The goal is to provide a level of thoughtful review of the difficulties that suicide survivors experience during the grieving process and to provide a window into some possible thoughts, behaviors, and feelings suicide survivors may be experiencing.

It is the assumption of this researcher, that considering this topic, a qualitative study would best capture the experiences of survivors of the suicide of loved ones. Since there is an array of emotions associated with the grieving process, which are often compounded with suicide, a qualitative study would best allow for survivors to express their unique and personal experiences. Qualitative studies may be the best to use when the topic has not been fully examined (Creswell, 2009). Even though suicide survivors have been researched, there is still limited information and discrepancy in the results related to their grieving processes (Ellenbogen & Gratton, 2001). Qualitative research is used when there is a desire to find themes and meaning in the information gathered (Flick, Von Kardorff, & Steinke, 2004). Quantitative methods would fail to truly capture the process suicide

survivors move through while grieving. In search of obtaining a greater understanding of the phenomenon, qualitative methods would better garner data for the research topic presented (Miller & Salkind, 2002).

CHAPTER 3

METHODOLOGY

The intent of this study is to examine the experiences of suicide survivors. It is the hope of this researcher that information culled from this project will increase knowledge and understanding of this phenomenon. This information will be used to assist counselors in their work with survivors and influence how counselors design treatments. This research study planned to investigate experiences of individuals applying qualitative methodology because this methodology will best gather and represent the unique experiences of survivors. Qualitative research allows for the distinctiveness and richness of experiences to be represented (Guba & Lincoln, 1994). The use of qualitative investigation helps to create a more comprehensive picture for understanding their grieving processes. “Qualitative researchers try to develop a complex picture of the problem or issue under study” (Creswell, 2009, p. 176). The premise is that the array of thoughts, behaviors, and emotions that suicide survivors experience cannot be fully captured within the context of quantitative formats. Specifically, within the qualitative research approach, a phenomenological approach will be taken. A phenomenological qualitative study was chosen because it will provide the best illustration of the various experiences and grieving processes that suicide survivors undergo. Phenomenological approach is a “strategy of inquiry in which the researcher identifies the essence of human experiences about a phenomenon as described by participants” (Creswell, 2009, p. 13). The objective is really to capture how the participant experienced a certain event, in the case of this study, how participants experienced the suicide of their loved one (Moustakas, 1994).

Participants were recruited through flyers circulated throughout the University of Nevada, Las Vegas Maryland Campus (Appendix 1). The procedure for collection of data was a onetime event and participants volunteered. The researcher attempted to recruit participants who came from various age groups, ethnicities, cultures, and genders. Most participants were anticipated to likely be from predominantly non-Latino/European American population because according to the student statistics of University of Nevada, Las Vegas the percentage of minorities is 39.5% which leaves the European American /non-Latino percentage of students around 60.5% (University of Nevada, Las Vegas, 2011).

The participants were aged eighteen and up so participants were legal adults and could give their consent to participate. It was required in order to avoid additional trauma to the participants that at the time they participated in the study that at least two years should have passed since the suicide occurred. The hope was to better ensure emotional safety of the participants since the most severe aspects of grief are usually experienced within two years following the death (Littlewood, 1992). Individual semi-structured interviews were the form of data collection. Individual interviews were conducted as participants volunteered for the research study and all interviews were conducted within a three month time period. Once students decided they wished to be involved in the study, the researcher set up individual interview times in the Carlson Education Building (CEB) room 335 that was convenient for the participant, researcher, and the College of Education office staff. After the interview time was set up and agreed upon, directions to the meeting place were given. Participants were instructed to meet the researcher in CEB 335 at the set upon time. The researcher arrived ten to fifteen minutes prior to the set

interview time. The interview took place within CEB room 335 and the door was locked to ensure the privacy of the participants during the interview process. Before the interviews were conducted, the researcher reviewed the informed consent, particularly addressing the participant's right to stop the interview at any point and have the participant's information withdrawn from the study. Once individual interviews were completed, all materials were collected from CEB room 335 and all interview materials were stored in a locked file within room 310, the co-researcher's office. The office has a double lock system; the office is locked as well as the files. The research interview process took between forty-five to ninety minutes and was devoted to each participant's telling of their experience. During the interview, each participant was asked nine open ended questions/discussion points such as, "What were your reactions, feelings, and thoughts immediately following the suicide?" (Appendix 4). The sample size did not exceed eight participants. The reason the sample size of eight was chosen was because a phenomenological method of interviewing was selected; literature supports eight participants being the appropriate number for this form of in-depth investigation (Aguayo & Coady, 2001, Andreassen & Wyller, 2005, Bonello & Cross, 2010, Cooper, 2005, Corrie, & Callanan, 2001, Fisker & Strandmark, 2007, Glass & Jolly, 1997, Knox, 2007, Nilsson, Naden, & Lindstrom, 2008, Parris, 2003). Qualitative questions addressed family, friend, and community responses to the suicides of loved ones. Additionally, the individual grieving processes of the participants was examined (Creswell, 2009). Upon obtaining the participant's consent, voice recording was utilized to ensure the accuracy of data collection. A video recorder was not used because the researcher felt that the presence of a video camera might raise anxiety, increasing the likelihood of discomfort

and perhaps the need for psychological services. The participants were also informed that they may be asked to participate in a ten-fifteen minute follow up interview via phone to clarify any data collected during the face to face interview. Once the data was collected, each participant's interview recording and researcher's notes were coded by a one digit number and the participant's name was removed from all materials, except the consent form. The researcher has a master copy of the participants' names, along with assigned numbers, in a locked file housed in CEB room 310. After names were removed and a one digit number was assigned to all research materials, except the informed consents, voice recordings were transcribed. The data was coded according to topics identified such as grieving process three months following the suicide, societal reactions to the suicide, and participant's initial reactions immediately following their loved one's suicide. Once data was coded, then common themes were identified and analyzed (Bryman, 2004). Once results were analyzed, the results were reported in narrative format. In order to maintain confidentiality of participants, identifying information such as name and specific age were not reported in the results portion of the thesis. Aliases were assigned to participants in the results portion of the thesis and participants' ages were not given. The data will be kept on file for five years then destroyed by the process of shredding.

Revisions to Methodology

The initial purpose of the study was to aid in the understanding and counseling of survivors of loved ones who have committed suicide and to examine the phenomenon of survivors; specifically, what occurs as survivors move through the various processes of grief and loss as well as their individual grieving processes. A qualitative methodology was initially chosen because it provides the best illustration of the various experiences

and grieving processes that suicide survivors undergo and create a more comprehensive picture for understanding their grieving processes. In using qualitative research, an array of thoughts, behaviors, and emotions that suicide survivors experience are seen that could not be fully captured within the context of quantitative formats. Although a phenomenological research approach was used, the number of participants was reduced from the proposed eight to three participants. This was due to a lack of participants and time constraints. With the reduction of participant size, the initial research goals were still met but the analysis of the data required more depth through case studies. Case studies are used as a way to gather patterns and linkages of theoretical importance (Bryman, 1989). In order to provide a greater understanding of participants' experiences, a modification in the approach to phenomenological research was made. Phenomenological research uses two main questions that serve as stems but this study used nine more in-depth questions. These questions served to prompt further research inquiries that will help mold questions in the future for a larger research project and increase awareness and understanding of what suicide survivors experience during their grieving.

Role of Researcher

In using a phenomenological method, the researcher is the primary tool in interpretation of data. Since the researcher is the vessel used in analysis of the data, it is essential that the researcher engages in the process of "Epoche" (Moustakas, 1994). Epoche is a process that is stated as the researcher putting to the side "everyday understandings, judgments, and knowings" (Moustakas, 1994, p. 33). Part of setting aside beliefs is making the researcher's experience known to ensure the study is as far from the researcher's opinions, feelings, and beliefs and announcing any experience with the

phenomenon being studied (Moustakas, 1994). The following is my “Epoche” of my experience as a suicide survivor to ensure my own experiences do not blend, influence, or guide the interpretation of participants’ experiences.

Researcher Personal Narrative and Assumptions

In my identity and experience as a suicide survivor, I have felt some powerful emotions, reactions, and asked countless questions. After experiencing the sudden suicide of my brother, I would replay my last phone conversation with him looking for clues that could have foretold the tragedy that was about to fall upon on my family. In the weeks following the suicide, I remember feeling anxious before falling asleep for fear of the dreams I might have. I had anger at my brother for leaving, for not being there for future birthdays, Christmases, and random late night conversations in my father’s kitchen about nothing and everything. I was angry my expectation of growing older with all my siblings had gone out the window. My brother was no longer a sense of support but rather the one to single handedly cause me the deepest pain, rejection, and guilt in my life to date. Following his death, I often wondered if I would ever recall childhood memories without being filled with sorrow. Everything felt tainted by his death, a reminder that he no longer desired to be a part of our world. Instead of helping to stifle the pain that life sometimes brings, he added to it. As time has rolled on, the memories of my brother are no longer seen as a burden but rather as a treasure; a place where I can always find him, a place where he will always live. The things that helped me in my grieving process were being allowed to talk about him, often for hours at a time, tell about childhood memories, last conversations, and express my feelings of guilt, regret, anger, shame, and rejection. In experiencing all of these powerful emotions and moving through the grieving process,

I had preconceived ideas of what other suicide survivors may feel and what the grieving process is like.

My assumptions were:

1. The grieving process for suicide survivors versus grief of non-suicide deaths is diverse because of the added intensity of emotions such as blame, shame, guilt, relief, and responsibility.
2. There is stigma experienced by families who have loved ones take their own lives. The family is often blamed as being either fully or partially responsible or contributing to the suicide.
3. Death by suicide makes those in the community less likely to reach out to the loved ones because of the blame assigned to the family.
4. There is added shame felt during the grieving process because in Western culture suicide is often viewed as being done by the weak or severely mentally ill.
5. Guilt is often present with suicide survivors for not being able to stop or foretell the suicide in the days, weeks, and months before.

Researcher Ethics

As previously stated, I am a survivor of suicide myself. This gives me experiences and certain opinions with the topic of the grieving processes of suicide survivors but in doing this research, there is an ethical responsibility to put aside my assumptions. This was imperative in order to ensure the participants were not biased during the data collection process. Additionally, during the analysis of data it was important to put aside my prejudices to make sure the meaning was captured correctly without being biased by my preconceived notions. I was tasked with the responsibility of presenting each

participant's experience with both accuracy and reverence. As a result, during the process I have felt this weighty responsibility and acted with caution.

Sampling

The objective of qualitative research is not to provide results that can be generalized to the larger population but provide a description of the experiences of those whose phenomenon was studied (Creswell, 2009). This study was a qualitative study and utilized a sampling of participants who were students currently attending the University of Nevada, Las Vegas. One reason this sample was selected was that these individuals had access to the university's Counseling and Psychological Services (CAPS) should a referral be required due to the sensitive nature. The criteria for participation was to have a loved one who has committed suicide more than two years ago, be 18 years of age or older, and an admitted student currently attending University of Nevada, Las Vegas. Interested students who met the criteria contacted the researcher by phone or email. The students were given additional information about the study by being sent the letter to participants (Appendix 2) and any questions produced were answered. If the student met the criteria and desired to participate after receiving information about participation, a face to face interview was scheduled at a mutually agreed upon time at the University of Nevada Las Vegas, Maryland campus in CEB room 335.

Data Collection

In keeping with the qualitative research method, data collection took place through face to face interviews (Creswell, 2009). During the semi-structured face to face interviews at the University of Nevada, Las Vegas Maryland campus, each participant was asked nine predetermined probing open-ended questions such as "Describe your

experience when asked about the death of your loved one” (Appendix 4) . These questions were created as a way to center the participant in telling of their story and gather their personal view (Creswell, 2009).

Measures to Ensure Confidentiality

For this study, the approval from the Institutional Review Board of University of Nevada, Las Vegas was applied for and approved before any collection of data occurred (Appendix 5). In applying for approval for this study from the Institutional Review Board, measures to ensure confidentiality and safety of participants were outlined. Before collection of data, participants completed the informed consent which reviewed their right to withdrawal from the study at any time (Appendix 3). Participants were also given a copy of the signed informed consent so they may review their rights at any time. Participants’ confidentiality was upheld by keeping all materials in room 310 of CEB, the co-researcher’s office, which has a double lock system. Once the interview was transcribed, a number was assigned to the transcript. Informed consents and interview transcripts are kept in locked storage. All records will be stored in a locked facility at University of Nevada, Las Vegas Maryland campus for five years after completion of the study and after the storage time of five years, the information gathered will be shredded.

CHAPTER 4

DATA ANALYSIS PROCEDURES

In keeping with the qualitative methodology, the coding procedures for analyzing the data were also qualitative in nature. For purposes of generating themes, the coding approach outlined by Moustakas (1994) was applied.

Horizontalization is the first step in the analyzing data using the qualitative method of phenomenological research.

Organization of the data begins when the primary researcher places the transcribed interviews before him or her and studies the material through the methods of phenomenal analysis. The procedures include horizontalizing the data and regarding every horizon or statement relevant to the topic and question as having equal value.

(Moustakas, 1994, p. 118)

In reviewing each participant's response, categories in the interview are pulled and the themes that emerge during the horizontalization step lead into the next step of textural description (Moustakas, 1994). The researcher read each participant's interview four to five times and reviewed each response as having significant meaning.

Textural Description "The clustered themes and meanings are used to develop the textural descriptions of the experience" (Moustakas, 1994, p. 118). Through the themes in each participant's interview the meaning of their experiences is obtained. As familiarity was gained with the data, color coding was used to identify recurring topics in the interviews such as others' reactions to the suicide and why questions.

Structural Description is the purpose,

To arrive at the structural descriptions of an experience, the underlying and precipitating factors that account for what is being experienced; in other words the “how” that speaks to the conditions that illuminate the “what” of experience. How did the experience of the phenomenon come to be what it is? (Moustakas, 1994, p. 98)

Textural-Structural Description happens when from each participant grows the themes and meanings of each individual from examining the interview (Moustakas, 1994). This step was accomplished by combining quotes from the participant’s interview and researcher interpretations of themes.

Composite Textural-Structural Description is when “From the individual textural-structural descriptions, develop a composite description of the meanings and essences of the experience, representing the group as a whole” (Moustakas, 1994, p. 121). This was done by comparing researcher notes and color coded themes in each participant interview to identify similar themes within two or three participants’ interviews.

CHAPTER 5

PARTICIPANT CASE STUDIES

Aliases were assigned to each participant instead of referring to them by the participant coded numbers given (e.g. participant one). This was done in order to bring more life to each participant's story and create a greater sense of connection between the reader and the participant's experience. Below is the summary of each participant's story.

Participant "Jane" (One)

Jane is a female who experienced the suicide of her husband of many years. Jane's husband had been successful in the military and was often on deployment throughout their marriage. Prior to the suicide, Jane's husband was diagnosed with a brain tumor and had undergone surgery to have the tumor removed. After the removal of the brain tumor, Jane reported diminished cognitive abilities of her husband and a change in his personality. With her husband's memories of his past responsibility and prior level of functioning still intact, he began talking of ending his life and threatening her life as well.

As Jane put it:

"He could remember that he had been this other person and um, he became obsessed with killing himself and killing me and so, um, it was only a matter of time."

After months of concern over the safety of herself and her children, after one emotional evening that included fear for the safety of her and her children, her husband took his own life. After hearing the news of what her husband had done, she was filled with a sense of relief because her and her children were still safe. This feeling of relief was followed by feelings of numbness, shock, and denial he was actually gone. Jane's denial her husband was actually dead and thoughts that he was on another temporary duty (TDY) with the military, continued two years after the suicide.

“Our whole married life he was gone all the time and so it was like he was on another TDY. You know, military calls it TDY, it was like he was on another TDY and that went on for about another two and a half years before it really hit me, you know, that no this is real, he’ll never be back.”

Following the suicide, Jane reported feelings of isolation as she felt she had few willing participants to hear the words she so desperately needed to speak.

“Because some people deal with things by not talking about it, I was one who dealt with things by talking about it but there was nobody I could talk about it with.”

Besides a family member and a close friend, she felt restricted in who she could share her thoughts and feelings with. For years, she disclosed the cause of death as a brain tumor when asked by others instead of stating it as a suicide.

“I guess it’s a form of denial on my part, maybe making it easier for myself, or what have you, but it wasn’t until then that I would actually say it was a suicide. Nine months ago I never would have done this study because I was, he died of a brain tumor.”

Jane only started disclosing the death as a suicide around nine months ago. Even since disclosing the death as suicide, she still lets others know that he had a brain tumor prior to the suicide.

“I always preface it with ‘he had a brain tumor and he was out of his mind’ and that um, candy coats it a little bit and it makes it more palatable.”

Three reasons were given to the preface of her husband having a brain tumor. The first being that just stating it as a suicide might leave them with questions, the second is they may feel uncomfortable and because of this uncomfortableness, may not feel they can ask questions, and the third for adding the information about the brain tumor is avoiding any judgment that may occur. As Jane put it,

“There’s a third reason too, and it’s just self-motivated on my part. When I say he’s a suicide, the way they look at me in absolute horror and the look on their faces, you know, ‘Well you were his wife, what’d you do?’ I don’t want, I don’t want to see that

look and so it's a self serving reason but yes, I do it because I don't want to make people feel uncomfortable but I also don't want to see that look on their face."

This additional disclosure was to avoid judgment of others by making it seem logical to them that he took his own life. This was reiterated later when Jane went on to add that providing information about the brain tumor,

"Softens the blow, it gives them a reason, it gives them a justifiable reason for him to take his own life. It doesn't make me a bad person where as if he just went and shot himself I might have been the bad person that drove him to it but if I say it was a brain tumor then they understand he wasn't in his right mind."

Jane feels people are afraid to discuss the suicide so she has to add the information that he had a brain tumor. She wants to make sure it's known it wasn't her fault because of the brain tumor. If she didn't offer that statement she may be judged. It is not only the fear of judgment by others that is a concern but also the uncomfortableness of others in discussing the topic of her husband's suicide.

"Um, going out of my way to make them uncomfortable to me is just caddy. So if I say 'he had a brain tumor and he ended up killing himself' that's palatable. Saying he killed himself is not."

Since Western society sees suicide as unacceptable and a topic that holds stigma, by Jane disclosing his death simply as a suicide is "going out of her way to make them uncomfortable" rather than just seen as being honest. She perceives it as somehow being cruel by stating this very real fact about the death of her husband but fears being viewed as inappropriate or mean by disclosing he died by suicide.

Jane experienced the messages of "Don't talk to me about that, I'm uncomfortable" through other's non-verbal language. She was able to pick up on those who knew about her husband's suicide and those who did not.

"Yes, you know and a lot of it, sometimes was just paralanguage, you know, the way they would be real stiff. I mean, it wasn't always verbal you know, but if you look for

their level of discomfort you could tell, you know. I know that sounds vague, it really does, but I, unless you're faced with that I don't know that you have full grasp of what I am talking about but you could tell, you could tell who knew and who didn't."

Following the suicide, Jane experienced a longing for her husband and desire to feel a sense of connection to him. The longing was shown in daily actions such as sleeping arraignments.

"I'd always, I'd always lay on his side of the bed. For 20 years I slept on the other side but now all the sudden I'm on that side you know."

Although she longed to feel close to her husband, she also discussed feeling numb and disconnected. These feelings began shortly following the suicide and continued until two years after the suicide.

"I went into autopilot and I just stayed there I mean, and I think, I think in my case it was because of me being so used to him being gone for months and months at a time it was easy to stay in autopilot thinking that he'll be back and I mean, it stayed like that until I would say, about a little over two years."

Jane's experience of her husband's suicide included denial that he was really gone, numbness, disconnect, longing, loneliness, isolation, and a desire to protect others by not making them uncomfortable by discussing her husband's suicide.

Participant "Michelle" (Two)

Michelle is a female who dealt with her step-brother committing suicide. The information that her step-brother's death was a suicide was withheld and at first she was just simply told he died. Although close when in their teen years, Michelle's relationship with her step-brother become more distant as they entered adulthood, started families, and resided in different states. Initially upon learning her step-brother had died she was met with shock.

"Okay cause initially I wasn't told that he committed suicide, I was just told that he died and um, it was my step-brother and my mom told me. And because my family,

my step-dad's family is very quiet, very private, um, I didn't want to push it. When I found out um, I was shocked. I hadn't had a lot of contact with him because he was out-of-state, I grew up with him, we spent a lot of time together as teenagers but when I found out um, I think I was, I was shocked.”

Even before learning about how her step-brother had died, she began to have concern over how others closer to him were coping.

“And once the shock wore off, um, honestly my first reaction was, oh my gosh what about his son, what about my step-dad, what about his brother, um, because these are, you know, people that he was involved with. Really, they’re tight-knit, you know I didn't have a lot of contact with him for several years prior to this but, but all the family did and I was concerned about what they were gonna be feeling.”

After her mother informed her that the cause of death was a suicide, Michelle was concerned for her family and the struggle to not be able to fully answer the question of why started.

“You have to guess at the reason and because in that respect you never get closure, you don't know why. You have to play detective and go back through okay he, he had a crappy childhood, his wife had some issues, he was talking smack, uh, he got fired from his job, all of those things you can, you can hypothesize but you don't really ever know, he's not there to answer so you're left not knowing so then you start you know, moving along and trying to figure out who did what and who is responsible and how are they responsible.”

The questions started of who played a part in her step-brother’s suicide and she began trying to find an identifiable cause for the suicide.

“He was constantly competing with his brother for attention, for his whole life he competed for attention and he never, he never got the attention like his brother got from his dad and so there was a clear, we've always known, everyone in the family always knew that his brother was the favorite and so (step-brother’s name) was constantly, uh, he spent his whole life chasing (older step-brother’s name). So blaming his dad was ‘you did this, you did this to your son because you didn't give him the attention that he needed, which is not fair, you know, I'm a parent I know, but that’s what I thought. You had a part in this and you should have done better and now you are gonna, now you're gonna suffer and I didn't want him to suffer, it wasn't that I wanted him to suffer cause that, the grief of the suicide that never goes away.”

Although her sense of blame was mainly aimed at her step-father, she also questioned her own actions.

“There's always that ‘what did I do, what didn't I do’. So, but that's, that was probably the major thing is that I was angry at his dad.”

Even though Michelle stated that logically she knew her step-father was not to blame, she still fought the urge to place the responsibility on him. Finding a tangible target may have been easier to process than live with the unknown reason(s) for his suicide.

Michelle went on to discuss societal responses to her step-brother's suicide and whether she disclosed the cause of death to others.

“Um, I don't recall going out of my way to tell anybody what had happened um, partly because I knew that people would be like what the heck is wrong with your family. Um, but partly just because it wasn't, it's not, just wasn't something, that's just not something that I, it's not like you know you got a brand-new ring and you want to show people, oh look my brother died. It just wasn't the same. I wasn't afraid of being shunned because quite frankly I'll just tell you off but um, I know people are out there and I was concerned about that with um, my step-dad because he's very concerned with how people, um, see him so I spent a lot of time talking to my mother about um, what my beliefs were about suicide and how it should be viewed rather than how other people might view it, and you know, point the finger at you.”

She also later added,

“Uh, when I consider that my step-father's uh, when I respect my step-father's idea that he would probably prefer these things kept quiet, just out of respect I would, I would probably change the way I, depending on who I was talking to, I would probably change the way that I said that. It would only be out of respect for him.”

Michelle stated her primary concern in disclosing the cause of death as her step-father. She was afraid he might be upset with her telling others it was suicide because of the judgments possibly assigned to the family. Some of these judgments were in regards to religious beliefs and an important aspect for Michelle was making her beliefs known to help provide comfort to her step-father.

“I think the stigma is it's morally wrong um, and they're going to hell. My church doesn't believe that, my religion does not teach that but they do, but people do believe that it is wrong because you know you're taking a life whether it's your life or someone else's it's wrong, I get that part, but I don't believe for a second that that means you're going to hell because my position is that uh, God knows how you are and I can't imagine he would condemn you know, the schizophrenic for, you know self-medicating because they're trying you know, whatever, you know, there mentally ill, they're not right. Their thought processes are different and I just believe that God would not throw people in hell for that, I mean they're not right in the head. If they were then they would make different, better choices. That's my opinion. So, and I wanted them to understand that because I didn't want, he's got a Catholic background my step-dad does. I didn't want him thinking that you know, your son is going to hell and that's the end of it, you know, whatever. I don't believe that.”

There was a desire to communicate her beliefs that contradicted some of the judgments that others have about those who commit suicide. This was done as a way to aid in soothing fears her family may have about her step-brother's afterlife and provide them with another viewpoint. In trying to provide a more positive opinion to her family, she herself had questions about his life after death in the months following his suicide.

“I did have some questions, what's he doing, how is his existence now versus someone who didn't kill themselves, are there consequences? I mean, I don't believe that there are severe consequences like the Catholic religion believe but that he maybe did something that he shouldn't have done so what are the consequences.”

In Michelle's experience with the suicide of her step-brother, she experienced the why questions, looking for the cause of suicide, concern for her family, and desire to provide a contradictory outlook, especially when it came to religion, that would provide her family with a more positive outlook in regards to her step-brother's afterlife.

Participant “Anna” (Three)

Anna is a female who experienced her brother taking his own life. They were close at the time of his death and she referred to her and her brother as being best friends. The suicide of her brother came unexpectedly.

“Well honestly in my case we have no real warning, we have no note, we don't have any explanation, we just really don't know. So we don't, we have a lot questions that are unanswered.”

In the months leading up to the suicide of her brother, Anna reported her brother was engaged in drugs and had moved out of their family home. Her brother came back to their family home which was where Anna and her brother last saw each other.

“He left (state he was living in) with all his stuff that he could fit in his car back home to where we were and I was there when he got there but I had an exam to study for and it was like in an hour or something and I really needed to get to the school and be there and just review my notes real quick and I told him I am going to come right back, you know, as soon as my exam is over because I want to spend some time with you and I'm so happy to see you. I made it clear to him that I wanted to spend time with him but I felt bad because I had to do the exam so I left, you can't miss an exam, and that's the last time I saw him.”

After the suicide, Anna questioned whether his death was a suicide or maybe caused by someone else's hands.

“Another question that pops into my mind was did he owe someone money for drugs and they were willing to take, you know, kill him over that or maybe they set an example of him to some of their other people like, you know, that may have owed them money like don't get yourself in this situation or I'm going to come after you. You know and if you fake it as a suicide then you won't go to jail because the police will just assume, I don't know.”

The confusion surrounding her brother's death and the why questions have been present since first learning her brother was dead.

“I don't know if I can explain my thoughts right now, my thoughts at the time, I mean of course you want to know how, and why, and what I mean those kind of things are just racing like I need to know this and my mom told me how, she couldn't tell me why, nobody could tell me why, and I spent a long time trying to find that answer and nobody had that answer and it took me a long time to realize that whether or not I get that answer, okay, it doesn't change the fact that he's gone but that is like the why, it's always there.”

With all these questions, Anna wanted to be able to talk about her brother's death but felt her friends were distant during this difficult time.

“And it was really hard because I don't know if it was like because he killed himself or because we were in college now and we were drifting apart because it was just at a point in my life that was kind of pivotal, we were moving on from high school into college and I don't know, or maybe it was too depressing for them because we were all friends kind of.”

To add to her feelings of distant from others in her grief, she felt her loss was not treated as significant by some because her brother had chosen to die.

“Well yeah, everybody always asks. I mean it's like you say ‘well my brother recently passed away’ it's like ‘oh my gosh what happened?’ it's, that's immediate, I don't know, and you tell them and they're like ‘oh’ or it's kind of like you feel like well, that's not, I don't know, I feel, I would always feel like people would think that it wasn't as horrible because they chose to do that.”

Along with this judgment the level of her grief not being as severe because her brother chose death, Anna also felt religious opinions as well.

“I wouldn't want anybody to have to go through losing their loved one, you know, at all regardless of why but when you don't know the reasons and all you get kind is that feedback from people like ‘well they chose to do it’ or ‘you know what, you know they're gonna be in hell now’ and people say things, they don't think, I feel like they don't think.”

Another challenge in Anna discussing her feelings was she did not know if it was appropriate, this showed even when discussing her brother's suicide within her family.

“I had my sister and my mom though and they were a good support and we could talk about it but I never knew if it was a good time for them and I felt a little uncomfortable sometimes, you know, bringing it up but my mom was really a wreck and it was kind of, I didn't like to bring it up to her cause she was already a wreck you know, and kind of like zombie state like she just, like I felt numb but I went ahead and did the things I had to do even if I wasn't completely there in the moment I went and I didn't think, but my mom would just sit there all day and that was hard to see her so upset too.”

Anger was also present in Anna's grief.

“And I was angry because he did, he put us all through it of course.”

Anna's experience in losing her brother was shocking and she had doubts and questions if suicide was the real cause of death. She also experienced feeling isolated.

CHAPTER 6

RESULTS

The three participant interviews in this study were analyzed by the process previously outlined in chapter four. The following seven themes that emerged were denial loved one is really gone, feeling alone, longing/missing loved one, responsibility/blame, assumptions loved ones hold some blame, lingering unanswered questions, and religious/spiritual issues. Since the number of participants was three, themes that emerged in at least two of the participant interviews were identified. Quotes that best reflected themes were pulled from participants' interviews and reported in order to fully capture their experiences.

Theme One: Denial Loved One is Really Gone

The first theme that emerged was denial their loved one was really dead. Both Jane and Michelle reported this lasting months after their loved ones' suicides. This denial that the loved one was deceased started immediately after learning of their death. As Jane stated,

“I kept thinking you know, maybe they're wrong, maybe it's somebody else.”

Jane reported this denial of the suicide for over two years.

“You know for about two and a half years I don't think I ever really accepted that he was gone and um, because he, our whole married life he was gone all the time and so it was like he was on another TDY, you know, military calls it TDY, it was like he was on another TDY and that went on for about another two and a half years before it really hit me, you know, that no this is real, he'll never be back.”

Anna also had denial that her brother was actually gone and would go searching for him in his old room.

“I would wake up sometimes and I would go into my brother's room looking for him.”

Her denial of her brother's death not only manifested in her conscious but in her subconscious and this denial manifested itself through her dreams.

"I'd have dreams, elaborate dreams that he wasn't really dead and they had to fake his death because he witnessed some horrible crime and he had to go into the witness protection program and he found a way, like the trial was long over and whoever it was was no longer a threat and they let him come back and see us and we were reunited and nothing bad ever happened and we joked about how horrible it was and how he better never put us through that again."

Research reflects this theme as often denial is used to avoid feelings of abandonment (Cain, 1972). A suicide survivor may use denial as a shield from the feelings of rejection that sometimes follow in the wake of a loved one's decision to end their own life.

Theme Two: Feeling Alone

Another theme that emerged in Anna's and Jane's stories was the sense of feeling isolated and having few people in their social network who they could comfortably share their feelings and thoughts with surrounding their loved ones' suicides. Anna talked about feeling alone:

"I really didn't have many friends to lean on."

She also added,

"Because I didn't feel like I can talk to my friends about it and I only had one friend from high school that I felt like I could talk to about it."

Anna went on to state there was a difference in the loss she experienced with her brother's suicide and the loss others felt with losing someone to non-suicide death.

"I felt like nobody else understood because even if someone lost someone that they loved I didn't feel like it was the same."

The frustration was also expressed when others who had also experienced death tried to relate to her grief.

“I completely understand, honestly you don't because, did your brother kill themselves? You know, and I would get angry at people for that.”

Jane discussed feeling alone and isolated in the following statements.

“But people who were, you know, supposedly good friends and stuff, they didn't want to talk about it.”

“They, it was, it was, you know, he's gone and it was um, you know, like there was so much emotion tied up in that last night, you know, him, all the crazy things that happened that night, me having to take off with my kids. I couldn't talk about that with anybody because nobody, people don't want to hear ugly things, they don't.”

The theme of feeling alone is shown in the literature. Doka (1996) stated that suicide survivors “enjoy less social support” (p. 44). This may be due to the discomfort of others to discuss the nature of the death or it may be caused by fear of upsetting the loved ones.

Theme Three: Longing/Missing Loved One

Having feelings of longing for their loved one who committed suicide was also discussed and both Jane and Anna tried to find ways to gain a sense of connection with their loved ones. Anna talked about using pictures as a way to reflect and connect with her brother.

“I would always stop by and look at it, a lot of the pictures I was in with him and just stop and remember the times that we had that were good and miss that fact that we're not gonna have more.”

Jane's longing for her husband was shown in where she slept.

“I'd always, I'd always lay on his side of the bed. For 20 years I slept on the other side but now all the sudden I'm on that side you know.”

Longing or missing is identified in research about general grief as the “urge to search for a lost object” (Parkes, 2001. p. 44). Since this theme appears in broad grief, it is logical to assume that this desire to search and connect with the deceased is present in suicide grief as well.

Theme Four: Responsibility/Blame

In all three participant interviews, an element of responsibility was captured. Either it was a sense of blame that they didn’t do all they could to reach out or they should have foreseen the impending suicide.

Anna reflected on the last time she saw her brother. She has some feeling of regret over having to leave for her exam and almost seems to doubt that she made it clear enough to her brother that she looked forward to spending time with him later that evening.

“I was there when he got there but I had an exam to study for and it was like in an hour or something and I really needed to get to the school and be there, and just review my notes real quick, and I told him I am going to come right back, you know, as soon as my exam is over because I want to spend some time with you and I’m so happy to see you. I made it clear to him that I wanted to spend time with him but I felt bad because I had to do the exam so I left, you can’t miss an exam, and that’s the last time I saw him.”

Jane reflected that the timing of her husband’s suicide should have been apparent to her due to recent circumstances that occurred.

“Um, he um, I should have seen the timing , I should have seen that he was going to do it when he did um, because he um, our dog got killed two weeks before (husband’s name) died and he loved, we had a golden retriever and he loved her.”

Michelle reported in a few different statements to questions of possible actions that could have been taken to prevent her step-brother’s suicide.

“But we did all that, ‘what could we have done different, what, you know, what should have happened, what could've happened’, you know the shoulda, woulda, coulda stuff.”

Feelings of personal responsibility or self blame show in the research as well. Suicide survivors may feel they had a part in their loved ones’ decisions to die (Capuzzi, 2004). Loved ones may question whether their actions pushed their loved ones to the decision or even see themselves as failing to pick up on a sign that their loved ones were going to make this lasting choice.

Theme Five: Assumptions Loved Ones Hold Some Blame

The next theme was the assumption that loved ones hold some blame. Jane said the following on feeling the blame of her husband’s suicide from others:

“They immediately look at you like, well, what did you do, how did you cause that?”

“But people look at you, they look at you and I can tell you, there is just the look on their face if I say ‘he died of a brain tumor’ there’re like, ‘I’m so sorry’, their reaction is sympathetic. If I say ‘it was a suicide’ their reaction is horror, they look at you like, he was your husband did you push him to it?”

Michelle’s experience also showed some evidence of looking for those to blame for the suicide of her step-brother.

“He was constantly competing with his brother for attention for his whole life he competed for attention and he never, he never got the attention like his brother got from his dad and so there was a clear, we've always known, everyone in the family always known that his brother was the favorite and so (step-brother’s name) was constantly, uh, he spent his whole life chasing (older step-brother’s name). So blaming his dad was ‘you did this, you did this to your son because you didn't give him the attention that he needed’, which is not fair, you know, I'm a parent, I know, but that’s what I thought. You had a part in this and you should have done better and now you are gonna, now you're gonna suffer and I didn't want him to suffer, it wasn't that I wanted him to suffer cause that, the grief of the suicide that never goes away.”

Others casting blame on suicide survivors is not a new finding. Seiden (2007) discusses fear of allegations from those in society may be present in their grieving

process. Also, spouses are seen as holding more blame than other family members or friends (Doka, 1996).

Theme Six: Lingering Unanswered Questions

The presence of lingering unanswered questions manifested as themes in both Anna's and Michelle's experiences. Their loved ones' suicides came unexpectedly and no real signs of the desire to take their own lives were known to either participant.

Anna was caught off guard by her brother's decision to end his life. She was left dumbfounded and with no guidance as to his reason(s) for making this final decision.

"A long time I spent trying to figure out if it was really a suicide because there was no note, we didn't have any explanation, we didn't have any reason to believe that he was going to take his own life."

"My thoughts at the time, I mean of course you want to know how, and why, and what I mean those kind of things are just racing like I need to know this and my mom told me how, she couldn't tell me why, nobody could tell me why, and I spent a long time trying to find that answer and nobody had that answer and it took me a long time to realize that whether or not I get that answer okay, it doesn't change the fact that he's gone but that is like the why, it's always there."

"So it was just, there is not really a reason, like we don't really know why."

Michelle's step-brother's suicide also came as a surprise.

"But when someone chooses to take their life you don't know what the reason is. You have to guess at the reason and because in that respect you never get closure, you don't know why. You have to play detective and go back through okay he, he had a crappy childhood, his wife had some issues, he was talking smack, uh he got fired from his job, all of those things you can, you can hypothesize but you don't really ever know, he's not there to answer so you're left not knowing."

"Anyway, but yeah there's no answers and I think that's the biggest, that for me, that's been the biggest problem is not having those answers. There's no, it's all gone, it's just poof, it's all gone and you don't know."

Past research on the grieving processes include the lingering questions. After the suicide of a loved one, there is often a search to find answers to the questions surrounding the suicide (Alexander, 1991).

Theme Seven: Religious/Spiritual Issues

Stigma was present. This became especially apparent when it came to the loved one's suicide and intersection with religious beliefs. These religious beliefs and those who committed suicide often related to the sin of taking one's own life or the consequences that may lie ahead of the deceased beyond death.

Michelle discussed,

“And I think the stigma is it's morally wrong um, and they're going to hell.”

“But people do believe that it is wrong because you know, you're taking a life whether it's your life or someone else's, it's wrong.”

“So and I wanted them to understand that because I didn't want, he's got a Catholic background my step-dad does. I didn't want him thinking that you know, your son is going to hell and that's the end of it, you know.”

“And you know, where is he, what is he doing, how, how is this affecting him on the other side um, cause I don't think that he is just nonexistent now, I believe in God and heaven and all that stuff. So yeah, and that faith thing makes a big difference, I think, having faith and knowing that existence, isn't, it's not all gone. It's, there's still an element of existence there.”

“And I did have some questions, what's he doing, how is his existence now versus someone who didn't kill themselves, are there consequences? I mean, I don't believe that there are severe consequences like the Catholic religion believe but that he maybe did something that he shouldn't have done so what are the consequences.”

“Because it's scary enough to have to deal with all of the guilt but if you recognize that that guilt, what you didn't do, what you did do determines his eternity, the punishment for eternity.”

Anna discussed the pain of others' beliefs about suicide as it relates to religion. This has made her hesitant of religion because she wonders what their beliefs may be.

“Because some people make judgments and especially with their religious beliefs which is really kind of made me a little leery about religion cause a lot of people are just, they're like so set in their religious beliefs that they're like your brother went to hell because he killed himself and I don't agree with that and I've heard different things.”

“You know, I mean I'm hearing from these Christians over here that my brother is in hell.”

Anna reflected that she does not have to be engaged in direct conversation with others about the topic of suicide but even just overhearing conversations of others contribute to her hesitation of religion.

“Walking through a store and you hear ‘did you hear so and so committed suicide so now they're in hell’. You know, just like that, you just hear it, in just normal everyday conversation like they're saying it like matter-of-factly like this is the way things are and they don't, they're not thinking that other people can hear them or you know, they're not aware of their surroundings, I don't know.”

In hearing others' negative views on suicide, Anna is left with feelings of isolation because she has to wonder before disclosing her brother's suicide if their beliefs will leave her and her brother cast in a negative light. Instead of being able to comfortably tell her story, she is left with hesitation.

“I felt sometimes like I just didn't want to talk about it or it's none of your business kind of thing um, or maybe just the fear of being judged because I've overheard from people and maybe they wouldn't say it to your face but maybe they'll say it, you know, once they find out so it's kind of been that kind of issue where I feel like, I don't really know who you can really confide in about that kind of thing.”

She went on to discuss that:

“Maybe just because it's a controversial thing where I'm worried about their religious beliefs and if it's going to interfere with mine or because I choose not to believe he's

in hell, I mean. I don't know, before, before I ever lost a loved one, the way I looked at that was just you stop living and you're gone but now I choose to believe that my brother is in a better place and it's just too hard for me to think that he just doesn't exist anymore, it's just a hard thing.”

And later added,

“But the other thing that was helpful for me is that I always felt more, and I don't know if it's more like a religious or spiritual kind of believe but I felt more in touch with my brother when I was hiking a mountain, I don't know why. But it was just like that, I would do that a lot with my sister and I would go hiking and I would just feel closer to him, I would feel like I was kind of escaping from the rest of the world and their judgment and just being, knowing how I'm feeling.”

As put forth in prior literature, religion may play a part in the reaction to a loved one's suicide (Capuzzi, 2004). Since religious views on suicide are usually negative, this may cause reluctance to talk about the loved one's suicide for fear of judgments about their loved one's afterlife and level of sin.

Summary

Although all three participant experiences were unique, some themes emerged whether between two or sometimes by all three of the participants. The most similarities occurred between Anna's and Michelle's experiences. With both Anna and Michelle, the suicides of their loved ones was unexpected which may account for similarity of the themes. Jane's story was the most unique, in regards to her experience before the suicide. Her husband had made his thoughts of suicide known to Jane and she also had already been grieving the loss of her husband before his actual death because of his drastic change after having his brain tumor removed.

CHAPTER 7

LIMITATIONS OF THE STUDY

A major limitation of this study included a restriction of time. The constriction of time lead to an inability to check the accuracy of interpretations made about participants' interviews. Due to restriction of time during this study, allowing each participant time to check for accuracy of the researcher's interpretations of their experiences was not feasible. The researcher was required to lean exclusively on the interview transcription of each participant for verification of accuracy. A further limitation of this study was the small sample size of three participants. The reduced sample size was due to time constraints and recruitment of participants had to be concluded. The small sample size made the identification of themes an intricate process since there where minimum experiences to examine and evaluate for themes. Due to the minimal number of participants, the themes indented were not able to be used to apply to a greater population of suicide survivors.

Added limitations include the fact that all participants were female and appeared to be of the European American /non-Latino decent so it is unclear if the reactions, feelings, and thoughts during the grieving process vary between genders and ethnicities. Researcher bias also may be present due to the primary researcher being a suicide survivor. Another possible limitation is since the loved ones' suicides had occurred four to nine years prior to participation in the study, the accuracy to be able to reflect and differentiate feelings, thoughts, and reactions at distinct periods following the suicides may be skewed. Lastly, due to the small sample size, this study was unable to examine whether the type of suicide or predisposing conditions (e.g. prior suicide attempts, mental

illness, or health issues) may change social acceptance of the suicide and impact loved one's grieving.

The limitations of this study were a major result of restrictions of times. Limits that resulted due to time constants included the researcher not being able to check interpretations of participants' experiences for accuracy with each participant. Other limits to the study included the small participant size which limited the themes extracted from participants' interviews and generalization to other suicide survivors constrained.

CHAPTER 8

RECOMMENDATIONS FOR COUNSELORS/RESEARCHERS

The first recommendation for counselors in working with suicide survivors is awareness of local support groups. Having knowledge of support groups with not only a platform to share their various emotions, but that also provides psycho-educational resources. Awareness of not just general grief support groups, but support groups specifically for suicide survivors is essential. These are the most beneficial because they often increase likelihood of empathy and closeness within group members (Jordan, 2001).

The second recommendation is that current and future counselors educate themselves about the experiences of suicide survivors. Counselors need to become familiar with the common feelings of shame, guilt, anger, relief, and isolation. Additionally, gaining understanding of societal and religious views on suicide would also be imperative in counseling suicide survivors. As recommended above, psycho-education is important for survivors. During the counseling process, the client can be assigned appropriate reading materials that speak to the journey and experiences of other suicide survivors.

A third recommendation is that in gaining knowledge and understanding of the grieving processes of suicide survivors, counselors keep in mind the uniqueness of each experience. Remembering that although there are some common responses such as guilt, shame, anger, and relief these feelings may not be present in all survivors. A survivor may feel no guilt over their loved one's suicide, or not be angry at their loved one for taking their own life. Jordan and McIntosh (2011) gave this proposal for counselors that

“each case or situation is different and should be approached with individual, historical, and cultural differences in mind” (p. 145).

To review, three different recommendations were made for current and future counselors to consider when working with suicide survivors. The first recommendation was for counselors to have awareness of local support groups, particularly, support groups for suicide survivors. The second recommendation was for counselors to educate themselves on the common reactions of suicide survivors during their grieving processes. The last recommendation put forth was that in counselors achieving knowledge of the experiences of suicide survivors, attentiveness is maintained because although there may be common themes in suicide survivors’ grieving processes, every experience holds uniqueness.

Lastly, recommendations for future researchers include a larger sample size and further validation of the themes. A larger sample size would allow for additional themes to be culled and a wider view of experiences to be gained. It is also suggested that in future studies there is further validation of the themes identified in this research study. Finally, expansion on the recommendations made for current and future counselors is put forth to assist in the healing of suicide survivors.

CHAPTER 9

CONCLUSION

Suicide is not a new occurrence but the societal views on suicide vary. Some societies respond with respect or honor of one's decision to end their life and other societies view those who commit suicide as weak or mentally ill and there are many variations in between. However, the response in Western society is often negative. The families of those who commit suicide are also viewed in a negative light as well. With the families being cast with shame and rejection, it is possibly partially to blame for the problems in the grieving processes of suicide survivors.

Literature provides conflicting opinions regarding the grieving processes of survivors of loved ones who commit suicide. On one side, the literature argues that the grieving of those who have loved ones commit suicide is no different than those who experience the loss of a loved one by other forms of death. The other viewpoint is that suicide grief varies from grief by non-suicide death and has more intense or additional aspects such as anger, rejection, shame, and isolation.

With the conflicting information in research, additional studies are needed. Clarification and greater knowledge of what suicide survivors experience during their grieving still remains to fully understood. This is not only important for society's understanding but for current and future counselors in their treatment of suicide survivors.

In using research to further the understanding of the experiences of those who have lost loved ones by suicide, it was important to utilize a qualitative research approach. Qualitative methods better represent the experiences of suicide survivors and capture a

more complete picture. A qualitative approach was used in the study and participants were drawn from the University of Nevada, Las Vegas (UNLV) student population. Requirements for participation were having a loved one who committed suicide, be two years since the suicide, a current student attending UNLV, and be aged eighteen or older. Participants were recruited through flyers placed throughout the UNLV campus. Data collection took place by conducting face to face interviews; each interview took place on the University of Nevada, Las Vegas Maryland campus. During the semi-structured face to face interviews, participants were asked nine predetermined open-ended questions in order to center the telling of their stories. An original participant size of eight was chosen but due to lack of participants and time constraints, the size was adjusted to three and a more in-depth case approach was taken in the analysis of data.

In the analysis, great caution was taken to not let researcher bias of being a suicide survivor influence the interpretation of participants' experiences. The researcher's bias and assumptions were reported. Additionally, the responsibility to accurately and respectfully capture each participant's experience was always put at the forefront.

Confidentiality was ensured through applying for and receiving approval from the Institutional Review Board at the University of Nevada, Las Vegas. Participants signed and received a copy of the informed consent which outlined their right to withdrawal from the study at any time. Further, materials were kept in the co-researcher's office which has a double lock system and all names were removed from materials, except the informed consents. In reporting the data, no identifying information was given (such as name or age).

There were three participant case studies generated from the study and each participant was assigned an alias. Jane experienced the suicide of her husband of many years. He had a brain tumor and upon removal of the tumor had changes in his level of functioning and personality. Following his suicide, Jane experience shock, relief, denial he was dead, and others' avoidance to discuss his suicide. Michelle dealt with her step-brother committing suicide. Although they were not close at the time of his death, during their teenage years they had spent a considerable amount of time together. His suicide was unexpected and she experienced shock and concern for those closer to him. Michelle also looked for answers to the motivation for her step-brother's suicide. Negative religious beliefs regarding suicide caused Michelle to start dialogue with her family challenging commonly held religious beliefs about those who commit suicide. Anna experienced the suicide of her brother with whom she had a close relationship with. His suicide came as a surprise and she often searched for answers to the reasons behind his decision. Anna also experienced doubt regarding whether her brother died by suicide or some other means and at times, questioned whether he was even dead at all. She experienced isolation and felt others often made judgments about her and her brother when she discussed his suicide.

Seven themes emerged from the interviews. The themes included 1) denial loved one is really gone, 2) feeling alone, 3) longing/missing loved one, 4) responsibility/blame, 5) assumptions loved ones hold some blame, 6) lingering unanswered questions, and 7) religious/spiritual issues.

In reviewing and reflecting upon the literature surrounding suicide survivors and the themes from the three participant interviews, there were three key clinical

recommendations that emerged and were made for counselors. Future research recommendations were also suggested. The first clinical recommendation was that counselors need to develop an awareness of local resources such as support groups, specifically support groups for suicide survivors. The second is that counselors educate themselves regarding the grieving experiences of suicide survivors which may include shame, guilt, anger, relief, and isolation. The third is counselors must recognize that although there may be common themes in suicide survivors' experiences during the grieving processes, all survivors' experiences are unique. Recommendations made for researchers include a larger sample size and further validation of themes identified.

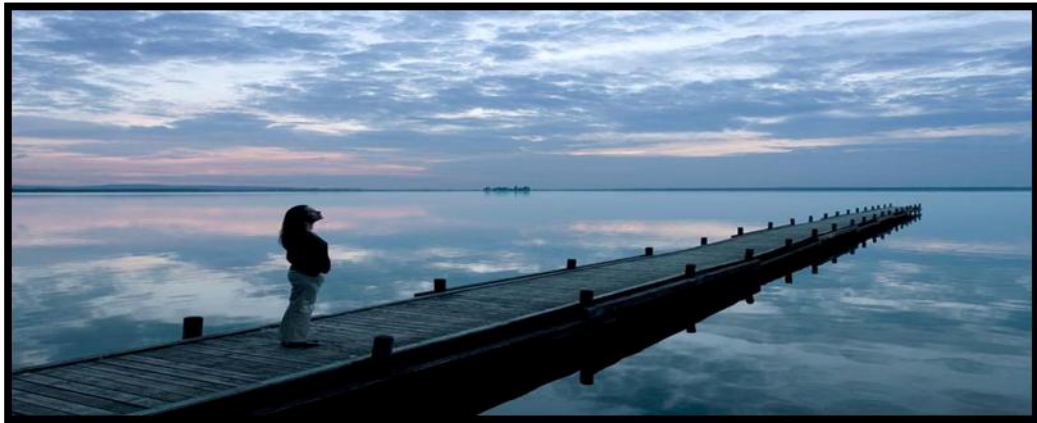
APPENDICES

APPENDIX 1

RECRUITMENT FLYER

An Examination of the Grieving Processes of Suicide Survivors”

- ✓ Have you experienced the suicide of a loved one?
 - ✓ Has it been more than two years since the suicide?
 - ✓ Are you are currently attending UNLV?



If you meet the above criteria, your participation in a study about the grieving process of suicide survivors is being requested. The hope of the researchers is to gain additional understanding to the grieving experience of those who have had a loved one commit suicide and to help others heal with this information.

This study will take approximately 45-60 minutes.

If you're interested in participating in this study, please contact researcher Sarah Van Der Pol:

Phone: (641) 295-9380 Email: vanderpol_s@yahoo.com

IRB Approval #1011-3649

APPENDIX 2

LETTER TO PARTICIPANTS

TO: Potential Research Participant

FROM: Dr. Dale-Elizabeth Pehrsson, Sarah Van Der Pol

RE: TITLE OF STUDY: An Examination of the Grieving Processes of Suicide Survivors

You are invited to participate in a research study. The purpose of this study is to better understand the grieving processes of survivors of loved ones who have committed suicide. You are being asked to participate in the study if you have a loved one who has committed suicide more than two years ago, if you are 18 years of age or older, and if you are an admitted student currently attending University of Nevada, Las Vegas.

If you volunteer to participate in this study, you will be asked to do the following: Participate in a 30-45 minute face-to-face interview conducted at the University of Nevada, Las Vegas Maryland Campus. You may also be asked to participate in a 10-15 minute follow up interview via phone.

There will be no direct benefits to you as a participant in this study. However, we hope to learn what the experiences of suicide survivors are as they move through the grieving process. This information will aid in greater understanding of suicide survivors and guide recommendations for current and future counselors in their work with survivors of suicide.

There are risks involved in all research studies. This study may include only minimal risks. The minimal risks are uncomfortable feelings when answering questions about your grieving experience after your loved ones suicide. Emotional distress may develop during or after the interview process. If you become distressed or if you think or feel counseling would be beneficial, you may seek services from UNLV Student Counseling & Psychological Services (CAPS) or at Southern Nevada Adult Mental Health. See contact information below.

There will be no financial cost to you to participate in this study. The study will take 40-60 minutes of your time.

If you have any questions or concerns about the study, you may contact Sarah Van Der Pol at (641) 295-9380 or Dr. Dale-Elizabeth Pehrsson at (702) 895-3375. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study will be conducted you may contact the **UNLV Office of Research Integrity – Human Subjects at 702-895-2794 or toll free at 877-895-2794 or via email at IRB@unlv.edu.**

Your participation in this study will be voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with the university. You are encouraged to ask questions about this study at the beginning or at any time during the research study.

All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at UNLV for five years after completion of the study. After the storage time of five years the information gathered will be shredded.

Counseling services can be obtained at UNLV Student Counseling & Psychological Services by calling (702) 895-3627 or by going to the CAPS office on

campus located in the Student Health Center, the office hours are Monday – Friday from 8:00 AM to 5:00 PM. Counseling services may also be provided at Southern Nevada Adult Mental Health at one of the four outpatient locations Monday – Friday 8:00 AM - 5:00 PM. Services may be obtained in person at 6161 West Charleston Boulevard Las Vegas, NV 89146 or calling (702) 486-6000, 1785 E. Sahara Avenue, Suite 145 Las Vegas, NV 89104 (702) 486-6400, 702 S 7th Street, Suite 200 Las Vegas, NV 89101 (702) 668-4600, or at 1590 West Sunset Road Henderson, NV 89014 (702) 486-6700. There is a sliding fee scale charged by the Southern Nevada Adult Mental Health Services.

Thank you.

IRB Approval #1011-3649

APPENDIX 3

INFORMED CONSENT

INFORMED CONSENT
Department of Counselor Education

TITLE OF STUDY: An Examination of the Grieving Processes of Suicide Survivors
INVESTIGATOR(S): Dr. Dale-Elizabeth Pehrsson, Sarah Van Der Pol
CONTACT PHONE NUMBER: (641) 295-9380, (702) 895-3375

Purpose of the Study

You are invited to participate in a research study. The purpose of this study is to better understand the grieving processes of survivors of loved ones who have committed suicide.

Participants

You are being asked to participate in the study because you fit this criterion: You have a loved one who has committed suicide more than two years ago, you are 18 years of age or older, and you are an admitted student currently attending the University of Nevada, Las Vegas.

Procedures

If you volunteer to participate in this study, you will be asked to do the following: Participate in a 30-45 minute face-to-face interview conducted at the University of Nevada, Las Vegas Maryland Campus. You may also be asked to participate in a 10-15 minute follow up interview via phone.

Benefits of Participation

There will be no direct benefits to you as a participant in this study. However, we hope to learn what the experiences of suicide survivors are as they move through the grieving process. This information will aid in greater understanding of suicide survivors and guide recommendations for current and future counselors in their work with survivors of suicide.

Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. The minimal risks are uncomfortable feelings when answering questions about your grieving experience after your loved ones suicide. Emotional distress may develop during or after the interview process. If you become distressed or if you think or feel counseling would be beneficial, you may seek services from UNLV Student Counseling & Psychological Services (CAPS) or at Southern Nevada Adult Mental Health. See contact information below.

Cost /Compensation

There will be no financial cost to you to participate in this study. The study will take 40-60 minutes of your time.

Contact Information

If you have any questions or concerns about the study, you may contact Sarah Van Der Pol at (641) 295-9380 or Dr. Dale-Elizabeth Pehrsson at (702) 895-3375. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact **the UNLV Office of Research Integrity – Human Subjects at 702-895-2794 or toll free at 877-895-2794 or via email at IRB@unlv.edu.**

Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with the university. You are encouraged to ask questions about this study at the beginning or at any time during the research study.

Confidentiality

All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at UNLV for five years after completion of the study. After the storage time of five years the information gathered will be shredded.

Participant Consent:

I have read the above information and agree to participate in this study. I am at least 18 years of age. A copy of this form has been given to me.

Counseling Contact Information:

Counseling services can be obtained at UNLV Student Counseling & Psychological Services by calling (702) 895-3627 or by going to the CAPS office on campus located in the Student Health Center, the office hours are Monday – Friday from 8:00 AM to 5:00 PM. Counseling services may also be provided at Southern Nevada Adult Mental Health at one of the four outpatient locations Monday – Friday 8:00 AM - 5:00 PM. Services may be obtained in person at 6161 West Charleston Boulevard Las Vegas, NV 89146 or calling (702) 486-6000, 1785 E. Sahara Avenue, Suite 145 Las Vegas, NV 89104 (702) 486-6400, 702 S 7th Street, Suite 200 Las Vegas, NV 89101 (702) 668-4600, or at 1590 West Sunset Road Henderson, NV 89014 (702) 486-6700. There is a sliding fee scale charged by the Southern Nevada Adult Mental Health Services.

Signature of Participant

Date

Participant Name (Please Print)

Participant Note: Please do not sign this document if the Approval Stamp is missing or is expired. IRB Approval #1011-3649 Expires 12/22/2011

APPENDIX 4
INTERVIEW QUESTIONS

Thesis Interview Topics for Discussion/Questions:

1. Tell me about your understanding of the process of suicide and what it means to you.
2. Describe your reactions, feelings, and thoughts immediately following the suicide of your loved one.
3. Describe how others such as family, friends, coworkers, and others in the community treated you following the suicide.
4. Describe your experience when asked about the death of your loved one.
5. Talk about your grieving process three months following the suicide.
6. Discuss your grieving experience six months following the suicide.
7. Describe your grieving process one year following the suicide.
8. Discuss events, ideas, or suggestions that helped or might have assisted you through this process of dealing with the suicide of your loved one.
9. If you did participate in counseling after the event, describe the process regarding what was useful or less helpful.

APPENDIX 5

IRB APPROVAL

**Social/Behavioral IRB – Expedited Review
Approval Notice**

NOTICE TO ALL RESEARCHERS:

Please be aware that a protocol violation (e.g., failure to submit a modification for any change) of an IRB approved protocol may result in mandatory remedial education, additional audits, re-consenting subjects, researcher probation, suspension of any research protocol at issue, suspension of additional existing research protocols, invalidation of all research conducted under the research protocol at issue, and further appropriate consequences as determined by the IRB and the Institutional Officer.

DATE: December 23, 2010

TO: **Dr. Elizabeth Dale-Pehrsson**, Counselor Education

FROM: Office of Research Integrity - Human Subjects

RE: Notification of IRB Action by /Ramona Denby Brinson/Dr. Ramona Denby Brinson, Chair
Protocol Title: **An Examination of the Grieving Processes of Suicide Survivors**
Protocol #: 1011-3649
Expiration Date: December 22, 2011

This memorandum is notification that the project referenced above has been reviewed and approved by the UNLV Social/Behavioral Institutional Review Board (IRB) as indicated in Federal regulatory statutes 45 CFR 46 and UNLV Human Research Policies and Procedures.

The protocol is approved for a period of one year and expires December 22, 2011. If the above-referenced project has not been completed by this date you must request renewal by submitting a Continuing Review Request form 30 days before the expiration date.

PLEASE NOTE:

Upon approval, the research team is responsible for conducting the research as stated in the protocol most recently reviewed and approved by the IRB, which shall include using the most recently submitted Informed Consent/Assent forms and recruitment materials. The official versions of these forms are indicated by footer which contains approval and expiration dates.

Should there be *any* change to the protocol, it will be necessary to submit a Modification Form through ORI - Human Subjects. No changes may be made to the existing protocol until modifications have been approved by the IRB. Modified versions of protocol materials must be used upon review and approval. Unanticipated problems, deviations to protocols, and adverse events must be reported to the ORI – HS within 10 days of occurrence.

If you have questions or require any assistance, please contact the Office of Research Integrity - Human Subjects at IRB@unlv.edu or call 895-2794.

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