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Christie Robin Coy  
Where Have You Gone? The  
Function of Emotional Proximity in  
the Bereavement Experiences of  
Adult Children Who Have Lost a  
Parent to Suicide

#### ABSTRACT

This study was undertaken to look at the ways in which adult children suicide survivors made meaning of their losses by exploring *emotional proximity*, defined by the researcher for this study as the history, quality, and characteristics of the relationship between adult child and parent at the time of the suicide. The purpose was to elucidate the bereavement experiences of this little-studied subgroup of survivors.

Seven adult children survivors from the Boston metropolitan area shared their stories of parental loss through a two-fold process that included completion of a demographic questionnaire and participation in semi-structured, open-ended interviews. A supplementary Internet search of four major survivor organizations and/or websites was also conducted to gain a better understanding of the services and supports available to adult children survivors and the larger survivor community.

Major emergent themes surfaced in the findings, testifying to certain shared experiences, reflections and/or distinct patterns of responses in the suicidal loss of a parent. Participants generally had similar initial reactions of shock, self-blame, regret, and denial. Emotional proximity was dichotomized in terms of the quality of goodness or badness of the relationship. Individual processes of meaning-making, changes in significant relationships, and methods of incorporating the loss evolved over time. This study contributed to the dearth of empirical data about adult children survivors, bolstering

existing knowledge of suicide survivorship and underscoring the importance of specifically relevant support and services for survivors.

WHERE HAVE YOU GONE?  
THE FUNCTION OF EMOTIONAL PROXIMITY IN THE  
BEREAVEMENT EXPERIENCES OF ADULT CHILDREN WHO HAVE  
LOST A PARENT TO SUICIDE

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2010

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This is for Ben and Simon, in David's memory.

I am grateful for my husband, who weathered this long, long ride with me and gave never-ending support and love.

I offer many thanks to my thesis advisor, Mary Beth Averill, and my dear friend, Ben Kudler.

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## CHAPTER I

### INTRODUCTION

Suicide is a pervasive yet preventable public health crisis, which affects family and community systems. A report by the American Association of Suicidology (AAS) listed suicide as the eleventh leading cause of death in the United States in 2005 (McIntosh, 2006). The American Foundation for Suicide Prevention (AFSP) quantifies this statistic as 33,300 people who die by suicide each year (Facts and figures, 2010).

In the wake of any death, there are those who mourn the loss. A death by suicide, however, complicates our understanding of the bereaved (Bailey, Kral, & Dunham, 1999; Beck, 1989; Ellenbogen, & Gratton, 2001; Joiner, 2005; Petty, 2000; Stimming, & Stimming, 1999). The expression *suicide survivor*, or simply survivor, has been adopted to characterize any individual who has lost someone to suicide and should not be confused with describing an individual who has survived a suicide attempt (Beck, 1989; Cvinar, 2005; Fielden, 2003; Melhem et al., 2004; Mitchell, Gale, Garand, & Wesner, 2003; Petty, 2000; Stimming & Stimming, 1999). The AFSP wrote, “The devastated family and friends they leave behind are known as ‘survivors.’ There are millions of survivors who... are trying to cope with this heartbreaking loss” (Surviving a suicide loss, n.d., p.3). It is estimated that every completed suicide leaves six survivors mourning the loss, each connected to the deceased by a variety of relationships (McIntosh, 2006).

Although suicide survivors have come together to create their own community, they remain wholly isolated from our society, which is influenced by dated, albeit

dominant, social stigma associated with the act of taking one's own life (Bailey et al., 1999; Colt, 2006; Cvinar, 2005; Ellenbogen, & Gratton, 2001; Petty, 2000; Saarinen, Hintikka, Viinamäki, Lehtonen, & Lönnqvist, 2000). Possible reasons for this disconnect include the lack of awareness and teaching around mental illness and a convoluted grieving process that breeds shame, guilt, and blame for survivors (Colt, 2006; Cvinar, 2005; Neimeyer, 2006; Neimeyer, Herrero, & Botella, 2006; Parkes, 2001; Regehr & Sussman, 2004). Consequently, the study of suicide survivorship lacks cohesion and does not necessarily inform a personalized approach to supporting survivors on their journey of bereavement, acceptance, and integration of the loss. Moreover, the available research has the potential to overlook the individualized experiences of survivors, contingent on the relationship of the survivor to the deceased (Stimming & Stimming, 1999).

Whereas survivor literature has depicted the experiences of individuals who have lost spouses, children, clients, and peers to suicide, adult children survivors are seldom distinguished among their cohort of survivors (Beck, 1989; Stimming, & Stimming, 1999). The present study concentrates on a distinctive group of seven survivors: individuals who, during adulthood, lost a parent to suicide, deemed *adult children suicide survivors*. The young child or adolescent survivor (18 years old or younger) of parental suicide has generally garnered more interest and scholarly study due to the implications of bereavement in the early stages of the life cycle (Beck, 1989; Melhem et al., 2004; Petty, 2000; Stimming & Stimming, 1999). Nevertheless, of the 33,300 completed suicides in 2006, 29.7 % were individuals, both men and women, aged 55 and older (Facts and figures, 2010). These figures imply that many adult children are left as suicide



survivors. The experiences of adult children survivors merit particular exploration as their grieving processes may be idiosyncratic due to implications of the parent-child relationship: “All adults retain some level of attachment feeling for their parents, regardless of age or level of day-to-day interaction” (Myers, 1997, p. 70). Furthermore, the accompanying shock, disbelief, anger, and confusion of suicidal death may be compounded by a perceived abandonment by the deceased parent (Angell, Dennis, & Dumain, 1998; Dane, 1991). The dearth of understanding and empirical data on the bereavement processes for this group demonstrates the need for this study, as well as future studies.

Bereavement literature supports a process, commonly referred to as *meaning-making*, by which survivors “attempt to find some significance in the loss... to reconstruct a life story that retains or restores meaning and purpose” (Neimeyer, 2006, p. 141; see also Neimeyer, 2005). Because suicidal death is sudden, violent and often unexpected, it can protract and complicate the psychological, physical, and social processes often associated with grieving the death of a loved one, which pave the way for meaning-making (Dyregrov, Nordanger, & Dyregrov, 2003; Petty, 2000; Shaver & Tancredy, 2001).

The purpose of this research investigation is to illuminate the bereavement experiences of adult children suicide survivors through semi-structured interviews. This researcher seeks to expound the role of the parent-child relationship and the ways in which these individuals made meaning of their losses by exploring *emotional proximity* (EP), defined by the researcher for the purposes of this study as the history, quality, and characteristics of the relationship between adult child and parent at the time of the

suicide. The research question is, “How is an adult child’s experience of the bereavement process of losing a parent to suicide affected by his or her subjective evaluation of emotional proximity to the parent at the time of his or her suicide?” This study will contribute to the field of social work by aiming to better understand the bereavement processes of suicide survivors to develop and enhance appropriate services, support and treatment modalities to meet their particular needs in the clinical arena.

## CHAPTER II

### LITERATURE REVIEW

Adult children surviving the loss of a parent to suicide are a specific group of survivors seldom distinguished for scholarship. This study is interested in elucidating the bereavement experiences of this particular group by seeking to understand the role of emotional proximity (EP) in the journey towards healing for its participants. EP, defined by the author for the purposes of this study, takes into account the history, quality, and characteristics of the relationship between adult child and parent at the time of the suicide.

In order to provide a conceptual framework for the exploration into this population's bereavement experiences, this chapter will utilize meaning-making, a phenomenon connected to constructivist theories (Neimeyer, 2005, 2006). Meaning-making has proved to be a useful tool for the construction of a "post-experience" narrative as a way of working through loss and grief (Little, Paul, Jordens & Sayers, 2002, p. 170). The role of meaning-making in bereavement will be further developed to look at the ways in which loss fundamentally changes one's sense of self and the world, as well as the ways in which loss is incorporated into a new self-identity as time passes. Next, the recent literature about the bereavement experiences of suicide survivors in general will be reviewed. Two areas of particular interest within this body of research include the question of whether suicidal bereavement differs from other forms of bereavement and the impact of the social stigma surrounding suicide. These two issues

will be addressed as part of the wide-ranging processes that survivors work through. Finally, bereavement during adulthood will be looked at in order to elucidate the processes of adult children who have lost a parent by other means, with the supposition that adulthood is a customary time in the life cycle to face the death of a parent. These three areas will be explored with the concept of EP woven throughout each section. The intent of the literature review is to shed light on the implications for the bereavement experiences of adult children suicide survivors.

### *The Role of Meaning-Making in Bereavement*

The use of meaning-making in bereavement has grown extensively as its merits have been shown both in research and in clinical work. In the past, models of grief and bereavement were influenced by the work of Freud and came to be viewed linearly with stages that must be passed through in a particular order (Freud, 1917/1963; see also Kübler-Ross, 1969, whose 5-stage model became a standard in bereavement and grief work for some time). Freud's discourse and the stage models centered on resolution of the loss, which required the bereaved individual to let go of the deceased and move on without that person playing a role in the bereaved person's present reality. Meaning-making, however, reflects a shift in understanding mourning and the ways in which individuals move through grief as an evolving process that continues to place value on the relationship with the deceased.

The death of a loved one requires bereaved individuals to navigate through periods of disorganization and disrepair before a sense of restoration and self-possession is reclaimed (Gillies & Neimeyer, 2005; Neimeyer, 2006; Parkes, 2001; Regehr & Sussman, 2004; Stroebe, Hansson, Stroebe & Schut, 2001). Gillies and Neimeyer (2005)

wrote about meaning-reconstruction in the wake of a death, a process triggered by the intense feelings of distress caused by the loss. The survivor, “driven by a psychological need to find or create a sense of meaning and purpose in their lives, [which] can facilitate their capacity to face and transcend even the most horrific of experiences,” strives to make sense of the death and find benefit in the experience in order to foster a modification in self-identity that encompasses the loss (Gillies, & Neimeyer, 2005, p. 31). Neimeyer (2006) cautioned that meaning-reconstruction proves itself an arduous or protracted process “particularly when the death is sudden, violent, and out-of-phase with the family life cycle,” as is often the case when a suicide occurs (p. 141). The goal of meaning-reconstruction is attained when the bereaved individual feels a sense of coherence restored to daily life and to the self-identity, thereby transforming the loss into a life-changing, yet meaningful event.

Loss, interpreted through a meaning-making lens, requires a reworking of the survivor’s “self-narrative,” a structure by which individuals organize and make sense of their world to give meaning to a myriad of life experiences (Neimeyer, 2005, p. 43). Yet, Neimeyer et al. (2006) asserted that traumatic life events have the power to disrupt the self-narratives of the individuals experiencing the trauma. According to Gillies and Neimeyer (2006)

We find ourselves asking what caused the death, why it happened to our loved one, why the burden of grieving came to us, why such deaths occur, and what the experience means about the life we thought we knew... The process by which bereaved persons question, find, and make sense of their bereavement is central to the experience of grief. (p. 37)

Suicide survivors can often produce nothing but guesswork in their search for why the suicide occurred. They may, therefore, immediately experience a conflict in rewriting

their self-narratives because this primary task of meaning-making – making sense of the loss – seems virtually impossible. Numbness, shock and denial, emotions central to suicidal loss, may demonstrate a point at which self-narratives are further challenged. It can consequently be surmised that a survivor’s EP to the deceased may render this process of meaning-making more difficult to undertake.

Shaver and Tancredy’s (2001) theories of emotion, attachment, and death lend salience to the role of EP in bereavement and the highly individualistic workings of meaning-making. A perceived change in one’s environment “especially an unexpected or surprising or personally important change,” such as the suicide of a parent, elicits an emotional reaction or process idiosyncratic to the individual (p. 66). Shaver and Tancredy also stated,

We cannot understand a person’s emotional reactions to loss... without knowing something about the relationship, the person’s needs and wishes regarding the relationship, the person’s general orientation to emotional expression in general, the social environment’s reactions to such expressions, and the extent to which the lost person is an important part of the bereaved individual’s mental representational world. (p. 65)

Bereavement, then, involves an amalgam of emotional reactions that compound to form a subjective experience of the grief reaction based on the bereaved individual’s relationship to the deceased. This subjective experience has the potential to affect the intensity with which one grieves and the ways in which the individual adapts to the loss by constructing a new self-narrative. Therefore, EP appears to be a powerful force within the meaning-making process because the nature of the relationship informs the particular expressions of an individual’s grief. The purpose of meaning-making for suicide survivors is to integrate the suicide into their lives and incorporate survivor as a part of their identity in

whatever way that would prove meaningful to the individual (Fielden, 2003; Little et al., 2002; Stroebe & Schut, 2001).

*Suicide Survivors: The Path of their Grief*

Common survivor scholarship reflects the effects of suicidal loss and bereavement for survivors collectively (Dyregrov et al., 2003; Ellenbogen & Gratton, 2001; Fielden, 2003; Grad, Clark, Dyregrov, & Andriessen, 2004; Melhem et al., 2004; Mitchell et al., 2003; Petty, 2000; Saarinen et al., 2000). Yet, it is vital to approach grief as “a distinct individual, social, and relational experience” (Neria & Litz, 2003, p. 73). This description epitomizes a survivor’s experience both in the wake of the death and beyond. Suicide is often classified as traumatic loss because its unexpectedness and violence shake the very foundation of a survivor’s narrative of self and the world (Dyregrov et al., 2003; Neria & Litz, 2003). Meaning-making in suicidal bereavement is valuable because of the way suicide renders survivors’ self-narratives vulnerable.

A review of the literature, through a meaning-making lens, raises the question of what losing a loved one to suicide means to survivors. Fielden (2003) endeavored to shed light on this query by conducting six in-depth interviews with suicide survivors who had lost either a child or sibling. She identified five paradigms to describe the grieving processes of the participants: realization of the suicide (including discovery of the body), experience of grief (a spectrum of shock, disbelief, numbness, guilt, fear, blame, and stigma), management of grief (including funeral preparations and anniversaries), making meaning of the loss (why?), and incorporation of grief as a milestone signaling continuity of the survivor’s life. A transformative process, much like meaning-making, appeared to ensue for these participants that allowed for new ways of perceiving and relating to their

world: they were essentially beginning life anew. Clements, DeRanieri, Vigil, and Benasutti (2004) drew similar conclusions in their review of bereavement literature. They wrote that meaning-making and the sharing of narratives facilitates survivors' processes of reinvesting in their lives. This process may also help the survivor return to a higher level of functioning because of a decrease in physiological symptoms of grief and flooding in of overwhelming emotions.

The gamut of emotions associated with a loved one's suicide triggers both individual and communal responses that together comprise suicidal bereavement (Cvinar, 2005; Fielden, 2003; Mitchell et al., 2003). Individualized belief systems and ways of working through grief determine the ways in which survivors seek help, if at all.

While it is difficult to ascertain a universal protocol that details what helps and hinders survivors' bereavement, we know certain components habitually prove beneficial. It is critical for survivors to have support systems and interpersonal contact with the individuals or organizations that proffer help (Grad et al., 2004). A sense of community appears to lessen the shock of their loss, especially in face of stigma. Survivors most commonly reach out to other survivors and find associations to survivor support groups paramount to their healing. For example, Petty (2000) participated in three meetings of a Survivors of Suicide (SOS) support group. She wrote, "SOS provides for a ritual remembrance through narrative – understood as a cathartic and healing practice – to occur" (p. 304). The group proffered the ability to foster understanding and a sense of common experience among survivors, which, in turn, promoted survivors' individual reconstructions of their post-suicide self-narratives. SOS group members felt



that creating a mutual understanding activated the beginning of true helping and healing from the grief.

Mitchell et al. (2003) similarly investigated the effectiveness of group work processing for survivors in an 8-week psychoeducational support group attended by 10 individuals. They were interested in looking at the role of sharing narratives of loss and whether the type of narrative – formulated as agentic (narrator in control) or victimic (narrator as victim) – affected survivors' sense of empowerment in healing. They found that intervention at the group level may foster agentic narratives, which demonstrates survivors' abilities to be future-oriented after a tragedy such as suicide. In other words, with the help of the group, all participants were able to maintain or rewrite agentic narratives. They concluded that sharing personal experiences of suicide allowed for a sense of commonality among survivors.

Individual or environmental differences may exist among those who decide to reach out for help and those who do not; it is the survivor's choice to attend support group meetings or seek clinical treatment. The individuals who do seek some form of help are not necessarily representative of those who do not and, therefore, cannot attest to the experiences of survivors who work through their grief alone. While some survivors may turn into themselves and their family units to heal, others may experience difficult, prolonged bereavement or traumatic grief (Melhem et al., 2004; Neria & Litz, 2003). Survivors, unable to cope with their loss, have the potential to develop severe distress (which can manifest as impairments in functioning or physical health) or mental illness (particularly Post-Traumatic Stress Disorder, depression and/or anxiety), which can lead to suicidal ideation and/or suicide attempts (Boelen, van den Bout, & van den Hout,

2003; Dyregrov et al., 2003; Neimeyer, 2006; Shmotkin, 1999; Smith, 2005). A complete discussion of these phenomena is not within the scope of this study. This brief review, however, serves to underscore the importance of providing services for survivors so they can make the choice to seek help in their own time and way.

### *Does Suicide Complicate Grief?*

Van der Kolk and McFarlane (1996) acknowledged, “Experiencing trauma is an essential part of being human” (p. 3). While suicide is certainly a traumatic event for survivors, there is opposing literature that both supports and refutes the claim that suicidal bereavement is distinct from other forms of bereavement.

Ellenbogen and Gratton (2001) conducted a review of these contrasting viewpoints of suicidal bereavement. On the one hand, they found a generally more negative public perception of death by suicide, which supports the contention that suicidal bereavement is more complicated. (See also Reynolds & Cimboric, 1988.) Moreover, suicide had the potential to engender more intense grief reactions because families often had to contend with problematical circumstances surrounding the suicide. On the other hand, they reviewed other research that concluded suicidal bereavement resembled bereavement patterns from other sudden or unnatural deaths, such as accidents or homicide. Interestingly, this study described the futility of lumping suicide survivors into one group without taking into account modes of suicide, idiosyncratic grief reactions, and the relationship with the deceased because these factors appeared to profoundly impact the manifestation of survivors’ grief.

The comparison of suicide to other types of sudden or “unnatural” deaths was the focus of Dyregrov et al.’s (2003, p. 144) study, which sought to explore suicidal

bereavement as more complicated by examining psychosocial distress among a sample comprising 232 parents bereaved from suicide, Sudden Infant Death Syndrome (SIDS), and childhood accidents. They found that suicide survivors grieved similarly to those bereaved by accidental deaths; parents bereaved by SIDS reported the least amount of distress. They wrote,

Sudden bereavement is found to be a complex, multidimensional process involving physical, psychological, and sociological domains. [While] symptom patterns common in suicide bereavement are also found in other types of traumatic loss... guilt, shame, anger, rejection, and the need to understand *why*, are reactions specific to suicide. (p. 144)

In conjunction with this conclusion, they also underscored the importance of distinguishing survivors into subgroups.

#### *The Social Stigma of Death by Suicide*

If the bereavement experiences of suicide survivors differ from other survivors of loss, the social stigma surrounding a suicidal death without a doubt contributes to this distinction. The impact of stigma has the potential to exacerbate the manifestation of already present negative and distressing emotions that survivors deal with: shock, denial, disbelief, and anger (Cvinar, 2005; Dyregrov et al., 2003; Fielden, 2003; Melhem et al., 2004; Mitchell et al., 2003; Petty, 2000). This is due, in part, to the “profound effect” of stigma on suicide survivors: “stigma remains an integral part of the suicide bereavement process and has a significant influence on psychological well-being following the suicide event” (Cvinar, 2005, p. 20). The all-embracing grief reactions aroused by suicide may be challenging to incorporate when survivors, in their isolation, feel their grief is shameful and must be hidden (Neimeyer et al., 2006).

Indeed, stigma has been reported to spawn fear of negative judgment of self and the deceased, real or perceived rejection within one's community, and isolation in bereavement, which renders a survivor's journey through grief doubly difficult (Bailey et al., 1999; Cvinar, 2005; Neimeyer et al., 2006; Reynolds & Cimboic, 1988).

Cvinar (2005) endeavored to shed light on the underlying experience of stigma accompanying suicidal bereavement to inform mental health professionals. Her literature review examined various empirical studies to compare and contrast findings and provide a framework for understanding how suicide does or does not relate to "natural bereavement" (p. 14). She conducted an historical review to expound the evolution of suicide's stigma, beginning with the Middle Ages, which underscored the transmutation of society's view of suicide over time. (See also Colt, 2006, for another historical review of society's responses to suicide.) Cvinar was able to connect past perspectives on suicidal death with those that are prevalent today, demonstrating that there has not been a significant shift from negative thoughts. Therefore, she concluded that suicidal bereavement is necessarily different as a consequence of societal influences of what it means to die by suicide.

One limitation inherent to Cvinar's (2006) work, and, indeed, to similar studies on stigma and suicide, is invisibility. Certainly, individuals who experience increased suffering as a result of stigma may have difficulty participating in scholarly work or sharing their stories. Bailey et al. (1999) also highlighted these sentiments in the conclusion of their study of suicide survivors' differences in grief. They studied the naturalness and expectedness of death as compared to suicide, dividing 350 university students into three groups: participants bereaved by suicide, unanticipated natural deaths,

and anticipated natural deaths. Although their intent was not to study stigma, the authors highlighted the role of stigma in producing shame and embarrassment among the participants, thereby magnifying feelings of abandonment and rejection. The study reported that these feelings separated survivors in their bereavement, an impression that was echoed in Cvinar's work.

Reynolds and Cimboric (1988) examined attitudes towards suicide survivors, asking 60 participants to react to three different case studies that depicted a child's, spouse's, and (minor child's) parent's suicide. Although survivors were generally viewed negatively, the relationship between survivor and the deceased affected the degree of censure: children who had lost a parent were viewed least negatively, and parents who had lost a young child/adolescent were viewed most negatively. They wrote,

Suicide survivors are dealt with negatively (blamed, gossiped about) and avoided at a time when they are in desperate need of support. In addition, attitudes toward survivors of self-inflicted death of a family member are more negative than when death is not self-inflicted. (p. 127)

They touted psychoeducation as tool for reducing stigma and negative perceptions of suicide and its survivors. While the authors found that outreach and information can aid in the deconstruction of stigma, the study concluded that teaching could be more beneficial when it is constant (as compared to the one-time exposure during participation in the study). Interestingly, Reynolds and Cimboric's work reinforced the importance of examining the relationship to understand bereavement. They recommended specialized support and services that would be specifically relevant and useful to survivors because survivors are responded to differently based on their relationship to the deceased.

### *Parental Loss during Adulthood*

Adulthood generally signifies maturity and a time of life transitions and physical separations between parents and children. Individuals embark upon their own professional and personal endeavors to establish careers, families, and other adjustments associated with adulthood. As adulthood is a typical phase of the life cycle to face the death of a parent, adults also consider their own mortality as older generations pass (Dane, 1991). Angell et al. (1998) stated, “Significant losses often serve as turning points in individuals’ lives and lead to new perspectives on the meaning of what is important in living” (p. 623). The loss of a parent arguably constitutes one of the most significant losses individuals experience because of the intricacy and impact of the parent-child bond throughout their lives.

Nolen-Hoeksema and Larson (1999) argued that a parent’s death severs the parent-child bond, and the child, even as an adult, experiences this as a rejection. Myers (1997) also spoke to this assertion, introducing suicide as an aggravating factor: “Death violates these [attachment] feelings. It severs the parent-child bond. Suicide feels like a rejection under almost all circumstances, and perhaps even more so when it is a parent’s... death” (p. 71). Thus, attachment to one’s parent reveals itself to be a powerful force present into and throughout adulthood.

The strength of attachment between adult child and parent supports the importance of EP when an individual experiences as profound a life-changing event as the death of a parent. Shmotkin (1999) was interested in understanding the ways in which affective bonds transcend parental death. The author used the word *closeness* to describe affective bonds in a manner that bears great similarity to my definition of EP.

Four hundred and forty-seven participants (median age=43) completed questionnaires to rate the strength of their bonds to their parents and their subjective evaluations of these bonds (another commonality with the notion of EP). Shmotkin concluded that adult children seem to maintain a sense of closeness to their parents even after death. Moreover, the loss nurtures “the adult child to further growth and individuation” (p. 474). The loss of a parent did not necessarily alter or lessen the affective bond the participants had or perceived to have had with their parents.

As Angell et al. (1998) wrote, “Resolution of grief is an interlaced celebration and integration of our past, present, and future into a viable narrative that includes our dead parent. The relationship with the deceased does not end, it merely changes” (p. 628). The relationship lives on in memory and becomes newly significant or wrought with meaning, thereby preserving the parent-child attachment bond (Donnelly, 1993; Little et al., 2002; Shmotkin, 1999). The adult child recalls the relationship to the deceased parent while s/he was alive and maintains a bond through cognitions, behaviors, and feelings, which allows for a more normative grief process and facilitates psychological adjustment. Shmotkin (1999) and Smith (2005) affirmed that adult children seem to uphold a sense of closeness to their deceased parent.

Smith (2005) sought to explore the relationship of anticipatory grief and psychological adjustment following a parent’s death for 200 middle-aged children, aged 40-65 years, who had assumed a care-taking role for their sick/elderly parents. Qualitative interviews measured anticipatory grief in terms of anticipation of death, increasing distance from parent, and level of communication about death with the dying parent. The majority of participants reported being able to begin grieving for their parents

approximately one year prior to the actual death. In this regard, anticipatory grief helped to assuage actual grief, although it did not necessarily ease bereavement, by preparing participants to maintain emotional ties to their parents once they passed. The author concluded that there was a relationship between anticipatory grief and psychological adjustment for these individuals. However, the presence of the former and its effect on the latter requires further empirical study to understand the correlation between the two. An adult child need not anticipate the death in order to preserve an emotional connection to the deceased parent, which is a natural facet of meaning-making.

Anticipatory grief, a process unavailable to most bereaved adult children, is wholly absent for suicide survivors: “Being consciously deserted by a parent attacks the... survivor’s sense of worth and self-esteem. The suddenness of parental loss also precludes a period of anticipatory grief to allow feelings and unfinished business to be worked through” (Dane, 1991, p. 38). Suicide “shatters normal expressions of grief related to the loss of unconditional love that only a parent can give” by nature of the fact that the parent chose to die (p. 36). How is EP compromised because of this? Will adult children suicide survivors struggle with amalgamating past, present, and future to reform a narrative that includes this loss? These are the points at which suicidal loss of a parent may be in contrast to parental loss by other means during adulthood.

### *Conclusion*

This literature review provided a pithy account of the use meaning-making in bereavement, a portrayal of the bereavement experiences of suicide survivors in general, and an insight into parental loss during adulthood. Each of these areas was connected



with the concept of EP, underscoring its importance in understanding the bereavement experiences of survivors generally and adult children survivors specifically.

The literature of suicide survivorship illuminates theories and models of bereavement for survivors as a whole. These concepts have been applied to better understand the grief processes of some subgroups of survivors, such as spouses, peers, and young children (Fielden, 2003; Melhem et al., 2004; Mitchell et al., 2003). These applications do not necessarily lend themselves to a better understanding of the experiences of adult children survivors as death affects each individual differently based on their relationship to the deceased (Grad et al., 2004). Indeed, Neria and Litz (2003) underscored the importance of the relationship in bereavement:

In the bereavement field, the nature and quality of the attachment relationship is one of the most important determinants of the psychological impact of any type of loss... While it is necessary to evaluate the familial connection and the apparent degree of intimacy inferred from the labels individuals use to describe the nature of the relationship to the deceased, it is also critical to evaluate the meaning and the implication of the loss for the individual. (p. 83)

Therefore, this study treads through a relatively unexplored area with respect to adult children survivors (Beck, 1989; Dane, 1991; Stimming & Stimming, 1999). The motivation for and necessity of delving into this area for future study is to foster current knowledge on the bereavement experiences of adult children whose parent died by suicide. Indeed, Ellenbogen and Gratton (2001) emphasized the importance of investigating specific subgroups of survivors because “the impact of the quality of the relationship to the deceased has not been systematically examined” (p. 89). This supports the assertion that EP may be an essential element in the experience of suicidal bereavement for adult children survivors. This study endeavors to make the experiences

of this population more concrete so that considerations can be given to ways of addressing the needs of adult children suicide survivors specifically, as well as survivors in general.

## CHAPTER III

### METHODOLOGY

This study aims to complement existing knowledge about the bereavement experiences of suicide survivors by focusing on adult children as the particular group of interest within this large cohort. Shrouded by words such as “violent” and “tragic,” suicidal death leaves survivors struggling to understand their loss. Some of the recent research characterized their grief as more complicated than those bereaved from other modes of death. The knowledge gleaned from this study may contribute to our understanding of suicide survivors, specifically adult children, as they navigate through this tenuous and difficult process. Importantly, emotional proximity (EP), or the relationship between survivor (adult child) and deceased while still living (parent), is investigated to explore the ways in which this may or may not impact bereavement. Thus, the research question asks, “How is an adult child’s experience of the bereavement process of losing a parent to suicide affected by his or her subjective evaluation of emotional proximity to the parent at the time of the suicide?”

This research may inspire further queries into the role of relationships between bereaved and deceased in existing models of grief and bereavement. With respect to suicide survivorship, it may bolster attempts at deconstructing the stigma surrounding suicide within our culture and augment current structures of support and outreach within the survivor community. The findings may assist clinicians in the creation of informed,

strengths-based practices that will address the needs of this diverse and growing population.

### *Research Method and Design*

A flexible, qualitative group design was the selected method of research for this investigation. The bereavement processes of adult children suicide survivors were explored through semi-structured, open-ended interviews, yielding narrative data that included both verbal and non-verbal (behaviors and affects) communications. Sharing one's experience of losing a loved one to suicide is an aspect deemed essential to the healing processes of survivors (Fielden, 2004; Mitchell et al., 2003; Petty, 2000). This narrative study aimed to provide participants with such an opportunity.

### *Sample*

This study defined adult children suicide survivors as any biological or adopted male or female, aged 21 or older at the time of their parents' deaths, who had lost one parent to suicide within the last 10 years and spoke fluent English. Seven individuals participated, ages ranging from 23 to 47 (mean = 32.6, median = 31), although the desired sample size was 12 to 15 participants. Because the desired sample size was not achieved, a supplementary search of the Internet was conducted to gain a better understanding of the services and supports that are made available to both adult children suicide survivors and the larger survivor community to which they belong. Individuals whose parent made multiple attempts prior to the completed suicide were excluded from the study because the relationship is likely to be affected by a history of past suicide attempts in such a way that the participant may have habituated to the idea of losing a parent to suicide prior to the actual death. With respect to the role of EP, this habituation,

in turn, may have led to an emotional and mental distancing from one's parent in preparation for the loss.

The researcher employed non-probability convenience sampling techniques for recruitment. A flier was distributed at suicide survivor support groups in four distinct Boston Metro areas (Framingham, Boston, Medford, and Quincy), and a letter was E-mailed out to colleagues and friends within the same areas (see Appendices A & B). Snowball sampling was subsequently used, as the primary method of recruitment did not garner a sufficient sample; participants and personal contacts were asked to spread word of the study to their friends and family.

Interested participants contacted the researcher for an initial screening that was conducted via telephone and/or E-mail. Lasting approximately 15 minutes, the screening allowed the researcher to explain the research project, review the criteria for participation, describe the interview process that would take place, and formally invite the individual to participate in the study, if the individual expressed interest and qualified. Participants were asked to identify where they would feel most comfortable participating in an interview and believe their narratives would best be heard. Researcher and participant agreed on a convenient date, time, and location for the interview to occur.

#### *Types of Data and Data Collection*

The formal interview process began with a brief explication of the informed consent process, detailing the purpose of this study and the ways in which the data would be used. Participants were asked to read and sign an informed consent form for the researcher's records; they were additionally given copies of this form, which provided

contact information should questions arise that were not addressed during the interview (see Appendix C).

Participants took part in a two-fold interview process of approximately 60 minutes in duration. Initially, they completed a two-page demographic questionnaire to place the interview in its appropriate sociocultural context (see Appendix D). Secondly, the researcher and participant engaged in a semi-structured interview, drawing on a guide of six open-ended questions (see Appendix E). The researcher was most interested in using the guide to sustain an approximately 45 minute conversation with participants about their distinctive experiences of losing their parents to suicide. This guide was created by the researcher for the purposes of this study and reflects the depth and breadth of data that this study was interested in attaining and elucidating with respect to the consequences of EP on the bereavement process. At the conclusion of the interview, participants were invited to reflect on their experiences of the interviewing process to proffer a sense of closure, to validate their general comfort level and wellbeing at having been asked intimate questions about their deceased parent, and to have the opportunity to pose any final questions. Last, they were given a referral list with contact information for survivor support groups and other community-based services (see Appendix F).

Interviews were audio-taped with a personal digital voice recorder. The researcher was the sole transcriber of all interviews, creating a Word document for each, and compiled the information from the demographic questionnaires onto an Excel spreadsheet. To guarantee confidentiality, each participant's interview file, consisting of data from the demographic questionnaire and the transcribed interview, were saved to the researcher's personal computer with a nominal code in the order in which the interviews

took place, thereby separating identifying information from the raw data collected. Notes detailing non-verbal communications, such as affective states and/or body language during the interview, were taken to supplement the audiotapes. Any pertinent information from the notes was then added, as necessary, to the transcribed data. The researcher subsequently reviewed and used these materials from all participants to complete data analysis.

### *Supplementary Internet Search*

The researcher endeavored to interview the Internet with the goal of ascertaining what services exist for suicide survivors and to learn about them in the way that many adult children survivors might: through an Internet search. The purpose of this search was to augment the narratives told by the seven individuals who comprised this study and to explore the possibility of tailoring certain services to survivors based on their relationship to the deceased. The inability to secure the desired sample size begged the question of why this was the case. Sampling techniques may have been insufficient with respect to the time-limited nature of this study and the geographic location in which it was carried out. Based on research completed for the literature review and anecdotal evidence, the vulnerability of this population may have prevented more individuals from volunteering for this study because of a reluctance to share intimate details of their loss. Similarly, the specificity of this study may have been confusing and/or exclusionary; it is a fact that subgroups of survivors are rarely sought after for means of study or understanding their particular losses.

The researcher conducted three major Google searches, using the keywords *suicide*, *suicide survivor*, and *suicide prevention*. Using this type of search engine

seemed most appropriate because that is the way a real survivor might begin their hunt for help. In conjunction with the most popular or common results yielded from these searches, the researcher utilized empirical data, knowledge of organizations and services and a personal connection to one particular organization in order to identify four major organizations and/or websites that provide services and support for suicide survivors: (a) The American Foundation for Suicide Prevention (AFSP; [www.afsp.org](http://www.afsp.org)), (b) the Survivors of Suicide Website ([www.survivorsofsuicide.com](http://www.survivorsofsuicide.com)), (c) the Suicide Prevention Action Network USA (SPAN USA; [www.spanusa.org](http://www.spanusa.org)), and (d) the American Association of Suicidology (AAS; [www.suicidology.org](http://www.suicidology.org)). It should be noted that the researcher chose to examine US-based organizations for the purposes and scope of this study. As such, these are a small representation of the extant services and tools of which survivors are able to make use both nationally and internationally.

The researcher created a set of questions with which to peruse each of the above-mentioned organizations' websites. They were devised with the aim of determining if/how survivor services and support pertain directly to adult children suicide survivors. The questions were as follows:

- 1) What programs, support, outreach, and/or other services are accessible to suicide survivors?
- 2) In what ways, if any, do these particularly serve adult children survivors?
  - 2a) Are there services specifically designed for adult children survivors?
- 3) Do any programs exist for other particular subgroups of survivors?
- 4) Are there other ways in which adult children survivors might especially benefit from the other resources and information listed?



It is the researcher's conjecture that there is a dearth of resources expressly for adult children survivors, which testifies to the importance of delving into the unique bereavement experiences of those individuals who, during adulthood, have lost a parent to suicide. The Findings chapter will present a summary of the findings of this supplementary Internet search.

### *Data Analysis*

The researcher conducted both descriptive (demographic questionnaires) and content (transcribed interviews) analyses to understand and make meaning of the similarities, disparities, and idiosyncrasies of the interviews (Anastas, 1999). The goal was to understand the bereavement processes of the participants in their own words and in the ways they made sense of their loss based on their perceived relationship to their deceased parent. It was, therefore, vital for the researcher to attempt to preserve the authenticity and subjective experience throughout the analysis and coding of the data.

Emerging themes were identified and examined by looking within each interview and across interviews to underscore commonalities, differences, contradictions, and new insights. Based on prior research for this project and aspects that appeared particularly interesting or personally important to the participants, the researcher formulated the sections that are discussed in the Findings chapter to present and illustrate these themes in the participants' own words.

### *Ethics and Safeguards*

This study received approval from the Smith College School for Social Work's Human Subjects Review Committee (see Appendix G). The researcher did the utmost to

respect the ethics of this research project by recognizing the inherent vulnerability of this population, honoring participant confidentiality and bolstering their comfort-level throughout the interview process. The researcher conveyed the hope that this information will be utilized so that the experiences and needs of adult children suicide survivors are addressed and met with empathy and understanding. Researcher and participant discussed the potential for the participant to experience the interview process as intrusive because it elicited highly sensitive material. Indeed, by recalling the circumstances surrounding their parent's suicide and the trauma of suicidal bereavement, participants had the potential to experience both psychological and physiological distress. The researcher underscored for all participants that participation in this study was voluntary. They were given the option of declining to answer questions, withdrawing before the study began, and stopping the interview at any point once it had begun. If they elected to withdraw (which did not occur), any reported information would have subsequently been destroyed. Data files were locked and stored as consistent with federal regulations, after which the researcher assumed responsibility for destroying them or ensuring their security if/when they are needed for future professional use. Lastly, electronic data were password protected.

### *Conclusion*

Semi-structured interviews took place with the individuals who comprised this study. They were recruited through non-probability convenience sampling and snowballing techniques. The sample size was smaller than desired, which speaks to the vulnerability of this population as they maneuver through their grief seemingly alone and marginalized. Although the experiences reported herein may not be extended to

represent the larger suicide survivor community, their unique narratives illustrate thematic elements (such as emotions and perceptions) that many survivors appear to have in common.

## CHAPTER IV

### FINDINGS

The intent of this study was to look at the ways in which emotional proximity (EP) affects the bereavement process of adult children who have lost a parent to suicide. The participants in this study reported their subjective evaluations of the quality of their relationships to their deceased parents at the time of their suicides and shared the course of their grieving processes as impacted by the role the deceased parent played in their lives. Attempting to document the experiences of the seven particular individuals in this study yielded certain consistencies and commonalities.

There were five major findings and one minor finding that will be elucidated below, using narrative data in the participants' own words to illustrate them. The participants in this study generally shared similar reactions to learning their parent had died by suicide, which included an initial response of shock, self-blame, and regret. Participants typically used similar descriptive adjectives in characterizing their relationship to their parents. Emotional proximity was commented upon in terms of the quality of goodness or badness of the relationship. Participants described their individual processes of meaning-making and their methods of incorporating the loss. Last, participants noted both helpful and unhelpful aspects of their bereavement, in general. The greater meanings and implications of the findings will be extrapolated in the subsequent chapter.

### *Participant Demographic Information*

Seven adult children suicide survivors were interviewed for this study. Four participants were female, and the remaining three were male. The age range at the time of the interview was 23 – 47, with a median age of 31 years old. Six participants racially or ethnically identified as white or Caucasian, while the remaining individual identified as Native American and white. The variety of religious beliefs reported included Unitarian-Universalist, Catholic, Protestant, Jewish, spiritual, and none. The majority of participants were married, while the rest were either divorced or single. Only one participant reported being a parent.

All participants, save one, had earned their college degrees, with three of these individuals also holding a Master's degree. Four participants reported an income of \$50,000 or more, while the remaining individuals earned middle- or working-class salaries. Participants' occupations included publishing, finances, software development, acting, massage therapy, motivational speaking, and education.

Four participants lost their fathers to suicide, and the remaining three lost their mothers. Participants' age ranges at the time of their parents' deaths was 19 – 27, with a median age of 24 years old. The majority of parents were in their fifties at the time of death, while the youngest was 48. All participants reported their other parent was living at the time of the suicide. Four participants stated their parents were married at the time of death, while the remaining three stated their parents were either divorced or separated. A majority of participants reported their parents were unemployed at the time of death, with just two parents holding jobs when they died. None of the participants lived with

their parents when the suicide occurred. The majority lived in nearby cities or towns to their parents, and one participant lived in a different state.

### *Common Reactions to Suicidal Loss*

Suicide survivors tend to experience a collective set of emotional reactions to their loss (Ellenbogen & Gratton, 2001; Fielden, 2003; Petty, 2000). This set of survivors, adult children, reported responses that are consistent with previously recorded anecdotal evidence and empirical research. Their reactions to their parent's suicide included the initial response, self-blame and regret.

#### *Initial Response*

All participants in this study reported an initial response of shock or disbelief. They used a variety of words to describe this state, especially feeling in a “fog,” “cloud,” or “blur.” Interestingly, all participants also reported that their parent had suffered from mental illness (particularly depression) and/or alcoholism. Their shock was not negated by the fact that they had struggled with their parent through difficult times in their relationship's history because of mental illness and/or alcoholism. One participant succinctly described his initial response in the following way: “Shock, stress, surreal, and then it culminates in the fact that my dad killed himself... All of that is really shocking.”

Another common initial response among participants was that of denial. Many felt as though denial was experienced hand-in-hand with shock or disbelief as an unwillingness to believe their parents had died by suicide. One participant wondered whether she would have felt this disavowal had her mother died by other means.

### *Self-Blame*

Self-blame typically registers high among suicide survivors' initial descents into the grieving process. Only one participant consciously questioned whether she was to blame for her mother's suicide: "I had guilt feelings because it's like, did she kill herself because I wasn't available?" Nevertheless, as participants' unfolded their stories, many verbalized their guilt as the desire to have done more for their parent.

### *Regret*

As the majority of participants did not actively use the word "blame," their responses seemed more appropriately coded under a theme of regret. Indeed, all participants felt contrasting degrees of remorse for what could have been done and what could have been different.

One participant purposely distanced himself from his father prior to his death because of his "horrible" depression, which he felt compacted his grief.

It was like all the air had been sucked out of the room. That very state of depression brought me to a point of vulnerability... I wish I had devoted more time to him because, frankly, I feel like I could have made a much bigger difference for him than I did. So, yeah, I regret that.

Another participant, whose younger sister died by suicide ten years before her mother did, shared day-to-day living with her mother who was "very integral in helping me raise my children." She was aware of her mother's pain, which she (participant) felt was a direct result of the loss of her sister. However, they were unable to talk about the loss, which created a wall between them.

I wish as a daughter I had been able to help her. I knew there was something wrong, and she was taking half a Prozac a day. She just refused to let me in, and, I think 'cause she was protecting me. I wish we had been even closer because,

I don't know... it could've been a different story today. I think so. You never know. If she had confided in me how badly she was feeling, I could've taken her in the car and thrown her up in the psych ward. I had no idea she was crashing that badly.

*Emotional Proximity: Responses to the Parent-Child Relationship*

This author defined emotional proximity (EP) for the purposes of this study as the history, quality, and characteristics of the relationship between adult child and parent at the time of the suicide. Four participants described their relationship to their parents at the time of suicide as close, while the remaining individuals used adjectives such as “complicated,” “estranged,” and “distant.” As a follow-up question to describing the parent-child relationship, participants were asked to expound on what “closeness” in a relationship meant to them (whether they described their relationship as close or not). All participants shared similar ideas on what characterizes a relationship as close: mutuality, trust, open communication, and understanding one another. Interestingly, however, among the participants who felt close to their parent, this particular closeness held different meanings. While one participant felt close because she and her mother shared the “nitty gritty” details of daily life, another man felt close to his father because they tacitly shared similar ideals and values and felt comfortable being together in silence.

Another participant described her relationship in this way:

It had moved into a much deeper connection, a more friendship type of connection at the time of her death. The evolution was simply age. We were always very close. I would say a best friend-type of mother-daughter relationship. I was always my mother's confidante, more so than everyone else. With her, of all of the children, I was the closest with her.

Among the participants who did not feel close to their parent, they appeared to have an over-arching reason in common: self-preservation. As mentioned above, one



participant had difficulty witnessing his father's struggle with depression. Another man attributed his lack of relationship with his father to his parents' divorce when he was young; he had consequently not lived with his father for half of his life. Another participant could not separate her current relationship with her mother from the history of her childhood.

The last time I spoke with her was actually six months prior to her death. She didn't treat me right so I just... had to detach myself from her because her behavior was just not appropriate or it was immature. Our relationship was always rocky because she wasn't exactly a mother to me. There was a role reversal going on where I felt like I was the adult and she was the child. So when I became an adult, I had to detach myself from her to keep my sanity.

Participants' perceived EP notwithstanding, losing a parent enabled them to achieve a heightened sense of understanding of their parents' situations at the time of death. The majority of participants reported not feeling anger towards their deceased parents, another prevalent emotion for survivors in the wake of a suicide. They felt this new level of understanding proffered the ability or willingness to judge the history of their parent-child relationship through a more empathic lens. This was particularly the case for the three participants who did not rate their relationships as close. Increased understanding was also an emergent theme in exploring participants' use of meaning-making in the bereavement process.

#### *Protectiveness of Deceased Parent*

In harmony with a better appreciation for the ways in which their parents may have struggled, it was common for participants to talk about their deceased parents in a protective or shielding way.

Many participants particularly felt the need to defend their parents and their actions against the pervasive stigma surrounding death by suicide. They had difficulty sharing the fact of the suicidal loss without providing supplemental information. In the eulogy for his father, one participant described, “I called it a murder, not a suicide. I said he had been murdered by societal expectations of men: of what a man should be, what a father should be, what a husband should be.” A few participants felt it would be easier to tell others that their parent died from a disease, such as cancer. Indeed, they felt divulging a death by terminal illness would require no further explanation (as many participants felt a death by suicide did) and would invite an outpouring of condolences and support. Again, they felt a death by suicide did not evoke these sympathetic responses. One woman particularly felt sharing the suicidal death with others instantly shut down communication: “People don’t know what to say. It’s almost like they recoil. It’s easier not to say. And the secrecy. I feel like I have to maintain that.” Some participants believed it was easier to not divulge the fact of the suicide, especially in the immediate weeks and months following the death. They did not want others to judge their parent harshly or to form nascent, incorrect opinions about themselves and their family lives.

#### *Care-taking of Living Parent*

All participants made observations about the changes in the relationship to their other living parent after the suicide. Six participants felt the loss helped them to become closer to this parent. In many ways, they felt more intricately bonded because of the suicidal loss. In harmony with a desire to protect their deceased parent, many

participants felt they were protected from the suicide by strengthening their ties to their remaining parent.

This sense of nurturance towards the living parent seemed to arise as participants became aware of the fact that their parent had lost a partner. Indeed, they were reeling from the fact that their significant other had died by suicide and were navigating their own courses of grief. One participant said of his mother:

We were naturally closer because she was still my parent. Second to my wife, she's the one I feel I can talk to. At the time, she was pushing to talk, and I was, you know, pushing back. I ended up looking back, and I don't know if she was in a position to help me. I think she also needed to deal with...

Another participant agreed that his mother's grief precluded her from comforting him.

He talked of needing to curtail his own emotions because his need to be there for her overrode his own grief.

My mom looked so helpless that I just kind of made the decision that I wasn't going to focus on how it made me feel – even though it made me feel a lot of things. That I would put that aside and try to focus on her. As bad as it was for me, I'm sure it was much worse for her. I put my feelings on hold for my mom. I'm kind of stuck there. If my mom hadn't been there, I would've just wallowed in misery. It would've been healthier for me. I'll never quite open the door again to the extent that it was open that day. That's too bad. I wouldn't change it.

The care-taking also took a more practical form for some participants. Three individuals immediately took over the handling of legal matters, talking with police, and funeral preparations because they felt their living parent was unable to cope with these details. While assuming this role may have been difficult, one participant cherished the opportunity to make preparations in the wake of her mother's death; she viewed it as a necessary component of her bereavement.

I had to do everything. It was a burden. Yet, at the same time, I wouldn't have had it any other way. I acknowledge that it was difficult, but I wouldn't have had

it any other way. I would have been upset if my sister had been there and I wasn't.

The themes of feeling protective of the deceased parent and wanting to care for the living parent appeared consistently throughout the narratives of these participants. They were cognizant of the fact that the loss had occurred to their other family members as well. One participant remained steadfast in his belief that it was his mother who was abandoned by his father's suicide, not himself.

### *Meaning-Making in the Bereavement Process*

Although meaning-making in grief is undoubtedly set in motion once a loss occurs, this section is centered around participants' ongoing emotional processes of bereavement, for surely it is a multi-layered, lifelong journey. Participants were asked to share their thoughts about *Why*: a question so intrinsically linked to a death by suicide. They contrasted their perceptions of their parent's death by suicide immediately after it occurred and at the time of these interviews. Participants were asked to talk about the extent to which they maintain a present relationship with their deceased parent. Moreover, they were invited to look at the ways in which their roles in other relationships (for example, as a son/daughter to their living parent or as a partner/significant other) may have been impacted as a result of this loss. Last, they commented on how their perspectives on death have transformed since their parent's death.

### *Why Suicide?*

All seven participants reported pondering the question of *Why* with great thought. These individuals, as with the majority of suicide survivors, struggled with the fact that their parents chose to die. There was general agreement among participants that their

parents must have chosen suicide because they felt their emotional pain was too great to bear. Two participants felt certain that mental illness was a direct motivating factor in their parents' choice. In point of fact, they experienced relief once their initial shock abided because they knew their parents no longer suffered. Two other participants felt their parents chose suicide because they imagined themselves too great a burden on their families. One of these individuals reported feeling some comfort in her belief that her father's suicide was an act done for his family. She stated, "I don't think that it was an undignified thing. It wasn't done to intentionally hurt us. It was done because he felt like it was the only way to relieve us of him, the pain he caused."

Three participants grappled more immensely with the role of premeditation and planning that exists with choosing to take one's own life. Of these, one participant continued to be plagued by wondering how far in advance her mother decided to take her own life.

It's the hardest because that person chose to die. It's not like they got hit by a car or had cancer or something. And it is a disease. It is depression and mental illness. It's a club that you don't want to belong to, but you're a member now.

For another participant, it was important to know that his father accepted the finality of his choice as well.

I thought a lot about him choosing to do it beforehand because it's pretty clear he did spend some time beforehand thinking about it. The choice to do it and then after he had actually done it. Accepting that is something pretty heavy or powerful. A lot of people who attempt suicide, it's an attempt because they end up calling somebody or they're in a place where they're gonna be found. It's a question I asked the police, "Did it look like he struggled to get out of there? Did it look like he had second thoughts? Was it pretty final when it was done?" And it was clear he did it with precision... from everything I know of my dad. I thought about that a lot. I'm not sure I know what that means. The fact that he had accepted it. To me, it's pretty clear that he had accepted what he was doing after he did it. For some reason, there's some sort of comfort. Not pride, but

something like that. A pride that a son has for his dad when he achieves something. Not sure I'd call it an achievement, but I don't know. He was in control and there's some poetry about it.

Participants felt that coming to view the suicide as their parent's choice softened the edges of their bereavement with the aid and distance of time. This also contributed to the greater sense of understanding why suicide was the way by which their parents died.

#### *Perceptions of Suicidal Loss: Then versus Now*

Participants generally felt that the emotional reactions and thought processes of their bereavement evolved over time. Specifically, in the aftermath of the suicide, many felt they were only able to concentrate on the act itself: their parents dying by their own hands. Their perceptions were more base and instinctual, responding to the violence of suicide and initial reactions of shock and disbelief. One participant was particularly sensitive to the loneliness he felt characterized the choice to end one's own life.

There's a lot of aloneness there, not to mention the fact that committing suicide is a solo act. I was very focused on that. I wished he weren't in that pain when he died. That's what I thought about a lot when I thought of my dad. How sad he must've been. How alone he must've been.

Most participants were able to separate their parents and their deaths from the suicidal act as time went on. Indeed, this separation became not only important but a seemingly necessary achievement in the course of grieving. One participant described how mourning his father's death, not just the suicide, was a novel idea immediately after he died. However, now that many years had elapsed, suicide was not a central thought linked to his father. Another survivor concurred with this viewpoint: "Every time I think of my mom, I don't think of suicide. Maybe for the first year I did associate it like that. I'm able to talk about my mom to other people and the good things." Conversely,

another participant admitted to thinking more about her father's absence now than after he died. She found it harder one and a half years since her father's death to recall happy earlier memories and was, instead, focused on what she would not have in her future.

As mentioned throughout this chapter, participants often spoke of their coming to greater understandings of their parents' suicides. Acceptance played a role in this newly attained insight, whenever each individual participant was able to achieve it. Six participants felt this increased awareness came once they were able to learn more about suicide and other survivors. The remaining participant felt her understanding of her mother's suicide changed over time also. Her response differed from the other participants in that she felt more attuned to her mother's reasoning at the time of her death and found her mother empowered by her death.

I was writing a final at the time on Kate Chopin's *The Awakening*. The thesis of my paper was that the heroine was literally and figuratively taking her life back into her own hands by committing suicide. So, I had this idea, that's how I viewed what she did. It was really a gift in many ways. It allowed me to see it as an empowering thing. I know now, everyone tends to blame survivors. I didn't understand at the time. I just thought, "This is my father's fault." I felt he had taken her. He had been so controlling, so her suicide was actually empowering for her.

Another participant shared his difficulty with how he and other survivors typically feel the need to characterize suicide in any particular way. He felt that his progression of understanding took place as he came to realize that suicide is not any one thing. It is a "perfect storm," a convergence of circumstances, emotions, and individuals.

While I can talk about my father's suicide, I no longer need to. I've certainly come to more of an understanding, not that you can understand suicide, you know, the desperation you have to be facing. One thing that is like my pet peeve is people's desire to characterize suicide as a brave act or a cowardly act. You know, "He's a brave person to have done this," or "It's just the easy way out." You know, you can't actually characterize it as either or. My realization is that

it's not any one emotion, I guess. It's a set of things you don't even understand. It's important to realize that. I've come to a greater understanding of the concepts of what it means to be suicidal and how that can be prevented.

Generally participants believed that time proffered a much needed physical and emotional distance from the suicidal act. Emotions lost their raw edge, and they were able to consider their parent and the circumstances anew. As the participant stated above, suicide became a less essential aspect of their bereavement processes. No matter the means, they had lost a parent and were left to assimilate that into the reality of their lives.

#### *Relationship with Deceased Parent*

Participants were asked if they maintained an ongoing relationship with their deceased parent. Six individuals agreed there was still a relationship or connection that extended much meaning and comfort for them. The remaining participant had some difficulty with the question. While she did not feel she had a relationship to her deceased father, she thought that he “knows what's going on” in her life.

The six participants who reported maintaining a relationship to their parents delved into the unique ways this bond exists. All of them held physical remembrances in their possession: photographs, jewelry, clothing, and letters to name a few. One participant described the “shrine” he created for his father, in which he has brought his father tokens or objects from his travels. Although all participants mentioned that their parents had either been buried in a cemetery or cremated, none noted a grave marker or urn as a physical remembrance, nor did anyone talk about visiting a gravesite or other location where their parents rested.

Participants also fostered the connection to their deceased parent in religious or spiritual ways. One participant described feeling her mother “around me,” to help her in



times of need. Another participant continued to talk to and pray to her mother, particularly when she was looking for advice. Another participant looked for her mother in nature and in dreams. Many participants held onto cherished memories and made sure to bring their parent, in some form, to celebrations and other important phases or events in their lives.

### *Other Relationships*

Participants were asked to comment on the ways in which they thought their other relationships were impacted by their parent's death. Participants mainly touched on their relationships to their living parents and to their partners or significant others. As responses to the changing relationships to the living parents were presented above, other relationships are the focus here.

Of the four participants who were married at the time of the interview, only two were with their spouses when their parents died. One of these two participants was sorry that this wife had to experience the suicidal loss, but he was also glad that she shared this very painful journey with him. The other participant became divorced shortly after her mother died; she stated that she was unable to find comfort from her husband and described her mother's death as a "cancer" that contributed to the end of her marriage. Another participant reported that her marriage was impacted because her mother's death caused her to rethink her future as a mother.

As a mother, it's definitely influenced me in the sense that I don't want to have children, at all. And I think it's for a lot of reasons. I think part of it is that I acknowledge a genetic predisposition to depression, and I have to hold that at bay.

With respect to friendships, a majority of participants talked about how they felt it was now more important to be happy with who they choose to be around. They valued open communication and mutuality more, facets of a close relationship they described at the beginning of each interview. One participant felt empowered to make changes and assert herself in friendships in a way she had not previously done.

Now that I really think about it, that was the beginning of me changing my choices of who I choose to be friends with, who I'm in relationships with. There are things now that I won't put up with. It has to do with feeling like you're in an equal partnership with other people. It's made me stronger, more confident in that fact. I don't want a one-sided relationship.

### *Perspectives on Death*

Participants briefly reflected upon their perspectives of death after having lost a parent to suicide. All seven individuals agreed that they thought of death more often immediately after their parent died. Nevertheless, a majority did not feel their perceptions were wholly changed.

There were other responses of note that did not necessarily fit into any one categorization. One participant felt he became more terrified of death. He could not discuss both its practical and more existential aspects and felt he had become an insomniac as a result.

I don't like admitting that my mom is going to die someday. Certainly not my wife who has MS. I just don't like admitting these deaths will occur. Probably admitting death is part of the cycle of life is what I fear about sleep is the loss of control that comes with dreams. The fear is like the fear of being out of control.

Another participant believed she retains a vulnerability from the suddenness and unexpectedness of her father's death. She talked about feeling as though anyone could

die at any moment. Rather than feel paralyzed by this thought, though, she felt it motivated her to live her life fully.

Last, one participant's outlook on death positively changed. Her circumstances were exceptional: while suicide was her mother's cause of death, medical intervention, after she was found, prolonged her life for over two months. Thus, the participant was able to spend each day at her mother's bedside while she was in a vegetative state.

I was able to have that experience. I think it was a gift she gave me. The experience of her dying was really beautiful. You could see her color change. It was like she left through the top of her head. You saw the color shift, and it was so peaceful. It was not a fearful or scary thing at all, at all. What I got out of that was, wait a minute, death isn't really that scary. Bearing witness to my own mother passing away, it was just really serene. There was an energy; it was really calming. For me, it took the fear out of death. I'm really genuinely, seriously not afraid to die. When it's my time, I'm really okay. And it's because of that.

#### *Comments on the Bereavement Process*

Research about suicide survivors has indicated that working through their grief can present itself as a two-fold process: mourning the suicidal loss specifically and the loss generally. Therefore, participants were given this opportunity as well. The ways in which stigma influenced participants' bereavement was explored as an aspect of suicidal loss. At the end of the interviews, participants were invited to shared both what helped and hindered their bereavement processes.

#### *Stigma*

The majority of participants reported feeling impacted by the stigma that surrounds a death by suicide. As previously noted, many had difficulty relaying to others the means of their parent's death without providing a context or background information. Others also felt that this seeming inability to be completely open about the means of their

parents' deaths created an obstacle in their ability to mourn freely in the ways they would have liked.

Some participants felt it was easier to not say how their parent died. One participant believed her father feared being ostracized from friends and the community and consequently told others her mother had died by other means. Another participant, whose sister had died by suicide 10 years prior to her mother's death, felt doubly stigmatized with two suicides in her family of origin.

With my sister, it's like everyone's looking at you. I just felt like I was being judged, like I was being talked about behind my back. After my mother died, it was like, oh no, not again! You have to pick and choose who you let into your family story. You become guarded about who you tell.

Similarly, three participants described feeling as though they were thrown into the role of victim. They worried that rash judgments would be made about themselves or their parents. One of these individuals explained his need to "tiptoe" around his friends while trying to reconcile his loss. In addition to the feeling of being judged, these participants talked about a sense of embarrassment, as though their families had been singled out in a very undesirable way.

Only one participant did not comment on the role of stigma in her bereavement. While she stated that she did not readily offer this information to others, she did not connect this unwillingness to the influence of stigma.

#### *Helpful and Unhelpful Aspects of the Bereavement Process*

Participants spoke of both the helpful and unhelpful aspects of their grieving processes. They rated a support system and an outlet for open communication and sharing their stories as most important. One participant vehemently encouraged the need

for honesty to both herself and others in talking about her father's death. She felt that when she attempted to lie to herself or loved ones her grief stalled or became more overwhelming. Participants differed in their ideas of whom or what the outlet for sharing their grief should be composed. Engaging in individual psychotherapy was the best means of dealing with one participant's grief. Another participant found it most beneficial to talk with individuals who did not have any connection to suicide whatsoever. Four participants extolled the value of support groups; indeed, one other participant did not have a group setting available to her and wished that she had been able to join with other survivors in such a forum.

Five participants found it most advantageous to channel their grief into helping others. Of these, one participant began a career as an advocate and public speaker for violence against women. He stated that working through his grief bestowed the gift of "dealing with other people's trauma." Another used her experience to enter into hospice work. The remaining three individuals became connected to organizations for suicide outreach and prevention and volunteered as facilitators for suicide survivor support groups. One participant felt that reaching out to and working with the survivor community was a way to honor her mother's memory and ensure that she did not die in vain.

I had to get something good. I had to get something positive out of this. We go into people's homes. We just let them talk about their loved one, and we are genuinely interested. I don't feel like I deserve a pat on the back. I'm just doing what I need to do. In a way, it just kind of keeps my mother and my sister alive. And their lives were worth something. And now through this volunteer work that I do, I think that's validating their lives. I don't want them to be known as two women that committed suicide. I want people to know that their lives were valuable. It's not about the act. It's about them.

Participants commonly felt there was no time for sufficient mourning. They claimed various obstacles including responsibilities such as work, family, and other aspects of daily life. Some also lamented having the appropriate settings to share their grief. One participant revealed the disappointment she felt in close friends who shied away or became unavailable to her.

Of note, two of the four participants who attended support group services felt the organization of the groups worked to their disadvantage. They described the groups as ongoing, meaning that new group members joined on a consistent basis. Both individuals yearned to be grouped with other adult children survivors, individuals with whom they felt best able to connect.

#### *Minor Finding*

Although the majority of participants felt as though they were able to come to a greater understanding and acceptance of their parents' deaths by suicide, they still suffered from the trauma of such a sudden and violent loss. In other words, they wished suicide was not part of their reality and that their parents had not died in this manner by their own hands.

One participant, however, held a viewpoint distinct from the rest of the individuals interviewed in this study.

I hate the term "committing suicide." I prefer to say, "Taking one's own life." What really needs to be thought about are the implications on other people. Even if it means just a conversation. If my mother had said to my sister, my twin, "I'm taking my own life, but I'm not abandoning you. It's not about you. It's my choice." That's very different than my sister thinking, "I'm not good enough for my mother." I used to think suicide just happens to that one person who dies. Then I realized that ebb stretches out very far. I'm not opposed to it; I don't think it's a horrible thing. If it's open, it's a choice. Not to say I endorse suicide at all because I don't. I just think people who are thinking about it need to start

thinking about family members, everybody involved in their lives. There's so much we don't understand. What if it was meant to be in terms of karmic payback for other stuff?... I have my spiritual beliefs about it. From a spiritual perspective, my belief is that we can't escape our problems. Whatever the person can't resolve here, the same challenges will still need to be faced.

### *Supplementary Internet Search*

Four major organizations and/or websites (the American Foundation for Suicide Prevention, the Survivors of Suicide Website, the Suicide Prevention Action Network USA, and the American Association of Suicidology) that provide services and support to suicide survivors were reviewed in order to complement the findings from the narrative data given by the participants in this study. The relatively small sample size guided the impetus for conducting this Internet search. The hope was to emphasize the importance of understanding survivors' bereavement based on their relationship to the deceased by gaining a clearer picture of what services and support available on the Internet, if any, are molded to fit the particular needs of adult children suicide survivors. In harmony with the researcher's conjecture, services and programs did not appear to be directed to this subgroup of survivors specifically. Rather, adult children survivors, for the most part, avail themselves of the support offered to the survivor community at large.

Both the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Action Network USA (SPAN USA) are non-profit organizations that promote suicide outreach, prevention, and postvention (another word for survivor services). SPAN USA is the public policy and advocacy arm of the AFSP. The American Association of Suicidology (AAS) is a member organization motivated by scientific research and programming in the hopes of increasing awareness of suicide through prevention, education, and survivor services. The Survivors of Suicide (SOS) website is

independently run without affiliations to any of the aforementioned organizations or others in existence. Its stated aim is to tender support and resources to assist survivors as they work through their grief.

The primary question guiding this search asked about the services presented in the organizations' websites. The four websites shared a variety of services to connect survivors: directories to support groups and online message or discussion boards. These sites also included resources such as survivor writings (poems, personal stories, and remembrances to list a few), bibliographies for survivor reading, and articles for coping, stages of grief, and other guides acknowledging normality in spite of the convoluted nature of survivors' healing and grief. SPAN USA encouraged small-scale action through its Legislative Action Center, which allows individuals to support local and state legislature that concerns suicide. The AAS sponsors a yearly conference to discuss important or specialized aspects of suicide and those who have been impacted by it. For example, the 2010 43<sup>rd</sup> annual conference is entitled "Family, Community Systems, and Suicide." The AFSP seemed to be the leading organization with services for survivors. In addition to the aspects it shared with the other three sites, the AFSP offers a "First Responders" training program, which sends survivors into the homes of the newly suicidally bereaved. It sponsors the Out of the Darkness walk to raise money for suicide awareness and bring survivors together. Lastly, it sponsors the program for National Survivors of Suicide Day, which takes place yearly in November and brings survivors and those who study suicide academically or professionally together to discuss important and new topics in suicide awareness and prevention.



The second question of the Internet search was two-fold, asking if these services particularly serve adult children survivors and whether there are programs designed especially for them. The short answer to both of these queries was no. Adult children survivors are able to participate in or make use of the myriad services and resources available, as they are inclusive of all survivors, particularly the support groups, online networks, and written resources. It can be assumed that once adult children survivors make connections within the community through support groups, for example, they would be able to seek out individuals who share this particular loss. The SOS website contained an article explicating the reasons in which survivors might grieve differently. One possible reason included the relationship to the deceased. While adult children survivors were not singled out, it posed questions similar to those guiding this study, concerning the strength of the attachment to the deceased and the role the deceased person played in the survivor's life. In their bibliography pages, the AFSP and the AAS listed Stimming and Stimming's (1998) work that compiled narratives of adult children suicide survivors.

The third question wondered if services for other subgroups of suicide survivors existed. The researcher was unable to uncover programs in which individuals can participate, such as a meeting. However, the AFSP and AAS promoted specific written resources targeted for young children who have lost a parent to suicide. Furthermore, the AFSP offered links to a variety of resources for survivors based on their specific loss. There are online communities especially for these subgroups: parents, spouses, siblings, youth and adolescents (includes losing a parent during childhood and/or friends). There

are also websites designed for suicide awareness and survivor support for people of color and Native Americans.

The fourth question was concerned with the ways in which adult children might particularly benefit from the other resources and information listed on these websites. Based on what has been reported thus far, it did not appear that adult children survivors would benefit differently from other survivors, save for those from other subgroups for whom there are resources specifically designed, as mentioned in the previous paragraph.

This supplementary Internet search sought to discover any particular programs, services, and support for adult children survivors. For the most part, the survivor community does not appear to tailor resources and information to survivors based on their loss. Although the information gleaned from the AFSP, SPAN USA, the AAS, and the SOS websites is not comprehensive, it has demonstrated that survivors are generally dealt with as a homogenous group of individuals who share suicidal loss in common.

### *Conclusion*

This chapter presented findings from seven interviews carried out with individuals who, during adulthood, lost a parent to suicide. An interview guide, created by the researcher, was utilized to navigate these conversations. The narratives were analyzed to underscore consistencies and/or contradictions that appeared both among and within participant interviews. Lastly, an Internet search served to bolster these findings with the intent of demonstrating the tendency to not distinguish survivors based on their relationship to the deceased.

An amalgam of emergent themes surfaced in the majority of the interviews, thereby testifying to certain shared experiences, reflections and/or distinct patterns of

responses in the suicidal loss of a parent. These themes, while not necessarily a reflection of all adult children suicide survivors or survivors in general, were categorized as common reactions to suicidal loss, emotional proximity or responses to the parent-child relationship, meaning-making in bereavement, and comments on the bereavement process.

Overall, participants shared common reactions to the loss of their parent to suicide. This included initial reactions of shock and disbelief, self-blame, and regret. The majority of participants rated their relationships to their parents at the time as their deaths as close. The remainders felt the relationships were distant, estranged, or complicated. Despite their perception of the relationship, participants exhibited a sense of protectiveness over their deceased parent, particularly when having to share the suicidal loss with other, non-family members. Participants also felt a heightened desire to nurture and care for their living parent in the wake of the suicide.

Meaning-making in the bereavement process was discussed in a variety of ways. Participants shared their struggles with the question of why their parent chose to die by suicide. They discussed their changing perceptions of suicide over time. They talked about maintaining an ongoing relationship with their deceased parents and the ways in which their roles in other relationships altered. Participants shared their perspectives of death and explored the role of stigma, which was prevalent for the majority of individuals, in their bereavement processes. Last, they discussed the aspects that aided and hindered their bereavement.

The subsequent chapter will discuss the implications of these findings for future research and clinical practice, drawing on current empirical research that primarily

consists of narrative data. Adult children suicide survivors are a specific subset within the survivor community. The aim of this chapter was to underscore and honor the idiosyncracies, strengths, and needs of their narratives.

## CHAPTER V

### DISCUSSION

#### *Introduction*

This study endeavored to understand any connections between emotional proximity (EP) and the course of bereavement for adult children suicide survivors. The author defined EP as the history, quality, and characteristics of the relationship between adult child and parent at the time of the suicide, which was understood in terms of each of the seven participants' subjective evaluations of the parent-adult child relationship for the purposes of this research. This study drew on theories of meaning-making to explore the ways in which bereavement is a long-term process of incorporating the suicidal loss into a survivor's reality.

This chapter presents an interpretation of the findings of this study and compares this material with the existing literature in the realms of bereavement and suicide survivor research. Furthermore, the limitations of this study are considered, particularly highlighting the ways in which these drawbacks can inform and inspire ideas for future research. Last, this chapter discusses the implications of this study for clinical social work practice.

#### *Common Reactions to Suicidal Loss*

The set of emotions and responses that comprised the bereavement processes of the participants echoed that of other suicide survivors, as illustrated by the literature reviewed for this study (Beck, 1989; Cvinar, 2005; Dane, 1991; Ellenbogen & Gratton,

2001; Fielden, 2003; Mitchell et al., 2003; Petty, 2000). While the findings paid particular attention to participants' common reactions of initial responses, self-blame, and regret, participants corroborated feeling a spectrum of emotions mentioned in the previous literature including anger, denial, shame, and rejection by the deceased (Bailey et al., 1999; Dane, 1991; Dyregrov et al., 2003; Neimeyer, 2005).

*Emotional Proximity: Responses to the Parent-Child Relationship*

A sense of emotional proximity (EP) was gained as participants shared their subjective evaluations of the relationships with their parents at the time of death. An intriguing facet of this study is that EP did not necessarily appear to inform a particular course of grieving. In other words, whether participants felt their relationship to their parents was close or not did not seem to be central to their bereavement. The bottom line was that their parents had died by suicide. Participants were stupefied by the loss and generally faced similar obstacles as they worked to put the loss into perspective (Clements et al., 2004).

As a subgroup of survivors, adult children were an interesting cohort to study because adulthood is a typical time in which one's parent(s) die. Angell et al. (1998) wrote,

The loss of a parent is particularly significant. They are the givers of our lives, our nurturers, guides, and the constructors of our initial realities. The form of response we make to our parents' death is tied to the quality of this prior relationship and may be more psychologically profound in its impact on us than the loss itself. (p. 617)

They asserted, "remaining attached to our deceased parents replenishes our personal narrative" (p. 618). For this reason, it was vital to garner a sense of the ongoing

relationships participants fostered with their deceased parents, or the parents' memories. These relationships with the deceased parents included physical reminders or artifacts, stories, shared personality or character traits, and memories. Dane (1991) and Shmotkin (1999) viewed the bond between parent and child as one that is able to transcend a lifetime in ways that enable the adult to continue to grow.

Although EP was a term constructed by the researcher for the purposes of this study, it is not a novel concept. Shaver and Tancredy (2001) attested to the importance of knowing the relationship between bereaved and deceased as this understanding helps inform the course of bereavement. Questions that take the nature of the relationship and the role of the deceased in the bereaved person's life into consideration are vital in the quest to understanding one's course of grieving. This is the point at which EP and meaning-making intersect (Clements et al., 2004; Dane, 1991; Ellenbogen & Gratton, 2001; Gillies & Neimeyer, 2006; Neria & Litz, 2003).

#### *Meaning-Making in the Bereavement Process*

Neimeyer (2005) stressed the importance of "meaning reconstruction in the aftermath of bereavement" (p. 43). As the literature suggested, this is a necessary, yet fluid journey in which survivors struggle to preserve continuity between their pre- and post-loss narratives so that they are able to retain a sense of their identities and understandings of the world (Gillies & Neimeyer, 2006; Little et al., 2002; Neimeyer, 2006). The participants in this study tread a similar course with respect to their processes of meaning-making. They initially wrestled with questions of why the loss occurred, but over time, their perceptions of suicide changed in such a way that why became not as important as accepting their parents' choices. Participants then began to rework their

relationships to their deceased parents, while recognizing their changed roles in other important relationships as a result of the loss.

Participants appeared to come to new realizations about themselves, their deceased parents, and other significant relationships as they attempted to incorporate *survivor* as a part of their identities. Many considered their abilities to separate their parents from the suicidal act as major accomplishments that allowed grieving to move forward toward new, less painful arenas. In the process of reconstructing their understandings of parental suicide, some participants felt a sense of magnanimity towards their parents' difficulties and pain, which participants felt contributed to the parents' choices to die (Little et al., 2002; Neimeyer et al., 2006). The participants will likely always wonder what losing their parents to suicide means to them. As they revisit this query at different points in their lives, grief will continue to be slowly incorporated into their lives for consistency and a reclamation of self-identity (Fielden, 2003).

#### *Comments on the Bereavement Process*

One participant confided, "There is a sense of embarrassment still. Part of me that's insecure. I don't want people judging my mother. I don't offer it to people." Indeed, the majority of participants felt the stigma surrounding death by suicide hindered their bereavement to varying degrees, which was certainly in accordance with the literature reviewed for this study (Cvinar, 2005). The participants attributed this pervasive stigma to fear of the unknown with respect to mental illness and the choice to end one's life, as well as the characterization of suicide as an "unnatural death." (Ellenbogen & Gratton, 2001, p. 84). Colt (2006) provided an historical explication of the ways in which suicide was viewed and dealt with across cultures and religions to help



understand our contemporary attitudes towards death by one's own hand. It appears as though many of the biases or judgments experienced by the participants have been ingrained into our society for centuries. The participants lamented their inability to truly mourn, in part because of stigma. For those individuals who began volunteering with survivor support groups, they hoped their roles would help expel the stigma by promoting suicide prevention and making it a more public issue.

#### *Limitations and Areas for Future Research*

There are some inherent limitations to this study. The most important of these involves the sample of survivors who generously agreed to share their stories of suicidal loss. The researcher was only able to garner a small (N=7) sample. Furthermore, the snowball sampling method employed to recruit these individuals occurred within a limited geographic area and among a small, already-connected suicide survivor network. For these reasons, there is limited generalizability of this study's findings to adult children survivors specifically and survivors generally. Indeed, these seven narratives, although compelling, may not be representative of the array of survivor experiences and attitudes towards their journeys of bereavement. Last, the participants were not ethnically or culturally diverse, comprising a relatively homogenous group of educated, middle-class white individuals.

Importantly, the researcher is also a suicide survivor, a fact that all participants were aware of prior to engaging in the interview. While the researcher did not maintain previous acquaintance with any of these individuals, she was connected to them via a survivor organization. One must consider the ways in which knowledge of the researcher as survivor may have affected the participants' abilities to truly share their stories. For

example, are there facets of their experiences that they chose to withhold because of common associations? Or, did they assume the researcher understood aspects of their story because of our shared loss, instead of explaining in their own words? The researcher was also aware of how her identification as suicide survivor may have involuntarily brought certain biases to the analysis and interpretation of data. The researcher grappled with the decision to share her identity as a survivor. However, due to the sensitive nature of a death by suicide and a desire among survivors to intimately join with other survivors, she felt it not only appropriate but necessary to connect with the participants in this way.

The limitations of this study and qualities of suicidal loss that were outside the scope of this study lend to a selection of avenues for future study. To contribute to the nascent literature on suicide survivorship, ongoing studies that seek to understand the bereavement processes of survivors, underscored by theories of meaning-making, would be beneficial. Taking the relationship of the survivor to the deceased into consideration is imperative to understanding if survivors have disparate needs based on whom they lost. Last, to continue the development of appropriate services, one must understand the experiences of survivors of diverse ethnicities, backgrounds, and creeds.

With respect to adult children survivors, continuing to draw out this group to understand the role of the parent-child relationship in both suicidal bereavement and bereavement from other causes of death is important. As adulthood is a common time in the life cycle to lose one's parent, a comparison of bereavement processes across a multiplicity of losses may help further our understanding of the impact of suicide at this time in an individual's life.

### *Implications for Clinical Social Work Practice*

The bereavement experiences of suicide survivors are based, in part, on their relationship to the deceased, as well as the support systems of which they are aware and choose to make use. It appears as though survivors are more likely to seek out survivor-facilitated support groups for help, as opposed to individual psychotherapy or clinician-led group therapy (Fielden, 2003; Petty, 2000; Dane, 1991). This speaks to the importance of community for those who experience suicidal loss, even though this study has testified to the extremely individualistic nature of the bereavement processes of survivors.

Support groups foster a collective experience of loss and have the advantage of bringing together survivors at different points in their grief. This may prove helpful to the newly bereaved as they are able to see that life does indeed continue after the loss. However, mixed groups may also hinder survivors from their ongoing work of constructing a post-narrative. For example, one participant felt his support group was beneficial to a certain point. Once his loss was less raw, he found listening to new survivors' stories too difficult because he had moved to a different point in his grieving. Support groups also extend a plethora of resources that include outreach, research, and other services for survivors. A few participants saw their loss as an opportunity to do volunteer work with survivor organizations. An important component of survivors' processes of meaning-making may include the opportunity to turn the loss into something positive.

As the helpfulness of meaning-making becomes more evident in bereavement treatment, clinicians will gain awareness of its unique implications for work with suicide

survivors. As a starting point, clinicians can draw strength and guidance from honoring survivors' needs to construct a post-loss narrative to reclaim their self-identities.

Clinicians can find benefit in engaging in the meaning-making process with a survivor as they (clinicians) work to understand their own beliefs and experiences with suicide in either their personal or professional lives.

There are many important considerations that clinicians must bear in mind as they work with survivors, such as gaining a sense of the survivor's perspectives on death (spiritual and/or cultural beliefs and previous losses, especially of other significant individuals) and suicide (opinions on the choice to take one's own life and previous experiences, if any) in their pre-loss narratives. If the survivor had these experiences, clinicians can learn a lot about the survivor's coping strategies by asking what helped and hindered their healing during those times.

When delving into this particular loss, clinicians can ask about any existing environmental stressors that may complicate grieving, such as familial disputes, legal matters, or other personal issues. The researcher briefly commented about the possibility of survivors experiencing complicated grief and/or the development of mental illness; clinicians should evaluate for symptomatology of depression, anxiety, or other disorders as is deemed necessary. Survivors will need help planning for holidays and/or anniversaries, particularly in the first year following the suicide. Survivors often feel their loss more greatly during these special times because of family traditions and gatherings. The first anniversary of the suicide can be looked at as a type of milestone because it is a point that survivors feel they will never reach. They have gained some distance and perspective from the death and do not typically feel as intense pain and

sadness as they do in the beginning. Nevertheless, the loss is still relatively new, and clinicians can bolster a survivor's healing by asking what this anniversary means to them and what, if anything, they would like to do to commemorate the day.

Immediately after the loss, survivors often feel an intense need to discuss the circumstances of the suicide. They want to rehash the details, which are often violent and difficult to hear. Clinicians who demonstrate a desire to listen to this part of a survivor's narrative will communicate to the survivor their willingness to help and to be less likely to judge the survivor, which will be paramount in the building of rapport and establishing a treatment relationship with the survivor.

Meaning-making will prove most advantageous when exploring the survivor's relationship with the deceased and gaining a sense of their emotional proximity. Determining the quality of the relationship (for example, close, estranged, or dependent) will help the clinician learn about the level of attachment the survivor had to the deceased. No matter the relationship, survivors commonly feel anger towards the deceased for choosing to die by suicide. Survivors need to feel comfortable expressing this anger in front of a clinician. In working to rewrite a post-loss narrative, clinicians can encourage story-telling and reminiscing in a way that celebrates a survivor's past (which includes the deceased while living) and works towards a future where the deceased still plays a role, albeit different, in the survivor's life.

Clinicians can help survivors consider the pros and cons of support groups for all survivors (what is typically available) versus specialized groups based on whom survivors lost (for example, parent, spouse, peer, or client). As mentioned above, some survivors may alternately prefer to meet with other survivors who experienced their

losses at a similar time. Clinicians are able to refer survivors to support groups and to create therapeutic groups based on identifiable needs. Clinicians could, therefore, ask survivors about the type of groups that would be most likely to meet their needs to recommend program development to their agencies or suicide awareness and postvention organizations.

### *Conclusion*

The narratives of the seven participants in this study paralleled previous research on suicide survivorship (Beck, 1989; Cvinar, 2005; Dane, 1991; Ellenbogen & Gratton, 2001; Fielden, 2003; Mitchell et al., 2003; Petty, 2000). These individuals, on the whole, had shared aspects of their bereavement experiences, which shows the relevance of published guides and/or manuals brought forth by organizations, such as the American Foundation for Suicide Prevention, to accompany survivors on their journeys through grief. Questions that delved into participant's emotional proximity (EP) uncovered some new insights about the ways in which the relationship to the deceased influences bereavement. Participants' use of meaning-making validated the highly intimate, personal, and on-going nature of the process of assimilating one's loss (Gillies & Neimeyer, 2006; Shaver & Tancredy, 2001). Last, participants' comments on the bereavement process palpably gravitated towards a discussion of stigma, which is a powerful force linked to suicide (Baugher & Jordan, 2002; Colt, 2006; Cvinar, 2005; Ellenbogen & Gratton; Joiner, 2005; Reynolds & Cimboric, 1988; Stimming & Stimming, 1999).

Suicide can be a persistent, yet frightening theme in the clinical arena.

Unfortunately, clinicians are not exempt from the assumptions, stereotypes, and biases

engendered by the social stigma of suicide. For this reason, clinicians should remain aware of how difficult it can be to hear about suicide and to sit with a survivor, particularly if the loss is new. It is the researcher's hope that this study will impart the importance of meaning-making for suicide survivors throughout their bereavement. Additionally, clinicians should remain cognizant of the fact that bereavement is long-term and not static: survivors navigate through different territories of grief as they and their understanding of the loss fluctuates, changes and gains distance from the act itself. Indeed, although there are stage models of grief and guides that explicate common reactions to suicidal loss, this is a very personal, very idiosyncratic journey. Making room for a variety of emotions and responses, both seemingly natural and unnatural, will allow clinicians to better join with their clients and help them with their particular needs in the compassionate and respectful way which survivors deserve.

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## Appendix A

### Recruitment Flier for Participants

# **\*\* Are you a Suicide Survivor? \*\***

I am conducting a research study of the bereavement experiences of individuals who, during adulthood, lost a parent to suicide. **I am interested in the parent-child relationship at the time of death and its effects on bereavement.**

I would like to speak with individuals who

- Were 21 years or older at the time of their parent's death.
- Lost one parent to suicide within the last 10 years.
- Are fluent in English.

**Participation consists of a 60 minute interview with me.**

If you or someone you know is interested, please contact **Christie** by phone @ [work phone number] or by email @ [acss.study@yahoo.com](mailto:acss.study@yahoo.com).

## Appendix B

### Recruitment Letter for Colleagues

Hello.

As a graduate student at the Smith College School for Social Work, I am working on a Master's thesis. I'm emailing you to ask for your help in recruiting participants for this research project.

The purpose of my study is to shed light on the bereavement experiences of adult children suicide survivors. I am interested in the dynamics of the parent-child relationship at the time of the suicide and the ways in which this may or may not affect the bereavement process.

I am seeking men and women of diverse ages, professions, socioeconomic status, and life experiences. Specifically, I would like to speak with individuals who

- Were aged 21 or older at the time of their parent's death
- Lost one parent to suicide within the last 10 years
- Are fluent in English

Participation consists of an approximately 60 minute interview with me. Confidentiality will be upheld throughout the process, and I have compiled a list of referral sources to give to all participants.

My hope is that participants find it helpful to share and reflect upon their experiences. The information garnered has the potential to contribute to our understanding of losing a loved one to suicide so that the needs of survivors are better met with empathy and support. I believe this study can make a valuable contribution to the lack of literature on the experiences of suicide survivors and have a positive impact on the stigma attached to suicide.

If you know of anyone who might qualify for or be interested in participating, please have him or her contact me by phone or e-mail. I have also attached my recruitment flier, which details the information I listed above and has my contact information.

I sincerely appreciate your help.

Best,

Christie Coy  
(cell)  
(work)  
(e-mail) [acss.study@yahoo.com](mailto:acss.study@yahoo.com)

## Appendix C

### Informed Consent Form

Dear Participant:

My name is Christie Coy. I am a graduate student at the Smith College School for Social Work. I am conducting a research investigation into the bereavement experiences of individuals who, during adulthood, lost a parent to suicide. To gain a better understanding of adult children suicide survivors, I am interested in the parent-child relationship at the time of the suicide and its effects on suicidal bereavement. The information that you share with me will be used for my Master's of Social Work thesis and dissemination, which satisfies MSW degree requirements at the Smith College School for Social Work, as well as for future presentations and publications on the subject of suicide.

#### **Nature of Participation**

I am seeking your participation in my research because you are an adult child suicide survivor. You have indicated that you are fluent in English and were aged 21 or older at the time of your parent's death, which may have occurred at any point within the last 10 years. For the purposes of this research, you also indicated that your deceased parent did not make multiple attempts before the completed suicide.

I will ask you to participate in an approximately 60 minute process that includes completing a 2-page demographic questionnaire and talking about your experience of suicidal bereavement. I will tape our conversation with my digital voice recorder and will be the sole transcriber of the session. I will also take minimal notes to supplement our conversation to assist in my analysis. The purpose of the demographic questionnaire is to provide me with relevant personal information to better understand your story. In addition to questions such as your age, relationship status, and children, the questionnaire will also ask your age at the time of your parent's death and the sex of your deceased parent, among other items. It is your choice to leave any particular question unanswered. After completing the questionnaire, I will use an interview guide, which I created myself, to ask about your personal opinion of the quality and characterization of your relationship to your parent at the time he/she died, as well as the circumstances of the suicide itself and your experience of grieving this loss. Once our conversation is over, I welcome you to give any feedback and share your feelings regarding the interview process.

#### **Risks and Benefits**

In recalling the circumstances surrounding your parent's suicide, you may experience this interview process as intrusive and evoking of painful and emotionally difficult feelings. Please let me know what we/I can do to help you stay comfortable throughout the interview. You have the option of pausing and/or stopping the interview at any time once it has begun. This interview does not have a therapeutic intent. I have compiled a list of referral sources for you.

Talking about and sharing your experiences with parental suicide and bereavement may be helpful as you work through your loss. You may find it worthwhile to recount memories of your parent and reflect on his/her suicide. You may gain new insights into your loss, as well as your understanding of the experiences of other family and friends. It is my hope that the information you share be utilized so that the experiences and needs of adult children suicide survivors are addressed and met with empathy and understanding. You are making a valuable contribution to the lack of literature on the experiences of suicide survivors and are having a positive impact on the stigma attached to suicide.

You will not be offered remuneration for your participation in this study.

**Confidentiality**

Honoring your confidentiality is of utmost concern and importance to me. I will maintain confidentiality and primary access to your files and interview data, and my researcher advisor will have access to these only after your identifying information has been disguised. I will assign a number to your materials so that you cannot be identified with the information you relate. I will uphold confidentiality to the fullest extent possible throughout my research.

For purposes of professional presentations and/or publications, data will be presented as a collective whole. Your identifying information and characteristics will neither be reported nor attached to any illustrative quotations I may use. The data accumulated from my research will be locked and stored for three years as consistent with federal regulations, after which I will take responsibility for destroying them or ensuring their security if/when they are needed past three years.

**Voluntary Participation**

Your participation in this study is completely voluntary. You may decline to answer any particular question. You may also stop the interview at any point once we have begun and withdraw from the study altogether. The final date for withdrawal is March 2007. Any and all of these actions can be performed free from repercussions.

If you have questions, concerns, or elect to withdraw from the study, please contact me by phone at [work phone number] or by e-mail at [acss.study@yahoo.com](mailto:acss.study@yahoo.com).

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THIS STUDY.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep a copy of this Informed Consent form for your records.  
Thank you very much for participating in this study.



## Appendix D

### Demographic Questionnaire

Dear Participant: Please answer the following questions to the best of your ability. You may decline to answer any question(s). Thank you.

1. What is your sex? \_\_\_\_\_ Male \_\_\_\_\_ Female
2. What is your age?
3. How do you racially/ethnically identify?
4. If you have a religious preference, how do you identify?
5. What is your highest level of completed education?  
\_\_\_\_\_ Some high school (Specify grade) \_\_\_\_\_ High school diploma/GED  
\_\_\_\_\_ Some college (Specify year) \_\_\_\_\_ Bachelor's degree and/or  
Certificate program  
\_\_\_\_\_ Advanced degree (Master's, Ph.D., other)
6. What is your current occupation?
7. What is your estimated yearly income level?  
\_\_\_\_\_ \$10,000 – 20,000 \_\_\_\_\_ \$20,001 – 30,000  
\_\_\_\_\_ \$30,001 – 40,000 \_\_\_\_\_ \$40,001 – 50,000  
\_\_\_\_\_ \$50,001 – 60,000 \_\_\_\_\_ \$60,001 +
8. What is your relationship status (i.e. single, married, other)?
9. Do you have any children? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list sex and ages. (No names.)

**Please turn over for the next page.**

### Demographic Questionnaire (con't.)

10. List the number and members of your family of origin. (i.e. 4 – father, mother, brother, sister)
11. Which parent died by suicide? \_\_\_\_\_ Father \_\_\_\_\_ Mother
- 12a. What was the age of that parent at the time of his/her death?
- b. What was your age at the time of your parent's death?
- c. If you have children, what was their age at the time of their grandparent's death?
13. Where did you live in relation to your deceased parent at the time of his/her death? (i.e. same/different home; same/different town; same/different state)
14. Is your other parent currently living? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what is his/her current age?
15. If your other parent is deceased, what was your age at the time of his/her death?
16. What was the status of your parents' relationship at the time of the suicide?
17. Was your parent employed at the time of his/her death?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what was his/her occupation?

## **Appendix E**

### Interview Guide

- (1) How would you characterize your relationship with your parent prior to his/her death?
- (2) Can you tell me about your experience of learning that your parent completed suicide, and what happened in the weeks and months following the suicide, including events such as funeral preparations?
- (3) In what ways has your parent's suicide impacted and/or altered your functioning in various roles (i.e. partner, parent, employee, child, etc.)?
- (4) How do you perceive both your parent and his/her suicide when you recall them now? Do they differ from your perceptions immediately following the suicide?
- (5) What have been the helpful and/or unhelpful aspects of your bereavement process?
- (6) In what ways has your parent's suicide affected your perspectives on death?

## Appendix F

### Referral List for Participants

Dear Participant:

The following list of services has been identified for your convenience based on their locations throughout the Boston Metro Area.

1. *Samaritans' SafePlace* – A support group for those who have lost a loved one to suicide.

Website: [www.samaritanshope.org](http://www.samaritanshope.org)  
24-Hour Helplines: 877.870.HOPE (4673)  
617.247.0220/508.875.4500  
Contact: Kim Kates, Director of Survivor Services  
617.536.2460/508.872.1780  
Group Locations: Boston Framingham  
Medford Quincy

2. *Cambridge Health Alliance's Central Street Health Center* – Adult outpatient psychiatry services.

Website: [www.challiance.org](http://www.challiance.org)  
Address: 26 Central Street, Somerville, MA 02143  
Phone Numbers: 617.665.3220 (Scheduling)  
617.665.1560 (Psychiatric Emergency Services)

3. *South Shore Mental Health* – Community-based services for Quincy, Plymouth, Wareham, and the Cape.

Website: [www.ssmh.org](http://www.ssmh.org)  
Main Address: 500 Victory Road, Quincy, MA 02171  
Phone Numbers: 800.852.2844 (Scheduling)  
800.528.4890 (Psychiatric Emergency Services)

4. *Brookside Community Health Center* – Mental health and other services licensed by Brigham and Women's Hospital.

Website: <http://www.brighamandwomens.org/primarycare/offices/brookside.aspx>  
Address: 3297 Washington Street, Jamaica Plain, MA 02130  
Phone Number: 617.522.4700

## Appendix G

### Human Subjects Review Approval Letter



Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950  
F (413) 585-7994

January 26, 2007

Christie Coy  
15 Algonquin Road  
Chestnut Hill, MA 02467

Dear Christie,

Your amended materials have been reviewed and all is now in order. We are therefore now able to give final approval to your very useful study.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain signed consent documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project and particularly with your recruitment. It is hard to know whether people will be willing to come forward, although some may welcome the opportunity to talk you with.

Sincerely,

A handwritten signature in cursive script that reads "Ann Hartman".

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: Yoosun Park, Research Advisor