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Meaning making for survivors of suicide : an exploratory study of a complicated process

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ABSTRACT

This study examined the ways that survivors of suicide make meaning following the death of a person they defined as a family member, intimate partner, or shared a close friendship with. Meaning making was conceptualized through the lens of postmodernism that assumed that meaning was not a fixed entity but an on-going process of evaluation and reinterpretation. Two frames of meaning were used to examine the process; the global understandings people use to organize and make sense of the world and the appraised meaning that people create around specific events. The appraised meanings are informed and shaped by the global meaning.

Meaning making was investigated through interviews with twelve survivors of suicide. The participants were asked questions which were meant to elucidate possible sites of meaning making.

The findings of the study showed that people's global and appraised meaning systems were greatly challenged by the loss; the suicide taught them to relearn their worlds. Participants created meaning in a variety of ways, but most were unable to validate the meanings they found. The prevalent ways of meaning making were the creation of a loss narrative, an on going connection to the deceased, and a reframing of the participants meaning structures.

MEANING MAKING FOR SURVIVORS OF SUICIDE:

AN EXPLORATORY STUDY OF A COMPLICATED PROCESS

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
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CHAPTER I

INTRODUCTION

Suicide in the United States has a large impact on individuals and communities. According to the American Association of Suicidology, 1 person killed themselves every 16.1 minutes in the United States in 2005. In that year, the total number of suicides was 32,637, making it the 11th leading cause of death in the U.S.. Suicide occurred at a rate of 11 per 100,000, according to the Center for Disease Control's Mortality Report in 2005.

The effects of suicide carry into the families and communities of those left behind. Within this thesis as well as for the majority of suicide and bereavement research, the term *suicide survivor* is used to indicate this population and should not be confused with a person who attempted but did not complete suicide. According to the World Health Organization (2006), "for every suicide death there are scores of family and friends whose lives are devastated emotionally, socially and economically" (World Health Organization). It is difficult to estimate how many people are affected by suicide. But given the high number of successful suicides, it would presumably be a large number. This informs the volume of need for research on how to best provide therapeutic treatment to survivors.

Losing a loved one to suicide can leave the survivor in a uniquely difficult grief process since they are "not only left with a sense of loss, they are left with a legacy of shame, fear, rejection, anger and guilt" (Worden, 2002, p. 119). Moreover, because of

the social stigma against suicide, survivors may find it difficult to discuss the death and gain the support they may need (Worden, p. 122).

Recent literature on grief and bereavement suggests that "the formulation of a subjective understanding of the loss in the restoration process" is especially crucial in cases of violent loss such as suicide or homicide (Niemeyer & Anderson, 2002). This process is often referred to as "meaning-making" within research (Attig, 2001; Davis, C. & Nolen-Hoeksema, S., 2001; Gillies, J. & Niemeyer, R., 2006). The creation of meaning "plays a central role in the process of adjusting to loss and trauma because it serves to maintain two aspects of our sense of self that often are most threatened by loss and trauma: our sense of self-worth and our most fundamental beliefs or assumptions about how the world works" (Nolen-Hoeksema, 2001, p. 727). Whether or not suicide caused a more "complicated" grief process has been questioned within research () but never established (Murphy, Johnson, Wu, Fan, & Lohan, 2003). Yet "there seems to be a consensus in the literature" that "suggest additional unique issues of suicide survivors" which may effect the meaning-making process (Murphy et al. 2003) Thus, researching this population is an important area of study.

The purpose of this study is to explore the process of meaning making by family, friends and loved ones of a person who has completed suicide. This exploratory study consists of semi-structured interviews with 11 subjects. This study will contribute to the field of social work by expanding the knowledge about the potentially traumatized population of survivors of suicide. Knowledge about how to best assist in the bereavement of survivors is lacking; as the World Health Organization states: "there is

insufficient realization about the human and societal impact of this problem, and

systematic and coordinated efforts are lacking" (2006).

CHAPTER II

LITERATURE REVIEW

The literature review traces several topics to explore the concept of meaning making for suicide victims. Although "meaning" as a unique entity is briefly explored, this study assumed, using a postmodern perspective, that meaning and meaning-making are not separate entities. As a way to frame the study, the first section will briefly introduce an outline for the theory of postmodern theory and justify its use in this study. Next, various ways in which the concept of meaning and meaning making are understood within the fields of psychology and social work research are explored. The final section will discuss possible unique aspects of suicide bereavement.

Postmodern Theory

In this study the data analysis and discussion of the meaning making process are grounded in postmodern theory. Postmodernism is a movement within art, sociology, philosophy and related fields that argues against empirical, definitive norms and absolute truths and embraces contradictions and relativity. Postmodernism was a response to former theories that embraced absolute truths and essentialist, singular definitions. According to Taylor (2004), postmodernism creates an

> "increasing suspicion and rejection of "foundational" narratives that traditionally
> have authorized the dominant institutions of modern Western culture (e.g.,
> religion, politics, and science)… what is common across these challenges is

critical disenchantment with the promise of grand stories to provide absolute, permanent, and universal Truth for their audiences. Alternately, contemporary cultures increasingly embrace the "small stories of local, situated, and temporary experience" (p. 117).

Thus, postmodernism debunks the validity of universal truths and allows for multiple understandings based in relativity and subjectivity. It disrupts the dominant discourses and asks establishes a multiplicity of theories that are often the voices of nondominant forces within the culture. Within this study use of postmodern theory shaped the process of research and analysis in several ways. A singular definition of meaning and meaning making was rejected in favor of a multilayered interpretation of both, as supported within psychology and social work research (Atting, 2001; Gillies & Neimeyer, 2006; Neimeyer, 2001; Stoebe & Schut, 2001). The study adopts a grief theory grounded postmodernism that establishes bereavement as an ongoing lifelong process rather than a linear progression towards a final resolution of acceptance.

What Is Meaning and How Is It "Made"?

The literature on meaning often cites a frustration with the lack of central definition of meaning, an issue that is said to have prevented the development of empirical evidence on types of meaning, the importance of meaning, or the process of meaning-making (Davis 2001; Davis & Nolen-Hoeksema, 2001; Stroebe & Schut, 2001). Following postmodern theory, providing a definition of "meaning" is troublesome for a number of reasons. For example, using a specific interpretation of meaning brings up the issue of how meaning can be measured or quantified. Also, the question of who has the right to label "meaning" within a circumstance. Moreover, using a specific definition

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of meaning calls into question how certain meanings could be revered as the "true" essential meaning and how other possible meanings could be dismissed (Raskin 2002). These issues will be addressed in the Discussion Chapter in reference to how meaning is drawn from the interviews.

The issue of whether meaning is a static, fixed, set of conscious and unconscious beliefs or if, in reflection of postmodernism, it is a sort of internal text which is under constant editing is addressed by Sexton, who stated that "the nature of meaning is relative; phenomena are context-based; and the process of knowledge and understanding is social, inductive, hermeneutical, and qualitative" (1997, p. 8). Thus, according to her, there is no one True Meaning. Instead, meaning is adjusted circumstantially by an individual through a reflexive process of comparing a current situation to a previously held belief resulting in multiple understandings.

Using this understanding of meaning makes it difficult to distinguish between meaning and the phenomena of meaning making. Within this study, the term meaning will be used to imply the process of meaning making, rather than a conclusive and standardized meaning. Creating a separation between meaning and meaning making is contrary to the postmodern framework since drawing a distinction between the two would imply that "meaning" is fixed rather than fluid and circumstantial.

Meaning and meaning making are not necessarily a conscious set of beliefs and frames for the world. Accordingly, Attig (1996) states that meaning should not be thought of as "readily accessible and primarily cognitive. Instead, it is best to think of [it] as deeply embedded and obscured in habitual life and operative automatically in dimensions of our being, not merely in belief or cognition" (41). Thus, meaning might be

an organizing tool, but it's not necessarily constructed in a deliberate manner. People might not be able to provide a pat response to what meaning is to them but this does not imply that they do not have a system of meanings or an "assumptive world view" with which they create and process meaning (Parkes, 1971).

Two Forms of Meaning

Two frames of meaning were used to guide this study of meaning, one refers to beliefs and meaning about the larger world, the other is about drawing meaning on a more personal level. According to Parkes (2006), meaning is constituted of "guiding principals, the root systems, which underlie and direct our attention and judgment. They include assumptions about the world and ourselves that arise out of our experiences of early childhood. We take them for granted" (p. 34). Parkes divides meaning into two categories; systems of meaning about the world and meanings about ourselves in relation to the world. This is expanded by Park (2005), who differentiates between

> "systems of global meaning and the appraised meaning of specific events. Global meaning includes global beliefs and global goals. Global beliefs are the basic internal cognitive structures that individuals construct about the nature of the world. These structures guide people throughout life by influencing their fundamental ways of constructing reality… [a]ppraised meaning of events include appraisals of events as a loss, threat, or challenge, as well as initial causal attributions explaining why the event occurred… determination of the extent to which the events are discrepant with one's global system of meaning, the decisions regarding what can be done to cope with the event" (p. 709).

The global system of meaning provides a framework for people to create perceptions of the world and their place within it; it helps people construct cognitive understanding of events. Appraised meaning is more "situational" and applies to how people emotionally process and respond to an event (Skaggs & Barron 2006). A possible site of meaning making can be for people to evaluate an event within their appraised meaning by their global meaning and make changes to both accordingly. As grounded in postmodern theory, this interaction between the global and appraised meaning of an event is an ongoing and fluid process.

Meaning and Loss

Prior to the suicide, participants existed in an "assumptive world" of global and personal meanings (Parkes, 2006) that may or may not have included a belief system around death and suicide. To use the previously stated language of Parkes (2005), this entails the appraised meaning of the death and how it might have impacted participant's global goals. For the purposes of this study, both levels of meaning will be examined before and after the loss. It will not, however, be assumed that people held either a conscious or unconscious set of beliefs about either. This follows the postmodern framework since the notion of a set belief system will be challenged.

Examination of both global and appraised meanings follows with a discussion on meaning making by Currier, Holland, & Niemeyer (2006) which states that "individuals bring a set of existing beliefs about themselves and the world into the loss experience" these beliefs are the global system of meaning. Following the suicide, "restoration entails a struggle to adapt one's personal world of meaing to "make sense" of the loss" (p. 407). Restoration refers to the process of appraising the global and appraised meaning of the

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death. However, "restoration" is a problematic word because it implies a previously stable set of meanings that the person is attempting to return to. This study will not assume a stable framework that people adjust their appraised meaning around.

Meaning Making in Bereavement

The use of meaning making in bereavement has been the subject of extensive research within psychology and social work research over the past two decades as the standard theories of the grief process have been challenged. In 1984 the Institute of Medicine compiled a review of bereavement research, spurring an outpouring of research on loss and bereavement (Osterweis, Solomon, & Green, 1984). Findings from this study resulted in "greatly improved methods for assessing grief responses, especially in their more complicated and problematic forms" (Niemeyer, Baldwin, & Gillies, 2006). This study illuminated the need for a new model of bereavement as it suggested that people's grief responses vary greatly, contrary to past linear models of loss. This shift is also reflective of postmodernism's challenge against standard models of bereavement and emotional processes.

Research on bereavement and clinical practice had, until the 1984 review, been grounded in both the writings of Freud and a stage model of grief. Freud's work established, within psychology, a dominant discourse. Freud's writing emphasized relinquishing grief, "in the form of detachment of emotional investment in goals and memories linked to the bond to the deceased, in order to permit psychic and behavioral adaptation through investment in new relationships" (Freud, 1957). The goal of grief therapy, using Freud's theory of decathexis, or detachment was to turn the ego's libidinal

energy once directed towards the lost object elsewhere, towards a new object. As stated by Hagman (2001),

> "following Freud, the standard model postulates that normal mourning leads to resolution- after all, there must be a point at which all energy is withdrawn and reinvested. The attachment to the dead person is given up, painful mourning remits, and the bereaved person joyfully and productively invests himself or herself in new relationships" (p. 19).

Mourning was a normal state following loss but if people's energy was not redirected from the deceased, a pathological state of melancholia would result. The relationship of the living person to the deceased had to relinquished for mourning to remit.

The eventual acceptance of loss and a goal of "moving on" was mirrored in the stage model of grief. Originated by attachment theorist Bowlby and developed by Elizabeth Kubler-Ross in her 1969 book "On Death and Dying," the stage model became the standard format for how people were believed to move through a progression of emotional states following loss. According to Madison:

> "Kubler-Ross suggests five distinct phases; denial and isolation, anger, bargaining, depression, and finally acceptance (Kubler-Ross, 1969). Any person who is bereaved, facing their own death, or dealing with loss, should move through these phases sequentially. Potentially a person could get 'stuck' at any stage, impending their movement to the next stage and thus obstructing 'resolution' of their grieving process" (p. 2).

The five phases were held to be universal and normative, regardless of the culture or history of the bereaved. A standardized normative response to grief assumes a

universality of beliefs and behaviors and experiences.   Moreover, these five stages were

expected to happen within a "typical and time-limited course," (Hagman, p. 19) as

reflected by the Diagnostic and Statistical Manual of Mental Disorders IV, which

pathologized grief that lasts over two months and is "not characteristic of a "normal" grief

reaction" (American Psychiatric Association, 1994). But according to Taylor (2004), the

"small stories of local, situated, and temporary experience" were not yet being taken into

account in writing the DSM (p. 117).   Postmodernism challenged this notion of a

singular "normal" trajectory of grief and incorporated previously marginalized voices and

multiple readings or understandings of theories. According to Madison (2005):

> "the orthodox theories… are being challenged and modified according to a more
>
> generally post-modern (and in some cases existential) approach to understanding
>
> in the human sciences and in therapy. In this critique, modernist clinical
>
> assumptions regarding healthy outcomes are relativised as one possibility among
>
> many and not to be imposed universally upon the experience of bereaved people"
>
> (p. 3).

Postmodernism provided support for multiple outcomes and processes within

bereavement. Instead of establishing a goal of "acceptance" and "letting of" of the loss, it

allowed for a continued relationship with the dead.

As shown by research by the Institute of Medicine in 1984, people may have an

ongoing relationship with the deceased, something not addressed, according to Hagman

(2001) by the stage model of bereavement (p. 19). This indicated to researchers and

practitioners that a new model of grief research was needed. As Niemeyer (2001), a

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prominent researcher of bereavement and meaning making states in *Bereavement and loss*, there is a need for a

> "formulation of new models of grieving that can help integrate and give direction to current research and that carry fresher and more helpful implications for clinical practice"

rather than relying on traditional stage models (p. 2). Specifically, he developed a new model of grief work in which meaning reconstruction in response to a loss is the central process in grieving (1998). This shift suggests a post modern understanding of grief, a "growing understanding of the adjustment to bereavement as one of meaning reconstruction or the rebuilding of previously held assumptions" (Fleming & Robinson, 2002).

<div align="center">Meaning Making: Use In Bereavement</div>

The use of meaning-making within bereavement work has garnered great attention within social work research within the past 15 years as the stage model of grieving has been challenged (Hagman, 2001; Niemeyer, 1998, 2001; Davis & Nolen-Hoeksema, 2001; Parkes, 2006). Recent research suggests that people do not reach a static point of going-on from the death, instead people engage in an "open and evolving process" of adjusting their global and assumptive meanings around the death and their relationship with the deceased (Hagman, 2001). Two possible sites of meaning making will be examined within this study; the way the suicide may or may not have impacted the global and appraised personal meanings of survivors. Also the nature of the survivor's relationship to the deceased will be explored.

Global and Appraised Meanings

Survivors global meanings around suicide and death might be challenged and effected by the death.   For some, the process of meaning-making might be to create a narrative around the death that makes cognitive sense. "The need to make meaning of their loved one's suicide… to find a reason or plausible explanation for the suicide, appeared important in enabling survivors to move on with their grief" (Fielden, 2003, p. 78). Finding a global meaning might be challenged by systems of meaning survivors might have around suicide and death. The examination of global meaning is articulated by Davis, Nolen-Hoeksema, and Larson (1998) who stated that "meaning-as-comprehensibility refers to the extent to which the event makes sense, or fits with one's view of the world (for example, as just, controllable, and nonrandom)" (p. 562).   It cannot be assumed that a cohesive understanding is ever truly made of the event, but the process of meaning making can cause an adjustment to the global meaning system to include an acceptance that events don't always make sense. According to Atting (2001), "bereavement shatters our taken-for-granted life patterns and undermines many of our life assumptions" (p. 41).

Thus suicide can challenge the cognitive understandings or world views people might have around both life and death. For example, suicide might disturb the belief that people want to live, that people have a purpose in life, that those who have what is perceived to be a "good life" have no reason to consider suicide, and that young people's lives are not in jeopardy.

The appraised, personal meanings people hold can also be disturbed by suicide. Emotions like anger, shame, and betrayal may be triggered through suicide and have an impact on the survivor's creating of a personal understanding (Bonanno, 2006, p. 122).

Traditional places of comfort and personal sense making, like religion and spirituality, can be complicated for those who have lost someone through suicide due to the negative beliefs within many religions about those who take their own life (Park, 2005, p. 707).

On-Going Relationship With the Loss

The dominant discourse of grief theory and the stage model was especially challenged by the recent research concerning on-going relationships with the deceased. The 1984 the Institute of Medicine review of bereavement research revealed that most bereaved people do not simply get over the death and focus energy into new relationships. Attig states that after a death

> "we do not want to stop loving those who die. We rightly resist those who say we must. We know that it matters to much to us and to those who died. We want to remember them and continue to be affected by them. They wanted to be remembered ant to make lasting differences in our lives. In our lasting love, we give them symbolic immortality" (2001, p. 46).

Although the nature of the relationship might change, especially in terms of physical presence and reciprocity, the relationship continues. New ways of remembering or experiencing the person are created as time passes.

Examination of the relationship both before and after the suicide can be places of meaning and meaning making for survivors. Possible sites that will be examined are how people reacted to the loss; how they conceived of the relationship before the death and if the suicide has any impact on it; and the use of reverence in the relationship.

Suicide: A More Complicated Bereavement Process?

Although it can be true that the pain of loss through suicide can be debilitating and "for family members left behind, the suffering, the wondering why and the pain of bereavement remain, sometimes for the rest of their lives" (Fielden, 2003, p. 74) this study will not assume that bereavement following suicide is more "difficult" for the bereaved. As stated by Murphy, Johnson, Wu, Fan, & Lohan, " [a]lthough the available evidence suggests that suicide bereavement is different than other causes of death, to suggest that suicide bereavement is the most problematic… has yet to be established empirically" (2003, p. 42).   Studies that assert that suicide is more "complicated" were based on research conducted at least 30 years ago and that "did not compare suicide bereavement with other types of bereavement" as found by Murphy et al. (p. 41).   The possibility that people's global and assumptive systems of meaning might have a different frame for suicide than other forms of death could be true, but establishing one sort of loss as more painful or complicated than others conflicts with the postmodern perspective taken in this study.

Instead of assuming that suicide survivors face a more "complicated" bereavement process, it will be supposed within this study that " suicide bereavement is unique in its thematic content of grief, social process surrounding the survivor, and the impact of suicide upon family system" from other forms of death, according to Murphy et al. (p. 41). Moreover, research suggests that

> "suicide bereavement is possibly more "similar than different" to traumatic
> deaths such as those from sudden infant death syndrome (SIDS), auto
> immune deficiency syndrome (AIDS) or accidental deaths (Bailley, Kral, &

Dunham, 1999; Dyregrov, Nordanger, & Dyregrov, 2003; Jordan, 2001).

There is however, agreement that psychological processes such as an

ongoing search for meaning, blame, guilt, rejection, and a perceived lack of

social support are distinguishing factors in suicide bereavement (Clarke&

Wrigley, 2004; Ellenbogen & Gratton, 2001; Knieper, 1999)" (Begley &

Quayle, 2007).

One reason for these unique psychological themes might be explained by the fact

that suicide represents an active choice on the part of the person who kills themselves;

Western culture uses language of "choice" or "taking" ones life to describe suicide. If the

deceased made a decision to take their life, they could have also "chosen life."   The idea

that "when we are bereaved, we are vulnerable to the complications in the grieving that

derive from hurtful or dysfunctional aspects of relationships with the deceased, such as

unresolved anger, ambivalence, guilt, or dependence" will be explored (Attig, 1996, p.

80-81). In the case of suicide these unresolved feelings might have been created by the

deceased's choice to kill themselves. The relationship participants had with the deceased

will be explored, as will the changes that might have occurred after the suicide in order to

investigate if meaning was created around the possible disruption in the relationship.

Conclusion

This chapter grounded the study of meaning making for suicide survivors in

postmodern theory and provided a brief explanation as to its use. The concepts of

meaning and meaning making were explored and a connection between the two was

established. Several forms of meaning construction following suicide were introduced

that will be investigated in the findings. Lastly, psychological processes unique to

suicide bereavement were explored.

CHAPTER III

METHODOLOGY

Research Design

The purpose of this study was to add to the knowledge-base regarding the

phenomenon of meaning-making among survivors of suicide. The research strategy

consisted of flexible qualitative methods employing semi-structured interviewing. Thus,

a standard set of questions was used but the respondent and researcher were allowed the

flexibility to follow up on a particular subject or clarify a question. This allowed

"informant's knowledge and experience of the phenomena of interest" to "guide the

dialogue" (Anastas, 1999, p. 353).

Given the small sample in this study, it could not be used to generalize across the

population of suicide survivors. Yet, as stated by Anastas (1999), "participants and the

research situation should illustrate the theories, concepts, phenomena, or techniques of

interest well, not necessarily the population at large" (p.276).

Sample

The sample criteria included both females and males from any socioeconomic

status, location, sexual orientation, and marital/relationship status, who were at least 18

years of age, English-speaking, and had known the deceased as a family member,

intimate partner, or domestic partner. In an attempt to protect the emotional safety of

participants, recently bereaved survivors (less than one year) were excluded from the

study. To limit variation within the sample, the study was restricted to cases of suicide, and did not include not murder-suicide.

Participant Characteristics

A total of 13 participated in the study. The data of 2 participants was not used because their audio recordings malfunctioned. Demographic information was compiled in the following chart.

Participant	Gender	Age	Ethnicity	Spirituality	Relationship	Age of deceased at time of death	Years since death
1	Female	25	White	Unaffiliated	Ex-boyfriend	17	10
2	Female	28	White	Atheist	Friend	22	4
3	Male	28	Native American	Unaffiliated	Friend	15	13
4	Female	27	White	Catholic	Ex-boyfriend	15	13
5	Female	30	White	Unaffiliated	Uncle	50's	2
6	Female	28	Native American	Atheist	Step father	50's	3
7	Female	58	White	Unaffiliated	Brother	40	9
8	Male	34	White	Catholic	Brother	18	15
9	Female	54	White	Baha'i	Mother	50	18
10	Male	28	Polish/Black	Pagan	Father	40's	12
11	Female	28	White	Nazarene	Ex-boyfriend	21	7

Recruitment

All subjects were recruited through email sent to the researcher's network of friends and family (see appendix E).

Selection bias in the current study pertained to recruiting through the method of snowball sampling, as the participants "share either a personal or professional network with the original respondents," thus, "whatever biases were in the original sample may be reflected or even magnified in the snowball methods" (Anastas 289-290).

Confidentiality Procedures

In order to protect the confidentiality of participants, codes were used to identify the interview tapes. The tapes were in a separate location from the signed consent forms. None of the notes used names or identifying information nor did the sheets used to collect demographic information. Anonymity was not assured since the researcher spoke with subjects on the phone. The addresses and names used on envelopes were destroyed. The research advisor had access to the complete data once the identifying information was completely removed. All data presented in publications and in presentations was done in the aggregate. All identifying information was removed from illustrative vignettes used within the study or presentation. Data was presented about the participants as a group rather than individuals. Quoted comments were not attributed to their source and anything identifying was altered.

Data Collection

Data was obtained through semi-structured interviews using a 20-question interview guide and a short demographic questionnaire. All interviews were audiotaped. The interviews lasted between 40 minutes and an hour and a half.

Reliability

Questions for the semi-structured interview and the demographic questionnaire were formulated by the study investigator. The questions were not tested on non-

participants of the study, due to time restraints and ethical considerations. Wording of some questions was adjusted in order to clarify the questions during the course of the interviews.

Validity

The interview guide was shaped through a review of the literature pertaining to meaning and meaning making in order to ensure validity of the guide. The validity of the study's findings should be considered since the concept of meaning lacks a central definition.

Data Analysis

The researcher transcribed all interviews and reviewed each transcript. Notes originally taken during the interview were reviewed at this time. Data was analyzed as a means to discover subtle connections throughout the data. A data reduction was performed for every interview by creating a table. The table included the questions and answers for each question and the demographic information for each participant. Thematic coding was drawn for every answer. Categories of common responses were created in order to draw comparisons between the answers. Some categories were already established through the questions and others arose through the data provided by participants. The last step was for the researcher to analyze similarities, contradictory information, and differences as a means to testing the preliminary assumptions drawn from the literature.

Data was categorized based upon grouping together responses to the questions as they were asked; this helped the researcher look for themes and similar words and

phrasings used in responses.   Demographic questions from the questionnaire were used

to produce basic descriptive statistics.

CHAPTER IV

FINDINGS

The goal of this study was to build on and add to existing empirical research on the concept of meaning making and the ways in which people who have lost a loved one to suicide assign meaning to the death. The process of meaning making was examined through the narratives survivors constructed around the loss. These included what elements were chosen by the survivor as part of the narrative, what aspects they left out, and the changing nature of the survivor to the loss. A total of thirteen participants were interviewed. The data from 2 participants was not used because their audio recordings malfunctioned. Data was collected using an interview guide designed to elicit information on the bereavement process and ways in which survivors constructed meaning of the suicide. The findings were organized according to themes that emerged through data analysis. Findings were presented in the following sequence: the bereavement process; current relationship with the loss; construction of a loss narrative; lastly, the existential reasons for the loss were examined. The data will be analyzed to trace possible points of meaning making in the Discussion Chapter.

The Bereavement Process

This section first contains participant's reports of their immediate emotional state after learning of the death. This is followed by accounts of the participant's longer-term emotional process in the months and years following the suicide.

Initial Reaction

Most respondents had an initial reaction of disbelief when they learned about the suicide. Seven of the eleven participants reported that they could not believe the information. Correspondingly, respondent 8 stated that after she heard of her mother's suicide: "I couldn't believe that it was true…. I just couldn't believe it." Of these seven who experienced disbelief, most (n=5) also indicated feeling shocked and surprised. This combination of emotions was the most common immediate reaction. A few (n=2) expressed that they felt numb. After finding out about his brother's death, participant 7 said:

> I was out of it, I was totally out of it… I was driving around for I don't know how long… I didn't even go home until 6 or 7 in the morning. It was like I'd had a bad dream. I didn't even acknowledge it.

Disbelief was tied both to the respondents inability to process in the information (n=4) but also to not believing the person *would* kill themselves. Three respondents said that the person did not appear to be suicidal or depressed. Two participants used the phrase "out of the blue" to describe the suicide. For two participants, their initial feeling of disbelief came from their perception of the deceased's life; in both cases the person seemed to be in "too good of a place in their life" to consider ending it, as one participant stated. Participant 6's stepfather and mother had been married only a week before he took his life, "it seemed like a beginning rather than a time to end," she recalled. Participant 6 said she could not believe that he would take his life at a point when there was "so much to live for" as Participant 11 echoed. Participant 2 was also incredulous and couldn't believe her friend, a new mother, killed herself. She stated: "I couldn't

believe it. I was like… she had… she had a daughter." In many (n=3) cases, survivors felt like the reasons to live outweighed the reasons to die.

For some participants (n=3), a disconnect occurred between what they actually felt and what they believed they should feel. They acted in a way they thought was appropriate to the death, rather than how they felt at the time.

Participant 1: it was one of those things where you think you know you're supposed to feel sad and I acted like it… but it's one of those things were you don't understand what's going on… I don't want to say [I was] acting the part because that sounds bad but I knew I should be sad about it but at that point it was kind of like "what are you telling me?"

An immediate reaction of anger towards the deceased was expressed by two participants. According to participant 6, "I wanted to kick his ass. I was ready to find wherever his body was and beat it up because that's how angered I was." Anger in both cases was directed towards the deceased for "doing this," to survivors as participant 3 stated.

Surprising among the results was the number of participants who answered that their immediate response was primarily physical rather than emotional. Four respondents reported having a reaction that was expressed by their body; three of the respondents literally fell upon receiving the news; 1 reported responding physically by crying; 1 reacted violently and punched a wall. Respondent 6 stated:

I was hanging out with a friend and my sister called me. She told me to sit down. I said "I'm cool." And she told me… and I literally dropped to the ground. When they tell you to sit down, sit down.

All four participants who indicated having a somatized expression of their emotions reacted emotionally as well. Anger, sadness, and disbelief were shared emotional reactions for the four participants.

Another surprising reaction was happiness. Although almost all respondents (n=10) reported feelings of sadness, disbelief, shock, and anger one respondent's initial reaction was positive.

> Participant 11: I was very happy… he was a very abusive person and always had been my whole life. We were living in a battered women's shelter to get away from him. So… in that sense it was great.

For this participant, the suicide immediately provided a sense of "relief" he said.

Long-Term Bereavement

When asked to describe their process of grieving in the period since the death, the majority of respondents (n=10) experienced a period of deep sadness following the death of their loved one. Most (n=6) reported that their sadness was most profound during the first month following the death. Participant 4 said: "I just couldn't stop thinking about it for a good solid month." For one respondent, his sadness provoked suicidality. According to participant 3,

> For a month I was pretty much catatonic. I guess I don't remember it but my sister and dad both tell me that I tried to kill myself. I completely don't remember it.

Confusion over the reason the person took their life was the primary aspect of bereavement for 7 participants; all but 2 of these people had also initially reacted with

disbelief. The respondents indicated that their process of grief, rather than being a progression of emotions, was a process of trying to find a reason for why the people killed themselves. After eight years, "I still have a lot of questions," participant 3 stated.

A response of delayed sadness and grief was experienced by four participants These people felt that the "overwhelming" depth of their sadness was reached in the years following the death, not immediately following it. These participants had initially indicated that they initially felt shocked and numb. According to participant 6, "as time goes on you think more about it than you did at the time, like could you have done more?" Her statement is reflective of guilt that might be experienced by survivors, based on the possibility that the suicide could have been prevented if they had perceived their loved one's emotional state. Correspondingly, two people who experienced delayed grief also developed guilt at a later point. Another participant spoke of needing to delay her grief because of what she had to take care of in the wake of her mother's death. She said:

> Really I had to just go into survivor mode. Because I was pregnant at the time. I just… well, my first instinct would have been to have a drink or something but I couldn't because I was pregnant… And it was just survival mode all the time. It was really painful. I delayed it a long time. I tried, I just tried to do… I would try to not cry during the day time and hold it off until bedtime and that was not good. Because you can't, or at least I couldn't… you just can't work that way. And it's not good for you to do that... I did what I could do. But it was really hard. It wasn't like there was any process, it was just survival. So it was a long, now that I think about it, a prolonged grieving time because you know… I still grieve for her now and it's been 20 years.

For three respondents, the way they dealt with their bereavement was through acts of self-destruction and rebelliousness. These three participants also indicated feeling that the act was incomprehensible, that they felt sad, and that they felt confused over why the person took their life. The root of their rebellious behavior differed. Participant 4 stated

> The summer was spent in one endless act of rebellion. Which in retrospect was grieving. Trying to make sense… sort of like this collective confusion. And the only way to deal with it was by, you know, sneaking out of the house. Little acts of rebellion.

Similarly, participant 8 reported that he acted in a self-destructive manner, but more as a way of avoiding the pain surrounding his brother's death. He said

> Yeah, I did plenty of stupid things…. I think instead of talking about it and getting help… getting to understand it sooner I took a different route and did a lot of stupid ass things. Not thinking about it. It took until I grew up, until I matured a little more to realize… hey ya know, wait a minute…. All I'm doing is screwing my life up.

For participant 3, his best friend's suicide caused a pattern of apathy and loss of ambition. He said that school was most impacted. Before his best friends death he said

> I was doing great. Then that happened and I got into high school. And I didn't really give a shit. I didn't try really hard. I had nothing to try for and… I had such highs and lows after that you know. Where I had no reason to do well. So I just let myself follow that path of not caring.

A possible site of meaning making is in the survivor's past and present relationship with the deceased. Interviews were examined for patterns in the evolution of the relationship since the death. Interviewees were asked four questions that would specifically address this issue: the first was whether their relationship with the deceased made it difficult for them to grief their death; next, participants were asked if the death affected the way they remember the person. Participants were asked how they currently regard the person. Various acts of memorializing were explored. Lastly, several participants revealed having supernatural experiences around the loss.

Process Affected By Relationship With Deceased

When asked if their relationship with the deceased affected their ability to grieve their death, seven respondents responded that yes, it did. In 3 of these cases, the survivor cited their inadequacy as a friend or confidant. As participant 3 said,

> I was mad, but mostly because I thought it was a selfish thing to do and he'd never mentioned anything to me, not that I was listening, I guess now thinking about it I could have been a better friend to him.

This response also indicates guilt and anger. Guilt was a reaction for 3 people and anger for 2 subjects. According to participant 4:

> I think there was anger. I have a very strong sense of guilt, too. I was very shy at that point. He had been my friend when we were kids. When he was my boyfriend I basically just ignored him and was mean to him even though I liked him… I felt a lot of guilt about that… that I hadn't done enough… this was all very.. self absorbed

way of dealing with it. Now as an adult I know it wasn't my fault. But at the time I

blamed myself… I blamed my shyness on what happened to him.

But none one of the 7 who felt their relationship with the dead effected their grieving

process indicated that either guilt or anger were their primary feelings in the period since

the death.

For five respondents, their bereavement process was affected by how close they

perceived they had been with the deceased. As participant 9 said, "I really was… I really

know now, if I didn't know then… I know now that I was the closest to her." This reply

indicated guilt since none of the five participants noticed warning signs although they

believed they knew the deceased intimately. The suicide caused three respondents to

question how deeply "you can ever know someone" and the true quality of their

relationship.

It should be noted that the question "Did your relationship with the deceased

make it difficult for you to grieve their death?" was confusing to most participants. The

purpose of the question was to discover if the participants felt betrayed by or angry at the

deceased for choosing to take their own life and, if so, how their grieving process was

affected by these feelings.

For the four participants who responded that their process was not affected by

their relationship with the deceased, reasons were varied. Two indicated feeling

acceptance over the death and not holding anger against the deceased. One participant's

feelings over their breakup had dissolved, the final participant felt she grieved justly and

thoughtfully.

How Survivor Regards The Deceased

When asked how they now regard the deceased participants provided a range of responses. The majority (n=7) said they see them as sad and in some ways "flawed" individuals. Participant 8's response was typical:

> I pretty much remember… of course I remember everything… all the good stuff, all the fights we got into and shit… I have come to the understanding that there was obviously something wrong that… that he couldn't get over at that point.

The question of "How do you currently think of the person?" was not meant to investigate literally how and when the deceased is thought of, but to examine the participant's current feelings on the deceased. The question's wording required clarification because most (n=8) respondents answered the question in a literal manner initially.

Effect Of Suicide On the Memory Of the Person

Although about half (n=6) of respondents immediately replied that their memory of the deceased is not altered by the suicide, four of these people later indicated that the manner of death has clouded their memory. This narrative pattern is shown in participant 5's response:

> No… I don't think so. It makes it even more of a kind of like a shocking contrast (laughs) he was always like easy going, he was the tough guy, he liked to go to the bar, he liked to go hunting, you know... he was always just sort of jovial and just like maybe like half drunk.

The four participants indicated feeling disbelief because of the difference between their perception of the deceased and the act of suicide. Respondents didn't articulate what sort of person commits suicide but it is implied that their loved one did not fit the "type."

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For participants who readily admitted that their memory of the person was affected, there was also an acknowledgement of the difference between what they thought of the person and of having killed themselves. For a few, the suicide stands as the defining memory, one that they fight to suppress. According to participant 6:

He was awesome, you know. Like he was a really good… like my dad was good up until when I was about 14 and I was with A from about 16 on and he was great, you know. I was filled with love and admiration, like a daughter would be. Now there's like this cloud over it because of the anger I think and because of what he did to my mom. But now it's like he's a different person… I mean, he didn't even leave a note… and he did something horrific. I mean, go ahead and do it but tell people why so they aren't left wondering for the rest of their lives. My thing for him now… like it's not like "oh, A's awesome, he's awesome." It's that he did something really fucked up. Definitely. I have to remind myself of the good things of him, you know.

So it overshadows your good memories?

Absolutely.

Anger at her stepfather for killing himself affected her memory of the actual lived experience of their relationship prior to his death. This was true for two other participants as well. For three respondents, sadness made the suicide a pivotal part of their memory of the person. When asked if her mother's suicide impacted her memory of her mother, participant 9 stated:

Yeah, unfortunately. Because I have to do that to, I have to.. stop and rethink things because it clouds it. It was such an awful thing. .. she jumped from the

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bridge... this huge bridge... and it's sort of... it's horrendous for me to think of it

of her doing this it's such a awful it's a you know, you can think of… maybe you

can be calm and go to sleep... I don't know… but it's just so awful, it's horrific…

she was all mixed up. She wasn't like that her whole life. In fact she had a great

sense of humor and lots of young friends and very vivacious and very beautiful.

She was um... what you would call a really beautiful woman. But she had a

serious of things happen in the last year… she had trouble with her work and she

identified with that and it was overwhelming for her to take care of these children

and deal with my father.. and her relationship with her husband and my sister was

out on the street on drugs and she carried that for a long time and she broke…

Both participants 6 and 9 used the word "cloud" to describe the effect of suicide on their

loved ones memory.

Memorializing

For a significant number of participants (n=6), engaging in activities to

memorialize the deceased was found to be an important aspect of the on-going

relationship with their lost loved one. Another 2 participants answered that they do not

actively seek ways to memorialize the person but later revealed that they did engage in

some sort of commemorative activity. Initially, participant 2 said: " no. I had some

pictures. And I put them all together so I wouldn't lose them and I think they're in a box

somewhere but no." Then, after thinking for a moment she added: "oh wait. I got a

tattoo. That's what I did. (laughs) Oh! Sorry. Yeah. A memorial tattoo." Respondents

participated in forms of remembrance that were either acts that they performed or were

physically manifested and those that were socially based. Both forms represent different ways of continuing the relationship with the deceased.

The most common act of physical remembrance, indicated by 4 participants, was visiting the gravesite of the deceased. All four felt comforted by visiting the site. Two of these people also indicated "talking" to their loved one when at their gravesite. Participant 3 said, "I go to the cemetery. And I will sit there and talk. Just sit and talk. In case he hasn't been watching, I fill him in." For two others, not visiting the gravesite was significant to their current relationship. For about 13 years after his brother's death, Participant 8 was unable to go to the gravesite sober. He said:

I have a hard time going to his grave. I've gone a couple of times drunk which is really stupid. (laughs) I haven't done that in awhile. I think I went by there…. a few yeas ago and broke down a bit... I went there because I knew that I had to do this, I had to do it sober and I got to get.. I gotta start straightening my ass around I gotta get my shit in gear and get on with my life and do what a normal person should be doing. So. It was kind of like a. I don't know what you call it. It was almost something that needed to happen.

You said it was the first time you went there sober.

Yeah, I had a hard time you know I think I punched a tree or something. I think when I left I felt relieved. Like, I feel better. I guess I got something out of my system… I sort of, you know... grew up a little bit.

Participant 6 hasn't visited her stepfather's grave since she is afraid she will "kick it over" because of all the anger she harbors against him.

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Another popular act of physical remembrance for participants was having photos of their loved one displayed in their house. Three indicated that having a photo displayed in their house was comforting and helped them remember the person "as they were." Participant 5 said:

> I have a picture of him that I found when I was going through some pictures of him and my dad standing in front of a house… and he's just wearing a baseball cap and holding a beer (laughs) standing next to the house. So I put that up.
>
> *Nice. So it's kind of house you remember him?*
>
> Yes. It's exactly as I remember him.

Talking about the person and sharing stories with mutual friends and family was another important way to maintain the relationship for survivors. Three participants noted that they enjoy having a drink with friends and "talking about all the crazy shit we did" as participant 3 stated. For participant 9, telling her children stories about her mother helped establish their grandmother as a "real person" rather than being remembered only for having taken her own life when they were infants. Participant 2 noted that the inability to laugh over old stories or commiserate the loss with mutual friends, since they had none, was one of the most painful and alienating aspects of her friends death.

Many participants (n=7) engage in activities that they feel are in some way motivated by their lost loved one. These activities were described as ways to honor or connect with the spirit of the deceased. Participant 9 takes the days around the anniversary of her mother's death off in order to relax and do things she finds enjoyable.

At this time she also donates money to charities her mother might have supported. Participant 1 baked cookies with her exboyfriend's grandmother at Christmastime, as they had done when he was still alive, so she was able to keep their tradition going. The tattoo that participant 2 got to commemorate her friend's death was an illustration and quote about connectedness from one of the deceased's favorite books. The tattoo reminds her of both her friend's life and the nature of relationships. Participant 10 noted that he participates in activities that are fueled by things his dad liked:

> I would say that exploring at night is my remembrance of my father in that I think it's the best thing that I can do. It's an acknowledgement of the things that he undoubtedly must have loved in the choices that he made… to be a drug dealer, to join the air force, to drive motorcycles and buy sports cars. Because it's very exciting and it is dangerous.

Supernatural

For three participants an aspect of the on-going relationship was a supernatural connection felt with their loved one. None of the participants attempted to cultivate this connection actively. According to participant 6:

> there's this part of me… that's felt his energy. Like when I went down into the basement, I felt his energy. It was like I couldn't stop crying, I was so out of breath, it was really weird. And the feeling… it wasn't like fear, but like something else was in the room. You know, and it wasn't like I felt the chills. I just felt this energy that was like all around me. It was weird I've never felt that before. I went down there and I had to run back up after like 30 seconds.. there

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was this energy transfer and I was like I can't ever go down there again. Not that I was scared that he was going to hurt me or anything but I just couldn't get a hold of myself. It was almost like a panic where I was just like I can't... I couldn't go down there again for like another 3 months, you know what I mean. It's weird, it's like… I can't describe it. He was down there. And my heart was racing. It was like my hair was standing up. My mom had a psychic and I told her about this and she was like… well that's where he decided it. And I didn't know that. But that's where the rope was. It was like a bad vibe that was down there. It was so weird. I've never experienced anything like that. I was freaking out. It was really freaky.

None of the participants felt threatened by the presence of their loved one. For participant 3, his best friend's energy was even comforting. Of the three people who had supernatural connections with their loved one, two identified themselves as Native American and expressed that their ethnicity effected their spiritual practice and beliefs about the afterlife.

Construction of a Loss Explanation Narrative

This section addresses the pattern of how subjects created a narrative around why their loved one chose to commit suicide. Participants were asked first if they had an understanding of why the person committed suicide and if so, what the reason was. Participants were asked this to determine if a cognitive understanding of "why" was used to construct a narrative of meaning. Several commonalities arose in the responses; most participants (n=7) immediately denied having any understanding. However, through the course of the interviews, all but one of these participants revealed numerous suspicions

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they had of why the person committed suicide. This section will examine patterns in the narrative of participant's explanation of "why."

Did Not Understand

When asked if they knew why the person chose to end their life, the response was mostly an immediate response of "no;" only four participants said they had an understanding of their loved one's rational. Participant 3's response was very typical for those who did not understand: "Not really, no. I still don't. I still have questions but there's nobody that I can ask." But even the seven who automatically denied having an understanding then went on to reveal suspicions and speculations they'd constructed. Correspondingly, respondent 1 said:

No. no. not really. Other than knowing his home relationship with his mom. But beyond that. not really…. When you're… I don't know… when you're… when you have that much freedom to whatever you want and you're that young and there's no limits no rules no nothing and you don't get along with the person who is spossed to be making rules and limits and whatnot. Other than that I mean…

So he didn't have a protective loving home?

No no his mom was always gone she was never around. There was no rules he could do whatever he wanted. Which you might think is kind of cool… but…

It might also feel like not being loved…

There was something missing there. And other than that I have no clue to what to even think. Even now.

So ten years later it's still like…

10 years later it's still a huge mystery to me.

This participant both began and ended her narrative by denying an understanding of "why." Participant 5 also book-ended her statement about her uncle's suicide in this manner:

> Not really, no… Um… he had… I found out later that he had like nine hundred dollars in medical bills that he didn't know how he was going to pay. And that was like really all that was said about it and it was just kind of like… Nobody in my family thinks that that could be the reason. Because even though that's a lot of money it's not an insurmountable amount. It's like... not worth it. You know. If it was like nine million then maybe. It might be a different story. But it was just like, baffling… And they were like, well… maybe he was depressed… he was up there by himself all the time… he was divorced a long long… like 25 years ago maybe and he had a son who… who lives somewhere in the Southeastern part of the country. So he's in [the Midwest] and his kid… you know. But his kid was married and they had a baby you know.. it was like.. how could you do that to your kid, to your grandkid… you know it didn't… it… it … just doesn't make sense.

Most frequently (n=4) participants retracted their theories behind the suicide because their conclusions did not seem, to them, justification for the act of taking ones life. Participant 1 renounced her explanation of her ex boyfriend's suicide by saying "I've been pretty angry before. But never so angry that I'm like I want to go hang myself from a tree." Participant 2 even questioned the legitimacy of the suicide:

It was really… it was hard. The way she did it. And how fast she went downhill.

I know that she was in a lot of pain... but it felt like it was the kind of thing where

she didn't understand that she was really going to die…"

Despite the suicide having a context of her friend's heroin addiction, the suicide still

seemed like a cry for help that wasn't heard. Of the four participants who followed the

pattern of denying an understanding of a rational for the suicide, later providing an

explanation, and then going back to their initial position, 3 reported that their primary

feeling during long-term bereavement was "confusion."

Did Understand

Four participants immediately identified understanding the reason their loved one

chose to end their life. All four examined their loved ones life and provided an

explanation for the suicide that seemed to make sense to them. The narratives of the four

people who understood the motivation behind the suicide all came in direct response to

the question. Participant 9 elucidated her mother's suicide in the following way:

She wanted to be relieved from all the pain and she broke. And she wouldn't have

done it otherwise. It wasn't biological or anything.. it was the only thing she could

think of that she could conceive of to get relief. That's the way I look at it. I do

feel like if we have something called bio cardial influction something called heart

attacks… and I have to say this everyday or every so often… she had more of sort

of an emotional attack. Something broke in her. She had some sort of emotional

attack. And she couldn't get any help or cope with it.

Similarly, participant 7 understood her brother was no longer interested in living and

accepted his decision, even if she didn't like it:

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We just knew that he was a lost soul… my dad left when he was little. So mom

was his mom and his dad you know. And when she got sick he didn't go to work

anymore. He just stayed home and took care of her. And she died of lung cancer

at a young age. She was very sick for three years. And we tried to help out too but

he was her caregiver. And uh… I think it was a lot for him to go through… to see

that. And then she was gone. And he never got over it. He was just… you know…

wanting to be with her in his mind.

She went on to explain:

But he wouldn't be happy to be here. So. I have to accept his decision. I don't

agree with it. But I know in my heart that he couldn't have changed his mind.

I guess it was his final way of taking control of a disease that had controlled his

life for so long?

Yeah. he told me that he battled so many things. He battled chronic fatigue

syndrome, he… just didn't have any will power to go on. He didn't have any

motivation to go on.

The respondents who immediately identified a reason for the suicide did not question

their understanding of the perceived reason. The initial reaction for these four people

was mostly feeling shocked and numb. Interestingly, delayed grief was expressed by

three of the four people who understood the reason for the suicide.

Suicide notes were left by six people; the content of the notes were not explored

so it is unknown if the deceased provided a reason for taking their life. Two people were

not allowed to read the suicide note because they family wanted to keep the note private.

For the four people who were allowed to read the note, two were still left feeling that they

did not understand their loved ones rational. Participant 6 expressed anger that a note wasn't left by her stepfather; "he didn't even leave a note… and he did something horrific. I mean, go ahead and do it but tell people why so they aren't left wondering for the rest of their lives." Yet, even she was able to create a narrative of understanding around his death.

Existential Reason For the Loss

Survivors were asked if they had ever thought about why, in the "grand scheme of things" the suicide occurred. This question was different from the previous question that addressed the specific reason that the person choose to kill themselves; instead it was meant to investigate what the suicide meant and the reason it occurred in a larger sense. Responses followed two general patterns; that they had thought about it but not come to a conclusion or that they had a conclusion which they did not question.

No Conclusion

All but two participants responded that they had thought about why the suicide occurred, although only two of these nine felt they had any real understanding of "why." The nine participants who felt they had no understanding all denied having an understanding of the existential reason, then produced one and book ended it by questioning the legitimacy. Participant 4's response addressed many of the common threads for people in their search for a reason for the death.

Have you ever asked yourself why, in a larger sense, this happened?

Of course, yeah.

What kinds of things have you thought?

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I guess that's why I meant by questioning destiny, why did this happen, why does anything happen? Why did his death happen? I didn't think we will ever know until we can travel to the alternate universe where it didn't happen. I don't know. I know that it deeply affected a lot of people and changed the course of a lot of lives. I don't know if that's a "why" that's what happened.

Although she articulated a series of questions regarding what purpose his death served she was unable to produce what felt to her like a final answer.   The inability to find a reason was cited as being difficult for 3 participants. Participant 5 said, "it's just kind of… it seems really meaningless (trailed off)…"

There was a reason

For two participants, a reason was found for why their loved one took their life. Respondents had a cognitively constructed understanding of the death. Participant 9 found two explanations for why her mother killed herself:

Shit happens you know (laughs)… so that's my extension... it's that shit happens… that makes me feel the best… there's no other way to justify it… it's that shit happens and it's not fair, it's rotten! But shit happens! Things that are random and crazy and cruel…I thought well, who am I? Who am I to think that my family shouldn't be affected by these things too? I don't know if that's an existential idea but it's the truth.

Her rational was based around a changed world view which, following the death, now had to allow for random and painful things to exist in her world.   Her conclusion was also that random things happen in life; "shit happens" without a clear reason.

According to Participant 6, her stepfather's role in her mother's life was complete. She said, "the only way I can kind of rationalize it is that for some reason, my mom needed to be alone."

Summary

This chapter presented findings from 11 interviews conducted with people who lost a friend, relative, or former partner to suicide. Twenty questions were used to elicited information on how the survivors have created meaning of the loss. The interviews were analyzed according to a postmodern notion that people do not pass through a linear stage model of grief but instead engage in an on-going process of meaning construction. The meaning that the death had, at that given moment during the interview, was ascribed as the process of meaning-making, since meaning is neither finite or set. Meaning was drawn from the bereavement process, the present relationship with the deceased, and the specific and existential "why's" of the death.

When analyzing data from this study, similar pieces of information emerged that illustrated the process of meaning making. Most participants (n=10) indicated a level of struggle with understanding the "why"'s behind the deaths; sites of meaning-making were traced in ways that people constructed narratives around reconciling seemingly opposing beliefs and feelings and within their current relationship with the deceased.

The interviews illustrated accounts of the immediate reaction people had to finding out about the death. Most of the survivors experienced disbelief and shock paired with a physical reaction such as falling down. The long-term bereavement process was found to be a mixture of sadness and confusion for the Participants. Many continued to

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experience levels of disbelief, "I never thought he would do it," as stated by Participant 4, was a common theme.

All of the participants had some form of on-going relationship with the deceased, even those who denied actively participating in acts of remembrance still maintained emotional ties to the person. Remembrance was both a form of comfort and a means to keep present the relationship with this significant person.

Patterns were traced around how people constructed an explanatory narrative for the death. Although most denied having any sense of understanding why the person took their life, all of the participants did offer an explanation. Participants tended to retract whatever possible reasons they offered, stating that the reason did not seem sufficient.

The pervasiveness of participants' shock, confusion, disbelief spoke to the larger implications of the suicide on their system of meaning. All of the participants, even those who said they "understood" the reason for the suicide experienced the death as a challenge to their global and personal meanings.

CHAPTER V

DISCUSSION

The purpose of this study was to explore how people who have lost a friend,

family member or partner to suicide create meaning around the loss. In particular, the

study examined the bereavement process, on-going relationship with the deceased,

understanding of the deceased's motives, and the meaning of the death to find sites and

patterns of meaning making. This chapter will compare material explored in the

literature to an interpretation and analysis of findings from the interviews. The chapter

will also discuss the current studies limitations and the implications for both social work

practice and future research.

Meaning Making in the Bereavement Process

Initial Reaction

If "how a person feels and reacts on becoming bereaved is dependent on the

meaning that is assigned to the loss" (Stroebe & Schut, 2001) then the immediate reaction

people had after learning of the suicide is a site of meaning making. The reported

reactions indicated that survivors experienced a trauma that challenged both their global

and personal systems of meaning. The meaning was, as many participants echoed, that

the suicide "didn't make sense."

Trauma

Consistent with prior research on the immediate reaction survivors experience upon finding out about suicide (Begley & Quayle, 2007), most participants in this study expressed that they felt shock, disbelief, and physically "fell apart." In a study on parental reactions to hearing about their children's suicide, it was found that people listed the same ranking of reactions as this study. In the Begley and Quayle study it was expressed that "the physical and cognitive reactions that occurred mirror other empirical evidence on coping with traumatic experiences (Chung, Farmer, Werrett, Easthope, & Chung, 2001; Foa & Herst-Ikeda, 1996; Janoff-Bulman, 1992)" (2007).

Trauma can be a "severe [threat] to how people perceive themselves and how they perceive the world" (Davis, 2001). These perceptions form the global and personal systems of meaning. Accordingly, if people experienced trauma as the result of hearing about the death, both their global and personal systems of meaning were in some way challenged. Suicide does not "fit" within their framework of the world or of life.

Global Meaning

Since global meanings apply to the greater world and how people construct their expectations and beliefs about it, suicide did not "fit" with their system of beliefs and resulted in trauma. Trauma is an event which As Currier, Holland, and Niemeyer stated, "in contrast to accidental deaths, such deaths are more likely to involve the violation of taken-for-granted assumptions regarding the sanctity of human life, principally that human beings… want to go on living" (2005). The assumptions that were challenged included the belief that life has a purpose and that there is a "reason" to live. Also, people were shocked because they felt that the lives of their loved ones were "too good" to consider suicide. This indicates that participants felt that suicide needed a justification

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that they could understand and respect. Interestingly, even when the person wrote a note that stated their reason, survivors still did not understand. Participants said that their loved one they did not appear suicidal, and that they thought they knew the person well enough to detect whether they were considering killing themselves. This threw into question just "how well you can ever know someone" and the true nature of human relationships, as one participant stated. Several people expressed that the suicide felt very "out of the blue" to them, implying that suicide or death has a level of predictability.

Appraised Meaning

The appraised meaning of the suicide includes the initial understanding of why the death occurred and method of coping with the immediate news. The global meaning of an event informs how an appraised meaning is assigned. The disconnect that three participants experienced between what they did feel and what they thought they should feel after hearing about the suicide indicated a challenge to the appraised meaning of the death. Because the appraised meaning of the suicide is framed by the global meaning, the participants should have had some sort of schema to place the death into and a knowledge of how to react. However, most respondents felt either shock, disbelief, or a lack of knowing how they should feel. This shows that people's appraised meaning was that the death challenged their ability to even form an initial understanding.

Both the global and appraised meanings were thrown into question, and some people "acted" in ways that they felt were socially expected although their feelings were not consistent with these actions. This mirrors the writings on behavior and grief of Foucault, a postmodern theorist. He stated that society has created a "normal" response to death that informs how people feel they should react (Chambon, Irving, & Epstein,

1999). The meaning making process for these people was that death and grief has socially expected reactions, that they should display a prescribed reaction. The social code around their behavior was so strong that they complied with it, showing that the initial meaning was that they had a duty to their loved one to act in a certain way. This was reflected in the findings when participant 1 spoke of "crying when they told me because I didn't want to seem cold." If the participant hadn't cried she thought it would mean she didn't care.

The large number of people who had a physical reaction to learning of the suicide suggests that, consistent with trauma theory, people somatize unbearable emotions (Price & Thompson, 2007). The past study (Begley & Quayle, 2007) on 12 parents who lost a child to suicide showed that all participants' "narratives attest to the experiences of numbness, disbelief, physical sickness." This study completely mirrored these prior results. The meaning being made through this intense somatization and traumatic reaction is that the death disrupted people's global meaning system and overwhelmed the assessed meaning to the point that they had no means to process the information. They felt such an immense blow to their assumptive world that they were unable to emotionally process the news. Instead, their bodies took the brunt of the shock and reacted by "falling apart" as one participant recalled.

Anger at the deceased for "doing this to us" indicated a dual process of meaning making. It indicated that participants were mad at the person actively choosing to do something that might cause survivors pain. But it also bespoke the participants global beliefs, that human life is precious and people shouldn't choose to end it. That people have a sort of obligation to those they are in relation to keep living.

Long Term Bereavement

Long term grief and bereavement showed an on-going process of meaning making, one that did not reach a static resolution or understanding of the loss. On going disbelief and confusion indicated an impact and reworking of the global system of meaning; the death continued to "not make sense, even years later" as one respondent stated. Participants did not feel that their usual existential frame of meanings could hold the complexity and confusion of the death.

Although entangled with emotions such as anger and confusion, sadness was the predominate feature of the long-term grieving process for most participants. People keenly felt the absence of their loved one and longed for their return. The act of suicide continued to bewilder people, with most participants continuing to feel a sense of confusion as the most common emotion occurring simultaneously with sadness. The disbelief that the participants indicated initially feeling did not lift and their emotional process of grieving was experienced in conjunction of a desire to make cognitive "sense" of the death. The sense-making refers to the global meaning system and it's inability to create meaning of suicide.

Delayed grief was experienced mostly by people who initially felt shock and disbelief. The unexpectedness of their sadness in the months or years following the suicide is consistent with post traumatic shock syndrome in which people might experience shock for an undetermined time before emotionally processing it (Begley & Quayle, 2007). Again, this indicates an inability to make sense of the loss and shattering of an assumptive world.

The chances of successful and attempted suicide are increased for a suicide survivor, as found in related research (Mitchell, Kim, Prigerson, & Mortimer, 2005). The participant who indicated wanting to take his own life after his friends death was suffering not only from the loss of his friend but also with a significant part of his socially constructed identity. For this participant and others who indicated feeling so bereft, meaning was created through the ultimate loss of a piece of their identity. Suicidality mirrors the survivors feeling that a valuable piece of themselves has already died. This same participant indicated that he lost interest in activities, which also shows that he did not feel that life had purpose or meaning.

Self destruction is tied to ambivalence and not knowing whether life is worth living. The world view and assumptive meaning structure were so distorted for many participants that taking risks and endangering their own life felt like a way of making meaning. Self-destructive activities also helped some participants distract or numb themselves from the pain of loss.

The on-going guilt some participants felt was related both to feeling personally insufficient and to a larger global meaning that had been challenged by the suicide. Participants felt that they should have been able to do something for their loved one. The nature of not only their relationship was questioned, but of human relationships in general. "How well do you ever know someone, really?" One participant wondered. The postmodern perspective of multiple ways of knowing and the inability to ever define someone or something is reflected in this. Participants previously felt able to definitively *know* another person and that this knowledge should inform them of their loved ones intents.

Guilt and anger were also related to the disruption in participants existential frame around life and death. Both emotions relate to whether or not life or death are a choice and whether individuals have the right to choose between the two. "If only I had done something, maybe he wouldn't have done it" as one participant stated indicates that life is something that can and should be preserved.

On-Going Relationship

A significant source of meaning making for participants was in the continuing relationship. For most participants, their process in both remembering the person's life and in how they currently think of the person was effected by their death. Many participants had an activity or physical expression of remembrance.

Changed Relationship

When asked if they thought differently of the person or if their bereavement process was at all affected by feelings arising from the suicide, most respondents readily denied both questions. Yet almost all of these people provided a narrative that contradicted this. Most of the respondents reported feeling differently about the deceased then prior to the death, the word commonly used was "flawed" and their memories of the person were "clouded" by the suicide. Most people also still held onto their positive memories of the person and spoke of them warmly.

The complexity of holding onto both the anger or disbelief of what the person did and their memories and perception of who the person was (before the suicide) is the space in which meaning was made. People's ambivalent narrative indicated that their global system of meaning, which creates a frame for how to conceptualize a relationship or a memory, was challenged.

Remembrance

Participants employed a number of strategies to keep their relationship with the deceased active within their life. For many, physical acts like visiting the gravesite or having pictures of the deceased displayed within their house served as a means to remember the person. The acts were a catalyst towards making meaning around keeping the person relevant and important in their life. Physically undertaking a memorializing activity was "something to do" as one participant stated. This indicates two manners of meaning making; that people wanted to exercise some sort of power over the suicide, the ability to *do* something when in all other ways that had been rendered powerless. Also they wanted to invoke the person in some way, to show that the relationship continued to be relevant.

The acts of memorializing were ways of internalizing the relationship and bringing it into the future. Neither the death nor the relationship is "resolved" as in the stage model of bereavement. Instead, the participants created meaning around an on-going and vital connection to the deceased. According to research, "the current data provide empirical support for the existence of active inner representational figures that function as role models or behavior guides to the living and operate even in the presence of reportedly high degrees of grief resolution" (Marwit & Klass, 1996). Indeed, participants spoke of their memorializing as acts that brought them comfort and reminded them of their feelings of the person when not conflated with suicide.

For some participants, a supernatural "feeling" or experience provided a connection to the dead and a way to create meaning from the death. Thinking that the lost person is psychically present was another way for participants to feel that they had an

on-going relationship to the person and that the death did not mean the termination of their connection.

Reframing the World

The shape of narratives regarding what understanding they had of the death and what meaning they had made of the death showed a general pattern which was parallel to the meaning making process. Participants first denied having any sort of understanding, provided their explanation, then retracted the constructed understanding. In the same manner, their initial feelings and meanings were mostly shock and confusion; they did not know what to think or do, they could not believe the death happened. And, for the majority of respondents, the understanding that they came to was that the death did not make sense. The loss defied many taken for granted ideas they had about the nature of life, death, choice, and human relationships. The global meaning system they'd constructed prior to the suicide did not provide a place to understand or process the death. Some participants were able to expand and provide tangible reasons for the death, some even had suicide notes to reference. But, the majority of the participants are still searching for meaning. Yet, as Participant 10 stated, " shit happens and it's not fair, it's rotten! But shit happens! Things that are random and crazy and cruel." This is the meaning at which the majority of the participants in the study arrived; that events do not necessarily have a meaning and that tragic events can happen to anyone. But feeling comfortable in the "not knowing" position is uncomfortable and unsettling for most participants so they continue to question their understandings and challenge their meaning structure.

Limitations of the Study

Several important limitations of this study will be discussed in this section.

First, most (n=10) participants in this study reside in several small, nearby towns in Michigan. Snowball sampling within social networks provided a sample from a limited geographic area. Moreover, although I do not personally know all of the participants they reside in the area in which I lived until age 18. It is possible that, though peers or family members, the participants have heard of me. This may have, in some way, colored their replies. Moreover, they might have been conscious of the possibility of me having heard of the suicide of their loved one and this also might have affected their manner of presenting the material.

Also, the generalizability of the study is limited because of the small sample size. The snowball sampling method resulted in participants who were connected to one another through their small town communities. The themes that emerged in the analysis may not represent the diversity of experiences and opinions of the population as a whole.

The sample is lacking in ethnic diversity, which is a reflection of the homogenous population of the small towns in Michigan in which most participants live. The sample was also lacking the representation of individuals with different family relationships with the deceased. Specifically, the voices of parents who lost a child to suicide might have changed the nature of loss narratives.

Another limitation to this study has to do with methodology. I interviewed all of the participants over the phone. This might have affected the narrative in some manner. Given the personal subject matter, participants might have felt more comfortable with the interviewer and with sharing intimate information if the interviews had been conducted in person. It is uncertain what impact the phone interviews might have had on the study.

The concept of meaning making does not have a consistent definition across the social work and psychology literature that informed this study. This led the researcher to ask questions that might have been poorly worded and confusing for participants. The questions were not worded to directly ask about "meaning" but were designed to elicit networks of meaning within participants' assumptive worlds. The very nature of using a postmodern lens calls into question the way in which the researcher herself assigned meaning to narrative material. The researcher's own cultural lens probably effected how she ascribed or searched for meaning within text.

Lastly, two interviews were lost due to a faulty recording device. Both interviews were held with people who lived outside of Michigan, and both interviewees were of color. This would have increased the cultural and racial diversity of the participants.

Areas of Future Research

Areas of future research regarding the issues of meaning making after suicide include drawing upon a more culturally diverse population. Study of meaning-making processes within specific populations might be helpful as well. The cultural significance of suicide might be very different across class, race, religion, region, gender, age group and other areas of identity. This issue was outside the scope of this study but could have great significance.

Social Work Implications

Perhaps this study will convey to clinicians the need for increased awareness around the unique meaning-making processes of suicide survivors. Given the social stigma against suicide, this is a potentially vulnerable population who might not utilize helping professions to assist their grieving process. Statistics show that suicide survivors

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are at an increased risk of taking their own lives following the death. Despite this, very little research exists on bereavement treatment for clinicians or bereavement workers who serve this population. Clinicians need to be sensitive to the possibility of heightened suicidality and long-term confusion that survivors might face. The ability to manage seemingly contradictory feelings of anger and grief can be very challenging and therapists can aid clients in holding and managing these feelings. The ability to live in a not-knowing state and reordering of assumptive worlds should be the focus of therapy, not "recovery."

The use of a stage model of grief negates the on-going, life long bereavement process and search for meaning that survivors might face. As the stage model assumes a final end point of the grieving process, its use in therapy with this population could result in a more difficult process as clients struggle to "move on" from the loss. Especially given the number of participants who experienced grief which was delayed months or even years, the DSM IV classification of "prolonged" grief as something that lasts over 2 months could pathologize what might be a very normative and adaptive experience for suicide survivors.

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Appendix A

Human Subjects Review Committee Approval Letter

December 19, 2007

LaVange Barth
(address removed)

Dear LaVange,

The Human Subjects Review Committee has reviewed your materials. You have done an excellent job in preparing your documents and there are just a few revisions or clarifications we would like you to make before we are able to give final approval to your interesting and useful study. They are as follows:

In **Purpose,** we wondered if you can really say with confidence that "previous research…does not include information about how people's process is complicated through the complexity of loss through suicide." Given that suicide has been extensively studied, it seems like there would exist some of that research.

In the **Recruitment Process:** you state that you will approach support group monitors such as Good Samaritans and Jewish Board of Family and Children's Services. If you do obtain their assistance in recruiting participants, **you will need to obtain letters of permission from those agencies and send us copies.**

Regarding the Informed Consent

In the 1st paragraph please add a phrase "for possible publication and presentation."

In the 2nd paragraph you have added an exclusion criterion that didn't appear in your Application "not cases of homicide and suicide." If this is an exclusion criterion, please add it to the Application. Also you did not include that the loss happened at least one year ago which is in the Application. Please be consistent.

In the 5th paragraph please indicate that data will be kept secured a minimum of three years and until it is no longer needed, at which time it will be destroyed.

In the 6th paragraph, please add that participants can contact the Chair of HSR at 413-585-7974.

We do have a problem with the Resource List. You have just one mental health agency, the Good Samaritans (with no description of what services they provide), and the national

suicide hotline and Psychology Today website. This really is not adequate for New Yorkers or for nationwide participants. Your Resource List of referrals for participants could include a few more of the organizations such as The Compassionate Friends. Also, the fee for service center you list has the same address as your contact address given in the informed consent letter. This raises ethical issues of steering.

Would it make sense to have two separate lists, one for NYC participants, and the other for telephone interviewees outside of NYC? Since you will be mailing out those Consent Letters, you can send the appropriate list.

Regarding the Recruitment Materials
In your recruitment e-mail in Appendix F please clarify what form the interview would take, letting people know that it can be done by phone. Also, you say in your Application that you will refer in the e-mail to the possibility of knowing each other but don't mention it in the e-mail.

I hope these suggestions will be useful to you as you amend your materials. We look forward to their return and to giving final approval to your study. Please indicate any changes you make by typing in color or in bold or by <u>underlining</u>. Thank you.

Sincerely,

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

CC: Yoosun Park, Research Advisor

Informed Consent Form

January 6, 2007

Dear Research Participant:

My name is LaVange Barth and I am a current Master's of Social Work Student at Smith College School for Social Work in Massachusetts. I am conducting a study of how the loved ones of people who committed suicide have come to understand or attempt to make sense of the loss. The purpose of this study is to provide new and valuable information to those who work with survivors of suicide, so that they can better serve them and meet their needs with empathy and understanding. Obtained data will be used to formulate a thesis, which will be presented at Smith College as part of a dissemination process and for possible publication and presentation.

Qualification for participation in this study is based on several factors; you must be 18 years of age or older; have known the intimate as a family member, close friend, intimate partner, or other form of close association; the death must have occurred at least 1 year prior to the interview; and you must be fluent in English. The study will only involve suicide, not cases of homicide and suicide.

If you choose to participate, I will ask you to engage in an interview process that may take anywhere from 40 to 60 minutes. The interview will focus on questions about how you think about the loss— what your "understanding" of the loss may be, even if you feel you have no sense of understanding. You will be asked to describe your experience in any order and form you wish and are encouraged to tell your story in a manner that is comfortable for you. In addition, I will ask you to provide demographic information about yourself. The interviews will be audiotaped and I will take notes of the interview process. The audio tapes will be transcribed by myself.

Due to the emotional content of these interviews, it is possible that you may become upset, stressed, or emotionally overwhelmed. If you feel uncomfortable or unable to complete the interview process, you may chose to take a break, decline to answer specific questions, or withdraw all together from the study at any time during the process. Enclosed in this mailing is a list of psychotherapy resources in New York that you may refer to if you experience psychological distress as a result of participation in this study.

The interview process intends to validate your individual subjective experience. You will be offered the opportunity to step back and examine your experience as a survivor. Additionally, your participation will contribute to the knowledge of clinicians and other professionals who need to be better informed about how to assist survivors of suicide in the healing process. Unfortunately, I cannot offer monetary compensation for your time.

Your participation in this study is confidential. Your identity, including your name or contact information will not be revealed. After audio taping the interview I will label audiotapes, interview notes, and questionnaires with a code number instead of your name. My research advisor will have access to the information, but your identity will not be revealed since no identification information will be attached to the transcript of the interview. In order to maintain your confidentiality I will lock audiotapes, interview notes, questionnaires, and consent forms in a file drawer during the thesis process and for three years thereafter, in accordance with Federal regulations. After such time all data including audiotapes and transcripts will be destroyed. Data will be kept secured a minimum of three years and until it is no longer needed, at which time it will be destroyed. In the written thesis, I will not use demographic information to describe each individual; rather I will combine the demographic data to reflect the subject pool in the aggregate. In this way, participants will not be identifiable in the written work. In the future possible presentations of the thesis the data will be presented as a whole and if the brief illustrative quotes or vignettes will be used they will be carefully disguised.

Participation in this study is completely voluntary. You may choose not to answer all or some questions during the interview process. You may choose to withdraw from the study at any time without penalty by calling me at (….) or emailing at (…). You can also call or email with any questions you might have. You can withdraw from this study any time prior to March 31, 2008. In case you decide to withdraw from the study, all materials pertaining to your participation will be immediately destroyed. You may contact the chair of the Smith College School of Social Work Human Subject Review committee at 413-585-7974 with any questions.

You will be asked to sign this form if you agree to participate in the research. You and I will each keep a signed copy of this consent form. The signed consent forms will be kept in a secure cabinet for three years after the conclusion of the study.

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, YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Researcher

Participant

Please return this consent form to me by January 31, 2008 to indicate your intention of participating in the study (I suggest that you keep a copy of this consent form for your records). If I do not hear from you by then, I will follow up with a telephone call.

If you have any further questions about this study, participation, rights of participants, or this consent form, please feel free to ask me at the contact information below.

Thank you for your time, and I greatly look forward to having you as a participant in my study.

Sincerely,

LaVange Barth

Appendix C

Demographic Questionnaire

Age:

Ethnic origin:

Religion:

Relation to the deceased:

Appendix D

Interview Guide

1. What was your relationship to the deceased?
2. How did you find out about their death?
3. What was your initial reaction?
4. Please describe your grieving process.
5. Did your relationship with the deceased make it difficult for you to grieve their death?
6. What sort of support did you receive from friends/family after the loss?
7. Do you have any sense of understanding the motives they had for taking their life?
8. Has their death affected the way you remember them during their life?
9. How do you now think about this person?
10. Do you do anything, in your daily life, to remember this person?
11. Do you have a spiritual practice? If so, please describe it to me.
12. If you do have a spiritual practice, how has it affected your relationship with this loss?
13. Do you have any belief about the afterlife?
14. If so, what do you think happens to suicide victims?
15. Have you ever asked yourself why this happened?
16. Did you think about the world differently after the person's death?
17. Has your life changed since the suicide?
18. If so, how do you explain this?
19. How does it feel to discuss this?
20. Is there anything you would like to add?

Appendix E

Email For Recruitment

Hello—

My name is LaVange Barth. I am currently working on a graduate level research thesis

for the Smith College School of Social Work program. I am looking for participants for a

study I am conducing on the process of making sense of the loss of a friend, family

member, or domestic partner through suicide.

To participate you will need to be at least 18 years of age and a year must have passed

since your loss.

All information will be kept confidential. Although I might know you, all information

will still be kept with strict confidentiality in adherence to Federal research guidelines.

The interview process will take about an hour of your time and will take place either by

phone or in person, depending on your location.

If you are interested in participating, please email me at lbarth@smith.edu

Thanks,

LaVange Barth