

THE PHENOMENOLOGICAL EXPERIENCE OF FAMILIES AFTER A SUICIDE LOSS

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ABSTRACT

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This study applied interpretative phenomenological analysis to understand the lived experiences of families who experienced a suicide loss of a child/sibling. Though research on the individual experiences of suicide loss exists, there is limited understanding of the systemic family experience and how the family restructures after losing a member. The purpose of this study was to examine the experience of families who lost a child/sibling to suicide and how the family system changed during the bereavement process. Participants consisted of six families and included 14 family members from the United States and Canada. Data was gathered through family interviews, with two to three family members in each system, via a semi-structured face-to-face or videoconference interview. Data analysis occurred through the lens of interpretative phenomenological analysis by transcribing interviews from audio recordings, coding, locating personal experiential themes and subthemes, cluster charting, and researcher interpretation of the experiences. Family interviews showed four themes: adult children shifting family roles, changes in how the family interacts with one another, navigating lasting change after a suicide, and the change experience of suicide loss survivors during the COVID-19 pandemic. The results contribute to mental health clinicians' understanding of a family's needs after a suicide loss in hopes of creating a more positive experience for families in therapy and creating a safe space for the system to work through changes.

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CHAPTER I

INTRODUCTION

Imagine a person who felt they deserved to die because they could not keep their loved one from dying by suicide (Hunt et al., 2019; Ratnarajah et al., 2014). Imagine someone feeling blamed and stigmatized by their family, friends, and community due to losing a child or sibling by suicide (Sheehan et al., 2018). Imagine living with a higher risk for mental illness and dying by suicide because someone lost a loved one to the same fate (Hunt et al., 2019; Sheehan et al., 2018). Imagine a family looking for the “why” behind a suicide loss, but a sibling promised to keep a secret before the suicide (Dyregrov & Dyregrov, 2005). Imagine a family having to fill the gap left by the suicide of a child or sibling and having to figure out how to rebuild their family system (Ratnarajah et al., 2014). These are lived experiences of family members after a suicide loss, and these self-reports are not outliers.

Each year, about one million people worldwide die by suicide, and in the United States, about 44,000 people lose their lives to suicide each year (Cerel et al., 2019; Powell & Matthys, 2013). Those living with suicidal ideation experience hopelessness, feel that they are a burden in their interpersonal relationships, and perceive that they do not belong (Joiner, 2005; Joiner et al., 2009). Suicide loss survivors can experience similar feelings as their loved one and believe that their death by suicide is the only way to obtain respite from their grief or care for their loved one again (Sugrue et al., 2014; Young et al., 2012). Experiencing a suicide loss in the family makes the family two to three times more likely to lose another member of the system to suicide (Jordan, 2017).

Due to this significant loss of life by suicide, parents, guardians, children, siblings, and other family members who go through the grief process after a suicide are known as suicide loss

survivors (Rabalais et al., 2017; Tzeng et al., 2010). Several studies have attempted to identify how people are affected by suicide loss. Researchers believe that the estimate of six to 28 survivors for each suicide is conservative, while others have predicted that the actual number is closer to 40 (Botha et al., 2009; Castelli Dransart, 2017; Honeycutt & Praetorius, 2016; Rabalais et al., 2017). According to Cerel et al. (2019), exposure to a suicide loss occurs on a continuum. About 135 people are exposed to each suicide, and about 50% of people in the United States are exposed to suicide at some point (Jordan, 2017). The complexity of grief depends upon the depth of the relationship with the person lost by suicide and not necessarily on the type of relationship they had (Honeycutt & Praetorius, 2016).

Relationships within the family system are changed by a suicide loss as the family works through shock, hopelessness, anger, guilt, blame, confusion, stigma, social issues, rumination, family dysfunction, and searching for the “why” behind the suicide (Bell et al., 2012; Castelli Dransart, 2017; Kaslow et al., 2009; Lindqvist et al., 2008; Sheehan et al., 2018; Young et al., 2012). Suicide loss can occur within the family system, and all parts of the system are vital in the bereavement process (Cerel & Cambell, 2008). After a suicide loss, the family has to navigate the restructuring process and learn to rebuild their relationships with the remaining family members while also dealing with the unique experience of suicide loss survivors (Ratanrajah et al., 2014). High-functioning family systems may be able to restructure after stressful events, but families with varying levels of dysfunction may not create a successful and healthy transition (Tzeng et al., 2010).

According to Cerel and Campbell (2008), there are three family systems after a suicide loss, the functional family, an encapsulated family, and a chaotic family. A functional family has no history of dysfunction or conflict before the suicide, and this loss most likely occurred in the

wake of a mental health disorder or physical ailment (Cerel & Cambell, 2008). Encapsulated families find dysfunction in the person who died by suicide, but dysfunction in the family system is limited (Cerel & Cambell, 2008). Then in chaotic families, high levels of dysfunction occurred in all parts of the system before the suicide (Cerel & Cambell, 2008). When examining a family system after a suicide loss, one must also focus on the system within its environment and the biopsychosocial effects that it may cause (Cerel & Cambell, 2008). Issues within the family system, such as dysfunction, addiction, poverty, family violence, and being survivors of a previous suicide loss, can directly influence future loss by suicide (Ratnarajah et al., 2014; Sugrue et al., 2014).

Statement of the Problem

Though researchers continue to develop prevention and individual treatments for suicidality, postvention methods for families after a suicide loss still need development (Jordan, 2017; Santos et al., 2015). After a suicide loss, families often live with stigma, complicated grief, lack of social support, rejection, guilt, shame, blame, and isolation (Castelli Dransart, 2017; Pompili et al., 2013; Young et al., 2012). How a family copes and restructures after a suicide loss is not well understood, and due to this lack of understanding, suicide loss survivors are at an increased risk for stigma, blame, mental health symptoms, and attempting or completing suicide themselves (Honeycutt & Praetorious, 2016; Hunt et al., 2019; Sheehan et al., 2018). Also, because of the taboo and sensitive nature of suicide loss, some researchers may not study this population to avoid causing harm or exacerbating mental health symptoms (Powell & Matthys, 2013).

The fields of family therapy and family studies have not taken leading roles in researching or creating successful systemic therapeutic approaches for treating suicide and

suicide loss survivors (Frey & Hunt, 2017; Hunt et al., 2019). Suicide loss survivors have reported feeling fearful about accessing mental health professionals or that their previous experience in therapy was not supportive of their bereavement process (Sheehan et al., 2018). Some suicide loss survivors have reported feeling pushed by mental health clinicians to “get over” the suicide rather than living with the loss, embracing the experience, and growing from the process (Hunt et al., 2019; Jordan, 2020). Clinicians also need to be mindful of their language when discussing suicide loss. In a study by Hunt et al. (2019), a participant reported, “when someone says, ‘commit suicide,’ I immediately know they do not understand my grief...” (p. 339). Developing and teaching appropriate interventions and proper language to master-level clinicians can create a judgment-free environment for families to work through their suicide loss experience (Frey & Hunt, 2017). These identified problems developed this study’s foundation and guided the selected interview approaches.

Statement of Purpose

This study aimed to examine the experience of families who lost a child/sibling to suicide and how the family system changes during the bereavement process. This study used qualitative inquiry, including systemic family interviews, with six families with two to three family members from each family system, for a total of 14 participants. Semi-structured interviews were used to understand the phenomenological experience of family systems after the suicide loss of a child/sibling. Participants under 18 were excluded due to concerns about their emotional response in discussing suicide loss since younger suicide loss survivors often receive minimal help with their grief and can experience difficulty verbalizing their discomfort (Lindqvist et al., 2008). Interpretative phenomenological analysis (IPA) was the most appropriate approach for this study, so the lived and subjective experiences of suicide loss survivors could be better

understood and allow for interpretation as it relates to the phenomena (Eddles-Hirsch, 2015; Smith et al., 2011; Smith et al., 2022).

Research Question

The following research question guided this study:

How does a family system change after the suicide loss of a child/sibling?

Definitions

This study utilizes phrases specific to the field of suicide prevention, intervention, and access to care after a suicide loss. The following terms are incorporated into this research:

Suicidal thoughts occur when someone has thoughts of ending their life and can occur in episodes; for some, they can occur daily (Kleiman & Nock, 2018). Many risk factors can lead someone to experience suicidal thoughts, and there is typically no single trigger (Calati et al., 2019). According to Joiner et al. (2009), if a person perceives self as a burden on others, feels as though they do not belong, and are not afraid of dying, they could follow through with a lethal or near-lethal suicide attempt.

Suicide loss survivors are family members or friends who have experienced a suicide death (Jordan, 2008). Suicide loss survivors are parents, stepparents, siblings, stepsiblings, children, other relatives, and close friends who have experienced a suicide death (Rabalais et al., 2017; Tzeng et al., 2010). The definition of a suicide loss survivor can reach beyond the previously identified groups as long as the person experiences the loss intimately and significantly (Honeycutt & Praetorius, 2016). For this study, suicide loss survivors who lost a child/sibling will be included.

Family systems theory recognizes the interpersonal relationship between family members (Hanson, 1995). Family systems are complex groups of interrelated people with unique

experiences that can influence one another's emotional responses to situations (Comella, 2011; Ratnarajah et al., 2014).

Postvention includes services and interventions to prevent the future death by suicide of those living with a suicide loss (Cerel & Cambell, 2008). Postvention models focus on encouraging quick and timely involvement in treatment, recovery, and connecting to local supports (Santos et al., 2015). According to Cerel and Campbell (2008), for the future generations that experience suicide loss, "postvention is prevention" (p. 43).

Restructuring occurs as a family works together to change their family structure, navigate their boundaries, and learn new ways of interacting as a system after losing a member (Ratnarajah et al., 2014). A family's ability to restructure after a suicide death is determined by their level of dysfunction before the suicide (Tzeng et al., 2010).

Assumptions

The following assumptions occurred in this research:

1. All families have experienced a change and a need to restructure after the suicide loss.
2. Families voluntarily participated in the systemic interview.
3. After a suicide loss, the family will change, restructure, and realign to fill the gap left behind by the person that died.
4. Families honestly answered questions about their lived experience of suicide loss.

Delimitations

The following delimitations applied in this study:

1. Each participant must be at least 18 years old and have experienced a suicide loss of a child/sibling.

2. Participant families must consist of two to four family members who are either parents, stepparents, siblings, or stepsiblings of the family member who died by suicide.
3. The suicide loss of each participant family must have occurred at least 1 year and no more than 15 years ago.
4. Participant families will agree to a face-to-face interview in Denton, TX, or a videoconference interview.

Background of the Researcher

I believe that suicide is a public health concern that families experience, but without research into their systemic experience, clinicians cannot understand how to treat the system best. Understanding the experience of families as suicide loss survivors has been a central focus of my research for the past few years. I have a master's degree in family therapy, a licensed marriage and family therapist-supervisor, and a licensed chemical dependency counselor. I am also a doctoral candidate in Texas Woman's University's Marriage and Family Therapy program.

I am no stranger to suicide loss. I first experienced a suicide loss when I was in high school, and then each year of high school, there was a suicide of a student in my community; some I knew, and some I did not. I was motivated to learn more about suicide after one of my closest friends attempted to kill themselves the summer before my senior year of high school. I can still remember where I was, what I was doing, and who I was with when I learned what had occurred. From then on, I wanted to educate myself and help bring hope and light to those living with suicidality, and eventually, this passion led to supporting families of suicide loss as well.

For over 8 years, I worked directly with individuals, and their families, assessing for the risk of suicide and counseling on how to cope with suicidality. During this time, I had the

privilege to also work with individuals and families who were experiencing thoughts of suicide, and some were also suicide loss survivors. This developed a desire in me to become a more deliberate clinician so that I could better work with families of suicide loss. I have also spent 5 years volunteering as a mental health professional with the Denton County LOSS Team. This team of mental health professionals and suicide loss survivors works with the medical examiner's office and responds to active scenes of suicide in Denton County, TX. I have had the honor of meeting with families as they processed the shock of their loved one's loss, working to instill hope, provide education, and encourage a quick connection with resources.

During my time on the Denton County LOSS Team, I have responded to scenes of suicide and have seen first-hand families' experiences immediately after they have learned of their loved one's suicide. I have sat in living rooms, talked on driveways, stood in the rain, and worked with families while they were in their earliest state of shock, and sometimes I was unsure what to do. I did not have all the answers or the right things to say, but I used myself as a tool to provide hope, support, education, and understanding as the families were at the beginning of a long journey after a suicide loss.

I grew as a clinician by learning from families during my time working in crisis services. I have been challenged to think systemically, creatively, and outside the box to find the best treatment approaches for those I have worked with. My postvention approach is grounded in family systems theory, which identifies the family as a system whose members can influence one another through their interactions, emotions, and experiences (Hanson, 1995).

When I worked in crisis services, I concentrated on many ethical principles, but nonmaleficence and beneficence are the most important ones to me. Trauma-informed care principles are vital in crisis work because therapists need to create a safe space for families

during their bereavement process and not increase the harm already done by the suicide death (Wilcoxon et al., 2012). This safe space creates an environment without taboo, stigma, blame, or judgment for what they have experienced.

As a researcher, I understand that I have biases, which include the following:

1. A family system does not cause a suicide death.
2. Grief from suicide loss can be a complicated experience that may be a lifelong process.
3. Experiencing the death of another by suicide can alter how a person can cope with other situations and lead to increased risk for mental health and suicidal thoughts.

Even though I hold assumptions and biases, I feel that I can adequately research suicide loss survivors from a phenomenological perspective with the assistance of bridling. The practice of bridling acknowledges that I cannot fully set aside my experience with suicide loss but allows me to be reflexive and remain interconnected with the research topic instead of setting my experiences aside (Vagle, 2009). Utilizing this approach allowed me to explore the lived experience of the families while being mindful of my assumptions at multiple points in the research (Vagle et al., 2009).

Summary

Suicide is a continuing issue, and families left behind after the loss are often reluctant to access mental health services due to concerns over the stigma, taboo, and judgment (Cerel et al., 2019; Jordan et al., 2011). The purpose of this study was to examine the phenomenological experience of families who lost a child/sibling to suicide and how the family system changes during the bereavement process. Currently, several studies analyze the experience of families after a suicide loss, but very few studies look at how the family system changes after. The goal of

this study is to build a better understanding of what families experience after a suicide, so guidance can be provided for mental health clinicians on how to work systemically with these families effectively.

CHAPTER II

REVIEW OF THE LITERATURE

Suicide is a public health concern due to its economic and emotional consequences on communities and families (Botha et al., 2009; Miers et al., 2012). According to Dyregrov and Dyregrov (2005), when someone in the family system dies by suicide, they “put (their) psychological skeleton in the survivor’s emotional closet” (p. 714). Families of suicide loss experience sadness because the person “simply disappeared” (p. 190), and it is often a sudden event without warning (Tzeng et al., 2010). Family members have reported feeling they deserved to die because they could not keep their loved one alive, and this level of responsibility can be detrimental to the family system (Hunt et al., 2019). Some families believe that continuing their lives after the suicide loss is more difficult than the loss itself (Bell et al., 2012).

The experiences of families as suicide loss survivors bring stigma, blame, self-stigma, rejection, guilt, isolation, questioning the “why” behind the loss, and concerns for mental health and suicidality (Bolton et al., 2013; Clark & Goldney, 1995; de Groot et al., 2006; Pompili et al., 2013). Suicide loss can also create a complicated grief experience as the family attempts to navigate rebuilding and restructure their systems (Feigelman et al., 2009a). Complicated grief is an adverse experience after a significant loss and can lead to dysfunction in the family, role confusion, avoidance, anger, and increase the risk of a mental health diagnosis (de Groot et al., 2010). Research often emphasizes the individual in the suicide bereavement experience, and the focus is not on how families experience a suicide loss as a system (Kaslow et al., 2009).

Families are complex structures that can experience suicide bereavement through an individual, a societal, and a family systems process (Pompili et al., 2013; Ratnarajah et al., 2014). The family’s experience of bereavement includes a complex mix of emotional pain and

responses to that pain (Sugrue et al., 2014). Some families may even misrepresent the cause of death in hopes of avoiding the social stigma or pain associated with suicide (Bell et al., 2012). It is vital to have an understanding of the bereavement process that suicide loss survivors experience and how the family restructures after the loss so that mental health professionals can properly respond and successfully treat the whole system (Honeycutt & Praetorius, 2016; Jordan & McGann, 2017; Ratnarajah et al., 2014).

Theoretical Framework

Families who experience suicide loss need to be better understood and can benefit from therapy as a system rather than individuals as they restructure. Therapists need to have a framework to recognize and treat these families clinically as they seek therapy. Family systems theory and structural family therapy provide the systemic context to assist clinicians in conceptualizing family dynamics and developing an understanding of their experiences.

Family Systems Theory

The hallmark of family systems theory is shifting thinking from an individual perspective to a system perspective (Hanson, 1995). It is important to see how these complex multigenerational family systems work together in their experiences, emotionally respond to the world they live in, and bond (Bowen, 1985; Comella, 2011). The equilibrium of a family system is disrupted when a death occurs, which can include a suicide loss (Bowen, 2004). The developer of family systems theory, Murray Bowen, identified that the family system constantly intersects and interacts with other parts of the system (Bowen, 1985). Family influences all parts of human life and drives individual behavior while also seeking to balance separateness and togetherness (Bowen, 1985; Keller, 2020). This concept is essential when working with families who have experienced suicide loss because one part of the system may influence the emotional response

and patterns in another part (Barlow & Coleman, 2003; Comella, 2011; Dyregrov & Dyregrov, 2005; Hanson, 1995).

Death is a phenomenon that occurs in families. Bowen's family systems theory identified the significance of losing a family member to suicide and the shock waves it can cause in the system (Bowen, 1985; Bowen, 2004). Families who experience a suicide loss will have to work through their fluctuating communication styles due to the taboo and secrecy of suicide loss (Wilgus, 2019). Furthermore, suicide will alter the family's equilibrium and test the system's ability to emotionally regulate (Bowen, 1985). They will also need to work through the varying levels of differentiation within the system, post-loss to ensure they do not assume caretaking roles of others or lose their identity or boundaries in the process (Keller, 2020). For a family to cope with the suicide loss efficiently, in Bowen's perspective, they must move from a closed system, where secrecy and isolation reign, to an open system of support and communication (Bowen, 2004; Wilgus, 2019). Family systems theory is a practical framework for understanding families as a whole.

Structural Family Therapy

A clinical approach that could be an appropriate treatment for families living as suicide loss survivors is structural family therapy. Developed by Salvador Minuchin and Charles Fishman, structural family therapy identifies problems in family structure, rules, boundaries, hierarchy, patterns, subsystems, and possible parentification (Minuchin, 1974; Minuchin & Nichols, 1993). If a family system has a dysfunctional structure, the issues will reside in the structure, and changing the structure will alter the family's experience (Fishman, 2012). Minuchin did not see families as broken or wrong but instead sought to learn how they have become stuck in their current patterns and structure (Minuchin & Nichols, 1993). Experiencing a

suicide loss makes it especially important to approach boundary issues between the children and parents, and structural family therapy can be an essential piece in healing families when parentification or protecting the parents has occurred (Barlow & Coleman, 2003; Fishman, 2012; Powell & Matthys, 2013). This theoretical framework suggests that families will experience change, but often, a crisis must occur before the change (Minuchin & Nichols, 1993).

In structural family therapy, it is important to understand the system's structure, how they organize, and how each person's behavior relates to the structure or hierarchy (Minuchin & Nichols, 1993). Dysfunctional families must work on boundaries by identifying patterns where boundaries are not clear (Minuchin & Fishman, 1981). Boundaries may be disengaged or enmeshed, and the therapist works with the system to change patterns and realign the boundaries so they are more rigid or diffuse (Minuchin & Fishman, 1981). Children should not be put in a role where they take on responsibility from their parents and re-align the hierarchy in the family system (Fishman, 2012). Also known as parentification, this responsibility can increase boundary issues, guilt, and resentment and affect normal development (Fishman, 2012). Working to transform the present structural experience of the system can help move away from homeostasis, alleviate symptoms, and create change (Minuchin, 1974; Minuchin & Fishman, 1981).

Structural family therapy is recommended for use after death to work with the system to understand that death is a part of the life cycle, develop meaning around the loss, and have an identifiable future (Kaslow & Aronson, 2004; Minuchin & Nichols, 1993). After a suicide loss, some family systems may not be ready to accept the death and become stuck in their rigid structure (Hare-Mustin, 1979). With systems focus, structural work can address how the family will change after losing a member and identify how they can reorganize collaboratively and accept the system change (Minuchin & Nichols, 1993). Utilizing structural family therapy after a

loss can assist families in creating healthier internal relationships, applying boundaries, improving family functioning, and moving toward developing meaning behind the suicide loss (Hare-Mustin, 1979). These theories are relevant to this study due to moving from treating families as individuals to using a systemic focus, treating the system as a whole, and having a family therapy theory to guide clinical application to suicide loss survivors.

The Family's Experience After a Suicide Loss

Grief and bereavement are not generally comprehended from an interpersonal perspective. There is a common focus on the wellness of individuals after a loss but not on how the family system reacts and experiences this process (Barlow & Coleman, 2003). Families may experience heightened emotions after a suicide loss, including disbelief, feeling alone, pain, anger, yearning for the person lost, shame, and blame (Kawashima & Kawano, 2019). Families often feel that there was something they could have done to stop the loss and have prevented the suicide from occurring (Jordan, 2017).

Families after a suicide loss may experience issues with self-esteem, concerns with how they view themselves, regret, and blame for not doing more to save their family member (Castelli Dransart, 2017). All of these emotions occur in combination with the emotions identified through an individual's experiences (Lindqvist et al., 2008). Working through the lack of self-respect or low self-esteem after the death can mean the difference between coping efficiently with a suicide loss or having future issues with developing healthy relationships and rebuilding the family system (Rabalais et al., 2017; Ratnarajah et al., 2014). Also, not treating the complicated grief of being a suicide loss survivor can place the family at an increased risk for future suicide loss (de Groot et al., 2010).

The experience of families after a suicide loss can be so intense and prolonged that it leads to complicated bereavement with no clear timeline for the process (Botha et al., 2009; Young et al., 2012). This intense grief can leave families unable to accept their loss and create issues with moving through the bereavement experience and working towards restructuring (Barlow & Coleman, 2003). Families may also experience difficulty distinguishing between healthy and unhealthy coping mechanisms (Botha et al., 2009).

Research suggests that it takes 3 to 5 years before families begin to work through the suicide loss, but many families live with the pain of suicide for their lifetime (Rabalais et al., 2017; Santos et al., 2015; Young et al., 2012). Suicide loss survivors typically experience grief on a continuum, and emotional responses to the loss can vary over time (Begley & Quayle, 2007). Emotional concerns after a suicide loss can come to a head about 2 years after the suicide, but survivors also report that the growth process begins after one year (Botha et al., 2009; Begley & Quayle, 2007). Powell and Matthys (2013) identified that “it is a huge step forward in suicide grief when bereaved people can let go of their guilt and realize they did everything they could” (p. 323). Stigma from the community, friends, and family further complicates the bereavement process and prolongs the survivor’s emotional responses (Pompili et al., 2013).

Cultural Context on Families of Suicide Loss

Culture plays a significant role in the experience of suicide loss, and each society has a different perspective on experiencing the loss (Santos et al., 2015; Sheehan et al., 2018). Their cultural context determines the meaning of a loss and how the family responds to the event. In Western society, suicide is often more acceptable than in other cultures (Sheehan et al., 2018; Tzeng et al., 2010). In some non-Western countries, a death by suicide is insulting to the family, and in other cultures, it is viewed as “a reasonable response to a person’s shortcomings”

(Sheehan et al., 2018, p. 343). From a cultural context of African Americans, research has found that suicide is a leading cause of death for persons 10 to 44 years old, and suicide losses occur about a decade sooner than those from other cultural backgrounds (Kaslow et al., 2009). Also, in some Asian cultures, families are seen as morally equal to the person who died by suicide, so they are stigmatized by the community and seen as tainted (Tzeng et al., 2010).

Research on how culture intersects with suicide loss survivors is limited due to the stigma in some communities of discussing suicide and their loss experience (Rabalais et al., 2017). Due to this, studies examining suicide loss survivors and suicide loss peer support groups have an overwhelmingly large sample of White people (Feigelman et al., 2009a; Feigelman et al., 2009b; Rabalais et al., 2017).

Cultures may also guide how and if families access grief resources in professional or peer support systems and their specific coping strategies (Kaslow et al., 2009). Studies have identified that those who access particular systems post-suicide do so if their cultural background supports this process (Feigelman et al., 2009a). Clinicians and communities need to be mindful of how different cultures grieve, and this response may require more tailored interventions to be sensitive to their cultural experience (Kaslow et al., 2009).

Social Supports After Suicide

It is important to have social support after any death, especially for suicide loss survivors (Cerel & Cambell, 2008). After a suicide loss, families report experiencing reduced social and emotional support from their family, friends, and community (Botha et al., 2009). This experience may be due to the stigma associated with suicide loss and the taboo surrounding this type of death (Botha et al., 2009; de Groot et al., 2006). While families need support after the loss, some may distance themselves from their support systems due to the feeling that people do

not know how to help or support them (Hunt et al., 2019). Even if community members want to support families of suicide loss, they may not feel comfortable approaching the subject and instead choose to ignore or avoid being a support system for the family (Botha et al., 2009). Those in the community support network may avoid talking about the suicide, hoping that ignoring the loss would assist families in moving past it more quickly (Pompili et al., 2013).

Facing Stigma & Blame After Suicide Loss

Stigma is associated with suicide loss, and many families experience being discriminated against or stereotyped because of the death (Sheehan et al., 2018). Historically, families who lost a loved one to suicide were denied funerals by churches and cemeteries, shunned by their communities, expelled from society, and forced to make increased tithes and property or belongings taken (Botha et al., 2009). Before the 19th century, churches viewed a suicide death as a crime, and because the person who died could not experience punishment, the families experienced the penalty instead (Botha et al., 2009). While some practices have changed, the stigma behind suicide loss remains an overwhelming obstacle for families to combat (Feigelman et al., 2009a).

The stigma experienced by families occurs through their community, friends, and family through avoidance, gossip, condemnation, inappropriate comments, and unwelcome suggestions (Feigelman et al., 2009b; Sheehan et al., 2018). Families who have become suicide loss survivors also reported a history of stigmatizing the suicide loss of others in their community before their own experience (Lindqvist et al., 2008). According to Sheehan et al. (2018), families of suicide loss survivors have reported that stigma can appear through two stereotypes: they could have saved their loved one who died by suicide and did not, and they did not properly identify the warning signs the person who died presented. Some have reported dismay in not identifying

warning signs earlier, so they could intervene before the suicide (Clark & Goldney, 1995). With this level of stigma, families experience blame from their communities, who believe they could have done more to keep their loved one from dying by suicide. This belief creates a social narrative that the family is cursed or contaminated (Sheehan et al., 2018).

Families will also blame one another for the suicide loss as they try to process the experience and may wonder if another person triggered the death or if they could have done something to prevent the loss (Tzeng et al., 2010). They also blame the person who died by suicide for causing their emotional pain, which can occur through displays of anger (Clark & Goldney, 1995). Families may see the suicide as an act of revenge, as a way to “get even,” as a “slap in the face,” or that “he knew what he was doing to me” (Clark & Goldney, 1995, p. 30). Others may understand the emotional pain their loved one was experiencing, but some blame still occurs (Clark & Goldney, 1995; Dattilio, 2007).

Experiencing Self-Stigma

Families who have lost a loved one by suicide experience stigma from the family, friends, and community, but also from themselves (Feigelman et al., 2009a). Those living with self-stigma after the loss are at risk for decreased self-esteem, increased mental health concerns, and a lack of professional health treatment (Sheehan et al., 2018). Even if community members are not trying to ignore or avoid the suicide loss survivors, some families may anticipate this response and internalize their stigma (Cerel & Cambell, 2008). This self-stigma keeps people from accessing support needed during the bereavement process (de Groot et al., 2006).

Feelings of Isolation & Rejection

Families can experience rejection and isolation on many levels after a suicide loss in their system. A family’s first experience of rejection is by the person that took their own life and can

be perceived as a malicious attack (Pompili et al., 2013). This experience of abandonment and rejection from the person who died by suicide can make survivors believe that they are insignificant and create the belief that they were not as important to the person who died as they once believed (Pompili et al., 2013). According to Lindqvist et al. (2008), when an adolescent dies by suicide, it is seen as the “ultimate rejection” toward their family as they attempt to develop meaning behind their loss.

Experiencing rejection can intensify grief and intensify their perception of personal responsibility for their loved one’s suicide (Hunt et al., 2019). Research has noted that community members may fear interacting with suicide loss survivors due to the level of stigma surrounding them (Sheehan et al., 2018). Suicide loss survivors also experience isolation from their own families who are also coping with the same loss (Pompili et al., 2013). Communities may avoid conversing about suicide because of fear that discussing death may encourage other suicides (Sheehan et al., 2018). One mother described the isolation from her community as “people didn’t show up for my son’s wake or funeral, even though people were very close to him” (Sheehan et al., 2018, p. 339).

Understanding the “Why”

An overarching theme for families is trying to understand the reason behind the suicide and attempting to comprehend what their loved one was thinking (Clark & Goldney, 1995). Understanding the “why” behind the loss can be the most difficult part of the family’s grief experience due to the often-unexpected nature of the suicide (Honeycutt & Praetorius, 2016; Lindqvist et al., 2008). In a study by Bell et al. (2012), suicide loss survivors spoke about finding the “why” behind their experience. One parent in their study reported that they were “tearing everything apart trying to find the reason why... and the only person that can give you the

reasons can't tell you" (Bell et al., 2012, p. 55). Attempting to understand this aspect of suicide loss can leave families trying to comprehend not only the reason for the loss but also if their relationship with their loved one was as strong and close as they believed (Honeycutt & Praetorius, 2016). Additionally, families reported feeling deceived by the decedent and angry that they did not turn to them for support before the death (Lindqvist et al., 2008).

The initial shock and confusion after a suicide loss can further complicate the family's ability to find the reason behind their loved one's suicide (Tzeng et al., 2010). But shock is not always the initial response to the "why" in the family's experience of a suicide loss, as some people who die by suicide make threats, voice their intentions before their death, or leave notes which may voice the "why" (Lindqvist et al., 2008). Families who have lived with suicide threats may feel a sense of relief that their loved one is no longer suffering and may have insight into the "why" (de Groot et al., 2006). Families who have suicide notes could have insight into their loved one's experience and pain, but others do not have that opportunity (Powell & Matthys, 2013). Having a suicide note does not always provide comfort or answer the question of "why" that the family was seeking (Lindqvist et al., 2008).

Developing Meaning Behind the Suicide Loss

Developing meaning after the suicide is an important piece of the bereavement process, and utilizing support can assist in this experience (Begley & Quayle, 2007; Lindqvist et al., 2008). Families create meaning behind the suicide loss by reframing, keeping the family member's memory alive, accepting that their loved one is no longer in emotional pain, and using the loss as motivation for growth (Hunt et al., 2019). They also work to retain their sense of power over the grief and the suicide loss (Ratnarajah et al., 2014).

Families may develop a sense of obligation to continue their loved one's mission in life or work toward their lost family member's goals (Clark & Goldney, 1995). Creating and sharing this meaning is magnified differently for suicide loss survivors. Suicide loss survivors may keep objects that remind them of their loved one, and families continue celebrating important holidays and milestones to keep their loved one's memory alive (Hunt et al., 2019). Research shows that creating meaning is important for families after the loss, and helping professionals must also acknowledge that the decedent is still a part of the family system (Miers et al., 2012).

Mental Health Concerns for Families of Suicide Loss

About 90% of those who die by suicide have a mental health or substance use disorder diagnosis, and others in the family system may also be experiencing similar symptoms, especially during the bereavement process (Young et al., 2012). Families may experience "suicide survivor syndrome," which is when a family loses a loved one to suicide, and they are at an increased risk for issues with mental health and dying by suicide, especially if their grief is complicated (Pompili et al., 2013; Szanto et al., 1997). Family members who experience a suicide loss are 3.7 times more likely to attempt suicide post-loss when compared to families who lost a loved one by another means (Young et al., 2012). Families also reported experiencing some fear that the remaining family members would succumb to mental health issues or suicide themselves (Clark & Goldney, 1995; Jordan, 2017). Trauma and post-traumatic stress disorder are also concerns, with long-term consequences, for families after a suicide loss, as family members may witness the suicide or discover their loved one's body after their death (Young et al., 2012).

Families after a suicide loss may experience anger toward mental health providers for not stopping the person from dying by suicide, or the family may experience anger toward the

deceased family member for not connecting with mental health care (Sanford et al., 2016; Young et al., 2012). Some suicide loss survivors are less likely to seek professional mental health services after their loss, while others prefer the peer-to-peer experience of community support groups for suicide loss, where they can share their experiences (Pompili et al., 2013).

Experiences of Parents & Siblings as Suicide Loss Survivors

Each year in the United States, about 8,000 people experience the suicide loss of a sibling (Cerel & Cambell, 2008). How poignant the suicide loss is for a person depends on the closeness of the relationship with the one who died, and the family system may have varying levels of grief based on closeness (Sugrue et al., 2014). Each person in the system has experienced the death, and the family must work together to negotiate the gap left by the suicide (Ratnarajah et al., 2014). A suicide death may uncover varying levels of dysfunction in the family as the members try to rebuild and restructure the system after the death (Ratnarajah et al., 2014).

After a suicide loss, families are often deep in secrecy to protect other parts of the system (Kaslow et al., 2009). They may form alliances to combat the grief and check in on one another to deter future suicidal behavior and shield the family from outside stigma and blame (Barlow & Coleman, 2003). Suicide loss survivors are at particular risk for experiencing suicidality, attempting suicide, or dying by suicide during their grief process (Feigelman et al., 2009a). Families also learn to navigate and mediate how their relationships will occur with the other family members in the system who are still alive (Ratnarajah et al., 2014).

Parents' Experience of Suicide Loss

Losing a child to suicide produces an overwhelming loss experience, especially since suicide deaths are often sudden and unexpected (Kawashima & Kawano, 2019; Sugrue et al., 2014). When compared to parents who experienced a death of a child by a car accident, parents

who lost a child by suicide experienced an increased prevalence of mental health diagnoses, concerns for suicidality, substance use disorder, increased medical issues, stigma, and marital discord (Bolton et al., 2013; Sheehan et al., 2018). After a suicide loss, parents also experience abundant psychological pain and do not find the previous support networks they connected with before the suicide as helpful in their bereavement process (Feigelman et al., 2009b).

There are differences between how mothers and fathers cope with the suicide loss of a child. Compared to the father's self-report, mothers are more likely to report feeling disproportionately guilty because they could not keep their children from dying by suicide, have greater levels of grief, and experience more hopelessness post-loss (Jordan, 2017; Sugrue et al., 2014). Mothers have reported feeling they must be quiet about their grief and not show their emotions to protect others in the system (Sugrue et al., 2014). Fathers may be more likely to avoid thinking about the suicide loss by keeping themselves busy with activities outside of the home (Ross et al., 2018).

After a suicide loss, parents must come to terms with the changes in their family system and their daily lives. Parents must also learn to cope with the loss of their child and the loss of expectations they had for their child's future plans and goals (Sugrue et al., 2014). These shattered expectations also cause parents to realize that "the world would never be the same again. It was the end of the world as I knew it" (Sugrue et al., 2014, p. 120). How adults in the family cope with suicide loss will greatly influence their surviving children's experience and can predict how others in the system will adjust to the loss (Cerel & Cambell, 2008; Ratnarajah et al., 2014). Even after the suicide, some parents felt the need to care for their lost child, even if that meant joining them in death by suicide (Jordan, 2017).

A study by Surge et al. (2014) identified that compared to parents who lost a child by other means, parents who lost a child to suicide were nine times more likely to need mental health treatment. Providing early mental health support, education, and information can assist parents in returning to their parental role and successfully begin coping with the loss to support others in the system (Dyregrov & Dyregrov, 2005). Some parent survivors reported they did not receive the support they needed from their significant other after the loss and even received negative responses to the suicide (Feigelman et al., 2009a).

Children's & Siblings' Experiences of Suicide Loss

Children who have experienced a suicide loss are identified as “the forgotten bereaved” (p. 714) because they typically receive minimal help coping with the suicide loss (Dyregrov & Dyregrov, 2005). A study conducted by Hunt et al. (2019) spoke with a suicide loss survivor who lost his brother, and he said: “It always felt like they were basically saying my pain was not real because I was a kid” (p. 340). The risk of mental health symptoms after a suicide loss is seven times greater compared to siblings who experience other types of loss (Powell & Matthys, 2013). Children and siblings who were living in the family home at the time of the suicide loss experienced increased rates of post-traumatic stress when compared to those who were living outside of the system (Dyregrov & Dyregrov, 2005). Childhood survivors of suicide loss may also experience an exacerbated bereavement process if the family system caused stress or was dysfunctional before the suicide (Kaslow et al., 2009).

Because children's grief is frequently overlooked, families do not always give honest information about the suicide to protect the child, but children may know more about the reasons behind the loss than the family believes (Dyregrov & Dyregrov, 2005; Kaslow et al., 2009). Some siblings reported insight into a pre-suicide worldview that others in the family may not

have known about. Some adolescents reported that they knew the reason behind the suicide loss of their sibling but were sworn to secrecy from sharing the information (Dyregrov & Dyregrov, 2005).

Adolescent development can be influenced by a suicide loss due to the lack of parental emotional support during the bereavement process. As suicide loss survivors, parents may want to shield the surviving children from seeing their emotional pain in an attempt to protect them from grief, and parents may become overprotective of the surviving family members (Dyregrov & Dyregrov, 2005). Children reported that after the suicide, their parents could not be emotionally available to them due to grieving the same loss (Cerel & Cambell, 2008; Powell & Matthys, 2013). There is also a sense of guilt when asking for parental support, so children turn to other family members, friends, and the community (Dyregrov & Dyregrov, 2005).

An adolescent reported, “I understand that mum and dad are concerned about me. However, I am actually just as worried about them” (Dyregrov & Dyregrov, 2005, p. 720). Children identified that their grief felt second in line behind their parents’ loss experience, and children believe they must put on a brave face for their parents after a loss, which can further complicate their grief process (Powell & Matthys, 2013). Protection of parents can be a detriment to any remaining children and exacerbate their grief (Barlow & Coleman, 2003). Children and adolescents may not share their grief with their parents for many months after the suicide in an attempt to protect their family and due to feeling lost in the grief process (Dyregrov & Dyregrov, 2005). To avoid adding to their parents’ grief, a child may take on the burden of protecting their parents and become a parentified caretaker (Barlow & Coleman, 2003; Powell & Matthys, 2013). Adolescent survivors of sibling suicide also feel as though they must fill the gap left by their sibling to reduce their parents’ grief (Powell & Matthys, 2013).

Family Restructuring & Boundaries After a Suicide Loss

The research mentions that the family needs to restructure to cover the gap left by the person who died by suicide, but research is limited regarding how this process occurs in the family system (Barlow & Coleman, 2003; Feigelman et al., 2009a; Ratnarajah et al., 2014). Research gaps need to be filled with more in-depth qualitative analysis. Following a suicide loss, families have the opportunity to increase family connection or fall victim to issues mentioned previously, but regardless the system will change (Barlow & Coleman, 2003).

Though each person's response to a suicide loss can be unique, reactions influence the restructuring of the system (Clark & Goldney, 1995). After experiencing a suicide loss, families can learn to realign, promote resilience, create healthy boundaries, and grow from the process (Barlow & Coleman, 2003; Ratnarajah et al., 2014). Some families reported they found the family coming together and rearranging after the loss as strengthening the system (Clark & Goldney, 1995). The successful restructuring is determined by the family system and how one part of the system perceives the other parts (Barlow & Coleman, 2003). Contempt, blaming, and anger profoundly influence how the family system comes together after a suicide loss and can cause distress in the system (Jordan, 2008). If family members blame a certain person or assign more responsibility for the suicide to them, then the system will struggle to realign (Barlow & Coleman, 2003). The system may also struggle to rearrange if the roles in the family are out of place, such as the child has become parentified and has assumed the caretaking responsibilities for a parent (Barlow & Coleman, 2003; Powell & Matthys, 2013).

Suicide loss can change how a family communicates, interacts, creates role confusion, and changes boundaries (Bell et al., 2012). Families have to create new patterns and styles of communication with each part of the system (Barlow & Coleman, 2003). Parents may also

reevaluate their relationships with their remaining children and see where they can grow as a parent (Sugrue et al., 2014). Attempts at restructuring the family must occur as a system, and mental health professionals' understanding of this process can be the difference between supportive or stigmatized outcomes in therapy (Jordan, 2008; Ratnarajah et al., 2014; Sanford et al., 2016).

Suicide Loss Survivors & Postvention Treatment

Postvention refers to the activities that encourage involvement in treatment, recovery, and support and can help to deter future suicides in suicide loss survivors (Santos et al., 2015).

Postvention is prevention for family members left after a suicide (Cerel & Cambell, 2008). Not all families exposed to suicide will require therapy, but their experience needs to be better understood from a clinical systemic preceptive (Jordan, 2008). Since suicide loss occurs in family systems, postvention efforts must treat the whole family (Miers et al., 2012).

There are several ways that suicide loss survivors can access and benefit from postvention treatment. Unfortunately, many suicide loss survivors do not know how or where to first access resources and support, and this will limit how quickly families seek help (Miers et al., 2012). After a suicide loss, some families are nervous about developing new relationships outside the system, which may limit their interactions with treatment and support outside the family (Clark & Goldney, 1995). Families may experience inappropriate comments from well-intentioned community members, discouraging outreach (Miers et al., 2012).

Families of suicide loss seek mental health services, but they have also reported difficulty locating clinicians who understand what they experienced (Honeycutt & Praetorius, 2016). They feared accessing treatment due to stigma or judgment from clinicians (Sheehan et al., 2018). Clinicians have not created proper interventions to support families after suicide, and clinicians

do not learn the necessary tools to understand and work with suicide loss survivors (Jordan, 2008). Some clinicians use blaming language, such as “committed suicide.” Families expressed concerns with this language and reported that if people used that verbiage, they felt the person did not understand their experience of suicide loss (Hunt et al., 2019).

Suicide loss support groups can be a positive external support for families to share their lived experiences and receive support from other families who have also lost a loved one to suicide (Honeycutt & Praetorius, 2016). Being able to share their lived experience with other peers, who have also experienced a suicide loss, can be very beneficial during the bereavement process and after. Survivors report feeling more accepted and understood in a support group where others understand their loss and grief (Miers et al., 2012). The treatment process for suicide loss survivors occurs on the same continuum as the bereavement process, and needs may differ at times (Botha et al., 2009; Cerel et al., 2019; Pompili et al., 2013). Further research into the experiences of families restructuring after the suicide will be important for mental health clinicians, and this study aims to create a qualitative framework to learn from.

Summary

Losing a loved one to suicide can be a traumatic and life-changing experience for a family. Families of suicide loss experience a wide range of emotions, stigma, blame, feelings of rejection, guilt, isolation, meaning-making, mental health concerns, and complicated bereavement (de Groot et al., 2006; Pompili et al., 2013). As families move through their bereavement process, the family has to restructure to fill the gap left by the deceased and navigate the changing boundaries between each part of the system (Ratnarajah et al., 2014). Though suicide loss survivors face this need to restructure, there are gaps in the research about how the family experiences realignment and restructure after the loss.

The family therapy field needs to take a more proactive approach in developing interventions and approaches for families who have experienced a suicide loss and sought mental health treatment and counseling. More research is needed to better understand families' experience after a suicide loss so therapists can offer a safe therapeutic space free of judgment, use appropriate language, and have realistic expectations for treatment. The identified gaps in the literature guided this study to create an understanding of the family's experience during their restructuring. This study examined the phenomenological experience of families who lost a child/sibling to suicide and how the family system changes during the bereavement process.

CHAPTER III

METHODOLOGY

This study examined the experience of families who lost a child/sibling to suicide and how the family system changes during the bereavement process. The research used an IPA lens and examined the family's experience of suicide loss and how the system changes after the suicide. This section discusses the methodology used for identifying the sample, recruiting the participants, planning to protect human subjects, interview questions, data collection procedures, data analysis process, and the strengths and limitations. This study used semi-structured family interviews with six families and required at least two to four family members from each system to participate. Each family answered the same questions about their suicide loss and how their family system changed.

Research Design

The most appropriate approach for this study was a qualitative perspective to gather data that could elucidate the lived experience of suicide loss survivors. Qualitative research allows for analyzing social events through interviews with those who have experienced the phenomenon being studied (Miles et al., 2020). Studying a phenomenon's systemic perspective drives qualitative research and will guide this study with families who have experienced a suicide loss (Creswell, 2016).

This study took a qualitative approach based on IPA, and the phenomenon was the loss of a child or sibling by suicide. Phenomenology identifies how different people and systems experience the same phenomena through their lived experiences (Groenewald, 2004). Phenomenology investigates the circumstances and perspectives people experience personally unique and similar viewpoints and experiences around the same phenomenon (Tuohy et al.,

2013). This phenomenological approach allowed me to use my experience in suicide loss, with a theoretical framework, to interpret the data collected (Neubauer et al., 2019). Locating themes among the participants' perspectives provided a foundation for the phenomenological data collection process while also clustering shared experiences and summarizing and interpreting meaning (Groenewald, 2004).

Interpretative Phenomenological Analysis

IPA was the most appropriate research methodology for this study because all participants have experienced a similar phenomenon, and their perspective on how they experienced it guided the data collection process and allowed for further interpretation (Smith et al., 2022). An IPA methodology looks at how participants interpret and define their lived experiences and allow the researcher to add interpretation due to having personal experience with the phenomenon (Smith et al., 2022). IPA explores the meaning that participants give to experiences and keeps the essence of their stories while providing space for the researcher's perspective on the phenomenon (Eatough & Smith, 2017; Tuffour, 2017). IPA, commonly used in research studies involving mental health, human sciences, and psychology, allows for levels of creativity and hermeneutic analysis (Eatough & Smith, 2017). Grounded in hermeneutic phenomenology, Jonathan Smith suggested in the 1990s that IPA provides a method to create a dialogue with "mainstream psychology" and provide a qualitative approach for the human sciences field that focuses on an existential experience (Smith et al., 2022; Tuffour, 2017).

The IPA approach used for this study is based on the work of Smith et al. (2022). Adding my voice as the researcher is essential to IPA and will further inform the study (Smith et al., 2022). IPA is the most appropriate approach for this study because of its focus on proving perspectives for mental health clinicians, allowing interpretation of the lived experience of the

families participating without losing the essence of their stories (Eatough & Smith, 2017). IPA also works with relatively small samples, supports the bridling of my biases and assumptions, and allows clinician dialogue through the interpretation process (Eatough & Smith, 2017; Smith et al., 2022; Tuffour, 2017; Vagel, 2009). Though Smith et al. (2022) state that there is not one right way of conducting IPA, this study closely follows the recommendations and guidance from the architect of IPA, Jonathan Smith.

Research Question

The following research question guided this study:

- How does a family system change after the suicide loss of a child or sibling?

Protection of Human Participants

Protecting human subjects was fundamental during this study as the population being studied has experienced a suicide loss of a child or sibling and can be considered a vulnerable population. It is essential to acknowledge that families live with their loss and may experience exacerbated grief, bereavement, and mental health concerns. To protect the participating families, I applied for a full review to the Texas Woman's University (TWU) Institutional Review Board (IRB), seeking approval for this study with vulnerable participants. IRB approval was given after minor modifications to the data collection process. All guidelines and ethical practices were followed to ensure the protection of families in the study.

I worked with the Denton County LOSS (Local Outreach to Suicide Survivors) Team with the Denton County MHMR Center and Touched by Suicide Support Groups and sought support for the study and provided my purpose letter (see Appendices A & B). Denton County MHMR Center is the local mental health authority for Denton County, TX and Touched by Suicide is a suicide loss survivors peer support group in Denton County, TX. I intended both

organizations to act as study advertisers and referral sources for families. I was available to answer any questions they had about the study and its possible participants to reduce the risk of coercion, but no agency had additional questions. Participants' services at these organizations were not affected by their choice to participate or not participate in this study.

Participants reviewed and signed the informed consent (see Appendix C) via a secure Google Drive link before the interview began and acknowledged that they agreed to participate. The consent also outlined the risks and benefits of the study. The risks of this study included loss of confidentiality, possible virtual meeting disruption, emotional distress, and coercion. The loss of confidentiality is possible, especially in internet transmission, if families use video conferencing for their interviews. To mitigate the risk of losing confidentiality, I notified families of the potential risk of losing confidentiality during the informed consent.

Additionally, if families chose to use video conferencing for their interview, I utilized the HIPAA-compatible platform called RingCentral and used a meeting password and waiting room format to verify participants prior to entering the call. These steps helped reduce the risk of virtual meeting disruption, and none occurred during the interviews. Audio recordings were done on a Tascam portable studio recorder with a MicroSD card. All audio-recorded interview files were then moved from the MicroSD card to an external password-protected hard drive and kept in a locked file cabinet in my home. During the research process, each family received pseudonyms to increase confidentiality and to follow the guidance of IPA (Smith et al., 2022).

Another risk of this study was that mental health symptoms and the bereavement process could be exacerbated during the interview process. To mitigate the risk of emotional distress, families received a list of resources (see Appendix D) and education on where they can access mental health services, crisis hotlines, and support groups in the Dallas/Ft. Worth (DFW)

Metroplex. Families that resided outside the DFW Metroplex had personalized resource lists created based on their locations in the United States and Canada. Families were reminded that they were free to discontinue study participation at any time and for any reason before the interviews began.

Finally, due to the recruitment process beginning with the assistance of two Denton County, Texas agencies, Denton County MHMR Center's LOSS Team and Touched by Suicide, there was a risk of coercion. I met with the Denton County MHMR Center's Executive Director to discuss concerns about coercion and how to properly educate potential families about the study if they inquire with the agency. Denton County MHMR staff did not express concerns about coercion and Touched by Suicide did not respond to communication requests. These agencies did not assist with active recruitment and instead advertised to interested parties by posting flyers in their lobby or emailing their team members. The choice to participate in this study had no bearing on the services or support provided by either of these agencies.

Participants

I originally proposed interviewing four to eight families, of two to four members each, who have lost a child and sibling to suicide. Though families who have lost a child or sibling to suicide experience some similar symptoms to those who lose a spouse, partner, or parent to suicide (Cerel & Cambell, 2008), this study focused solely on the experience of losing a child or sibling to identify the experiences of a particular group better. Family members had to be 18 years or older to participate in the study and identify as parents, stepparents, siblings, or stepsiblings of the person who died by suicide. Participants under 18 were excluded due to concerns about their emotional response in discussing suicide loss since younger suicide loss survivors often receive minimal help with their grief and can experience difficulty verbalizing

their discomfort (Lindqvist et al., 2008). There were no limitations based on ethnicity, race, gender, sexual orientation, or socioeconomic background.

To be included in this sample, families had to have experienced a suicide loss 1 to 15 years ago. This timeframe was selected due to recent suicide loss survivors reporting that they found discussing their experiences beneficial, while long-term survivors could identify changes in their system more clearly as time passed (Hunt et al., 2009). Also, being far enough out from the suicide loss can help in avoiding the perception of exploitation of their experience and recent trauma (Feigelman et al., 2012; Hunt et al., 2009). Working with participants who experienced a suicide loss less than one year ago can show signs of psychological concerns and may have increased vulnerability in discussing their loss (Lindqvist et al., 2008).

Participants had to be willing to complete a face-to-face interview in Denton, TX, or be accessible via videoconferencing for a 60–90-minute audio-recorded family interview. All participants received resources relevant to their geographic area should they need to access mental health support after the interview. Participants were also sent copies of the transcribed interview and given the opportunity to amend or comment on the content. The time to complete the entire study process had a maximum time commitment of 150 minutes for each family member.

Recruitment of Sample

This sample was recruited via a non-probability sampling method, purposive sampling. Purposive sampling allows the selection of participants that meet specific criteria (Sharma, 2017). Due to the taboo surrounding the topic of suicide loss, snowball sampling could help locate participants because they can hear about the study from other suicide loss survivors and help reduce the shame and stigma in discussing their loss.

After receiving approval from the TWU IRB (see Appendix E), recruitment began by reaching out to the Touched by Suicide peer support group in Denton County, Texas, and to leaders within Denton County MHMR Center who could connect me with the Denton County LOSS Team. I met with the Executive Director of Denton County MHMR to seek permission to hang flyers (see Appendix F) in the lobby at their Denton and Flower Mound locations and was provided permission. I also sought permission to notify the Denton County LOSS Team about the study. The program coordinator provided the study advertisement and recruitment email (see Appendix G) to their team of peers. I attempted to contact Touched by Suicide, but after multiple attempts, I did not hear back and did not advertise with this group. The Denton County LOSS Team coordinator reported no concerns about coercion, and education was provided. I did not receive any participants from the flyers in the Denton County MHMR Center lobby or the recruitment email to the Denton County LOSS Team.

I also posted the study flyer on my personal Facebook page using the same flyer hung in the Denton County MHMR lobby. I disabled the comment section on the Facebook post so possible participants could not comment and instead had to reach out via the advertised communication methods. Multiple friends also shared my study flyer with their social media friends. I attempted to reach out to multiple suicide loss support group moderators on Facebook, seeking permission to post my study on their pages, but there was no response from my multiple messages to the moderators. I had three people reach out to me about participating after reading my Facebook post. Two individuals met the inclusion criteria, and one did not because they did not feel comfortable asking another family member to participate since their family does not discuss the suicide loss.

Next, I located a suicide loss survivor Reddit thread and messaged the moderator to see if I could post my study advertisement on their thread, and they agreed. I posted the study flyer and recruitment email information on the Reddit thread. I received responses via email from seven individuals who expressed interest in the study. Of those seven, two met the inclusion criteria and agreed to participate in the study. Finally, I utilized the TWU student email listserv to send study information using the recruitment email. Three people contacted me about participation; two met the inclusion criteria and agreed to participate.

For communication purposes, I used my TWU email address and a password-protected cell phone so that willing participants could contact me to express interest in participating in the interviews. Participants were screened using the phone introduction script (see Appendix H) to ensure they met the inclusion criteria and to identify other family members who could participate with them in the family interview. All initial participants reached out via email to inquire about the study. I ensured they qualified for the study before asking if they had other family members who might be interested in participating with them. I asked for their family members' names and contact information and instructed them to have the family member reach out to me via email or phone to voice their interest in the study. I notified the initial participants that if I had not heard from the prospective family members in 4 days, I would contact the initial participant to follow up and ask them to have the family members reach out to me. Some initial participants required multiple follow-ups before their other family members contacted me. When I spoke with other potential family members, I followed the same process I did with the initial participant. I then coordinated via email with family members from the same system to identify an appropriate time and location for the 60- to 90-minute interview.

The consent was discussed with each participant, and I offered to answer any questions or concerns they had. I notified them they would receive a secure Google Drive link to complete the consent online. All participants were also asked to complete a demographic questionnaire (see Appendix I) before the interview to gather background information on the family members and brief information on when the suicide occurred via the same secure Google Drive link. Participants were asked to complete the consent and demographic questionnaire online before the scheduled interview date and time.

Consent

Families received education on the consent before they agreed to schedule the interview and again right before the interview. I offered to answer any questions or concerns family members had about the process and the consent, but no concerns or questions were voiced. The consent identified the purpose of the current study, their rights as participants in the study, the possible risks and benefits of participating in the interview, the rights of the family to discontinue participation in the study at any time, how the researcher handles confidentiality, explain the data analysis process, and rigor. I verified that I had a virtually signed consent from each participant before proceeding with any interviews. Each participant received a copy of their signed consent when they completed it on Google Drive, and a copy was sent to the email they provided.

Data Collection

Interview Procedures

As the researcher in a qualitative and phenomenological study, I am an instrument during the interview process (Creswell & Creswell, 2018). This study sought to include four to eight families; six families participated, semi-structured interview questions were utilized, and I required two to four family members to participate from each system. These participant numbers

fall in line with multiple qualitative studies on suicide loss (Miers et al., 2012; Surge et al., 2014), and IPA typically operates with smaller samples (Smith et al., 2022). Typically, qualitative research has utilized the individual experiences of each family member rather than focusing on the experience of the family system as a unit (Eggenberger & Nelms, 2007). Performing systemic interviews gave multiple parts of the family system a voice while also providing an understanding of their systemic experience and meaning making (Eggenberger & Nelms, 2007).

Conducting systemic family interviews is an essential piece of this study and is often underutilized in research for an individual approach (Eggenberger & Nelms, 2007). Interviewing families together creates additional concerns for the ethics and confidentiality of the participants. During the interview process, I was mindful that family members might disagree on how situations occur (Voltelen et al., 2018). I worked to minimize confrontation by discussing it with the family system before the interview started. Also, I had to minimize harm to the families by not taking sides, providing space for disagreements and varying worldviews, and protecting the systemic relationship (Voltelen et al., 2018). I accomplished this by including each part of the family system and asking others to reflect on what other family members spoke about. Also, my background working with families as a licensed marriage and family therapist assisted me in ensuring that no harm was done to the participating families and remaining ethical during the interview process. There were very few disagreements between the family members during the interviews, and only one situation stands out as an outlier event that was quickly mitigated due to my experience as a therapist.

I used the interview guide (see Appendix J) to lead the interview process. I began each interview by verifying that all family members submitted the virtually signed consent and

demographic questionnaire in Google Drive and elicited any questions they had about the consent. Then, I asked families about the structure of their system and generations and developed a brief family map of their system. The families were asked about patterns in family history about mental health, substance use, and suicide due to concerns for increased risk of future behaviors based on family history (Jordan, 2017). All interviews consisted of open-ended and follow-up questions if needed, so families could further explain their perceptions or expand on a topic they brought up during the interview. Follow-up questions typically asked families to expand on points they made during the interview. Families were notified that the interviews would act more as a conversation, and participants were encouraged to discuss within the system if they chose to do so. During the interviews, no questions were intentionally skipped, and no participants refused to answer any questions. With the consent of the participants, interviews were audio recorded on a portable audio recorder and securely stored on an external hard drive for later transcription.

Pilot Interview

Pilot studies and interviews are utilized in social sciences to test interview questions and as a tool to prepare for the entire data collection (van Teijlingen & Hundley, 2002). These pilots can provide participant feedback and propose changes that can help improve the data collection process in the study (van Teijlingen & Hundley, 2002). I completed one systemic interview as a pilot for this analysis utilizing the same interview and participant protocols. I conducted the pilot as my first interview and asked the family members to complete the same consent and demographic questionnaire virtually in Google Drive. I was able to elicit feedback on the virtual process with the consent and demographic questionnaire, which was overall positive. We conducted the virtual interview using the same parameters planned for other interviews, and I

obtained feedback on the interview questions. The family did not request changes to the interview process, questions, or style. They provided positive feedback and said I was “inviting” and “easy” to talk to. The family had access issues with the demographic questionnaire, which was fixed by adjusting settings in Google Drive.

Data Preparation

After I completed each interview with the families, I listened to the audio recording multiple times (Smith et al., 2022). The first time listening I heard what was being said, did not transcribe, and focused on exploratory noting (Smith et al., 2022). The second time listening, I made notes on what occurred in the interview room, such as critical non-verbal cues, changes in emotion, and other non-verbal occurrences that cannot be communicated via audio. I noted these with the time stamps on the recording and later added details to the transcriptions. During the third listening session, I transcribed the interview verbatim, noting who said what, where, and when. Once the interview was fully transcribed, I returned to the audio recording and listened to the interview again while reading over the transcription and making any needed changes or corrections. Completing a secondary analysis allowed me to ensure the account was accurate. The transcribed interviews were sent via a secure Google Drive to the family members who consented to member checking. Four of the 14 family members agreed to member checking and were sent a link to the secure Google Drive. I provided each family member with 7 days to review and send back their recommendations and requested changes. No participants sent back any feedback or requested any changes to the transcriptions.

During the interviews, I gathered information about two generations of each family’s system and developed a brief family map. After the interviews, I created a digital family map for each family but ultimately chose not to use them in my final report for multiple reasons. My

initial plan was to focus the family map on two generations, which was ineffective since most of the family's self-reported history of mental health, substance use, and suicide attempts or losses occurred in other parts of the family system. Gathering this complete data would have extended the interview length past the proposed time, so I chose not to use the family maps. Also, some families were unsure of their family history of mental health, substance use disorder, and suicide due to families not discussing these topics. One family included an adopted child with no background on their biological family for her or their biological brother she lost by suicide. Finally, I chose not to include the family maps due to concerns about possibly identifying participating families.

Data Analysis

Analysis for this study is based on IPA methodology (Creswell & Creswell, 2018; Smith et al., 2022). According to Smith et al. (2002), there is not one correct way to analyze qualitative data via IPA, but their framework was used as a guide. I used ATLAS.ti to load the transcribed interviews into the online program for further analysis. ATLAS.ti is a cloud-based qualitative data analysis software that can assist with coding, sub-coding, and identifying themes in the analysis. Coding began to assist in organizing the collected data and work to start identifying themes, patterns, and shared experiences between the participating families while being respectful of the family's voice (Benner, 1994; Smith et al., 2022). I read over all of the interview transcripts, with the help of ATLAS.ti, and I developed beginning themes behind how the families changed after experiencing the suicide loss (Pietkiewicz & Smith, 2012).

During the analysis, I started to develop an understanding of the language used by the families and ensured that the depth of the participant's experience was not lost (Benner, 1994). I met weekly with my dissertation advisor for supervision during the data analysis process, and we

worked collaboratively on developing themes, constructing experiential statements, and organizing the data from the transcripts. ATLAS.ti allowed me to code, identify themes, sub-themes, outlier experiences, prioritize information, and build theories about my participants' experiences. The program assisted me in comparing and contrasting the family's suicide loss experiences and looking at each family's experience separately looking (Smith et al., 2011; Tzeng et al., 2010). IPA allowed for themes to be distinctive to one family, and the software also allowed me to locate and code these unique experiences (Smith et al., 2022).

I worked through the six transcripts twice and developed codes focusing on descriptive, in-vivo, and process codes. I coded each transcript through IPA and reviewed each interview by itself at different times to allow for seeing each family experience through a new lens (Eatought & Smith, 2017; Smith et al., 2022). The second analysis ensured that all codes were reviewed throughout each transcript. Next, I reviewed codes with more significant code counts and processed each code to ensure they were categorized correctly, and those that could better fit in another section were recorded for accuracy. I developed personal experiential themes and subthemes about how the system changed based on the available data (Smith et al., 2022). After this, I put all the themes and subthemes into one document and created a code chart (see Appendix K) to construct and cluster the statements. This IPA approach assisted in bringing together the experiential themes and then clustering them as I looked for connections (Smith et al., 2022). This process allowed me to further develop the participant's experiential themes and subthemes, and I regularly met with my dissertation advisor to discuss these themes. After looking at the personal themes, I clustered multiple families' experiences into group experiential themes (Smith et al., 2022). After reviewing all the themes and experiences, I moved subthemes around that appeared to fit better in another theme to avoid losing the essence of what the

families experienced after the suicide loss. During this process, I was sure to develop interpretative questions while bridling my experiences (Benner, 1994; Smith et al., 2022; Vagle, 2009). I practiced bridling by entering interviews with a sense of curiosity, not assuming, and using my reflexive journal to document my thoughts, questions, and interpretations (Vagle, 2009). Final themes and subthemes are further discussed in the results section.

Trustworthiness & Rigor

Trustworthiness and rigor are core components of this study, and the analysis used models the approach of Lincoln and Guba (1985). Credibility was achieved through my extensive background in working with families and those who have experienced a suicide loss, the opportunity for member checking, and the reflexive journal (Krefting, 1991). Comparability was attained by transparency by outlining the study's methodology and analysis plan clearly and ensuring that the data represents the families participating in the study (Prion & Adamson, 2014). Both confirmability and dependability were reached by obtaining audio recordings and multiple layers of transcription to have a record of the data collected from participants and to bridle my biases (Krefting, 1991; Prion & Adamson, 2014). I also regularly met with my dissertation advisor to discuss data collection, preparation, and analysis. Through member checking and allowing the families to review their transcribed interviews, the study demonstrated transparency and study soundness (Pereira, 2012).

In addition to the aforementioned model, the approach of Tracy and Hinrichs (2017) also provides a framework to achieve study rigor by following their criteria. Though some principles model the Lincoln and Guba (1985) framework, the approach has some differences (Tracy & Hinrichs, 2017). My study's approach to suicide loss and how it affects families meets the criteria for beginning with a topic that is meaningful and relevant and studying suicide loss can

also make a significant contribution to the counseling field (Tracy & Hinrichs, 2017). The study approach was ethical and clearly outlined approaches for protecting human subjects, another essential tenant of qualitative quality (Tracy & Hinrichs, 2017). Finally, the results of this study can be transferable, with recommendations (Tracy & Hinrichs, 2017).

Since all data was collected and analyzed through my lens, I was mindful of my biases and assumptions throughout the research process while bridling (Vagle et al., 2009). To ensure study transparency, I kept a reflexive journal of my experience during the research process (Vagle et al., 2009). In the reflexive journal, I discussed my reason for making research decisions, processed my biases and assumptions, discussed my experience with bridling, developed interpretations of my data analysis, created interpretative questions, and ensured study transparency. I also utilized a peer from my family therapy cohort to act as a support system for myself during the data collection to allow me to process how the experience affected me. After each interview, I spoke with my peer support and discussed my perception of the interview process and any concerns about the process or my mental health (Henry, 2015).

Strengths & Limitations

The IPA will have strengths and limitations for suicide loss survivors. This study's greatest strength is that interviews with two to four members focused on the systemic perspective rather than having individuals speak for the whole family. A systemic methodology is not a common approach in suicide loss research. The foremost limitation is that anyone under 18 years old is excluded from the study, and this will disregard younger participants' lived experiences. Due to this limitation, some participants may recollect details of their experience from one to 15 years before participating in the interview. This study will build on its strengths and work to mitigate the possible limitations by having a well-defined methodology.

Summary

The qualitative methodology outlined in this research best fits the research and families participating. This study examined the phenomenological experience of families who lost a child or sibling to suicide and how the family system changes during the bereavement process. This is an appropriate scientific approach to gathering qualitative data on the lived experience of suicide loss survivors and their families after the death. I continually appraised the direction of the research to ensure that it was working toward the study's intended purpose. This approach respects the phenomenological process of the family's experience and exhibits validity and reliability. I am confident that the study results will assist in creating an understanding of how a family changes after a suicide loss. I hope this study will encourage the development of more systemic clinical approaches for master's level therapists, educating counselors to treat this group respectfully and increasing access to postvention methods and supports.

CHAPTER IV

RESULTS

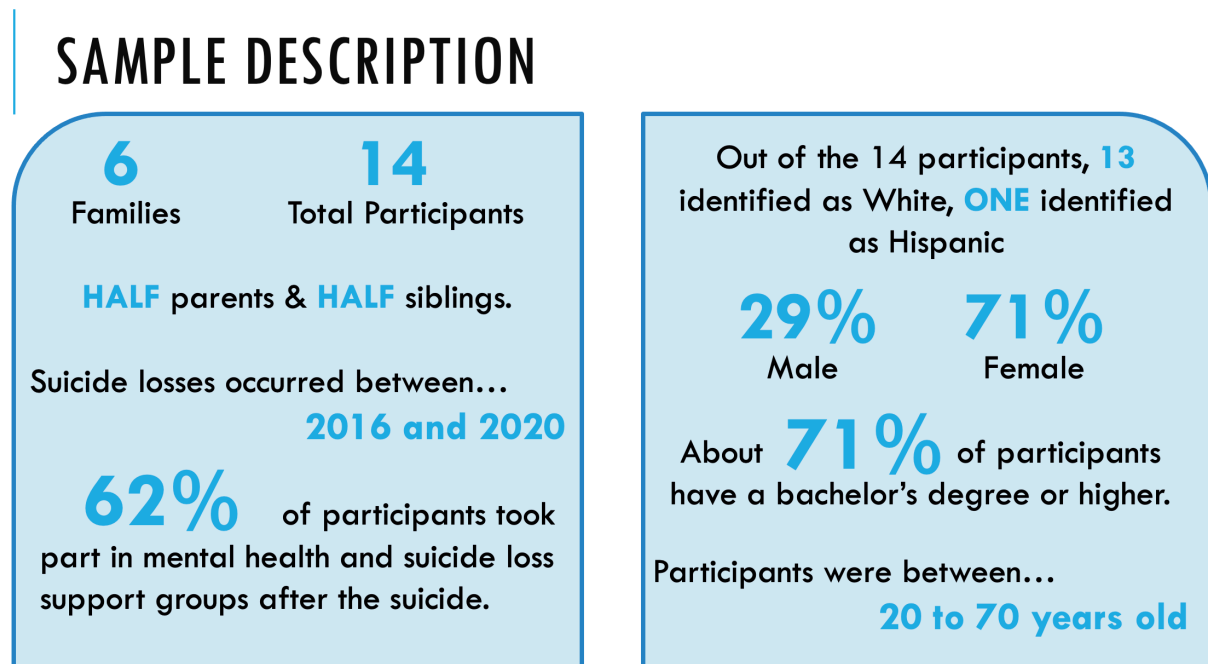
The results from the interpretative phenomenological analysis of the experience of families after a suicide loss are presented in this chapter. In total, six families consisting of two to three family members contributed to this study. All participating families met the inclusion criteria for the study, and all had lost a son/brother to suicide. In this chapter, I describe the sample, provide an overview of the family interviews, and discuss the developed themes. Discussion of the findings presented in this chapter includes a discussion of data findings and the researcher's reflection on each theme (Smith et al., 2022).

Sample Description

The sample consisted of six families and included 14 total participants. Out of the six participating families, four included two family members each, and two included three family members. All participants completed a demographic questionnaire before the interview. Participants were 29% male and 71% female, aged 20 to 70. Of the 14 participants, 13 identified as White, one identified as Hispanic, and there was an even 50/50 split between siblings and parents. Fifty-seven percent of participants lived in the same residence as their loved one who died by suicide at the time of their death, and 62% of participants took part in mental health and suicide loss support groups after the suicide. About 71% of participants have a bachelor's degree or higher. Figure 1 provides a visual overview of the sample description.

Figure 1

Description of Participating Family Members



Interviews were conducted face-to-face with two families and via videoconference with four families. Interviews were conducted with families in Canada and the United States, including Texas, Florida, Louisiana, and Washington. All participant's suicide losses occurred between 2016 and 2020 and were sons/brothers (see Table 2). The majority of sons/brothers who died by suicide did so by violent means (e.g., gun, hanging). This is consistent with past research that has found that men are more likely to use lethal means when attempting suicide (Tsirigotis et al., 2011). Due to the use of a more lethal means, men are also more likely to die by suicide because the method often does not allow medical intervention (Tsirigotis et al., 2011).

Participating Families

Every family received a pseudonym to preserve confidentiality and to follow IPA (Smith et al., 2022). Figure 2 and Table 1 provide information on each family system that completed the interview process.

Figure 2

Participating Families' Pseudonyms

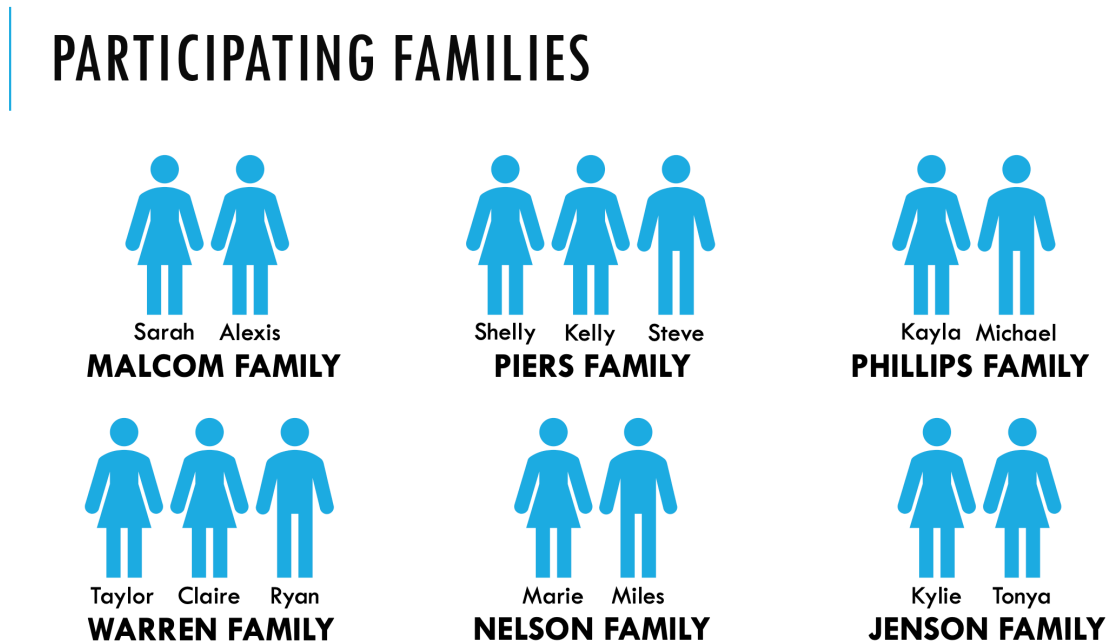


Table 1

Participants' Demographics

Pseudonym	Age	Gender	Ethnicity	Education	Marital Status
Sarah Malcom	56	Female	White	Bachelor's Degree	Married
Alexis Malcom	35	Female	White	Some College	Married

Pseudonym	Age	Gender	Ethnicity	Education	Marital Status
Shelly Piers	22	Female	White	Bachelor's Degree	Single
Kelly Piers	60	Female	White	Bachelor's Degree	Married
Steve Piers	60	Male	White	Bachelor's Degree	Married
Kayla Phillips	24	Female	White	Bachelor's Degree	Single
Michael Phillips	58	Male	White	High School Diploma	Single
Taylor Warren	28	Female	White	Master's Degree	Domestic Partnership
Claire Warren	67	Female	White	Bachelor's Degree	Divorced
Ryan Warren	70	Male	White	Bachelor's Degree	Divorced
Marie Nelson	33	Female	White	Some College	Married
Miles Nelson	59	Male	Hispanic	Bachelor's Degree	Married
Kylie Jenson	22	Female	White	Bachelor's Degree	Single
Tonya Jenson	20	Female	White	Some College	Single

Note. Banded shading represents family units.

Malcom Family

This family consisted of the oldest sibling, Alexis, and the mother, Sarah, who had a brother/son who died by suicide. The family reported a history of mental illness and substance use in the family system and a history of suicide attempts and losses prior to their son/brother's suicide. Both family members reported participating in mental health treatment and support groups after the loss. The interview was conducted via videoconferencing. This family

participated in the pilot interview and provided feedback on the interview process but denied the need for any changes after participating.

Piers Family

This family consisted of the second youngest sibling, Shelly, the mother, Kelly, and the father, Steve, who had a brother/son who died by suicide. The family reported a family history of mental illness and another possible suicide death in their family. All family members in this system participated in mental health treatment and support groups after the suicide loss. The interview was conducted face-to-face in Denton, TX.

Phillips Family

This family consisted of the youngest sibling, Kayla, and the father, Michael, who had a brother/son who died by suicide. This family was the only family interviewed outside the United States and resided in Ontario, Canada. The family reported that the siblings were adopted, and there was not much known about the prior family history of mental illness, substance use, or suicide attempts or loss. After the loss, the sibling participated in mental health treatment, but the father denied receiving treatment or organized support. The interview was conducted via videoconference.

Warren Family

This family consisted of the oldest sibling, Taylor, mother, Claire, and father, Ryan, who had a brother/son who died by suicide. The parents are divorced, and each person lives in a different town or state. The family reported an extensive history of mental illness, specifically depression and suicide loss in their family line. All the family members reported participating in mental health treatment or support groups after the loss. The interview was conducted via videoconference.

Nelson Family

This family consisted of the oldest sibling, Marie, and father, Miles, who had a brother/son who died by suicide. The family reported a history of substance use and mental illness but denied any history of suicide attempts or losses. Neither participating family member reported receiving mental health treatment or attending support groups after the suicide loss. The interview was conducted via videoconferencing.

Jenson Family

This family consisted of two siblings, Kylie and Tonya, who had a brother/son who died by suicide. Kylie, the middle sibling, and Tonya, the youngest sibling, were both in their early 20s and living at home when their brother's suicide occurred. The family reported no history of suicide attempts or losses but did report some substance use and "undiagnosed" mental illness. Neither sibling reported accessing mental health treatment or support groups after the loss. The interview was conducted face-to-face in Denton, TX.

Table 2

Additional Participants' Demographics

Pseudonym	Location	Suicide Loss Year	Relationship to Deceased	Treatment/Support After Suicide Loss
Sarah Malcom	Texas	2017	Parent-Mother	Yes
Alexis Malcom	Texas	2017	Sibling	Yes
Shelly Piers	Texas	2019	Sibling	Yes
Kelly Piers	Texas	2019	Parent-Mother	Yes
Steve Piers	Texas	2019	Parent-Father	Yes

Pseudonym	Location	Suicide Loss Year	Relationship to Deceased	Treatment/Support After Suicide Loss
Kayla Phillips	Ontario	2020	Sibling	Yes
Michael Phillips	Ontario	2020	Parent-Father	No
Taylor Warren	Louisiana	2019	Sibling	Yes
Claire Warren	Louisiana	2019	Parent-Mother	Yes
Ryan Warren	Washington	2019	Parent-Father	Yes
Marie Nelson	Florida	2016	Sibling	No
Miles Nelson	Texas	2016	Parent-Father	No
Kylie Jenson	Texas	2020	Sibling	No
Tonya Jenson	Texas	2020	Sibling	No

Note. Banded shading represents family units.

Findings

This study examined the phenomenological experience of families who lost a child/sibling to suicide and how the family system changed during the bereavement process. To guide this study, I used the following research question:

How does a family system change after the suicide loss of a child/sibling?

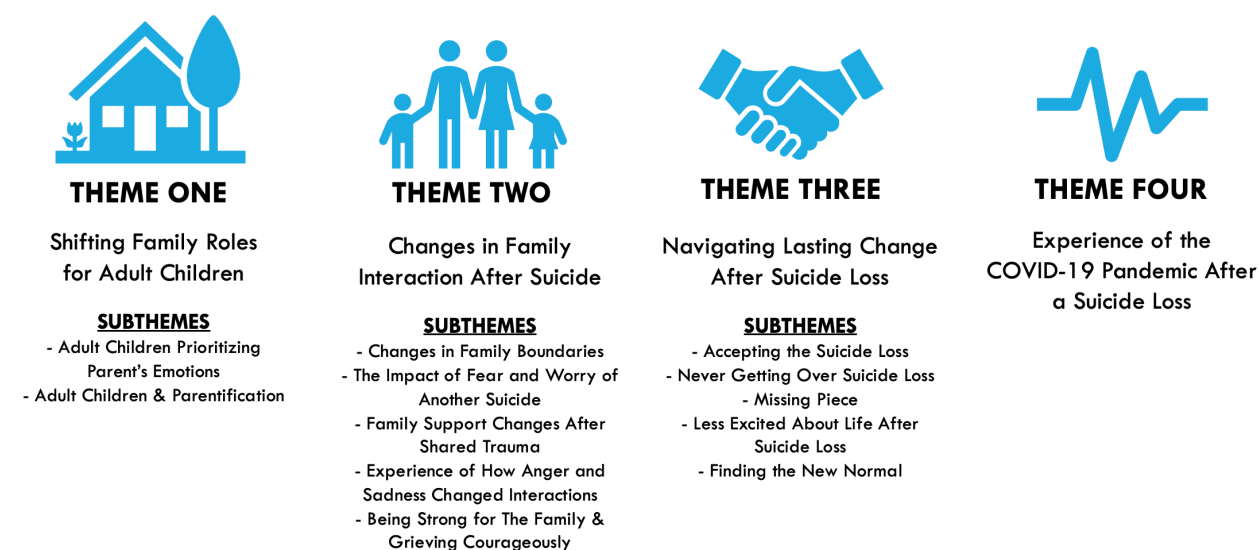
This study utilized a semi-structured interview, and the questions followed an interview guide (see Appendix J). Data analysis began with reviewing and transcribing each family interview while noting reactions and emotions. After the transcripts were thoroughly reviewed, transcripts were entered into the online data analysis software for coding. Themes were observed and coded, and summative descriptions and interpretative statements were kept for each interview (Smith et al., 2022). As the researcher, I recorded my interpretations of each family interview, including

what the system members experienced and how they changed after the suicide loss (Smith et al., 2022).

After completing the IPA steps described above, four themes and 12 subthemes were identified from the data and interpretation (see Figure 3). The major themes included shifting family roles for adult children, changes in how the family interacts with one another after a suicide, navigating lasting change after a suicide, and the change experience of suicide loss survivors during the COVID-19 pandemic.

Figure 3

Study Themes & Subthemes



Theme One: Shifting Family Roles for Adult Children

The first theme concerns how adult children shifted their roles in the family after experiencing the suicide loss of a son/brother. Shifting roles for the adult children were observed by trying to fill the gap left by the sibling they lost and feeling they needed to take on roles to

protect their parents. After experiencing a suicide loss, some families reported shifts in their roles in the system. Adult children, in particular, appeared to take on roles, responsibilities, and some personality traits previously held by their sibling they lost by suicide. Siblings who were once quiet and reserved instead took on more assertive personality traits and moved into the protector role for their other siblings. Some adult children even felt they needed to take on more of a parent role and care for their mothers after the suicide loss. Sarah Malcom spoke about the changes she noticed in one of her older children as they moved forward without her oldest son. She explained:

I think I told you some of the like family roles changed a little bit. Um, he [son who died by suicide] was always very, very protective of his siblings. So, after [the suicide], my son kind of, like, he's always been mild-mannered, and he wouldn't say too much unless you really pissed him off. But, after that, he's kind of stepped into that role a little bit, like his temper can be explosive now... don't mess with one of his siblings.

Alexis Malcom also reported continued changes in this sibling after a later family medical emergency promoted an unexpected response:

I called him, and I told him, and he's like, okay. My brother [who died by suicide] would have never and would have just said I don't care about him. So later, he called me and said I don't care, I'm coming, but that's not his personality, so his personality has really, he's always been laid back; he's been a little more assertive now.

The subthemes included how the siblings also felt they needed to protect their parents after the suicide by taking on caretaker roles and how taking on these roles changed their grief process.

Subtheme: Adult Children Prioritizing Parent's Emotions

Adult siblings experienced a change in the family after the suicide loss in their grief process. Siblings experienced feeling as though their grief was second in line to their parents, and they felt they could not share their personal experiences with their parents because they did not want to worry their parents, who were also grieving. Some siblings reported, “it’s just like you weren’t allowed to talk about it in a real way” and “you just can’t have your own feelings.” Siblings reported, “there was no space for us to be sad or say we would be sad about it, and it’s always like a mother has it the worst or whatever.” Siblings felt they needed to hide their true feelings about the suicide loss to avoid upsetting their parents, and Taylor Warren shared:

So, like, if I was feeling depressed or anything was going on like I didn’t bring it up to them because it was just like it would have been, it would have been too much, or it wasn’t something they needed at that time.

One sibling reported interest in attending suicide loss support groups with their parents, but the parents told them they needed to check with the head of the group to see if it would be appropriate for them to attend, even though the sibling was over the age of 18. Shelly Piers stated, “For me, I felt like it was more of I was not invited a whole lot because I was on the younger end, and they were worried that the descriptions that people would talk about would be upsetting.” Some parents felt they needed to allow the adult children to find their own way through their grief, and one father shared, “You just gotta let her figure out her way of mourning her brother because really that’s their only sibling.”

The Jenson family, consisting of two siblings, Kylie and Tonya, also spoke about their experience prioritizing their mother’s grief over their own and feeling as though they had to protect her. The siblings shared that their father requested that they needed to help their mother

after the suicide loss. The siblings identified the process as “very exhausting” and shared that “the entire grieving process was only about her.” Kylie Jenson stated:

Like I was extremely annoyed and frustrated because it’s just so hard to take care of her emotionally all the time. You know, she’s just like, I’m fine, and then a minute later she’s like, and you know, and then she’ll be fine. Then she’ll be paralyzingly sad, and then she won’t talk to you for a day, and then she’ll talk all the time, and then it’s all over the place.

The siblings continued to speak about how “you don’t want to be a burden” but felt they needed to support their mother rather than focus on their own grief process. Kylie Jenson continued:

She reacts more than everybody else. Like everybody has to take care of her because she’s doing the worst, you can’t think about how you’re doing because you have to take care of her. You just have to. She’s weaker. You have to take care of the mentally weaker person. Like, oh, you’re strong; you can handle it.

Subtheme: Adult Children & Parentification

Another change in the family system came when siblings felt they needed to take on the responsibility of protecting their parents after the suicide. Siblings reported a need to take care of their parents, and one family even moved into the same home together after the suicide when the adult child felt the need to be more physically present for their parent. This shift in roles was an attempt not to make the family not worry about the adult children but also not allow the adult children to take time to focus on their own grief process. The need to protect the parents typically fell to the female participants needing to protect their mothers, and one sibling group was even encouraged by their father to take care of their mother after the suicide. Taylor Warren reported that:

I felt like I had to protect them and protect my mom. I moved back from Minnesota and lived with my mom for a little while. Not necessarily just to keep her company; I mean, that was part of it. And then I felt a lot of pressure for them to not worry [about] me in any way.

Claire Warren also spoke about her experience with Taylor Warren moving back after the suicide loss, “I have the most wonderful daughter you could ever ask for, and I don’t want to depend on her, but after he died, I’m glad she was here with me for those few months.” Taylor Warren continued to share what the experience of moving in with their mother after the suicide loss of her brother was like and how she struggled not having answers to her mother’s questions after the suicide:

I lived with my mom for a few months, and she would often ask me questions about him; she was seeking answers that I couldn’t answer. And I would always say, “Mom, I don’t have the answer to that; no one has the answer to that.” Questions like, “what was the straw that broke the camel’s back” or “what was the final thing that made him do it?” And it was questions where I just was like, “Mom, I don’t know, I can’t speculate that. I mean, we can speculate that, but I can’t give you an answer. I don’t know the answer.” So, there were a lot of questions.

Researcher’s Interpretation of Theme One

There were apparent changes in the roles adult children assumed in some families in this study, with some taking on the personality traits and previous roles of the sibling they lost by suicide. Based on previous research, I expected this in the families I interviewed. One thing I did not expect to see was parents discouraging adult-aged children from participating in suicide loss support groups due to concern that the topics discussed could be distressing. Putting one’s grief

to the side will further complicate the grief experience, but when a parent actively discourages support for their adult child, that can be a confusing message for someone who just lost their sibling.

Also, I had some concerns when parents hypothesized that the suicide loss of a sibling did not affect other siblings who did not participate in the interview. In reality, the siblings may not have shared their grief because they did not want to add to their parent's grief process or worry them. Siblings may not talk about their grief because they do not want to burden their parents, perpetuating the issue. This connects to a troubling trend in the literature where siblings' grief is ignored or seen as less important than their parents who lost a child (Powell & Matthys, 2013). I did not ask specifically about siblings' experiences, but families were open to discussing it during our interviews since there was at least one sibling in each family interview. I wonder if this topic would have been brought up if a sibling was not in the interview room and if parents even recognized this could occur with their other children after a suicide loss.

Theme Two: Changes in Family Interaction After Suicide Loss

The second theme among the families was how their patterns of interaction changed after the loss. Participating families had to learn new ways to interact, restructure, and change after the suicide loss of their loved one. These changes in their patterns of interaction adapted as they dealt with their grief after the suicide loss as they worked to find a way forward. Some families were able to come together during this time, and others experienced further division prior to the loss of the son/brother. Families noticed changes in their family dynamic and how they interacted. One family member stated, "Our whole family dynamic just doesn't fit like it used to."

The Phillips family spoke about how their father-daughter relationship was based on caring for their son/brother, who died by suicide. Kayla Phillips stated: “Our relationship was him. Our relationship was built on my brother.” After the suicide, the family no longer had the connection that brought them together; their son/brother. The Phillips family identified the shared traumatic experience but were unsure how to move forward, restructure, and change after the loss, “We lived it. You know it was traumatic. The experience for both of us where we had to live through it, and you know, continue our daily lives.” Then after the suicide, the family was unsure how to interact without triggering the other. Kayla Phillips also spoke about how she had to deal with her mother’s feelings about the suicide loss in a divorced family. She spoke about how experiencing the suicide of her brother was further complicated because of her parent’s divorce years prior and the dysfunction that already existed in their family system. Kayla Phillips went on to share how the relationship dynamics with both parents changed after the suicide:

There are even times where I’m with him [father], and I know that there’s things that we just don’t talk about it. It’s not that we don’t have to or don’t want to, but if we sat down and said, “Dad, I need to talk about this,” we can, but there’s things where I know that we aren’t going to cross that line and try to relive that day again. Just because it’s such a thing that, you know, we don’t need to, we were there, and you know, when my mother asks me questions about the day, you know, I know she walks on pins and needles around me as well because it’s just like you know it’s a pretty instant anger because she wasn’t there, she couldn’t experience it.

The division in this family continued after the suicide loss of her brother, and Kayla Phillips spoke about how she had to handle the continued dysfunction:

So, my family's always been divided. No matter what it's been. Obviously, I had to deal with my mother on her own sense, like telling her [about the suicide] and stuff like that. My family's always been divided, and this wasn't something that was divide and conquer. It was still, even down to his funeral, a division in my family.

Other families even identified that they were unsure how their system's interactions would have changed after the suicide loss if they had prior dysfunction or division. Kelly Piers stated. "I don't know how it would be if there were a lot of strife in the family or not a close relationship. I think we would be painting a different picture."

The subthemes included changes in family boundaries such as coming closer or further away after the loss, how experiencing a suicide loss created fear and worry within the family system that another suicide would occur, changes in how the family had to adapt how they provided support, anger, and sadness after the suicide changed how families interacted with others, and families changing the way they grieve to be an example for their families and community by being courageous.

Subtheme: Changes in Family Boundaries

After the suicide loss, some families came closer together while others got further apart. Families who denied having firm boundaries prior to the suicide were able to adjust and come closer together. In families with division and dysfunction before the loss, those families spoke about experiencing more division and fracturing. Some families came together and moved into one home after the suicide, while others felt the need to move out to separate from another part of the family system. The Phillips family spoke about their experience with boundaries before the loss, and Kayla Phillips shared:

We've never had spoken boundaries. It's never been something that I've ever experienced. It's just not found in our family nature. We've been very always open with each other no matter what. Obviously, there's things that we don't discuss, but that's just most people don't do that.

Sarah Malcom also spoke about her family system and how they experienced boundaries prior to their suicide loss and the change she saw after, "I just think that the one thing that is that we were always close, but his death made us all closer."

As they dealt with the suicide loss, some families realized that to get through the death, they needed to become closer as a family unit to grieve together. They also shared that more effort was given to reconnecting with family members who may live further away or were not as involved as often before the suicide. One family spoke about needing to "be together to get through this" but found some family members not connecting immediately after the suicide. Once other members of the family system also learned that they needed to work together and grieve as a family system, they found more comfort in being together and changing. The family felt that the suicide loss made them come closer together and change their boundaries with one another. The family stated that they did not feel that they got to the point of being "enmeshed" with their boundaries, but the closeness did lead some of the family members to move in with one another years later. The mother and daughter now see each other as "best friends." They identified how they grieved together after the suicide loss, which helped them feel closer. One mother reported, "It's okay because we do it together."

Families also noticed changes in how their family system worked together to overcome their grief through how they interacted with one another. The Nelson family noticed issues with prior sibling rivalry and disconnection and identified that if they wanted to grieve together, they

needed to work on the relationships within their family first. They shared how they put differences aside and celebrated their brother's life. Miles Nelson expanded by stating:

I think that to me, from a family standpoint, it brought us closer. It was just increased understanding and compassion for one another. We don't yell and fight... I don't think we've had... a fight that I can recall since he died.

Marie Nelson continued discussing how the family system and interactions have changed. She shared how the relationship with her other brother has changed since losing their younger brother by suicide and how they were able to reevaluate their religious affiliation to find freedom after his death:

Then afterwards, he realized that I was all that he had, he was all that I had, and so it took some effort, but I think we're closer now too. And it's just opened our eyes that, you know, we weren't expecting that to happen, and so we want to check on each other, make sure that you know. And his death brought light to it and gave us that freedom. And I think that kind of bonded us even more. That was a huge factor because we weren't all being pressurized to fit that Mormon mold and it was okay to step away at that point.

In families where there was stated dysfunction or issues before the suicide loss, they identified that the death did not bring their system together. Some families identified that the suicide made them move further away from one another or felt they needed to “walk on pins and needles” when interacting. Instead, family members would be mindful of how they spoke with one another and attempted to avoid discussing the suicide loss so that they would not trigger responses in their immediate family members. Kayla Phillips shared their experience with having to be careful of topics discussed with her father out of concern for creating more division:

It didn't make anybody come together. It was something that the obvious cause of division was there. My father, I think it's important to know that we have all the boundaries up with each other. We don't ever talk about my brother, we share the same house, but he doesn't stay much at our home anymore. Our boundaries with each other are literally so high we never cross paths much anymore. There's a lot of uncomfortable, uneven ground to walk on with him and I. We never worked out the loss of my brother; we just kind of lived through it and now don't discuss any of it. It's not healthy, but he has a short fuse I don't want to ignite.

Some families felt the most effective way to handle getting further away from other family members after the loss was to move out of the family home. Two siblings reported that months after the suicide loss of their brother, they both moved out to new cities. Kylie Jenson shared, "It was like I moved out, so these problems are just further away from me, and I don't have as much of this on me all the time."

The Warren family experienced the suicide loss of their son/brother while all three lived in different states. Claire Warren shared, "we were all separated," and she went on to explain:

You know our family was already fractured. When he [father] went to Seattle... we weren't around each other. He [father] was in the northwest, I was in Louisiana, and she [daughter] was in Minnesota. When he died, we didn't have a whole lot of connection with each other. So how did it affect us? It affected us in different ways, but we did not deal with it as a family. We just didn't.

Ryan Warren also spoke about how he did not connect to others in his extended family to help deal with the suicide loss of his son. He stated, "I quit doing anything with my family," and would isolate himself from others as a way to cope with the suicide loss of his son.

Subtheme: The Impact of Fear and Worry of Another Suicide

A shared concern between multiple families was increased fear and worry for the remaining family members after they experienced the suicide loss of their son/brother. Family members stated that they felt deep concern for others in their system and often wondered if they would lose another family member to suicide. This shared concern and fear of losing another family member changed how each family interacted. The Malcom family reported that they felt the need to know where each person was at all times to help decrease some of their worries about one another. Sarah Malcom explained, “I called my son every single day. Every single day for, I don’t know. It probably was closer to a year, and I didn’t talk to him long. I just wanted to check in on him.”

Alexis Malcom reported feeling these concerns for other family members were rooted in anxiety, and they feared that “something was going to happen to the other.” She continued, “I mean, that’s my fear. I always thought everyone was going to die.” The family reported that they needed access to each other’s locations on their smartphones after the suicide of their son/brother. This helped ease some of the anxiety they were experiencing, and they knew that if they could not get ahold of each other, they could still know each other was safe. She stated, “if we can get ahold of you, oh, you’re right there.”

The Piers family spoke about how they had more concerns for the other family members after the suicide loss of their brother. Shelly Piers shared that they noticed more symptoms in their remaining siblings and experienced more concern for how they are doing since losing their brother by suicide. She shared, “I definitely think I have a lot more concern for my brothers now.” Steve Piers also experienced concerns about the other members of the family system after

the suicide loss. He reported experiencing more concern for their mental states and worried, “Are any of the other kids headed that way?”

Subtheme: Family Support Changes After Shared Trauma

Families who experienced the suicide loss of a son/brother had been through a traumatic event together as a system, and in some systems, the support from the family created space to openly discuss previously taboo topics such as suicide and mental health. Some families felt they could be more vulnerable with one another and share how they were frequently feeling. One family shared, “You know and come home and find community in each other.” Families reported that as they sought support from one another, they were able to be more open and interact more fluidly as a system in grief. Shelly Piers shared:

I think we talk more intimately with each other, all of us together. We wouldn’t do that as often or as, like, raw, but since we were all having a lot of feelings about him, I think it sort of gave permission maybe to be more vulnerable. Because obviously, we just experienced this huge trauma, so we can all sit together and talk.

Other family members also noticed that siblings who previously did not share emotions outwardly exhibited emotions and looked for support within the family system. Kelly Piers spoke about how her youngest child sought comfort after the suicide loss after he had seemed withdrawn and sad. Her son came to her late at night crying, and they spent time together healing from the “intense” death they both experienced. She reported that this behavior stood out to her, but she was able to be there to offer support and experience new patterns of interaction.

The Malcom family learned that offering family support while experiencing change after a suicide loss is an essential tool. Amid change, the family’s youngest child felt comfortable sharing their true self with their parents and siblings. Sarah Malcom went on to state:

That's one thing that you realize when you lose someone that you love so much. No matter what your family throws at you, you support them. One good thing that he did is he felt comfortable enough to; I guess he realized that life is short, so he made us aware of his sexual orientation. So, I'm glad that he was able to do that.

Subtheme: Experience of How Anger & Sadness Changed Interactions

After the suicide loss, families reported increased anger and sadness and shared that this affected how they interacted. Sometimes this anger and sadness were connected to the reality that they may never understand or know the whole reason why their loved one died by suicide and understanding that they are going to miss out on future goals and expectations that they had with their son/brother. Some families even reported feeling anger towards others who were able to move forward after the loss while they were still dealing with and maneuvering their grief process. Ryan Warren spoke about his anger shifting his willingness to connect with other family members that lived close to him because they appeared to have moved on after the suicide of his son. He reported, "It has made me an angrier person in terms of how it's affected me. It's like everyone says it, but it's like the world moved on when he died, and like that made me really upset." Ryan shared that after the suicide, the anger changed how he interacted with some family members. He reported discontinuing activities with his family that lived and visited near him, including his brother and niece. Ryan went on to state:

I come from a big family [with] a lot of brothers and sisters. They are all very together-ish, and I quit doing anything with my family. My brother would come for two or three months [because] he has a daughter that lives here. I'd never see him. I've only seen [my niece] once or twice in 4 or 5 years. She lives 3 miles away.

Subtheme: Being Strong for the Family & Grieving Courageously

One family believed that if they changed their systemic approach to their grief, they could be an example for their family, friends, and community by grieving courageously. They believed that changing their approach to suicide loss could shift how they interact with one another during the grief process and bring them together. The Nelson family spoke about their experience with the suicide loss of their son/brother and how they felt they needed to set an example of how to grieve. They acknowledged that the situation they found themselves in was traumatic, but they also reported that they understood their responsibility was to help people see that you can “face death courageously.” The family wanted to show people that there was another way to grieve and start moving forward after the loss. Miles Nelson stated:

I remember one of the things I said is that we're not going to walk into the church building all sobbing, distraught, and devastated. I go, we are, but we need to teach people and model for others how to grieve an awful, tragic loss like this. And I don't know if they got it, or accepted, or liked what I said, but everyone did what I asked. And you know, you see those types of things, and I just thought, you know, life isn't promised and guaranteed to anyone. We all die, and I just wanted to show other people that there is another way. We had to be courageous. That's all there is. You have to face death courageously.

The father continued to speak about how he was “amazed” at the resilience of this family and how they were able to be a model for grief and be strong for their family, friends, and community. He focused on the courage that it took to respond to their shared trauma in that was and stated that they “acted courageously.” Miles Nelson continued:

I think we see ourselves as kind of examples for others that you can... survive and thrive after, not just survive but thrive after a suicide. I think there are certain things, certain choices, that you can make that will help you in the grieving process the rest of your life.

Researcher's Interpretation of Theme Two

Families in this study had to figure out a new way to interact after the suicide loss. These changes in their patterns of interactions set the framework for how the family would restructure after the loss. It was interesting to see how families who had experienced dysfunction before the loss exacerbated that disconnect, while families who were close before the loss often came closer together. One experience I found particularly interesting was the Phillips family having to maneuver through how their son/brother who died by suicide was also the main focus of the daughter/father relationship. Without that focus, the family was unsure how to move forward together, and the system had to change. If taking care of one person defines your parent/sibling relationship, and then that person is gone, they lose the reason to connect, and their interactions change. I did not expect to see this level of disengagement after the suicide loss, but during the interview, they appeared to be close and then after I received an email from one family member who told me a different story about how they actively try to avoid one another in hopes of not triggering the other. It made me wonder how truthful the family was during the interview versus the reality of their disconnect.

Families also had to work through their fear and worry about losing another person in their family system by suicide. Though this is an understandable concern, some choices made on the frequency of contact have had lasting effects on relationships with other family members. Especially early on after the suicide, some families appeared reliant on knowing where the other family members were, just in case, and I did not expect to see this level of dependency in the

families, especially when multiple families spoke about their worry of losing another family member.

Theme Three: Navigating Lasting Change After Suicide Loss

The third theme surrounds how families had to learn to navigate change as they worked towards locating a “new normal” as a family. Families identified that they would not “get over” the suicide loss of their loved one, but they did share their experience of change in finding a “new normal” after the suicide and moving forward. On the journey to locating this “new normal,” families spoke about how they had to experience a change in realizing that the loss was real, identifying that their experience was “not fair,” acknowledging that they will have a “missing piece” for the rest of their lives, learning that they will “never get over” the suicide loss, and then finding a way to move forward towards a new normal. Locating this “new normal” was a way for families to continue their lives after the suicide loss without forgetting their loved one’s memory.

The subthemes that emerged on this journey towards navigating the lasting change included that they had to accept that the loss occurred, identify that they will never get over the suicide, acknowledge their family now had a “missing piece” in the system, and some families felt being less excited about life and moving forward without their loved one, and others were able to navigate towards finding their “new normal” and moving with the loss.

Subtheme: Accepting the Suicide Loss

The first step in this process began with accepting that they had lost their loved one to suicide and that they could not change that narrative. Michael Phillips shared his experience with coming to terms with the suicide loss and acknowledging that it was real:

The first part was not believing what had happened. A lot of questions, why there's no notes, there's no video, there's nothing we could go back to. It wasn't an argument that had happened. It wasn't something that he would talk about. We can't hide it; you know, it's happened.

Kayla Phillips also spoke about their experience with coming to terms with the loss being real:

It's not one of those things where if you stay quiet, it doesn't hurt less. It's more cathartic to be able to explain things to people or be able to tell people, "hey, you know I had a brother," and for a while, I didn't want to say it, you know, I lost my brother, but I've got the courage to say like you know I lost him. It's one of those things you relive every day in your head, no matter what you structure your day to be. It took me a very long time to come to the realization that he's not gonna walk back into the door again.

The Piers family reported that even though multiple years have passed since the suicide, they sometimes still struggle to accept that the suicide occurred and their son is gone: "So, like, sometimes, did that really happen? Like years later, it's hard to conceptualize like; it's real still sometimes."

Another step in the process towards a "new normal" is acknowledging that their experience was "not fair" and understanding that there is nothing that can do to change the situation. Often this thought of the experience not being fair was connected to strong emotions of anger or sadness. Sarah Malcom reported, "I think that his death has really changed my whole perspective on life. So, then I get angry because that's not fair."

The Phillips family spoke about how their personal experience with suicide loss was "not fair," especially since the father, Michael Phillips, was the person who found his son after the suicide occurred. Kayla Phillips explained, "You know,... you can always relate to the

understanding of a parent losing their child and that sort of grief. But for my dad, it was different grief because he found my brother.”

Finding his son after the suicide loss has had a lasting imprint on Michael Phillips and connects to the theme of never getting over the loss. The father explained:

The coroner said that when I found him, he had already been dead maybe four hours, five hours, and if you do the timeline, that’s usually around 3:00 am, 3:30 am in the morning. So, subsequently, I get up every night at 3:00 or 3:30 am and have to go to the bathroom. I don’t have any physical conditions or anything that I don’t know of. That was the thing that says I should have got up at that time, and maybe I could have stopped it or whatever. My Mondays will never be the same. I was the one who found him.

Michael Phillips went on to discuss how he is now in a “club” and felt as though people wanted to help him, but they cannot bring his son back:

We kind of both belong in a club now, trying to explain why and how. Why did it happen? What did we do to deserve it? You know people always say to you what could I... is there anything I can do? Well, the one thing I need you to do, you can’t do. It’s not written that we are supposed to bury our kids.

Kayla Phillips continued to speak about the impression losing her brother by suicide had on her accepting the loss and working towards a “new normal”:

Suicide is something that someone takes their own hold of, taking themselves out of this world. And there’s cancer patients, and there’s people who murder, and there’s people or stuff like that, but suicide having you lose the power of that relationship with someone, and that’s stronger than someone you know getting murdered or someone losing to cancer. Like that’s a different thing because you lose the ability to be there with someone.

Subtheme: Never Getting Over the Suicide Loss

Families expressed that they would never get over the loss of their loved one by suicide. Some reported feeling they did not have enough memories of their loved one to help them get through the rest of their lives, which could further complicate their grief process. Michael Phillips continued to share his experience:

I don't have enough pictures. I don't have enough times that I went to hockey games with or did stuff with him. There's not enough. You take the time, and you do what you need to do to remember the person. I have to say to my friends I don't have enough memories to get me through my life with him. You know [friends] say hold on to the special things. I don't have enough. Nobody tells you how long to grieve for, or when it's gonna end, or how to grieve.

Families identified that there is no one right way to grieve and expressed sadness that the situation would never change and their pain may never go away. Kelly Piers explained, "Every once in a while, that raw feeling will come back, and I don't think that will ever change or ever leave. You don't get over this. You learn to live with it, but you don't get over it."

The Piers family reported they had been told to "get over it; you've had enough time," Steve Piers shared that thinking about his son lost by suicide "occupies most of my waking thinking time." The Malcom family spoke about a similar experience with losing their son/brother. Sarah Malcom about how the suicide changed her perspective, but also how it affected her children as well. She reported:

Especially with a child, you never get over it. I know [his siblings] will never get over their sibling's death, but you never get over losing a child because it's not supposed to happen like that. I wake up every day without him.

Subtheme: Missing Piece

Even if families could find a way to move forward, they were also left with the task of acknowledging that their family system now had a “missing piece.” This missing piece was expressed as an emptiness in the family that cannot be filled, and it changes the way they move forward as a system. Now that they were missing a piece, families had to explore and navigate prior traditions while discovering how to create new ones with the remaining system. Sarah Malcom stated:

I wake up every day, and this is going to sound cliché or whatever, with a piece of my heart missing. Alone, not alone but lonely, missing like you have a hole that’s no longer able to be filled that you don’t realize. I don’t know how to explain it; our family’s broken. I mean, we go on, and we still do family things, and we love each other; it’s just, there’s a piece missing.

The family had to come to terms with the changes in the system as they navigated having a missing piece. Alexis Malcom further explained:

It’s definitely a piece of that family life is broken because my mom has always been big on tradition. We have Thanksgiving, we’ve always had lasagna on Christmas eve, we’ve always had ham on Christmas day, we always eat at the same time during holidays, and we’ve always opened gifts around the same time. So definitely a part of that family life is broken because when you grow up in a family when all you’ve ever had is one another, and you look to that other person for... I feel that part of our family life is broken. Because when you have all of these traditions growing up, and the whole family is included, when one person’s not there, it impacts you. And that’s another broken piece.

Michael Phillips described losing his son to suicide as an “emptiness that can never be filled.” Kayla Phillips described the experience as “very empty, and that will never be filled.” Both members of the Phillips family spoke about the “tumultuous effort” they made through counseling and connecting to friends of their son/brother to find a way for him to “[be] present in my life” after the suicide loss and deal with their missing piece.

The Jenson siblings reported they experienced the missing piece by knowing they were missing out on time and moments with their brother they lost to suicide and would be unable to create future memories with him. One sibling stated: “You can’t really think of everything that like you’ll miss out on.” The Nelson family reported that they felt they lost part of themselves when their son/brother died by suicide, and Miles Nelson reported, “And there's an aspect of you that dies, right? I will admit that there's something that definitely is missing and that died in me... you kind of feel slowed down and stillborn.”

Subtheme: Less Excited About Life After Suicide Loss

Not all families could find positives on their journey to the new normal; some found less interest in things they enjoyed or were “less excited about life.” The Warren family, in particular, struggled to create meaning and find a path forward after the suicide loss of their son/brother. Taylor Warren reported being “less excited about life” and not having any life or career goals since the suicide, and she went on to state:

And like less excited about life. I don’t really have any goals in terms of, like, career goals, lifestyle goals. I feel like I just kind of live day to day. And not that I’m suicidal, but I wouldn’t really care if I died tomorrow. Like, I know my parents would, and I’m not going to go out of my way to do anything to hurt myself, but like I just don’t really enjoy

life anymore. And you know things as they come, but it's like life as a whole; it's like I'm not looking forward to retiring. Like, I'm not looking forward to anything.

Ryan Warren also agreed with that sentiment about not being excited about life since losing his son to suicide and reported, "I don't like anything. Yeah, that's right. That's the way I feel. I mean, I don't care about anything or anybody; I really don't. Except for the people on this screen that I know. That's it."

Subtheme: Finding the New Normal

These themes lead to how families worked to develop their "new normal" once they accepted that they needed to find a way to enjoy life after the suicide loss while also remembering their loved ones. Families reported dealing with varying levels of grief in their "new normal," where some days were easier or more difficult than others, and Kayla Phillips explained, "You know, it's been almost two years now, and I could say my grief has gotten significantly less, but it's still days where... it's worse." Others felt pressured to find the "new normal" quickly. Kylie Jenson reported, "I was definitely just like power through. Just like try to get back to normal life as quickly as possible. Which is really easy when it's a problem you're not gonna fix."

Some families were unsure what the "new normal" would look like after they processed through accepting the loss and dealing with their "missing piece." Alexis Malcom went on the share:

I don't know what normal is supposed to look like. I'm sure it's different for every family, every person. But I feel life is going on without him even though we would much rather him be here, and there's always going to be that loss there, but life is moving forward, and we are able to live every day and were able to function, and were able to

enjoy little aspects of life and not focus so much on the negative but focus more on the positive things that we had when we had him.

Some families realized they needed to be there for one another to assist in grieving and moving forward as a family system. Alexis Malcom continued:

But now it's important to me to be there because life is short, and if anything were to happen, at least I know that I've, my soul will feel that I loved my family as much as I could.

Finding and living in the "new normal" may not have been an easy feat for all the participating families, but those who were able to find a way forward have found hope and healing in doing it together and remembering the lives of those they lost by suicide. Alexis Malcom reported:

I feel like we kind of found our kind of new normal. I feel like it; we're as normal as we're gonna be. We can still be happy and exist, I shouldn't say without him, but we found a way to enjoy life. Today might suck, but I'm going to wake up tomorrow, and life's going to be okay. I have my family, I have my kids, and I'm saddened that he couldn't see that and couldn't hold on, but at the end of the day, he is my brother, and I love him. I would have done 28 years of life with him just to lose him than do no life with him at all.

Researcher's Interpretation of Theme Three

The families had to change to find their way to a "new normal" and learn to navigate lasting change while understanding that they would never get over the loss of their son/brother. Most wanted to figure out how to enjoy life again after dealing with a suicide loss, but the Warren family did not feel like they were able to move forward and stated they were "less excited about life" after losing their son/brother to suicide in 2019. I expected to see varying

perceptions of families moving forward after the loss, but this family appeared to lose all hope in having a life after the loss. The clinician in me started having red flags of hopelessness and purposelessness and shared concerns for people dying by suicide, but the family members denied experiencing symptoms. More than one family member in this system seemed to lose all faith in having goals or things to look forward to after the suicide loss of their son/brother. With two of the three family members discussing this, I wish I had dug deeper with the third family member who did not discuss feeling this way to identify if this was a systemic belief. After speaking with this family, I was thankful that they were connected to mental health providers in their community and had support networks in place, and I hoped that, at some point, they could find a purpose to move forward.

Theme Four: Experience of the COVID-19 Pandemic After a Suicide Loss

The final theme is how the COVID-19 pandemic altered the typical grieving process for families already experiencing change. The COVID-19 pandemic began in March 2020, and families of suicide loss were not immune to the devastation of dealing with the loss of a family member, coping with a pandemic, and dealing with constant change. Families reported feeling “overwhelmed” with living through a pandemic and dealing with their grief simultaneously. The Jenson siblings reported experiencing the suicide loss of their brother one week before the COVID-19 pandemic began. Kylie Jenson spoke about how they had to cope with losing their brother and then how their grief experience took a “back burner” once the pandemic and lockdowns began. Kylie Jenson explained:

Cause then it was a little spotlight for a week, and then it’s just like the entire world was terrible, so it didn’t matter at all. It was definitely like there was no grieving process because we’re all just grieving about COVID now, you know what I mean? There was a

week of “aww man,” everybody feels bad for me. None of my friends cared because everybody was freaking out over COVID. Nothing of ours mattered because it was all about COVID after that.

During this time, families not only had to deal with the effects of grief and the COVID-19 pandemic, but they also were experiencing major life transitions during this time. Multiple families spoke about how seniors in their last semester of high school never returned to their high schools, and many friends had no idea the true extent of what was happening with their friends. In turn, life transitions that typically occur between high school and college were done in isolation while still trying to grapple with the suicide loss of a brother. Tonya Jenson explained that during the 3 months span after her brother died by suicide, she never returned to her high school building, graduated, moved out of her parent’s home, and went to college hundreds of miles away. She reported that “none of my friends knew what was going on,” and she had no one to connect with. The siblings did not feel they could experience grief and chose not to talk about it with others, especially during their life transitions. Kylie Jenson reported:

Then people, like, want to feel bad. But it’s like, it’s really one of those weird things where it’s a problem, and it’s already done. You can’t solve it, so then it feels unproductive to think about it. But they definitely pretend like it never happened. It was definitely just like power through. Just try to get back to normal as quickly as possible.

Other families looked back on the COVID-19 pandemic and had to figure out how to handle the first anniversary of their suicide loss while following proper protocols. This was explicitly the case with the Piers family early in the COVID-19 pandemic. Steve Piers reported:

One of the things that’s only, it’s been difficult was that within literally a year of losing him, we go into the COVID thing. And that changed a lot of dynamics also. So, at some

level, I mean, we have that year up until even before his first, and matter of fact, I remember his first anniversary; we went out to the graveyard, and COVID was in full bloom.

The Piers family called the experience of COVID-19 and “constant change” after their suicide loss “surreal.” This family also had to work through changes with a sibling in their final semester of high school and first year of college when the COVID-19 pandemic began, the suicide loss of their son/brother, and dealing with their grief as the first anniversary of his death.

The Warren family, in particular, felt thankful that their son/brother, who died by suicide in 2019, did not experience the COVID-19 pandemic because they believed “if he didn’t kill himself when he did, he would have killed himself now.” Claire Warren went on to explain:

COVID hit here March the 20th. When COVID hit, when it got real bad, my first thought was, “thank God he is not here for this. He chose to leave at the right time.” I really think, I think, he knew the shit was about to hit the fan. I think something in his brain knew that the world was in trouble, the world is in trouble. He doesn’t have to deal with it.

When the Claire and Taylor Warren moved in together after the suicide during the pandemic, they changed and spent more time together during the lockdowns. The loss of their son/brother appeared to bring them closer while in isolation. Even though they were able to build a closer relationship at home, Taylor Warren still reported issues with not experiencing grief and connecting to others outside of the home to avoid being a burden. Taylor Warren explained:

And that still makes me upset, and I have friends like that I feel I’m close with who don’t even know about him because it’s not something, like I’m not the most like open person. I don’t feel like I talk a lot. I’d rather listen to people talk about themselves than talk about myself. So, in a lot of friendships, it [suicide loss] doesn’t come up, and it’s like I

want it to, I want to talk about him, but I also don't want to be like, "Oh pity me, my brother died." So, it just affected me. It's made me feel hopeless about the world. It's made me feel hopeless about society.

Families had to learn to work through grief while actively dealing with a pandemic and constant change. Even families who experienced the suicide loss prior to the beginning of the COVID-19 pandemic identified how adding more change and uncertainty during their grief process exacerbated their grief and sometimes even made them hide their grief or not experience it at all. The Jenson family's youngest sibling Tonya reported, "I don't think I've had a grieving process. I think I've talked about him being dead a total of three times." Families had similarities and differences in their experience of COVID-19 and dealing with the suicide loss of their son/brother, but this significant event had a lasting mark on their grief experiences.

Researcher's Interpretation of Theme Four

I did not expect to learn anything about the families and their experiences with COVID-19. We have been in the COVID-19 pandemic for so long that it seems like a regular setting to me at this point, and I did not think to ask about it when setting up my interview questions. The family in my second interview mentioned it briefly, which caught my attention as looking for connections to COVID-19 but not changing my interview questions to find those connections. One family, in particular, had a unique suicide loss experience as it pertained to the COVID-19 pandemic. The family had one week after their suicide loss, and then COVID-19 hit their community. Interviewing these two siblings appeared chaotic until it dawned upon me that there was so much chaos because they had never actually dealt with the loss of their brother, and then life gave them multiple levels of change all at once. They had one week to deal with a massive trauma, and then another traumatic world event took any focus on their loss from them. They

then experienced change after change, as the average life cycle would predict, but how does one cope with change while dealing with two traumatic events simultaneously? This family admitted they did not deal with their loss and chose not to discuss it. Instead, they chose to talk about it with me and, in turn, realized that they had not dealt with their grief while also finishing high school, leaving their family home, moving to another city, and going to college. COVID-19 exacerbated their experience and made coping with the suicide loss more complex, and I am glad they were willing to share their story and allow me to be the fourth time they have spoken about their brother after his suicide.

Summary

The IPA results of how families changed after experiencing a suicide loss were presented in this chapter. Families shared their experiences of how the suicide loss changed their family system by participating in one systemic family interview. Four themes emerged from the data: adult children shifting family roles, changes in how the family interacts with one another, navigating lasting change after a suicide, and experiencing suicide loss during the COVID-19 Pandemic. Families willingly shared their experiences of grief and how the system changed after the loss. Much can be gleaned from these experiences to assist mental health clinicians when working with families after a suicide loss.

CHAPTER V

SUMMARY, DISCUSSION, AND IMPLICATIONS

This qualitative study examined the lived experience of families who lost a child/sibling by suicide while working from an interpretative phenomenological lens. In Chapter 4, the research results were discussed, and information was provided on the experiences of how families change after a suicide loss. Chapter 5 includes a summary of the overall study, a discussion of the results from the interpretative phenomenological study, an analysis of the study's strengths and limitations, and recommendations for future research. Although the field of family sciences identifies that suicide loss is a systemic issue, there is not enough research or clinical interventions to work with families of suicide loss systemically (Frey & Hunt, 2017; Hunt et al., 2019; Pompili et al., 2013). Having more insight into suicide loss and how the family system experiences change can benefit mental health clinicians and their clinical practice.

The study findings will be discussed in this section. This study provided insight into how families experience changes after a suicide loss of a child/sibling. The family's experiences helped develop four themes: adult children shifting family roles, changes in how the family interacts with one another, navigating lasting change after a suicide, and the change experience of suicide loss survivors during the COVID-19 Pandemic.

Theme One: Shifting Family Roles for Adult Children

Families identified how adult children felt that they needed to shift into family roles previously held by their sibling, and some families also saw adult children taking on personality roles of the sibling they lost by suicide. Some siblings may feel forced to take on the roles their sibling once held due to confusion about their identity after the loss, issues with isolation, and depression (Davidson, 2018; Sajan et al., 2022). Taking on the family roles previously held by

the sibling that died by suicide can confuse the sibling's own loss experience (Powell & Matthys, 2013). Moving into the roles their sibling previously held can create changes in adult children's overall identity, daily activities, and their changing expectations in life (Dyregrov & Dyregrov, 2005). This connects to what families reported in this study and how they observed changes in the adult children.

Adult children also reported feeling they needed to prioritize their parents' grief and emotions over their own experiences. Siblings also felt their grief was second in line to their parents, even if they did not take on parentification traits. According to Barlow and Coleman (2003), even if parents attempted to speak openly with their children about a suicide loss, the children still chose to restrict their responses to not burden their parents with their grief and increase their parent's pain. According to Dyregrov and Dyregrov (2005), a sibling's grief experience after a suicide loss is overlooked or "second in line" to their parents, and many feel isolated as they process the loss of their sibling. Siblings from multiple families also reported feeling the grieving process focused on their parents. After a suicide loss, not discussing the loss experience and avoiding discussing grief can be misconstrued as coping successfully or as a way to circumvent increasing others' distress levels (Sajan et al., 2022). Parents may not be able to meet the emotional needs of their children after experiencing a suicide loss of a child, which can deepen the child's desire to take on caretaking roles (Turner, 2020).

Some adult children also felt obligated to take on caretaker roles for their parents to reduce the burden of the suicide loss (Sajan et al., 2022). One adult child moved in with their mother after the suicide to keep their parent from worrying about them and took on a caretaker role. Adult children may feel pressured to take on handling end-of-life details and planning, taking care of the household, and helping them with their grief, and in turn, the sibling can

become a caretaker for their parents (DeSousa, 2012; Dyregrov & Dyregrov, 2005). Adult children in this study felt responsible for their parent's grief and were proactive in taking care of their parents, so the parent's grief first. Some adult children move into roles that can be seen as parentification or caretaking to protect their parents from the burden of the suicide loss and feel guilty if they need support from their parents (Dyregrov & Dyregrov, 2005).

Theme Two: Changes in Family Interaction After Suicide Loss

An overarching theme among the families who experienced a suicide loss was how their patterns of interaction changed after the loss occurred. The change in family dynamics caused families to find new ways of interacting to move forward together. After experiencing a suicide loss, a family must find a way to redevelop the relationships between each part of the system and change their dynamics (Ratnarajah et al., 2014). Some families did not find ways to interact positively after the loss and, in turn, did not want to relive the pain or trigger others, so they did not discuss their grief. Healthy families will process and communicate about the suicide loss, while divided families choose not to discuss the suicide, and the dysfunction will continue and reside within the system (Ratnarajah et al., 2014). If dysfunction continues after a suicide loss, the dysfunction can exacerbate issues in the family system and increase the risk of losing another family member by suicide (Jordan, 2001).

Families talked about the change in boundaries their system experienced by coming closer together or further apart after the loss. Suicide loss can shift family interaction patterns and increase the risk of the remaining members developing hopelessness, purposelessness, and mental health disorders, such as depression (Jordan, 2001). Families who reported not being close before the suicide or had prior reported dysfunction in the system found it more challenging to come together, and their boundaries increased to minimal interaction or

communication. According to Jordan (2001), after a suicide loss, families are more distant from each other or take on characteristics of enmeshment. After a suicide loss, parents, in particular, noted a wish to develop closer relationships with the other members of their family system (Entilli et al., 2021). Some families in this study spoke about increasing boundaries with family members after the suicide and reported moving out soon after the loss. Risk factors such as anger, blame, and contempt can pull families further apart when dealing with a suicide loss (Jordan, 2008). Communicating openly about the loss can help bring families closer together (Ratnarajah et al., 2014).

Families spoke about fearing they would lose another loved one by suicide and had increased worry. This fear also assisted in changing some of the boundary levels families had after the suicide. According to Jordan and McGann (2017), families can take on a sense of hypervigilance out of concern that they may lose another family member by suicide, and this fear can add strain to relationships. Families reported an increase in anxiety if they did not know where their loved ones were or if they could not contact them. Families may experience panic after a suicide due to concern that something will happen to another family member. This concern can lead families to be protective of one another or pay more attention to a specific family member (Dyregrov & Dyregrov, 2005). The valid concerns for fear and anxiety that suicide could occur again may reduce as the family moves forward, especially if they can seek treatment from a mental health provider or support group (Jordan & McGann, 2017).

Family support changed after the suicide loss, and some families reported that they found safe spaces to talk about the suicide and process their experiences with other family members. Creating this safe space is vital since families experiencing increased fear and worry can also take on more supportive roles for other family members and check in more frequently (Barlow &

Coleman, 2003). Some felt they could be more vulnerable and more willing to discuss previously taboo topics, and others even took the opportunity to share their true selves with their families because “life is short.” Almost all families shared that they found a way to increase and utilize their family support, even if they reported concerns about boundaries in previous questions. This is in contrast to some research where families reported feeling they did not get the needed support from their friends, family, or community, especially in a timely manner (Lindqvist et al., 2008; Miers et al., 2012). Families may experience stigma and self-stigma when seeking support, which can change how the individual perceives the support (Botha et al., 2009; Gilo et al., 2020). When families provide adequate support to one another, the ability to cope effectively increases; if they cannot find support, then mental health concerns and complicated grief may increase (Oexle & Sheehan, 2020).

A family in this study reported facing anger and sadness and how that changed their interactions with others. The family can simultaneously experience perplexing and contradictory emotions, such as anger and sadness, as they work through their grief process (Jordan & McGann, 2017). The family in this study spoke about how their anger towards seeing other family members move on after the suicide changed how they interacted because they did not feel like they could move on as well. Research on the connection between anger, suicide loss, and how it changes patterns of interaction is not well researched, but there is some literature on how suicide loss survivors experience anger towards the person they lost by suicide (Young et al., 2012).

Finally, one family spoke about wanting to change how their family system grieved by being strong and showing how to grieve courageously. The family wanted to be a model for their family and community and show how to mourn after a suicide loss and thrive in the grief. If a

family can come to terms with the suicide loss, they can acknowledge they did not have control over their loved one's choice to die by suicide, and in turn, can choose how they react to the loss and create meaning (Entilli et al., 2021). The family in this study took control over their response to the trauma and created meaning by grieving courageously. Families can create meaning after suicide loss by reconstructing the narrative surrounding their loss, accepting the loss, and forgiveness, and many do this through attending support groups or turning to other family members (Supiano, 2012).

Theme Three: Navigating Lasting Change After a Suicide

Families reported that they had to change in a multitude of ways as they worked towards finding a new normal after experiencing the suicide loss. First, families had to realize that they did lose a loved one by suicide, and they could not change that outcome. Some families had difficulty accepting this reality and conceptualizing that it was real. They then spoke about how it was unfair that their loved one was gone, which changed their perspective on life. If families are unable to accept the suicide loss of their loved one, then they could experience issues with changing their system, difficulty moving forward after the loss, and problems in navigating the process of restructuring (Hare-Mustin, 1979).

The families spoke about how they felt they would never get over the suicide loss of their son/brother and how accepting the reality made them experience change. Some families spoke about how experiencing the loss changed their daily lives, realized that they never get over the loss, and had to learn to move forward and remember their son/brother. Participants from a study by Miklin et al. (2019) reported feeling they would not get over the loss and had to find ways to create meaning after the suicide. In a study by Surge et al. (2014), they also found that participants felt they could not get over their suicide loss, denied that time would heal their grief,

and identified that they would deal with the loss forever. The parallels between my family members and the aforementioned study were clear, and families would not get over the loss of their loved one and instead needed to find a way to move forward with the loss (Surge et al., 2014).

Next, families shared that there was a missing piece in their family system, and some described it as a hole that could never be filled again. Families not only have to cope with the loss of their loved one, but they also have the loss of expectations, plans, and goals that their loved one had and what they hoped to experience with their loved one (Sugrue et al., 2014). According to Jordan and McIntosh (2011), people who identify as suicide loss survivors have more complicated grief experiences because of unanswered questions and feeling they have a missing piece. Without accepting the suicide loss, having this missing piece can lead to more loneliness and emptiness (Delgado & Wester, 2020), which many families in this study reported experiencing.

Finally, after processing the acceptance and change, the families spoke about creating a new normal to move forward with the loss. When dealing with a suicide loss of a loved one, the grief experience may be significantly prolonged compared to other types of grief (Botha et al., 2009). Finding a new normal includes recognizing that they are moving forward and finding new ways to enjoy life (Young et al., 2012). As families look for their new normal, they can experience a rollercoaster of grief, with both good days and bad, while they realize they will never return to their original state again (Mayton & Wester, 2019). Some families in this study worked toward their new normal by changing their perception and focusing less on the negative and more on their positive experiences with their son/brother. This new normal for some families focused on how they had to create change to locate a way to enjoy life again, and this is a

common theme among suicide loss survivors (Gutin, 2018). If people cannot find their new normal and move forward with their grief, it can become complicated grief that can cause distress for the family and alter their ability to function as a system (Young et al., 2012). Most families in this study were able to find a new normal and reestablish enjoyment in their lives and family.

Theme Four: Experience of the COVID-19 Pandemic After a Suicide Loss

The COVID-19 pandemic created a unique experience for some families after their suicide loss, and younger siblings especially spoke about how they had to maneuver regular life stage changes while also grieving the suicide loss of their brother and living in a pandemic. Research on the COVID-19 pandemic and the connection to suicide loss survivors is minimal, as much of the research has focused on the pandemic and increased risk factors for suicide in individuals (Brown & Schuman, 2021). One published review touched on how families of suicide loss during the pandemic have increased vulnerability to established risk factors, and the pandemic has exacerbated that experience for suicide loss survivors (Pinto et al., 2020). According to Pinto et al. (2020), families of suicide loss were already at risk for complicated grief, but the effects of the pandemic have exacerbated their experiences, and the cancellation and delay of funeral or memorial services add to the complication. More research needs to be done so we can further understand how families dealt with being suicide loss survivors during the pandemic.

Comparison of Findings With Theoretical Framework

Families who survive a suicide loss of a child/sibling experience change in their system, and licensed therapists must understand their experience to work appropriately with the changing system. Family systems theory and structural family therapy provide the systemic context to

assist clinicians in conceptualizing the family and developing an understanding of their lived experience.

Family systems theory focuses on the whole family system and acknowledges that a change in one part of the system can affect the rest of the system (Comella, 2011; Hanson, 1995). This focus on the whole family during the grief process can assist in healing the whole and should be an approach utilized by clinicians (Bowen, 2004). From a family systems perspective, the family must change from a closed system, where secrecy and isolation lead, to an open system of communication and support (Bowen, 2004; Wilgus, 2019). In this study, some families sought openness and healing as a system, while others did not speak about their grief for fear of triggering others in the family system. Suicide loss survivors have to decide to work through their changing system and communication styles or get lost in the taboo and secrecy of suicide loss (Wilgus, 2019).

In this study, families also got stuck in secrecy and isolation out of fear of reliving the day their son/brother died by suicide, but other families successfully found comfort in their system and were able to come closer together through their grief. These fluctuating boundaries showed how families worked to balance separateness and togetherness, an essential piece of the family systems theory (Keller, 2020). Also, when working with systemic boundaries, families who experienced parentification appeared to struggle with differentiation of self, and this was also evident in this study as it links to parentification (Jankowski et al., 2013; Keller, 2020). Adult children in this study felt they needed to take care of their parents after the suicide loss while not dealing with their own experience of loss. Jankowski et al. (2013) identify a connection between parentification, low levels of differentiation of self, and a sense of unfairness that their experience is overlooked by their parents. One adult child in this study who took on

parentified roles did not discuss concerns with their differentiation of self or unfairness of the situation, but another family did as they felt responsible for their mother's emotions and experience despite their own.

The structural family therapy model is not the only systemic theory that could be used with suicide loss survivors, but it does give a suitable framework for restructuring after a loss. Turning therapeutic attention towards the family's change in structure, boundaries, parentification, communication styles, overall functioning, and how they can create a meaningful future can assist in positive therapeutic outcomes (Hare-Mustin, 1979; Minuchin & Nichols, 1993). Some families shared their boundaries either became disengaged or close to enmeshed, and in structural family therapy, boundaries are a key concept for treatment. One family reported that their daughter/father relationship was built on their brother/son, so when they lost him to suicide, the family boundaries fell apart in the dysfunction. This system spoke about how they avoid each other now, leading to disengagement. Another family shared that the loss brought them closer to the point where the mother and daughter moved their families together under one roof after the suicide and may appear a little enmeshed.

Parentification is a concept in structural family therapy when a child and parent reverse roles, and the child begins to care for the parent. With hierarchies in structural family therapy, the parents remain the leader in the family system unless dysfunction determines otherwise (Wei et al., 2021). Like the experiences of families in this study, adult children felt they needed to take care of their parents, and the adult child from the Piers family even moved in with their mother to help her with grief and to not burden her mother with her grief after losing her brother to suicide. Another family in the study felt they had to take care of their mother emotionally, was also asked by their father to do so, and during the process, shared that "you don't want to be a

burden.” Parentification can keep the system in a state of dysfunction, increase periods of enmeshment, and complicate attempts to restructure the family (Bernal & Gomez-Arroyo, 2017).

Structural family therapy has also been recommended for working with families after a death to help them move forward with the loss instead of past the loss (Kaslow & Aronson, 2004; Minuchin & Nichols, 1993). This is important based on the experiences of multiple families as they sought how to get to the “new normal” and accept that they would never get over the suicide loss of their son/brother. Other family therapy models could be used to work with families of suicide loss as long as they recognize that the family’s experience is not brief and it can be a traumatic bereavement process (Jordan & McGann, 2017). Families in this study reported having a shared trauma, and structural family therapy can be a starting point for therapists seeking a framework to build from in the therapy room.

Study Limitations

The main limitation of this study is that anyone under 18 years old was excluded from the study. Participants under 18 years old were excluded from this study because of concerns surrounding their emotional response to discussing suicide loss since younger suicide loss survivors often receive minimal help with their grief and can experience difficulty verbalizing their discomfort (Lindqvist et al., 2008). This approach omitted younger siblings’ voices and did not seek insight from younger generations. Thankfully, the final sample included some family members in their early 20s, so the full scope of younger generations was not lost.

Families in this study experienced their suicide loss from about 2 to 6 years prior to their family interviews, and the initial timeframe for participants was 1 to 15 years after the loss. Though this study allows insight into more recent suicide loss, someone who experienced their loss more than six years ago may have a different perspective missing from this study. This

limits the timeframe of participants and potentially misses out on the perspectives of families who may be further along in their experience of change after the suicide.

Another limitation was that when siblings and parents participated in a systemic interview together, the siblings may not have felt able to discuss their entire experience. I know this is true with one family because, after the interview, the sibling emailed me to inform me that she did not disclose everything out of concern for triggering their father during the interview. This limitation could have kept siblings from expanding on their experience of parentification or changing their roles in the system and could be an area for growth in future research. Finally, another limitation was that the final sample of families predominantly identified as White, and only one Hispanic person participated. It is unknown whether families of other ethnicities and cultures would have a similar experience of suicide loss.

Study Strengths

This study's greatest strength is that interviews with two to four members focused on the systemic perspective rather than having individuals speak for the whole family. A systemic methodology is not a common approach in suicide loss research but using this approach in the research allowed families to have an open dialog on topics, expand the meaning behind one perspective, and provide space for people to agree and disagree on experiences. Some families could also validate the experience of other family members and develop a greater understanding of one another. Another strength was that though the original timeframe after the loss to participate was 1 to 15 years, families who agreed to be interviewed reported that they experienced their suicide loss between about 2 to 6 years, so participants did not appear to have issues recalling details. Next, another strength is that families were provided with a personalized list of mental health and suicide loss support group information. Some family members reported

seeking no support or treatment after their loss, and hopefully, having information on where to seek help could make the process of getting assistance more accessible for the family members. Finally, participating in the interview gave a voice to a vulnerable population that some researchers may be wary of studying.

Future Directions & Recommendations

Based on the results of this study and the identified limitations, my recommendations for future research are the following. First, based on the limitation of the age range excluding those under 18, I would recommend research focusing on the suicide loss experience of younger siblings. Asking for the experiences of younger generations would allow more insight into how to treat family systems that include and do not exclude their experiences. Also, research on the suicide loss experience of siblings is recommended based on the results from this study. Siblings who participated in systemic interviews expressed feeling they had to take care of their parents after the loss or were not able to process their grief because they did not want to burden their parents. Expanding on the experience of siblings, specifically after a suicide, could provide insight and allow an open space for siblings to discuss their whole experience without feeling they cannot open up around their parents. Creating this open space was also needed in this study's interviews when comparing how open the two-sibling family interview was in discussing issues with parents compared to others who had one sibling, and at least one parent and the sibling appeared to be holding back information or experiences.

Though I felt the use of systemic family interviews was essential for this study, I would recommend taking a slightly different approach in future research. The family interviews provided good discussion, but I also suspect it kept siblings from fully explaining their experiences with parentification because one or more parents were present. The interview with the

two siblings felt very open, and they appeared to have no concerns discussing issues within the family. I would recommend doing a systemic family interview and individual interviews as a follow-up on what was discussed while providing a safe space for them to expand on their experiences.

Many personal experiential themes from the study results were not fully explored and are areas for future research. These themes could be included in future research and deserve further analysis. The themes include understanding the reason behind the suicide loss, how families experience guilt and blame after the suicide, how families choose to remember their loved ones, the connection between religion and spirituality after a suicide loss, and the experience of the family's grief process through dreams about their loved one.

Finally, more research needs to be done to understand how the COVID-19 pandemic has affected families dealing with a suicide loss, mainly if the loss occurred during or right before the pandemic. Half of the families in this study mentioned the COVID-19 pandemic during their interviews. One family spoke about losing their brother one week before the pandemic and lockdowns began in the United States. According to Prime et al. (2020), the pandemic has changed how families are structured and communicated. This study identified changes already occurring in the system after a suicide. This overlapping of events would be an area for future research and more research on how COVID-19 has changed other parts of the family's loss experience, especially with the increased isolation and the cancellation and delay of funerals.

Implications & Applications

The results from this study have the potential to assist and inform therapists and mental health clinicians on the lived experience of suicide loss survivors from a systemic context and use this information in practice. Results from this study show how the family system changes

after a suicide loss and how working with the whole system can help them navigate the change process in treatment. Clinicians should respect the interpersonal aspects of suicidality and suicide loss, and families who have experienced suicide should be treated as a system (Lindqvist et al., 2008). Seeking professional mental health treatment after a suicide has not always been a positive experience for families (Jordan, 2020; Jordan & McGann, 2017), and some families from this study agreed. Participants from other studies reported feeling judged and stigmatized by clinicians due to the shame of suicide loss (Bell et al., 2012; Feigelman et al., 2009b; Honeycutt & Praetorius, 2016; Jordan, 2008; Miers et al., 2012; Sanford et al., 2016; Sheehan et al., 2018). Families from the present study added that counselors told them to get over their loss, told them they needed to be angry at their loved one for dying by suicide, told them that the loved one was selfish for taking their own life, did not feel that therapists created a safe space for them to discuss their grief, and no study participants took part in systemic family therapy after the suicide loss.

Many suicide loss survivors will not seek mental health treatment because they do not feel as though professionals understand their loss, and that is why many choose only to use peer support groups (Sanford et al., 2016; Young et al., 2012). One family member from this study reported that they felt their counselor did not understand his loss, and the counselor tried to make the family member “mad” at their son. A family member reported that early in counseling, their clinician called people who die by suicide selfish. Another family member shared that their counselor told them it had been enough time since the suicide of their son and they would get over the loss, to which the family member disagreed. Current and future therapists need more education on how to work with families who have experienced suicide loss and how to respond to the loss without judgment and assumptions about how the family experiences change. The

results from this study show the deeply complex changes and experiences of families after a suicide loss and can help therapists and mental health clinicians understand and be more mindful about what to look for in families, such as how they navigate lasting change, parentification, changing roles, changing patterns of interaction, clinicians not telling families to get over the loss, and choosing to work with a systems approach.

Therapists and counselors are sometimes quick to fix the issues that families bring to therapy, but with suicide loss survivors, not understanding the long-term implications of the death can be detrimental to the therapeutic relationship (Jordan, 2020). Families experiencing suicide loss need a supportive environment with mental health clinicians who will listen and not encourage them to “get over” their grief or tell them they are “dwelling” on their loss (Hunt et al., 2019; Jordan, 2020; Miers et al., 2012). Families in this study validated this experience through their therapy journeys, and more understanding of therapists is necessary. Slowed progress toward therapy goals should not be seen as a lack of progress, especially after a suicide loss as the system navigates change. Suicide loss can be a transformative experience; families may integrate the loss experience into their lives instead of resolving it while also containing associated trauma (Jordan & McGann, 2017). Though brief therapy models may work in treating suicidality, they are less effective for families of suicide loss since the bereavement process can be lifelong and occur on a continuum (Begley & Quayle, 2007; Jordan & McGann, 2017). Suicide loss survivors deserve a healing, understanding, and validating clinical approach as they work to realign, navigate boundaries, learn new interaction patterns, and find their new normal.

Autobiographical Reflection

After completing this study, there is much to think about and much more to learn. Coming into the study, I knew there was so much more to absorb about the family experience of

suicide loss than what was already in the literature. Even after this study, there are still gaps to fill and conversations to be had as we learn more about the family process post suicide. Getting the conversation started with such a taboo topic is the hardest part.

Working with the six families and learning about their experiences was a rewarding process, and I felt so honored that they would be willing to share with me. At the beginning of this study, I was so worried that I would not be able to find the number of families that I needed, but once the word got out about the study, individuals reached out and connected me with others in their family systems who were also willing to talk. Through the family interview process, I could see the happiness, sadness, anger, frustration, chaos, and change that each system had to work through. They were willing to be honest and sometimes blunt about their feelings, but in the end, I learned so much from them, and I am forever grateful for those six families and 14 family members who said yes. I hope that I did their stories justice. Though there were some frustrating and challenging days working on my dissertation, I know that I am doing this for the greater good, and I feel like I have achieved so much in the process.

I hope that more clinicians reframe their lens on grief and take the time to learn about families who have experienced a suicide loss. These families deserve respect, and they deserve a safe space to work with their loss and find a way to navigate the changes the family will experience, but it is something that can experience together as a system. I intend to continue learning and discovering more about families' experiences after a suicide loss and see where my studies can take me. I also plan on continuing to work with the Denton County LOSS Team and support families in their most significant moment of need, on the scene of their loved one's suicide. This essential work will continue connecting families to resources and support and act as a continual tool for the postvention movement.

Summary

This chapter connected the themes from the study results to the research question and discussed the results and connection to previous studies on suicide loss. The strengths and limitations of the study were reviewed, and recommendations for future research were made. This study examined the phenomenological experience of families who lost a child/sibling to suicide and how the family system changes. The study's results were applied to the clinical implications for mental health therapists and how understanding the experience of families and how they change after a suicide loss can improve treatment approaches. Therapists must understand the change process that families experience, so they do not rush families through grief and are mindful of different presentations. Families experience many types of change after losing a loved one by suicide, and this study gave a voice to those stories.

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APPENDIX A

PURPOSE LETTER- DENTON COUNTY MHMR CENTER

[9/12/2022]

Pamela Gutierrez, Executive Director
Denton County MHMR Center
2519 Scripture Street
Denton, TX 76201

Dear Pamela,

As you know, I am a PhD candidate at Texas Woman's University in Denton, Texas. I am working on my dissertation and my study is titled "**The Phenomenological Experience of Families After a Suicide Loss.**" I am hoping to learn more about the experience of families who have experienced the suicide loss of a child and/or sibling. I am also wanting to learn about how a family changes after experiencing the suicide loss of a family member.

I am interested in working with the Denton County MHMR Center and the Denton County LOSS Team to locate participants for this study. Utilizing the resources of the LOSS Team would assist me in locating families who would be appropriate for this study and could benefit educating clinicians on how best to work with families of suicide loss. To assist in locating participants I would like to put flyers in the lobby about the study, and work with the LOSS Team Coordinator to advertise the study via email. I could also benefit from permission to utilize space within the agency to conduct any face-to-face interviews for those who choose that method of delivery.

I will be conducting confidential 60–90-minute interviews which can occur face-to-face or via videoconferencing, based on participant preference. To maintain confidentiality, I will utilize a coding system instead names so. Confidentiality will be protected to the extent that is allowed by law. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions. Participation in this study is voluntary and can be discontinued at any time without fault. Due to vulnerable populations in this study, I have compiled a resources list that each participant will receive before the interviews begin.

I am looking for participants who:

1. Have lost a child and/or sibling to suicide from 1 to 15 years ago.
2. A parent, stepparent, sibling, or stepsibling of the person who died by suicide.
3. At least 2 to 4 family members, who experienced the same suicide loss, are willing to participate.
4. Willing to complete one interview with the family members who agreed.
5. Being 18 years of age or older.

If you are able to assist with advertising this study, please contact me via phone or email listed below. I would also be happy to plan a meeting with you to discuss further if you have questions or concerns about your organization assisting with locating participants. Please feel free to contact me, Lauren Titsworth at ltitsworth@twu.edu or call me at 940-218-0032. You can also contact my research advisor, Linda Brock, PhD at lbrock@twu.edu or you can call her at 940-898-2713.

Thank you for your time and consideration,

Lauren Titsworth
LMFT-S, LCDC, PhD Candidate

Lauren Titsworth, MS, LMFT, LCDC | 940.218.0032 | ltitsworth@twu.edu
RESEARCH ADVISOR: Linda Brock, PhD. | 940.898.2713 | lbrock@twu.edu

There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions.

APPENDIX B

PURPOSE LETTER- TOUCHED BY SUICIDE

[9/23/2022]

LaNelia Ramette, Board President
Denton County, Texas

Dear LaNelia,

My name is Lauren Titsworth and I am a PhD candidate at Texas Woman's University in Denton, Texas. I am working on my dissertation and my study is titled "**The Phenomenological Experience of Families After a Suicide Loss.**" I am hoping to learn more about the experience of families who have experienced the suicide loss of a child and/or sibling. I am also wanting to learn about how a family changes after experiencing the suicide loss of a family member.

I am interested in working with Touched by Suicide to locate participants for this study. Utilizing the resources of Touched by Suicide would assist me in locating families who would be appropriate for this study and could benefit educating clinicians on how best to work with families of suicide loss. I would ask for the group leaders to have the study flyer available during peer support meetings, and sending out the study information via email.

I will be conducting confidential 60–90-minute interviews which can occur face-to-face or via videoconferencing, based on participant preference. To maintain confidentiality, I will utilize a coding system instead of names. Confidentiality will be protected to the extent that is allowed by law. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions. Participation in this study is voluntary and can be discontinued at any time without fault. Due to vulnerable populations in this study, I have compiled a resources list that each participant will receive before the interviews begin.

I am looking for participants who:

1. Have lost a child and/or sibling to suicide from 1 to 15 years ago.
2. A parent, stepparent, sibling, or stepsibling of the person who died by suicide.
3. At least 2 to 4 family members, who experienced the same suicide loss, are willing to participate.
4. Willing to complete one interview with the family members who agreed.
5. Being 18 years of age or older.

If you are able to assist with advertising this study, please contact me via phone or email listed below. I would also be happy to plan a meeting with you to discuss further if you have questions or concerns about your organization assisting with locating participants. Please feel free to contact me, Lauren Titsworth at ltitsworth@twu.edu or call me at 940-218-0032. You can also contact my research advisor, Linda Brock, PhD at lbrock@twu.edu or you can call her at 940-898-2713.

Thank you for your time and consideration,

Lauren Titsworth
LMFT-S, LCDC, PhD Candidate

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APPENDIX C

CONSENT FORM

TEXAS WOMAN'S UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Title: The Phenomenological Experience of Families After a Suicide Loss.

Principal Investigator: Lauren Titsworth..... ltitsworth@twu.edu 940-218-0032

Faculty Advisor: Catherine Dutton, PhD..... cdutton@twu.edu 940-898-2681

Summary and Key Information About the Study

You are being asked to participate in a research study conducted by Lauren Titsworth, who is a current student at Texas Woman's University, as part of her dissertation. The purpose of this study will be to examine the phenomenological experience of families who lost a child and/or sibling to suicide and how the family system changes during the bereavement process. She is hoping to learn more about the experience of families who have experienced the suicide loss of a child and/or sibling, and about how a family changes after experiencing the suicide loss of a family member.

To be included in this study participants must:

1. Self-identify as a suicide loss survivor.
2. Have lost a child and/or sibling to suicide from 1 to 15 years ago.
3. Being a parent, step-parent, sibling, or step-sibling of the person who died by suicide.
4. At least 2 to 4 family members from each family, who experienced the same suicide loss, who are willing to participate.
5. Willing to complete one interview as a family.
6. Being 18 years old or older.

As a participant you will be asked to complete one confidential interview that will include 2 to 4 family members from your family. Audio recorded interviews will last about 60–90-minutes and can occur face-to-face or via videoconferencing, based on your preference. Face-to-face interviews will be conducted in Denton, TX, and virtual interviews will be conducted via a HIPAA compatible video platform, RingCentral, from Lauren Titsworth's home office. Instead of using names, a unique ID system will be used so confidentiality is maintained, and names will only be known by the researcher. There is no monetary compensation for participating in this study.

There are identified risks of participating in this study, and they include Loss of confidentiality, emotional distress, virtual meeting disruption, and coercion. These risks will be discussed in greater detail below. Participation in this study is voluntary and can be discontinued at any time. If you have questions about participation in this study or would like to learn more, please contact Lauren Titsworth using the contact information above, or Faculty Advisor Catherine Dutton PhD. Review this consent carefully before deciding to participate in this study.

Description of Procedures

Participants in this study will be asked to complete a 60-to-90-minute audio recorded interview face to face or via a videoconferencing program called RingCentral. Audio recordings will be done with a researcher owned Tascam Portable Studio Recorder and held on a MicroSD card. The audio recording device and MicroSD card are not used for any purpose other than research recording. Face-to-face and virtual interviews will have the same audio recording process. Face-to-face interviews will be conducted in Denton, TX at the Denton County MHMR Center office, and virtual interviews will be conducted on RingCentral. The researcher will request demographic information from you and each participating family member, and then the interview will discuss your family's experience after suicide loss. During the interviews, no questions will be intentionally skipped, but you can refuse to answer any questions.

The demographic forms will be completed prior to the interviews via a secure Google Drive regardless of interview method. The consent will also be signed virtually on the secure Google Drive. The time and date will be decided with the family members and the researcher in a collaborative manner. The researcher will utilize a unique ID system instead of names so confidentiality is maintained. Once the interview is complete, the researcher will move the audio files from the MicroSD card onto the password protected external hard drive, and then the MicroSD card will be reformatted to delete contents. Audio recorded interviews will be transcribed for analysis.

Participants who agreed to complete the optional member checking will be sent a secure Google Drive link to access the interview transcription. This will be done after the interview has been transcribed by the researcher. Member checking will have an additional time commitment of about 60 minutes if the families agreed to participate. Participants will be able to provide feedback and comments in the Google Drive document. Total time commitment for this study can be 60 to 150 minutes.

Potential Risks

The researcher will ask questions about your family's experience with a suicide loss and how your system changed after the loss of a child and/or sibling. One risk of this study includes potential loss of confidentiality, especially in internet transmission if families choose to use videoconferencing for their interview. To mitigate the risk of losing confidentiality, families of the potential risk to loss of confidentiality all participant will be identified by a unique number, interviews and transcriptions will be kept on an external password protected hard drive and kept in a locked file cabinet in the researcher's home. Confidentiality will be protected to the extent that is allowed by law. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions.

Another risk of this study is that mental health symptoms and bereavement process could be exacerbated during the interview process. To mitigate this risk, families will receive resources and education on where they can access mental health services, crisis hotlines, and support groups in the Dallas/ Ft. Worth Metroplex. The resources page also has a section to add more resources if a person participating resides outside of the resources area. Families will be reminded that they are free to leave the study at any time to mitigate either risk factors mentioned. There is a risk of emotional distress.

Video conference interviews will begin by the researcher emailing the meeting link to the identified participants with the date and time for the interview. When participants log in for the meeting they will be asked for a password, placed in a “waiting room,” and then will be admitted into the meeting room if they are indeed verified participants in the study. Using the “waiting room” feature will reduce the chance of non-authorized people attending the meeting. Participants are free to change their virtual name on the videoconferencing platform to their unique ID. There is a risk of virtual meeting disruption.

Due to the recruitment process beginning with the assistance of two Denton County, Texas agencies, Denton County MHMR Center’s LOSS Team and Touched by Suicide, there is a risk of coercion. Choosing to participate in this study, or not, will have no impact on the services or support provided by either of these agencies. Participation in this study is voluntary and participants are free to discontinue their participation at any time. Choosing to end participation in this study will also not impact any of the services or support received by either agency.

Audio recordings of the interviews will be done with a researcher owned Tascam Portable Studio Recorder and held on a MicroSD card. The audio recording device and MicroSD card are not used for any purpose other than research recording, but since they are personally owned devices there is a potential risk of loss of confidentiality. Audio recordings will be kept on a password protected external hard drive and kept in a locked cabinet at the researcher’s home. After the interviews, the researcher will move the audio files from the MicroSD card to the external hard drive, and then reformat the MicroSD card to delete data. Only the researcher will listen to the interviews, transcribe them, and then the written transcriptions will be available to only the researcher and her faculty advisor. Audio recording and transcriptions will be kept by the researcher and will be destroyed within 3 years after the study is completed. All signed consent forms will be stored in the locked cabinet in the researcher’s home and destroyed after 3 years as well. This study may be used or published in scientific journals, but your name and other identifying information will remain confidential. Your data will not be used for future research studies.

Participation and Benefits

Your participation in this study is voluntary and can be discontinued at any time. There will be no monetary compensation for your participation in this study. A benefit of this study will be adding to the data on how mental health clinicians can work more effectively with families of suicide loss through the changes they experience. If you would like a summary of the study results, it will be sent via email after the study’s conclusion.

Questions Regarding the Study

A signed copy of the consent will be emailed to you after it is completed on the Google Drive by providing your email address in the form. If you have any questions about the study, you should contact the researcher. Contact information for the research and faulty advisor are at the top of this consent. If you have any questions about your rights as a participant in this research or the way this study has been conducted, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via email at IRB@twu.edu.

Texas Woman’s University Disclaimer

The researcher will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However,

TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Signature of Participant: _____ Date: _____

*If you would like a summary of the results of this study, please list your email address below:

Email: _____

APPENDIX D

RESOURCE LIST

RESOURCES

[FOR SUICIDE LOSS SURVIVORS]

SUICIDE PREVENTION LIFELINE

1.800.273.8255 (available 24/7)
suicidepreventionlifeline.org

DENTON COUNTY MHMR CRISIS HOTLINE

1.800.762.0157 (available 24/7)
dentonmhmr.org

TARRANT COUNTY MHMR CRISIS HOTLINE

1.800.866.2465 (available 24/7)
mhmrarrant.org

METROCARE SERVICES CRISIS HOTLINE

214.743.1215 (available 24/7)
metrocareservices.org

LIFEPATH SYSTEMS CRISIS HOTLINE

1.877.422.5939 (available 24/7)
lifepathsystems.org

TOUCHED BY SUICIDE

469.968.7161
touchedbysuicide.net

SURVIVORS OF SUICIDE

817.335.5405
survivorsofsuicidesos.com

SUICIDE AWARENESS VOICES OF EDUCATION (SAVE)

952.946.7998
save.org

SUICIDE & CRISIS CENTER OF NORTH TEXAS

214.828.1000
sccenter.org

NATIONAL ALLIANCE ON MENTAL HEALTH (NAMI)

1.800.950.6264
nami.org

NAMI NORTH TEXAS

214.341.7133
naminorthtexas.org

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

afsp.org

NATIONAL SUICIDE PREVENTION HOTLINE

Dial- 988

OTHER: _____

Phone: _____

Website: _____

OTHER: _____

Phone: _____

Website: _____



If you are in need of more resources or information, please contact me:

Lauren Titsworth, MS, LMFT-S, LCDC | 940.218.0032 | ltitsworth@twu.edu

RESEARCH ADVISOR: Catherine Dutton, PhD | 940.898.2681 | cdutton@twu.edu

APPENDIX E

IRB APPROVAL LETTER



Lauren Titsworth <ltitsworth@twu.edu>

IRB-FY2022-350 - Initial: Full Review Approval Letter

do-not-reply@cayuse.com <do-not-reply@cayuse.com>
To: lbrock@twu.edu, ltitsworth@twu.edu
Cc: irb@twu.edu

Wed, Aug 24, 2022 at 10:32 AM



Texas Woman's University
Institutional Review Board (IRB)

irb@twu.edu

<https://www.twu.edu/institutional-review-board-irb/>

August 24, 2022

Lauren Titsworth
Human Dev & Family Studies

Re: Initial - IRB-FY2022-350 The Phenomenological Experience of Families After a Suicide Loss

Dear Lauren Titsworth,

The above referenced study has been reviewed at a fully convened meeting by the TWU IRB - Denton operating under FWA00000178 and approved on August 22, 2022. If you are using a signed informed consent form, the approved form has been stamped by the IRB and uploaded to the Attachments tab under the Study Details section. This stamped version of the consent must be used when enrolling subjects in your study.

Note that any modifications to this study must be submitted for IRB review prior to their implementation, including the submission of any agency approval letters, changes in research personnel, and any changes in study procedures or instruments. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All modification requests, incident reports, and requests to close the file must be submitted through Cayuse.

Approval for this study will expire on August 21, 2023. A reminder of the study expiration will be sent 45 days prior to the expiration. If the study is ongoing, you will be required to submit a renewal request. When the study is complete, a close request may be submitted to close the study file.

If you have any questions or need additional information, please email your IRB analyst at irb@twu.edu or refer to the [IRB website](#).

Sincerely,

TWU IRB - Denton

APPENDIX F

ADVERTISEMENT FLYER



Has your family experienced the suicide loss of a child and/or sibling?

SEEKING FAMILIES TO PARTICIPATE IN A RESEARCH STUDY

PARTICIPANTS
I'm hoping you and one or more of your family members will talk with me about your family's experience with the suicide loss of a child and/or sibling for a research study. As a therapist, I have considerable experience working with families. Your story can help assist others who have had similar experiences. During a confidential interview, I hope to learn about how your family has coped and changed since the loss. Your family must have experienced the suicide loss 1 to 15 years ago. Participation is voluntary & can be discontinued at any time.

INTERVIEWS
Confidential interviews will be conducted face-to-face in Denton, TX or via video conferencing & will take 60 to 90 minutes.

BENEFITS OF PARTICIPATING
Interviews will gather information on the experience of families after a suicide loss to assist in educating therapists.

If you are interested in learning more about this research study, please contact me:
Lauren Titsworth, MS, LMFT-S, LCDC | 940.218.0032 | ltitsworth@twu.edu
RESEARCH ADVISOR: Catherine Dutton, PhD. | 940.898.2681 | cdutton@twu.edu
There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and Internet transactions.

SUICIDE PREVENTION LIFELINE
1.800 273.TALK (8255)

APPENDIX G

RECRUITMENT EMAIL

Hello, my name is Lauren Titsworth and I am a PhD candidate at Texas Woman's University in Denton, Texas. I am working on my dissertation and my study titled "**The Phenomenological Experience of Families After a Suicide Loss.**" I am hoping to learn more about the experience of families who have experienced the suicide loss of a child and/or sibling. I am hoping to learn about how a family changes after experiencing the suicide loss of a family member. I have worked for several years with families who have experienced a suicide loss and mental health crisis.

At least 2 to 4 of your family members must:

1. Have lost a child and/or sibling to suicide from 1 to 15 years ago.
2. A parent, stepparent, sibling, or stepsibling of the person who died by suicide.
3. At least 2 to 4 family members, who experienced the same suicide loss, are willing to participate.
4. Willing to complete one interview with the family members who agreed.
5. Be 18 years of age or older.

Confidential interviews will last about 60–90-minutes and can occur face-to-face or via videoconferencing, based on participant preference. I will utilize a coding system instead of names so confidentiality is maintained. Participation in this study is voluntary and can be discontinued at any time.

The benefits of participating in this study include:

1. Contributing to the research about the experiences after a suicide loss.
2. Helping clinicians better understand family experience so they can provide more effective systemic therapy after a suicide loss.
3. Helping to break down the taboo of discussing suicide loss.
4. Receive a summary of the results of the study when it is complete, if requested.

If you would like to know more about this study, please contact me, Lauren Titsworth at ltitsworth@twu.edu or call me at 940-218-0032. After agreeing to participate I will need you to reach out to one to three more family members to participate. We will then plan a date and time that is best for you to complete the interview. You can also contact my research advisor, Catherine Dutton, PhD at cdutton@twu.edu or you can call her at 940-898-2681.

If you know a family that may be interested in participating in the study, please forward this email to them so they can learn more. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions.

If you or someone you know is having thoughts of suicide, please call the Suicide Prevention Lifeline at 1-800-273-8255, text "GO" to 741741, or dial 988 to reach a trained crisis counselor.

Thank you for your time and consideration.

Lauren Titsworth, LMFT-S, LCDC, PhD Candidate

APPENDIX H

STEP-BY-STEP PHONE INTRODUCTION SCRIPT

Initial Interest Contact

“Hello, this is Lauren Titsworth. I appreciate your response to participate in my study. This research is part of my doctoral studies in Marriage and Family Therapy at Texas Woman’s University. I am hoping to learn more about the experience of families who have lost a child and/or sibling to suicide. I am hoping to learn about how a family changes after experiencing the suicide loss of a family member, and I am interested in hearing about your family’s experience.”

“At least 2 to 4 of your family members must:

1. Self-identify as suicide loss survivors.
2. Be a parent, stepparent, sibling, or stepsibling of the person who died by suicide from 1 year to 15 years ago.
3. Agree to be interviewed as a family in person or by video conference.
4. Being 18 years or older.”

“If you agree to participate, you can choose a confidential interview face-to-face or via videoconferencing, whichever you prefer. I will use a coding system instead names so confidentiality is maintained. The interviews will take about 60 to 90 minutes to complete and will be audio recorded. Participation in this study is voluntary and can be discontinued at any time. How does that sound to you?”

“Based on the information I provided, would you be interested in participating in this study?”

IF NO: “I appreciate you calling to learn about the study. If you know anyone that might be interested in participating, please give them my information. Also, I can send you resources for suicide loss survivors if you are interested. Thank you!”

IF YES: “I am excited to hear that you would like to participate. Which other 1 to 3 family members with the same suicide loss experience would be willing to take part in the family interview with you? I would appreciate it if you gave them my contact information so they can call or email me in regards to participating. I will wait to hear from them for 4 days and then follow-up with you if I have not heard from them. Does that sound okay?”

“I will coordinate the family interview via email between everyone. What is your email address? There is also a consent that I would like you to review, and demographic questionnaire to complete before we meet. I will email you a secure Google Drive link to complete the consent and demographic questionnaire. If you have any issues accessing those files online, please contact me for assistance. What days and times during the week are typically better for your schedule? After I hear from your other family member(s) then we can coordinate an interview time via email.”

“Do you have any questions for me today? I look forward to meeting with you and your family soon. Thank you for your time. Goodbye.”

Additional Family Contact

“Hello, my name is Lauren Titsworth. I appreciate you reaching out to me after speaking with your family member _____. They expressed interest in participating in an interview for a

study I am conducting. This research is part of my doctoral studies in Marriage and Family Therapy at Texas Woman's University. I am hoping to learn more about the experience of families who have lost a child and/or sibling to suicide. I am hoping to learn about how a family changes after experiencing the suicide loss of a family member, and I am interested in hearing about your family's experience. Interviews for this study would be conducted as a family, who experienced the same suicide loss, with 2 to 4 participants in each interview. Is that something you would be interested in?"

IF NO: "I appreciate you letting me tell you about my study. If you know anyone that might be interested in participating, please give them my information. Also, I can send you resources for suicide loss survivors if you are interested. Thank you!"

IF YES: "I am excited to hear that you would like to participate with ____."

"To qualify for this study, at least 2 to 4 of your family members must:

1. Self-identify as suicide loss survivors.
2. Be a parent, stepparent, sibling, or stepsibling of the person who died by suicide from 1 year to 15 years ago.
3. Agree to be interviewed as a family in person or by video conference.
4. Being 18 years or older."

"Confidential interviews can occur face-to-face or via videoconferencing, whichever you prefer. I will utilize a coding system instead names so confidentiality is maintained. The interviews will take about 60 to 90 minutes to complete and will be audio recorded. Participation in this study is voluntary and can be discontinued at any time."

"I will coordinate the family interview via email between everyone. What is your email address? I will email you a secure Google Drive link to complete the consent and demographic questionnaire. If you have any issues accessing those files online, please contact me for assistance. What days and times during the week are typically better for your schedule?"

"Do you have any questions for me today? I will be sending an email to both yourself and _____ in just a little bit to coordinate a final date and time. I look forward to meeting with you and your family soon. Thank you for your time. Goodbye."

APPENDIX I

DEMOGRAPHIC QUESTIONNAIRE

The Phenomenological Experience of Families After a Suicide Loss *Demographic Questionnaire*

Date of Interview: _____ Unique ID: _____

QUESTION	ANSWER
What is your gender?	
What is your age?	
What is your ethnicity?	
What is your marital status?	
What is your highest level of education?	
Describe your relationship to the family member who died by suicide...	<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Sibling <input type="checkbox"/> Stepsibling
What year did the suicide loss occur?	
How old were you when you experienced the suicide loss?	
When the suicide occurred, were you living in the same home as the family member who died by suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
After the suicide, did you participate in mental health treatment and/or suicide loss peer support groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPENDIX J

STEP-BY-STEP INTERVIEW SCRIPT

Date of Interview: _____ Participant Code: _____

“I really appreciate you all agreeing to participate in my study. The purpose of this study is to learn about the experiences of families who lost a child and/or sibling to suicide and how the family system changes during the bereavement process. Do you have any questions before we begin?”

(Pause for questions. Researcher will answer questions.)

“I want to remind you all that your participation in this study is voluntary and you can choose to discontinue your participation at any point. If at any point during the interview you need a break, please just let me know. The interview today will be audio recorded to ensure that I represent your story correctly during my analysis. I received all of your signed consent forms prior to our interview today. Did anybody have questions regarding the consent?”

(Pause for questions. Researcher will answer questions.)

“I asked each of you to complete a demographic questionnaire before our interview today. Did anyone have questions about the demographic questionnaire?”

(Researcher will ensure that all demographic questionnaires and signed consents are on file before proceeding.)

(Pause for questions. Researcher will answer questions.)

“I also have a resource list for each of you today.”

(Researcher hands out printed lists to in person interviews and emails the list to virtual participants.)

“Any questions about the resources provided or does anyone need additional information on local resources for mental health, suicide loss support groups, hotlines, or crisis teams?”

(Pause for questions. Researcher will answer questions.)

“If there are no further questions, then we can move on to the interview.”

(Pause in case anyone has any other questions or concerns.)

“I am going to ask a question and each person is welcome to answer. You all are also welcome to talk amongst yourselves during the interview as we discuss each person's perceptions of events after the suicide loss. There is no right or wrong answer to these questions, so please feel free to speak openly about your experience. We may learn that another person in your family experienced something differently than you and that is perfectly fine. Feel free to elaborate as much as you wish. Do you have any questions before I start?”

(Pause for questions. Researcher will answer questions.)

“The first part of the interview includes me learning more about your family system. I would like to complete a brief family map with you all today.”

(In discussion with the family, we will create a brief family map. Ask each family specific questions regarding their family system and develops a map that includes details of family members spanning at least 2 generations, ages, deaths, and any history of suicide loss.)

“Thank you for helping me complete the family map. Now we will move on to the interview questions...”

Interview Questions:

1. Tell me about your experience of losing a loved one to suicide...
2. After the suicide, what did you notice in your family?
3. How did your family grieve after the loss?
4. How did your family interact after the loss?
5. What changes did you notice in your family after the suicide?
6. What has life in your family been like since the loss?
7. What else do you feel is important that we have not discussed?

Follow-up prompts will include:

“Tell me more about that...”

“When you said _____, you mean...?”

“What did you mean by that?”

“What was that experience like for you?”

“What do you think about what they said?”

“Correct me if I’m wrong, but what I hear you saying is...”

“I see”

“Sounds like you both had similar/different experiences...”

Reflective listening skills will include:

“Sure”

“Um-humm”

“Okay”

“Right”

“Oh”

Nodding

Smiling

Eye Contact

Silence

(Once the interview participants indicate that they do not have anything else to add to the interview then it will be concluded.)

“Thank you so much for taking the time out of your day to participate in this interview and sharing your story with me. Would it be okay to contact you in a few weeks if I need clarification on the audio transcription of this interview?”

(Pause for response.)

(If they agree) “Would phone or email be more convenient for you?”

(Pause for response.)

“Can you verify your phone/email address?”

(Pause for response.)

“Again, I appreciate your time. If you have any questions or need more resource information, please feel free to contact me. Thanks again!”

APPENDIX K

INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS CLUSTER CHART

SUICIDE LOSS- CHANGES IN THE FAMILY		
THEME	SUB-THEME	QUOTE
Family Roles		I mean the most wonderful daughter you could ever ask for and I don't want to depend on [REDACTED] but after [REDACTED] died, I'm glad she was here with me for those few months.
Siblings felt they had to fill a role that their dead sibling used to hold	-Protector -Fixer -Fun Parent	I need help with this, or can you do this, or you just... I've always been that way; I still do it. Whenever [REDACTED] needs something that mom isn't around, they come to me to fix it, and that's okay.
		I think I told you some of the like family roles changed a little bit. Um, [REDACTED] was always very very protective of his siblings.
		I honestly don't feel that our structure changed that much.
		So, after that, [REDACTED] kind of like, which was always, [REDACTED] always been mild mannered and he wouldn't say too much unless you really pissed him off. But, after that [REDACTED] kind of stepped into that role a little bit, like his temper can be explosive now and he can... don't mess with one of his siblings because somebody hurt [REDACTED] a couple years ago
	Protect Parent	And I think both, you don't want to be a burden because like we both do (laughter) talk up our mom sometimes and her emotions as burden just cause of how frequent it is so I never wanna be like I'm always, any time I cry in front of someone like oh no I have to be embarrassed, like they hate me, they think I'm weird.
		...you know to make that happen for her. You know the entire grieving process was only about her.
		And definitely like our dad was just like you guys need to help your mother, you know.
Children believed they had to take care of their parents and not focus on their own grief		And lived with my mom for a few months and she would often ask me questions about [REDACTED] like like like was seeking answers that I couldn't answer. And I I would always say like mom like I don't have the answer to that like no one has the answer to that. Um, it was always questions like what was the you know straw that broke the camel's back or like what was the final like thing that made him do it. And it's it was like questions like that where I just was like, mom like I don't know like I I can't like speculate that. I mean we can speculate that but I can't like give you and answer. I don't know the answer. So, there was a lot of like questions. And then that stopped I'd say like a year ago maybe.
		Like I was extremely annoyed and frustrated because I was like it's just so hard to take care of her emotionally all the time. You know, she's just like she like I'm fine and then a minute later she's like (growling noise), and you know and then she'll be fine. Then she'll be paralyzingly sad and then she like won't talk to you for a day and then she'll talk all the time and then it's just all over the place and it's just like... uh its very exhausting I would say. But yeah.
		She she reacts more than everybody else and so like everybody has to take care of her because she's doing the worst, know what I mean? You can't think about how you're doing because you have to take care of like her because she's doing...

		Um, I feel like I felt like I had to protect them and protect my mom. Like I moved back from Minnesota and lived with my mom for a little while.
		Um, like not necessarily just to keep her company; I mean that was part of it. Um, and then I just felt a lot of pressure just to be like to not not for them to not worry me in anyway.
		Yeah, it's just like you just have to, she's just like, I'd say weaker but like you just have to take care of like the mentally weaker person. Like oh you're strong, you can handle it, you know what I mean?
Family Dynamic Patterns of interaction		For me, her grief was more so uh the questions. Uh I think she grieved in asking questions that were provoking answers that she that none of us had. Um, and as for my father like our grief was like we we. We lived it. ...sobbed together, we lived it. You know it was it was uh traumatic. We the experience for both of us where we had to live through it and you know continue our daily lives.
We are a family but we don't		And I think that liberated us to um not be not walk on egg shells with one another and be bound by some theology or philosophies that were really um kind of limiting in our family, to be honest.
talk about the loss / suicide		And I think the other thing is we're very open and honest about suicide. Um we're we're honest about its devastation, but we don't dwell on it.
and we don't want to relive the		And I try to stay out of her way. I think there's a lot of short temperedness on my behalf cause I ask like good old dad thinking he's talking to a seven year old. Well not seven-years-old anymore.
pain / grief or deal separately		And like it was much more about like preserving family dynamics, and about his mental health.
		And sometimes that's a little hard because I've lost one in a way that I never thought I would ever lose a child. And then I got another one that I know is going to grow up and move out one day and find her way and maybe not live close enough to where now I'm a phone call or I'm a money transfer away.
		And that changed a lot of dynamics also.
Family had to find a new way		And that's another broken piece because he will never, when mom is old and she is gone, and my kids will remember her. My kids will remember the things that I remember. My youngest thinks my mom is his hero, and even though loves mom and we send things at least twice a year, it its different.
of living to move forward together		Because there was always You know doesn't really...
or not		but I think that to me uh from a family standpoint and how it brought us closer, I think was just increased understanding and compassion for other suicide families, for one another, and we don't yell and fight. I don't I don't think we've had a nobody has had a fight that I can recall since died.
some grief further divided		But our parents are way nicer to us now.
families that had worse pain		But really, I would say nothing changed in our immediate family. Except for the fact... Because it was still bad. ...that they just, its definitely just chillier now.
and others who were closer		
came together		

		<p>Hmm, [REDACTED] I don't fight. We don't know nobody fights there's been a kind of settling and we know that [REDACTED] at peace and um there's nobody blaming. So, that's that would be a summary.</p>
		<p>I dealt with it my way, [REDACTED] dealt with it her way, and [REDACTED] dealt with it his way.</p>
		<p>I don't know how it would be if there were a lot of strife in the family or not a close relationship, I think it we would be painting a different picture.</p>
		<p>I don't know how to explain it out. I don't know how it just, our families not, it's broken. I mean we go on and we, we still do family things, and we love each other, it's just, it's, there's a piece missing.</p>
		<p>I don't talk about it with my family, I don't talk...</p>
		<p>I think I was kind of amazed at the resilience that the family demonstrated and the courage that they all showed and we acted courageously.</p>
		<p>[REDACTED] has changed a little but, with in his, like [REDACTED] he had just got back a bit from their Air B&B and I called [REDACTED] and I told [REDACTED] like okay. [REDACTED] would have never; [REDACTED] would have just said I don't care about him. So later [REDACTED] called me and said I don't care, I'm coming but that's not [REDACTED] personality, so his personality has really, [REDACTED] always been laid back, he's been a little more assertive now. <i>Family Role</i></p>
		<p>Its definitely a piece of that family life is broken because my mom has always been big on tradition and we have Thanksgiving, we've always had lasagna on Christmas eve, we've always had ham on Christmas day, we always eat at the same time during holidays, we've always opened gifts around the same time, so definitely a part of that family life is broken because when you grow up in a family when all you've ever had is one another and you look to that other person for... my mom looked to him [REDACTED] for sporting events, I looked to him, I've always been more of a fixer so everyone's kind of always looked to me to fix things.</p>
		<p>[REDACTED] And then knowing, you know [REDACTED] over my left shoulder here sitting with us... [REDACTED] Right over there. [REDACTED] ...we see him every day. And I tap him on the head or something or pictures of [REDACTED] and I or whatever are there. And [REDACTED] tells me a couple of days ago she goes to her mother's house and... [REDACTED] He put on the floor. [REDACTED] He's been on the floor behind the ottoman in the corner... [REDACTED] Mh-hm. [REDACTED] ...and I'm thinking, how? How is that possible? Like I'm not expecting a wall unit with you know everything with [REDACTED] and stuff. To me it's a little disrespectful.</p>
		<p>[REDACTED] Which is great and she's like almost pleasant to be around sometimes, you know. [REDACTED] Yeah, I enjoy my time at home now.</p>
		<p>Like it it it's not to say that our relationship isn't, our relationship was [REDACTED] Like you know our relationship was built on my brother.</p>
		<p>There's even times where you know I'm with him and I know that there's things that we just don't, we just don't talk about it. It's not that we don't have to or don't want to, but if we sat down and said dad I need to talk about this we can, but there's things where I know that you know we aren't going to cross that line and try to relive that day again. Um, just because it such a thing that, you know we don't need to we were there and you know when my mother asks me questions about the day, you know I know she walks on pins and needles around me as well because it's just like</p>

		you know it's a pretty instant anger because she wasn't there, she couldn't experience it, you know what I mean?
		Um so my family's always been divided. Uh, no matter what it's been. Um, obviously like uh I had to deal with my mother um on her own sense, like telling her and stuff like that. Uh, it, my family's always been divided and this wasn't something that was divide and conquer it was still even down his funeral was still division in my family.
		Um, and uh now it just you know the questions that will never get answered. Um, yeah. But it, it'll never, its its one of those things you think will bring people together to celebrate life, but it that wasn't it.
		Um, his death set off waves of things like [REDACTED] always been a pain in the ass, he's probably hearing me up there. He's always been a pain in the ass, but he became much more of a pain in the ass after [REDACTED] died.
		Um, I don't know its just, our whole family dynamic just doesn't fit like it used to.
		Well, they're like, they don't like get mad about stuff as much, you know what I mean. And then they'll just randomly say like mental health is important.
	Forgotten Bereaved <i>MOVE TO Family 2026</i>	And I think both, you don't want to be a burden because like we both do (laughter) talk up our mom sometimes and her emotions as burden just cause of how frequent it is so I never wanna be like I'm always, any time I cry in front of someone like oh no I have to be embarrassed, like they hate me, they think I'm weird.
		And it's just like you weren't allowed to talk about it in a real way just because...
<i>Siblings felt that they couldn't talk about grief w/ Parents so they wouldn't be a burden</i>		And then he was real buddies with [REDACTED], so there the two kids, the one in between and the one after [REDACTED] had the least contact and relationship with him, so they were affected definitely, but I don't I don't think it has hit them as hard.
		Cause then it was like well little spotlight for a week and then it's just like the entire world was terrible so it didn't matter at all. Yeah, which I found very annoying.
		Definitely like I was like, like it was definitely like there was no grieving process because we're all just grieving about COVID now, you know what I mean? There was like a week of aww man everybody feels bad for me and then everybody was like fuck.
<i>Parents pushed aside siblings grief and didn't include them in their own grief process</i>		For me I felt like it was more of I was not invited a whole lot because I was on the younger end and they were worried that the descriptions that people would talk about would be upsetting.
		I was 19, but I just remember not, like you were like I felt like I need to ask permission from the head or something for me to come.
		It's a lot of you just can't have your own feelings.
		[REDACTED] Right right right right. It has like a huge cross, and it doesn't say brother on it, it just says like beloved son. [REDACTED] Son (laughter). Okay.
		[REDACTED] So, none of my friends cared because everybody... [REDACTED] Everyone was doing... [REDACTED]...was freaking out over COVID. Definitely like huge back burner.

		So, like if I was feeling depressed or anything was going on like I didn't bring it up to them or I didn't because it was just like it would have been it would have been too much or it wasn't something they needed at that time.
		Yeah, definitely like there was no space for us to be sad or say like we would be sad about it and it's always like a mother has it the worst or whatever, you know what I mean?
		Yeah, it's just like you just have to, she's just like, I'd say weaker but like you just have to take care of like the mentally weaker person. Like oh you're strong, you can handle it, you know what I mean?
		You know you just don't want to do that to other people. Yeah no. Even though you know like we wouldn't do it in that way, but like...
		You know you kind of see. You just gotta let her figure out her way of mourning her brother. Cause really that's his only sibling.
	Less Excited About Life	And like less excited about life. I don't really have any goals, um in terms of like career goals, uh lifestyle goals.
		I don't like anything, yeah. Yeah, that's right. That's the way I feel. I mean I don't care about anything or anybody, I really don't.
After the suicide families lost the reason to live and have forward and lost interest in things they did w/ the last family member		Um, and then I also think and this like sounds terrible, [REDACTED] was very lazy. Um, [REDACTED] was not a very motivated individual and I think that was part of it. I think like part of the suicide was honestly not wanting to, like knowing that he would have to put a lot of effort into life.
		When we first experienced the loss (long pause) it was horrible and we couldn't see ourselves making it, well I couldn't see myself making it without [REDACTED] Um, my children were completely devastated and I couldn't fix it for them either
		You know and when he removed himself from this world uh you know you remove yourself from a part of it.
		you know things as they come, but it's like life as a whole it's like I'm not looking forward to retiring. Like I'm not looking forward to anything.
	Constant Change	So, I think like probably grief, but also just like a change in life again. So, I think I just feel overwhelmed. And COVID also changing the way school is done and just... it's pretty mostly back to normal, or at least here for me. But yeah, just feeling overwhelmed.
Change kept the family from processing their grief		[REDACTED] Or if it was like I moved out so these problems are just further away from me and I don't have as much of this on me all the time. [REDACTED] It's so hard to know because it was literally like... [REDACTED] Well, lots of different things were going on. [REDACTED] So many things were happening at the same time.
		[REDACTED] Because she was in her senior, like her last semester. And it was like it was also because he died and then literally a week later COVID happened. [REDACTED] Yeah. So, it all just got... [REDACTED] Nothing of our nothing mattered because it was all about COVID after that.
		[REDACTED] Um, I feel like it was always just going to happen naturally at that time too though. Cause it was also... [REDACTED] Yeah. [REDACTED] ...COVID and we didn't talk to anybody and then we both moved out and we didn't talk to anybody.
	Anger & Sadness	And he spent the better part of 3 months trying to get me to be mad at [REDACTED]

		And I did a lot of self-healing and I realized that the reason why I was so angry was because I didn't have the power of the fact that I didn't keep him here.
Families were sad/ Angry because of their love one who killed himself but some understood reasons why		And I try to stay out of her way. I think there's a lot of short temperedness on my behalf cause I ask like good old dad thinking he's talking to a seven year old. Well [REDACTED] not seven-years-old anymore.
		And that makes, like it makes me so sad to think of like what [REDACTED] was going through. Like it makes me sad that he suffered for as long as he did, honestly.
		And that that has really helped me accept. The people in the group are people that are, I'm not I'm not angry, I'm sad...
Fear on the younger children who also experienced the loss and will not get to grow up w/ their loved one / parent.		And there's the anger coming out again because why does he get to be okay when the rest of us are stuck on this planet suffering when his suffering is over?
		And you go into sadness and then it just that seven, that circle of grief just comes and goes. No matter where you are in the stage of life after the suicide.
		I have no anger, I have no guilt. We knew [REDACTED] was mentally ill and I knew that [REDACTED] did not want to be in this world. He sat down and he told me, he said mom I didn't ask to be born. You know kind of joking, I didn't ask to be here, he didn't want to be here. It wasn't because of us. He did not like the world. He was, in my opinion, he was way too good for this world. And [REDACTED] was one of these people that I don't think there was one person that had a negative thing to say about him
Angry that others moved on after the loss, but they were still in their grief.		I mean [REDACTED] battled depression throughout his life, but he always tried to seem happy, he always tried to never really let Mom know that he was really upset. He just wasn't happy; he just was sad. And I think all of us were just sad for a long time, just things that we're supposed to find joy in, you know the 4th of July, or Mother's Day, or my mom watching [REDACTED] those are things that made her happy but for the first year after [REDACTED] died those things were not existent anymore. So, I think sadness really hit our family where we all wanted the other to think that we were okay, but we were all just sad.
		I think I think the biggest change that I noticed was in our granddaughter [REDACTED] oldest daughter, [REDACTED]. Um that was the biggest change. And and just the sorrow and the grief and having to process that as a 7-8 year old girl you know.
		I think the grief, at least for me there's a lot more anger involved in it. Because like hes not going to be there for like any of the, to like share any big moments of my life from now on so...
		I think until the day I die I'll some days be saddened, some days I'll be mad. How dare him that he did to his child. [REDACTED] couldn't grow up without a father because [REDACTED] couldn't handle it. But then I realize that its not his fault. You just, you go through these things throughout life and you can't change them and because you know someone that you love chose to end their life.
		Our boundaries with each other are literally so high we never cross paths much anymore. There's a lot of uncomfortable uneven ground to walk on with [REDACTED] We never worked out the loss of [REDACTED] we just kind of lived through it and now don't discuss any of it. It's not healthy but he has a short fuse I don't want to ignite.

Less Excited About Life

		That's that's what got me the most was you have me deliver this to all of us and be the only one there. So sadness ultimately but a lot of empathy for you for having to deal with all this.
		Today might suck, but I'm going to wake up tomorrow and life's going to be okay. I have my family, I have my kids, and I'm saddened that he couldn't see that and couldn't hold on, but at the end of the day he is my brother and I love him. I would have done 28 years of life with him just to lose him than do no life with him at all.
		Um, it has made me like an angrier person. Um, in terms of how its affected me. I feel like I'm a lot hmm a lot more, it's like everyone says it, but it's like the world moved on when [REDACTED] died and like that made me really upset.
		Yeah, he was always like very weirdly angry about it. Cause he was all like, cause I also didn't really worry about it a lot cause he always said not to worry about it. Like our dad never said a word about it. He was like he's just being, again you know how he's paying attention, my dad would say that. He'd be like, he's just like cry for attention or whatever just cause he doesn't want to pay rent, or get a job, he just wants to be lazy.
		Yeah, it it's been uh tumultuous fucking effort. Like it's been adjusting to me was I went through 8 months of counseling I needed to get like back on board with with being present in my life. Like I felt very removed from people around me. Um, I was I held a lot of anger. Um, and I I still do. Uh, I'm working on it you know I'm working through that but um, uh know it it's very empty and that and that will never be filled.
Family Boundaries		And they are all very get together-ish and I quit doing any anything with my family. I mean my brother would come to Seattle for 2 or 3 months, he has a daughter that lives there. I ner... I, he'd be there a few months and I'd never see him.
Some families felt they didn't have boundaries before the loss		And we've never had uh spoken boundaries. It's never been something that I've ever experienced. It's not uh, it's just not found in our family nature. We've been very always open with each other no matter what. You know obviously like there's things that you know we don't discuss, but that's just most people don't do that.
		But we like never really had boundaries, um as a family. It was the trio, the three of us you know. And either it was you know [REDACTED] or whatever, but we've been pretty open with each other.
Families got closer and became best friends and came together to grieve		I have different relationships with all my children. Um, but [REDACTED] and I's relationship has, she kind of like my best friend now. I'm not gonna say that she was my best friend, 5 years ago she was my daughter, but now she's kind of like my best friend. Um, we even live together,
		I just think that um, the one thing that is that we were always close, but [REDACTED] death made us all closer.
In families who related not being close before related more during and were more fractured. - One		I think for me the first thing I noticed was um how everybody came together. In a way that we hadn't been ever as a family, um because there's always this the sibling competition rivalry um [REDACTED] was really close with [REDACTED] was right in between um and, um he would pick on [REDACTED] and he would pick on [REDACTED] and he would make fun of [REDACTED] he'd make fun of [REDACTED]
even moved out to be further away from the family.		It didn't make anybody come together. It was something that that uh the obvious clause of division was there.

		<p>Um, I feel like it was always just going to happen naturally at that time too though. Cause it was also... Yeah. ...COVID and we didn't talk to anybody and then we both moved out and we didn't talk to anybody.</p>
		<p>My father, I think it's important to know that we have all the boundaries up with each other. We don't ever talk about my brother, we share the same house, but he doesn't stay much at our home anymore.</p>
		<p>Our boundaries with each other are literally so high we never cross paths much anymore. There's a lot of uncomfortable uneven ground to walk on with We never worked out the loss of we just kind of lived through it and now don't discuss any of it. It's not healthy but he has a short fuse I don't want to ignite.</p>
		<p>So, um, , we were all separated.</p>
		<p>There's even times where you know I'm with him and I know that there's things that we just don't, we just don't talk about it. It's not that we don't have to or don't want to, but if we sat down and said dad I need to talk about this we can, but there's things where I know that you know we aren't going to cross that line and try to relive that day again. Um, just because it such a thing that, you know we don't need to we were there and you know when my mother asks me questions about the day, you know I know she walks on pins and needles around me as well because it's just like you know it's a pretty instant anger because she wasn't there, she couldn't experience it, you know what I mean?</p>
		<p>Or if it was like I moved out so these problems are just further away from me and I don't have as much of this on me all the time. It's so hard to know because it was literally like... Well, lots of different things were going on. So many things were happening at the same time.</p>
		<p>Um, and we just had to, we had to be together to get through this, I think. I think it's just made us closer.</p>
		<p>Um, so yeah things have changed, um we have less boundaries, but we still... I don't know how to explain this, but yeah...</p>
		<p>Well, even weren't very close. Like him, were able to get closer, but and I have never really seen eye to eye or you know like we've never just had that personality where we could like mesh together at all.</p>
		<p>Yeah, um, I think there was some boundaries before, but I don't want to say we're enmeshed, because we're not. I, but, um, there was some boundaries before you know, I didn't have to know, you know, everything like I did right after their death.</p>
		<p>Yeah, we've come closer. She's my best friend now.</p>
		<p>You know I've never really had boundaries but like uh like you know it's like without you know we are here but you know it's not the same.</p>
		<p>You know our family was already fractured. When , I mean we were not we weren't around each other. was in the northwest, was in Minnesota. When died, we didn't have a whole lot of connection with each other. So how</p>

		did it affect us? It affected us in different ways, but we did not deal with it as a family. We just didn't.
	Fear & Worry	And then like [REDACTED] said, I don't know, I made [REDACTED] mad because I called him everyday for like the first nine months because I was so afraid...
Family members learned that another member would die now after the suicide - no specific way - and had to know where they were or if they didn't respond fear increased		But, you know I think it's just we were worried about each other more, all of us. And [REDACTED] had to have my location, um, because she wanted to make sure I was okay. We all share each other's locations now which is probably a little strange, but it's like okay. We know where you are, you know, if we can get ahold of you, oh you're right there, so.
		I called him every single day, [REDACTED]. Every single day for, I don't know. It probably was closer to a year and I didn't talk to him long I just, like I just want to check in on you.
		I mean it was almost just an inevitability and and I had gotten to that point, I mean we hadn't I hadn't talked to [REDACTED] about this but um, you know the sense of inevitability, I mean just things had been bad bad bad for a long time, but he was with me and that gave me the false sense that I had a handle on something or that I was you know. When you're on a boat with somebody you don't think they're gonna drown because you are on the boat with them.
		I mean, I, that's my fear. I always thought everyone was going to die.
		I think anxiety. Its most definitely, I think everyone was afraid that something was going to happen to the other.
		I think we definitely knew that that [REDACTED] had some challenges, since he was a little toddler, and I think we knew he struggled uh with some with his mental health at times because of this or that. He had been bullied severely in high school. Um lots of things, but he but at the same time we kind of we kind of understood and and for me at least I know I walked I walked on egg shells a little bit because of his condition or circumstances and and so is it was always a fear that I had, um but I never thought it would be fulfilled.
		It's just, there was a lot of anxiety about how the other person and people were.
		Like man we can't say too much they might die you know (laughter).
		Oh, I definitely think I have a lot more concern for my brothers now. Specifically, my middle one. Because he, before COVID he was employed doing stuff, now he's not and I'm worried, and um trying to get him on medications that work best for him. Him like, so I think I just have more concern than I used to.
		Uh, originally a lot of it it was why and how did we miss it and um, uh, at least for a bit are any of the other kids headed that way?
		Um, but I don't know if [REDACTED] was still alive, had, would I have felt that way I would have just assumed, no [REDACTED] out to dinner, not a big deal. There's been some of that, but I don't know if I would have as tipped as I was with [REDACTED]. That's definitely something that's changed and I think that you change in a lot of ways that you don't realize.
		Um, but making sure everyone was okay, I think because for me I had to have locations because if, not that I care where you are or what you're doing, I probably have not looked at mom's location

		in I don't know how long. But if I needed to get ahold of her and she didn't answer me... um, I thought she was dead in a ditch somewhere.
		But I never felt the need to like have other's locations until after he died.
		We didn't pick up on it and kind of go anywhere further I don't think not that I recall, but you know now I'm like hypervigilant if somebody says I'm feeling kind of bad or something you know and this I I can pick it and see a suicidal victim or someone who's contemplating suicide, I see it like bright as day and I'm...
	After Loss- Closer	And his death brought light to that and gave us that freedom. And I think that kind of bonded us even more. That was a huge factor because we weren't all being pressurized to fit that Mormon mold and it was okay to step away at that point, you know.
Realized they were stronger together in their grief than together as a family and take to each other		but I think that to me uh from a family standpoint and how it brought us closer, I think was just increased understanding and compassion for other suicide families, for one another, and we don't yell and fight. I don't I don't think we've had a nobody has had a fight that I can recall since [REDACTED] died.
		I need to grieve and we need to grieve together. [REDACTED] realized that she needed to be with us to grieve and so once we started sharing our grief with each other, yeah its hard, and [REDACTED] and I still you know on the back porch if we've had a couple glasses of wine we'll sit and talk about [REDACTED] and sometimes we cry, but it's okay because we do it together.
Putting more effort into connecting w/ family that don't like close		I think for me the first thing I noticed was um how everybody came together. In a way that we hadn't been ever as a family, um because there's always this the sibling competition rivalry um [REDACTED] was really close with [REDACTED] was right in between um and, um he would pick on [REDACTED] and he would pick on [REDACTED] and he would make fun of [REDACTED] he'd make fun of [REDACTED]
		Since [REDACTED] death I fly up twice a year with mom to see [REDACTED] and see [REDACTED] I don't know if I would have put, even though I love my siblings I'd do anything for them, I don't know that if [REDACTED] was still here that I would do that.
		[REDACTED] I used to talk to Ian once every two months, and it was like he never left you, but we were never as close as we are now, so I think it changed, made us closer if that makes sense.
		Other than COVID and all the stuff that got wrapped up, its certainly brought us closer as a family
		Um and then afterwards like he realized that I was all that he had, I he was all that I had, and so it took some effort, but I think we're closer now too. And it's it's just opened our eyes that you know we weren't expecting that to happen and so we want to check on each other make sure that you know...
		Um, it was nice I I moved in with my mom like during COVID when we couldn't go anywhere, and everything was kind of in lockdown. So, I think that was good for us because we got to spend a lot of time together.
		We became really close immediately afterwards We were really connected, talking to each other, lots of [REDACTED] friends came and visited so it's just like everything was like about [REDACTED] probably for several months, but especially immediately afterwards.

		Well, even [REDACTED] weren't very close. Like him, [REDACTED] were able to get closer, but [REDACTED] have never really seen eye to eye or you know like we've never just had that personality where we could like mesh together at all.
	After Loss- Further Away	And they are all very get together-ish and I quit doing any anything with my family. I mean my brother would come to Seattle for 2 or 3 months, he has a daughter that lives there. I ner... I, he'd be there a few months and I'd never see him.
Family further apart because they don't want to take to one another about the loss and trigger others		My father, I think it's important to know that we have all the boundaries up with each other. We don't ever talk about my brother, we share the same house, but he doesn't stay much at our home anymore.
		Our boundaries with each other are literally so high we never cross paths much anymore. There's a lot of uncomfortable uneven ground to walk on with [REDACTED] We never worked out the loss of [REDACTED] we just kind of lived through it and now don't discuss any of it. It's not healthy but he has a short fuse I don't want to ignite.
Family Support		[REDACTED] knows I'm there for her. She just has to pick up the phone and say dad I need and I will always be there for her. But she's going through her own life experience trying to find her way.
Family support increased and they were more willing to talk about M+ or talked topics like sexual orientation.		all of a sudden, I stood straight, up my shoulders back, and I felt the profound comfort of those just simple words: I'm with you.
		I became personally more interested in how my kids were feeling. I was interested in that and I was probably more at that point in time willing to say I don't feel good. I not, this is not a good day and talk about it.
Family experienced a huge gap trauma and they felt they and be more vulnerable w/ one another		I think we like talk more intimate intimately with each other. Uh, like all of us together. Um, so I think that was... it's like we wouldn't do that as often, or as like raw, but since we were all having a lot of feelings about [REDACTED] and I think it sort of gave permission maybe to be more vulnerable. Because it's like well obviously we just experienced this huge trauma so we can all sit together and talk.
		That was one that stood out to me because that would not be a normal sense of behavior from him, but at that time we just gave the comfort that anybody needed. I hadn't seen him do that since, he's been sad since, but not like that.
		That's one thing that you realize when you lose someone that you love so much. No matter what your family throws at you, you support them.
		Um, but one good thing that he did do is he felt comfortable enough to, I guess he realized that life is short, so he made us aware of his sexual orientation. So I'm glad that he was able to do that, but he went through a lot of crazy stuff.
		Um, I think we check on each other more, but when we've got you know friends of the family or if we perceive somebody's having a rough time it's not that we're you know stepping all in their business, but we might reach or be just a little more receptive to hey I think somebody, so and so needs needs some help or just needs to talk or a phone call might be good. Something along those lines.
		we're all good mentally, you know emotionally, and just take care of each other.

		You know and come home and find community in each other. Um, but it's it's it's hard to say what her grief was. I don't really know. I kept my distance.
	Strong For Family	And I think we see ourselves as kind of a um examples for others, you know that you can you can survive and thrive after not just survive but thrive after a suicide, and uh I think there are certain things that certain choices that you can make that will help that and help you in the grieving process um the rest of your life.
Family experienced a horrible death, situation sucks but felt they needed to be strong for children / Family / Community		And I wanted to act like, even though I was dying inside, I wanted to be strong around my kids and not cry.
	Grieving Courageously	I remember one of the things I said is you know is that we're not going to walk into the church building all sobbing in distraught and devastated. I go we are, but we don't but we need to teach people and model for others how to grieve uh an awful tragic loss like this. And I don't know if they got it or accepted or liked what I said, but everyone did what I asked.
Family felt that they needed to show others how to grieve because they felt there was another way		I think I was kind of amazed at the resilience that the family demonstrated and the courage that they all showed and we acted courageously.
Effect of COVID-19		Everyone did and uh some of us were we're sobbing you know as we walked in, but we weren't balling and you know un-functioning and having to be dragged. And you know you see those types of things and I just thought you know uh life isn't promised and guaranteed to anyone and we all die and I just wanted to show other people that there is a there's another way and you don't have um no there's another way he had to be courageous that's that's all there is you have to face death courageously.
		Cause then it was like well little spotlight for a week and then it's just like the entire world was terrible so it didn't matter at all. Yeah, which I found very annoying.
		COVID hit here March the 20th. When COVID hit, my first, when it got real bad my first thought was thank God William is not here for this.
COVID overshadowed the grief process and they didn't connect to others because the suicide was not as important as the pandemic.		Definitely like I was like, like it was definitely like there was no grieving process because we're all just grieving about COVID now, you know what I mean? There was like a week of aww man everybody feels bad for me and then everybody was like fuck.
		He was a he was a germaphobe. He wouldn't touch a gas handle, and then he died he died one year before COVID hit. And I mean I believe that [REDACTED] had some insight that things were about the fall apart. He'd been he he'd been very depressed for a long time.
		He would have he would be somewhere and we would not have any idea. [REDACTED] chose to leave at the right time. I really think, I think he knew, pardon the, I think he knew the shit was about to hit the fan. I think something in his brain knew that the world was in trouble, the world is in trouble. [REDACTED] doesn't have to deal with it
Life changes w/ COVID, school, family living - dealing w/ normal life stages while not dealing w/ grief		[REDACTED] Because she was in her senior, like her last semester. And it was like it was also because he died and then literally a week later COVID happened. [REDACTED] Yeah. So, it all just got... [REDACTED] Nothing of our nothing mattered because it was all about COVID after that.
		[REDACTED] So, none of my friends cared because everybody... [REDACTED] Everyone was doing... [REDACTED] ...was freaking out over COVID. Definitely like huge back burner.

		<p>Um, I feel like it was always just going to happen naturally at that time too though. Cause it was also... Yeah. ...COVID and we didn't talk to anybody and then we both moved out and we didn't talk to anybody.</p>
		<p>One of the things that's only, its been difficult was that within literally a year of losing we go into the COVID thing.</p>
		<p>So, at some level, I mean we have that year up until even before his first, and matter of fact I remember his first anniversary we went out to the grave yard and COVID was in full bloom.</p>
		<p>So, I think like probably grief, but also just like a change in life again. So, I think I just feel overwhelmed. And COVID also changing the way school is done and just... it's pretty mostly back to normal, or at least here for me. But yeah, just feeling overwhelmed.</p>
		<p>That's exactly what I thought. I thought if didn't kill himself when he did, he would have killed himself now.</p>
		<p>Or if it was like I moved out so these problems are just further away from me and I don't have as much of this on me all the time. It's so hard to know because it was literally like... Well, lots of different things were going on. So many things were happening at the same time.</p>
	Not Experiencing Grief	<p>And all the people who would have known him because we all went to the same high school, like you never you never got that like, oh back in school I wonder if she's doing okay. Like that was never a thing.</p>
People choose not to talk about the loss w/ others bc they didn't want to be a burden or get pity.		<p>And that still makes me upset, and I have friends like that I feel I'm close with who like don't even know about because it's not something, like I'm not the most like open person. I don't feel like I talk a lot. Um, I'd rather listen to people talk about themselves than talk about myself. But um, so in a lot of friendships it it doesn't come up and it's like I want it to I want to talk about but I also don't want to be like oh pity me my brother died. Um, so it just affected me. It's made me like really, it's made me feel hopeless about the world, it's made me feel hopeless about society.</p>
		<p>Because I was definitely just like power through. Just like try try to get back to normal life as quickly as possible. Which is really easy when it's a problem you're not gonna fix. You know what I mean? Because that's like the first thing I thought when I was like shit hes dead, I was like well I'm not in trouble.</p>
		<p>But they've never asked since then and they definitely only pretend like it never happened,</p>
		<p>Definitely like I was like, like it was definitely like there was no grieving process because we're all just grieving about COVID now, you know what I mean? There was like a week of aww man everybody feels bad for me and then everybody was like fuck.</p>
		<p>Don't sweep it under the rug. These folks that just decide this happened in our family and we will never talk about it again. That's a disaster.</p>
		<p>I didn't have, I didn't have much to say to anybody.</p>
		<p>I don't talk about it with anybody. Yeah, no I'd say after after all of our family left, a week simply wasn't mentioned again unless my mom was talking about some random thing, she missed about him.</p>

		I don't think I've had a grieving process. I think I've talked about him being dead a total of three times
		I mean [REDACTED] and I am able to talk about [REDACTED] I've never been able to really get you to even express emotion, talk about [REDACTED]. Um, and that that's been very difficult for me. Because I would love to be able to talk to you the wonderful memories of [REDACTED], but I just don't think that you have been able to open up.
		It was so like very surreal like definitely, I would say the whole is uh just like taking out of it like disassociation and just like pretending it's not like a thing.
		We never told [REDACTED] sorry we never told [REDACTED] that [REDACTED] died.
		Yeah, he was always like very weirdly angry about it. Cause he was all like, cause I also didn't really worry about it a lot cause he always said not to worry about it. Like our dad never said a word about it. He was like he's just being, again you know how he's paying attention, my dad would say that. He'd be like, he's just like cry for attention or whatever just cause he doesn't want to pay rent, or get a job, he just wants to be lazy.
		You can't solve it, so then it feels unproductive to think about it (grief).
	Constant Change	So, I think like probably grief, but also just like a change in life again. So, I think I just feel overwhelmed. And COVID also changing the way school is done and just... it's pretty mostly back to normal, or at least here for me. But yeah, just feeling overwhelmed.
Feeling overwhelmed by change and all the things happening at the same time.		[REDACTED] Or if it was like I moved out so these problems are just further away from me and I don't have as much of this on me all the time. [REDACTED] It's so hard to know because it was literally like... [REDACTED] Well, lots of different things were going on. [REDACTED] So many things were happening at the same time.
		[REDACTED] Because she was in her senior, like her last semester. And it was like it was also because he died and then literally a week later COVID happened. [REDACTED] Yeah. So, it all just got... [REDACTED] Nothing of our nothing mattered because it was all about COVID after that.
		[REDACTED] Um, I feel like it was always just going to happen naturally at that time too though. Cause it was also... [REDACTED] Yeah. [REDACTED]...COVID and we didn't talk to anybody and then we both moved out and we didn't talk to anybody.
New Normal		And I don't know what normal is supposed to look like. I'm sure its different for every family, every person. But I feel life is going on without [REDACTED] even though we would much rather him be here, and there's always going to be that loss there, but life is moving forward and we are able to live every day and were able to function, and were able to enjoy little aspects of life and not focus so much on the negative, but focus more on the positive things that we had when we had [REDACTED]
Wanting to find a way to enjoy life again w/o forgetting their loved one		Because I was definitely just like power through. Just like try try to get back to normal life as quickly as possible. Which is really easy when it's a problem you're not gonna fix. You know what I mean? Because that's like the first thing I thought when I was like shit hes dead, I was like well I'm not in trouble.
		But I think that now it's important to me to be there because life is short and if anything were to happen at least I know that I've, my soul will feel that I loved my family as much as I could.

		I feel like we kind of found our kind of new normal. I feel like, it, we're as normal as we're gonna be. We've dealt with the fact that we see [REDACTED] twice a year and we can still you know be happy and exist. Um, I shouldn't say without him, but we found a way to enjoy life.
		Talking about situations with them and you know it's been almost two years now and I could say my grief has gotten significantly less, but it's still days where I you know it's worse.
		Today might suck, but I'm going to wake up tomorrow and life's going to be okay. I have my family, I have my kids, and I'm saddened that he couldn't see that and couldn't hold on, but at the end of the day he is my brother and I love him. I would have done 28 years of life with him just to lose him than do no life with him at all.
	"Piece Missing"	Alone, not alone but lonely, missing like you have a hole that's no longer able to be filled that you don't realize.
Emptiness that cannot be filled		And but there's some there's an aspect of you that dies right, and I think [REDACTED] can admit that, I I will admit that there's something that definitely is missing and that died in me and you're conscious of it throughout, but those those other things while you kind of feel slowed down and and um stillborn I guess is a way that uh you just kind of I just pushed through.
and that it changes the way they have formed all experience previous traditions and miss out on future things		And I think we we confronted the brutal reality of [REDACTED] suicide. We we didn't run away or hide from it we confronted it head on and that's a very difficult thing to do. <i>Grievously disappointed</i>
		And that's another broken piece because he will never, when mom is old and she is gone, and my kids will remember her. My kids will remember the things that I remember. My youngest thinks my mom is his hero, and even though [REDACTED] loves mom and we send things at least twice a year, it is different.
		But I feel that part of our family life is broken. Because when you have, when you have all of these traditions growing up and the whole family is included, when one person's not there you, it impacts you.
		I don't know how to explain it out. I don't know how it just, our families not, it's broken. I mean we go on and we, we still do family things, and we love each other, it's just, it's, there's a piece missing.
		I think for me it's like I lost a buddy because I really liked talking to him. He and I's talk for a few hours, so. I think it's sort of like a loss of someone whose really close.
		It's not written that we are supposed to bury our kids.
		Its definitely a piece of that family life is broken because my mom has always been big on tradition and we have Thanksgiving, we've always had lasagna on Christmas eve, we've always had ham on Christmas day, we always eat at the same time during holidays, we've always opened gifts around the same time, so definitely a part of that family life is broken because when you grow up in a family when all you've ever had is one another and you look to that other person for... my mom looked to him [REDACTED] for sporting events, I looked to him, I've always been more of a fixer so everyone's kind of always looked to me to fix things.
		Like oh man that sucks too, you know. Because you keep like you can't really like think of everything that like you'll miss out on.

		Something happens. Somethings said. Something we do around here and said oh [REDACTED] would have laughed at this or [REDACTED] would had did this or you know.
		Um, he works for, he used to work for me. I'd see him every day. Driving to work together. Work together. It's uh, it's an emptiness that can never be filled.
		Um, so, I wake up every day and this is going to sound cliché or whatever, with a piece of my heart missing, I wake up every day without him.
		Yeah, it it's been uh tumultuous fucking effort. Like it's been adjusting to me was I went through 8 months of counseling I needed to get like back on board with with being present in my life. Like I felt very removed from people around me. Um, I was I held a lot of anger. Um, and I I still do. Uh, I'm working on it you know I'm working through that but um, uh know it it's very empty and that and that will never be filled.
	"It's Real"	It's not one of those things where if you stay quiet it doesn't hurt less it it's more cathartic to be able to explain things to people or be able to tell people hey you know I had a brother and for a while I didn't want to say it you know I lost my brother, but but I've got the courage to say like you know I lost him.
The realization that they really did lose a loved one to suicide and there is nothing they can do to change that narrative.		So. like sometimes did that really happen, like years late I'm like. It's hard to conceptualize like it's, like its real still sometimes.
		The first part was uh not believing what had happened. A lot of questions why there's no notes there's no video there's nothing we could go back to. It wasn't an argument that had happened. It wasn't something that he would talk about. You know as we talk to some of his friends, he, you know he'd oh I'm gonna kill myself. They'd always say oh [REDACTED] you're just being stupid.
		Um, it's one of those things you relive every day in your head no matter what you structure your day to be. Um, and it it took me a very long time to come to the realization that he's not gonna walk back into the door again.
		We can't hide it you know it it's happened.
		You know we deal with it differently, but with the friends and stuff. And then you know seeing all the facebook stuff about you know [REDACTED] gone it just kind of really hits home.
	"Never Get Over"	Absolutely. I did, I mean the things that kind of make me sad are like this is never going to change, this is never going to go away.
Family don't feel that they will get over the loss and don't have enough memories to carry over.		And that hurts. But you learn to move on with your life and be happy and whatever. It's not like we're holed up in a closet somewhere and can't laugh and can't have a good time.
		And then when you lose that sense it like you fully loose the sense of self. Like ability in yourself. And to regain that power,
		Coming back, um, you know the corner said that when I found him he had already been dead maybe 4 hours, 5 hours, and if I if you do the timeline that's usually around 3:00, 3:30 in the morning. So, subsequently I get up every night at 3:00, 3:30 and have to go to the bathroom and I don't have any physical conditions or anything that I don't know if that was the thing that says I should have got up at that time and maybe I could have stopped it or or whatever.

		especially with a child you never get over it. I don't know, I know [REDACTED] will never get over their sibling's death, but you never get over losing a child because it's not supposed to happen like that.
		Exactly. And like I just get really randomly sad by the way, like all the time. And like his birthday always sucks, Christmas always sucks, and like our mom like takes his chair out of the table, and I'm like damn okay like (laughter).
		Get over it, you've had enough time, you never can
		I don't have enough pictures. I don't have enough times that I went to hockey games with or done stuff with him. Or cars or gotten him out of trouble or you know pick them up at people's houses or whatever. There's, there's not enough.
		I think it's just been a lot more intense and longer then any other the other deaths.
		It it is and probably will always be the most impactful death in my life. Um, bar none. I've lost my mom, I'll eventually lose my dad, and um, it, this one was stunning it uh resulted in a fog in life that took over a month to get through.
		It tended, not so much now but in the beginning, it tended to occupy most of my waking thinking time.
		It's just uh, it's weird it's you know you talk to different people, different perspectives on things, but the grieving you know I tell my friends that you know nobody tells you how long to grieve for or when its gonna end or how to grieve.
		My Mondays will never be the same. I was the one who found him.
		Oh shitty. You know it felt bad. Um, it was one of the most difficult things I've ever gone through and I strongly believe that it will be continually be that, uh, the worst thing that I'll ever go through.
		Um, and uh now it just you know the questions that will never get answered. Um, yeah. But it, it'll never, its its one of those things you think will bring people together to celebrate life, but it that wasn't it.
		Um, but every once in a while, that raw feeling will come back and it, I don't think that will ever change or ever leave. Its, this, you don't get over this. You learn to live with it, but you don't get over it.
		you know at support group last night someone was like people think we should be over this... well you don't get over it.
		You take the time and you do what you need to do to remember the person. I mean [REDACTED] you know every day my life and the things that I've gone through as a dad even to that point I just, I have to say to my friends I don't have enough memories to get me through my life with him. You know they say hold on to the special things. I don't have enough.
	"Not Fair"	And I think that [REDACTED] death has really changed my whole perspective on life. So, then I get angry because that's not fair.
		Suicide is something that someone takes their own hold of losing taking themselves out of this world. And there's cancer patients, and there's people who murder, and there's people or stuff like

Not for that they lost their loved one		that but suicide having you lose the power of that relationship with someone and that's more strong than someone you know getting murdered or someone losing to cancer. Like that's a different thing because you lose the ability to be there with someone.
and can no longer be helped and		Um, you know I you can always relate to the understanding of a parent losing their child and and that sort of grief. Um, but for my dad it was different grief because he found my brother. Um...
no one can help fix it.		we kind of both belong in a club now trying to explain why and how. Why did it happen? What what what did we do to deserve it?
		You know people always say to you what could I, I wish, is there anything I can do. Well, the one thing I need you to do you can't do but...
	Dreams	All my dreams of him, most of them have been he's visiting me.
		And he'll say something and I'm like that's [REDACTED] You know hey mom or oh hey what are you doing. That kind of thing. So, the nightmare were really only in the very beginning.
		And I had a little experience with [REDACTED] you know in a moment of meditation and I got an answer, dad I'm so sorry I didn't really know that it would be this devastating I didn't really understand what this would do. And and and it was kind of accidental it was the medications it was the medicines he told me.
Families had dreams that brought comfort and some answers, but some in beginning had nightmares.		And so I remember going to sleep when I I remember thinking that thing and I asked [REDACTED] to come to me in my dreams. And I I went to sleep and somewhere around 5:00 o'clock in the morning I woke up having had the most wonderful dream, and but it wasn't just the fact that it was a wonderful dream, [REDACTED] and I are playing he's actually a toddler a little toddler and we're playing in our house but it's not our house, but it was our family what I kind of perceived as our family house even though it didn't look exactly like what we had in [REDACTED] when he was a toddler, but we're playing and we're not communicating vocally or orally, we're communicating almost telepathically. And so, so I get the sense as we're playing and he's giggling and having fun that he wants to have, um he wants to play like hide and seek, he wants to change games. And I said okay so so I said okay you go over that way and then I'll go over you know and and then he runs off and I run off and I hide and I kind of made it hard for him to find me and I realized oh you gotta make it easier he's a toddler, so I changed my I changed my location and my hiding spot so that he would find me and I can hear him he's just giggling as he's looking for me and it's just the most it's the sweetest little thing and I can hear his his I can hear his tiny little feet pitter you know pitter patting on the you know wood floors is he's trying to find me and he's just he's coming around the corner, and right then is when I woke up. The anticipation was amazing.
DELETE - Other interesting findings.		And that dream was just kind of uh help in that right direction. And then and then I think I shared that I shared the story of the dream and I think uh [REDACTED] somebody started having dreams, somebody else...
		He comes back to me periodically. I was, I was distressed in a dream just recently, um where its busy busy busy lost, can't quite get done what I need to do. I'm looking for my credit card and I can't find it. Just stupid stuff, but anyway in the end the two people in the dream that I was trying

		to cling to for help, just he was one of them. Just disappeared. But [REDACTED] popped in at the very end and said hey mom, and I was like oh [REDACTED] and then I woke up.
		Um, oh and I had nightmares in the beginning. Just very shortly after he passed I was having some pretty strange dreams.
		Yeah, and and I have them I have them regularly um regularly and and then little little experiences here and there but the best thing is that we could talk about [REDACTED] and and when we did we we really kind of understood that um he was at peace.