RESILIENCY AMONG WIDOWS WHO LOST THEIR HUSBANDS TO SUICIDE:
AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

by

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Liberty University

A Dissertation Presented in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Philosophy

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ABSTRACT

Over six million people are influenced by the suicide of someone they love yearly; survivors of suicide are at greater risk for suicide themselves. This interpretive phenomenological analysis (IPA) explored postvention factors that led to resiliency in widows who lost their husbands to suicide, in order to explore the needs and inform the treatment of suicide survivors, who are at greater risk, from attempting suicide themselves. A purposive, self-selected sample of six widows who lost their husbands to suicide at least two years prior and who scored a minimum of 3.8 on the Brief Resilience Scale (BRS) participated in the study. The participants engaged in one hour qualitative interviews and completed a reflective journal. In response to the first research question, asking for a description of the bereavement process, participants portrayed the process as a struggle to redefine self, a loss of the anticipated self, and extreme loneliness. In response to the second question exploring what factors participants perceived fostered adaptation and resiliency in the bereavement process, the co-researchers identified three factors that fostered adaptation and resiliency: sense-making and finding purpose in the loss, resolve, and routine. Lastly, one factor was identified as hindering adaptation and resiliency: a desire to protect image from stigma. The co-researchers were able to overcome the impediments caused by stigma as they felt free to share their stories for the sake of helping others. The emergent themes were congruent with existing research and recommendations for future research were provided.

Keywords: suicide bereavement, survivor of suicide, resilience, adaptation, postvention
Dedication

This is dedicated to the six co-researchers who openly shared about an incredibly intimate subject with grace and fortitude. May your stories inspire others toward resilience.

This is also dedicated to the three loves of my life:

- Michael Flake, for inspiring this study with your life and your death.
- Jorjanne Flake, for being the best daughter ever, for being the constant bright spot in my life, and for motivating me to persevere no matter what.
- Jeff Ford, for loving me unconditionally, supporting me sacrificially, and doing life with me enthusiastically. I love you!
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List of Abbreviations

American Counseling Association (ACA)
Beck Depression Inventory (BDI)
Bereavement Group Postvention (BGP)
Brief Resilience Scale (BRS)
Brief Symptom Inventory (BSI)
Center for Epidemiologic Studies Depression Scale (CES-D)
Cognitive Behavioral Therapy (CBT)
Grief Experience Inventory (GSI)
Grief Experience Questionnaire (GEQ)
Institutional Review Board (IRB)
Interpersonal Social Rhythm Therapy (IPSRT)
Interpretative Phenomenological Analysis (IPA)
Posttraumatic Stress Disorder (PTSD)
Posttraumatic Symptom Scale (PSS)
Preacher’s Kid (PK)
Social Adjustment Scale (SAS)
Social Group Postvention (SGP)
Survivors of Suicide (SOS)
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
Ways of Coping Questionnaire (WoCQ)
CHAPTER ONE: INTRODUCTION

Background and Context

Unfortunately, suicide impacts numerous lives. According to the World Health Organization, nearly one million people die by suicide globally each year (Gaffney & Hannigan, 2010; Rawlinson, Schiff, & Barlow, 2009). Researchers cite that between six and ten people are impacted by a single suicide (Kaslow, Berry-Mitchell, Franklin, & Bethea, 2009; Cerel, Padgett, Conwell, & Reed, 2009; Gaffney & Hannigan, 2010; Jordan, 2008; Rawlinson et al., 2009; Sakinofsky, 2007). Assuming these figures are accurate, over six million lives are touched by suicide yearly. In 2011, the vast number of people touched by suicide was marked by an increase of approximately 50% in the number of suicide survivor support groups created since 1996 (Feigelman & Feigelman, 2011). Seven percent of the U.S. population reported that someone in their social network had died by suicide within the past year, and just over one percent had lost an immediate or extended family member (Cerel et al., 2009; Jordan, 2008; Kaslow et al., 2009).

Survivors of suicide often deal with affective, behavioral, and cognitive symptoms as well as the stigma associated with the suicide (Terhorst & Mitchell, 2012). Researchers reported maladjustment in 18% - 34% of survivors in the first four years after the suicide of a loved one, and two percent of survivors experienced psychiatric symptoms, predominantly depression, in the first year following the loss (Andriessen, 2009). Given the numbers of survivors at risk for Posttraumatic Stress Disorder (PTSD), complicated grief, and suicidal ideation, it is vitally important that research explore survivor needs and measures of efficacy of postvention strategies (Cerel et al., 2009). Despite the increased risk for suicide, there has not been any specific
research exploring postvention factors in resilient widows who lost their husbands to suicide.
The current study hopes to bridge the gap in research so that therapists, physicians, and clergy can create greater efficacy in postvention services.

Research suggests that widows who have lost their husbands to suicide are at greater risk for suicide than the general population (Agerbo, 2005; Berman, 2011). More specifically, a literature review reports that suicide risk in widows is greatest in the first year following a suicide, and that younger widows are at greater risk for suicide than older widows (Pompili et al., 2013). Understanding the ways widows who have lost their spouses to suicide have coped can provide important information to counselors, health care providers, and clergy regarding the functioning and quality of life in other survivors of spousal suicide (Terhorst & Mitchell, 2012).

**Problem Statement**

Postvention therapy has the potential to serve as suicide prevention, but empirical research guiding its implementation is sparse. In 2014, Andriessen conducted an online search for articles addressing suicide postvention and found only 144 articles devoted to the subject. Among these articles, there remains a knowledge gap in the research with little exploration of resiliency factors for survivors of suicide, and there were none found specific to resiliency and adaptation factors in widows who have lost their husbands to suicide, despite the increased risk for suicide and other health problems.

**Purpose of the Study**

The purpose of this qualitative study was to explore postvention factors that led to resiliency in widows who lost their husbands to suicide, in order to explore the needs and inform
the treatment of suicide survivors, who are at greater risk, from attempting suicide themselves. It is anticipated that a better understanding of the lived experiences of a select group of resilient widows who lost their husbands to suicide, will enable physicians, clinicians, social workers, and clergy to be better informed in order to provide more efficacious modes of treatment.

**Research Questions**

Guided by a desire to explore postvention factors that influenced resiliency in widows who lost their husbands to suicide, the research questions the current study seeks to answer are:

1. How do a select sample of resilient widows who lost their husbands to suicide describe the process of bereavement?
2. What factors do participants perceive fostered adaptation and resiliency in the bereavement process?
3. What factors do participants perceive impeded adaptation and resiliency in the bereavement process?

**Theoretical Framework**

The research is mixed regarding whether or not the mode of death complicates bereavement. While some argue that suicide bereavement is the same as general bereavement (Cleiren, Diekstra, Kerkhof, & Van der Wal, 1994; McIntosh & Kelly, 1988), others counter by focusing on the differences (Dunne, McIntosh, & Dunne-Maxim, 1987; Reed & Greenwald, 1991; Wallace, 1977; Windholz, Maramar, & Horowitz, 1985). The following review is provided to show the theoretical framework surrounding the current study in regard to suicide bereavement.
Several older research studies report differences specific to suicide bereavement (Dunne et al., 1987; Reed & Greenwald, 1991; Wallace, 1977; Windholz et al., 1985). Stone (1972) surveyed spouses bereaved by suicide and spouses bereaved by other causes and found that surviving spouses of suicide experienced greater shame, stigma, guilt, and anger than the other spouses. In accordance with these findings, Smith, Mitchell, Bruno, and Constantino (1995) found that stigma prevented many from seeking help. Many individuals widowed by suicide had difficulty sharing about their grief experiences with others due to the perceived stigma associated with the death.

In contrast to the early research, McIntosh and Kelly (1988) presented a paper at the Annual Meeting of the American Association of Suicidology reporting the many similarities between survivors of suicide with those bereaved by natural causes. The report suggested that there were no significant differences in post-death symptomatology. There were vast similarities in regard to levels of guilt, shame, isolation from others, loneliness, ruminating about the death, timetable for normal functioning (McIntosh & Kelly, 1988). The researchers do however, affirm that suicide survivors tend to experience greater stigmatization, and survivors tend to blame others for the death more than those bereaved by other circumstances (McIntosh & Kelly, 1988). While asking the question, “Why?” may be a normal response for general bereavement, suicide survivors have a greater desire to find meaning in their loved one’s death (McIntosh & Kelly, 1988), and the reconstruction of the shattered worldview is a key factor in posttraumatic growth. There are several limitations that may influence the validity of the study. The study is retrospective and may offer differing results if conducted on an earlier timetable. The sample consisted of a college-aged population, and included friends as well as family members of the
deceased. The authors concur that controlling kinship factors may influence the results (McIntosh & Kelly, 1988).

A similar study by Cleiren et al. (1994) examined the consequences after bereavement following suicide, traffic accident, and illness for immediate family members. They concluded that the mode of death had little influence on posttraumatic symptoms. They argued that the familial relationship to the deceased influenced bereavement more than mode of death (Cleiren et al., 1994).

Perplexed by the mixed results, researchers conducted a quantitative study of 350 previously bereaved university students to further investigate (Bailey, Kral, & Dunham, 1999). The findings suggest that suicidal bereavement is different. Survivors of suicide experience more feelings of rejection, abandonment, guilt, responsibility, stigma, and shame than other survivors (Bailey et al., 1999). Those bereaved by suicide were more likely to blame themselves for the death than were those bereaved by natural or accidental causes (Bailey et al., 1999). Furthermore, this study supports other research suggesting that survivors of suicide experience more shame and stigmatization that those who grieve nonsuicidal deaths (Bailey et al., 1999).

Similarly, Agerbo (2005) conducted a study to determine if people who lost a spouse to suicide or who had a spouse with a psychiatric illness are at greater risk for suicide than the general population. Using archival data, the study found that survivors who lost their spouse to suicide were at greater risk of completing suicide ($p = 0.01$) (Agerbo, 2005). The study established a correlation between widows bereaved by suicide with greater risk for suicide. The researcher recommended future research be conducted to identify effective postvention efforts to help widows as a means of prevention (Agerbo, 2005).
In 2006, researchers sought to differentiate between natural bereavement and suicide bereavement by conducting a qualitative study with 70 participants (De Groot, De Keijser, & Neeleman, 2006). The purpose of the study was to compare the physical health of first-degree relatives bereaved by suicide with those bereaved by natural causes (De Groot et al., 2006). The results suggest that three months after death, those bereaved by suicide were in worse physical health than those bereaved by natural causes (De Groot et al., 2006).

More recent research exploring the similarities and differences between grief and grief due to suicide identified three themes specific to suicidal grief (Bell, Stanley, Mallon, & Manthorpe, 2012). The findings imply that working through the themes of guilt, responsibility, and searching for meaning may need to be included in therapeutic responses to suicide bereavement (Bell et al., 2012). Future research needs to be done to determine whether these themes are also specific to widows of suicide or if other themes emerge.

The current study is written in the context of the theoretical framework that suicide bereavement is uniquely different from other forms of bereavement. The complicated grief that accompanies suicide bereavement is often comprised of feelings of guilt, shame, anger, and blame. The framework is supported by various researchers and undergirds the current study (Agerbo, 2005; Bailey et al., 1999; Bell et al., 2012; De Groot et al., 2006).

**Research Approach**

Interpretative Phenomenological Analysis (IPA) was chosen for this study so that I can explore in detail how participants make sense of their personal experiences after the suicides of their spouses. The researcher is able to compare two different perspectives on one experience using IPA. A particular focus of IPA is the exploration of meanings in each participant’s
experiences. A double hermeneutic will be involved as the participants and the researcher seek for meaning in the participants perceptions of their experience (Smith & Osborn, 2007). One of the strengths of IPA research is its capacity to connect theoretical frameworks of psychology with participants’ understandings of the phenomena being explored (Smith, Flowers, & Larkin, 2013). As researchers engage with the data in IPA, they are also engaging the participants, allowing for a more holistic approach to data collection (Smith et al., 2013).

The researcher hoped to connect with participants and to glean an understanding of their experiences in order to gain a richer analysis of the factors leading to resiliency. Because IPA is idiographic, it allowed the researcher to focus on the particular and relevant. The study examined the factors that influenced survivors to resiliency in the aftermath of their husbands’ suicides. The detailed accounts of participants were analyzed for emergent patterns, and themes. By engaging participants in exploration of their lived experiences, researchers are able to gather insights from individuals who may have been overlooked or ignored (Smith et al., 2013). IPA allows the researcher to gather data rich in content and emotion in an effort to guide clinicians for more efficacious interventions.

Prior to beginning research, approval was gained from the Institutional Review Board (IRB). A purposive, self-selected sample of six participants took place in the study. The number six was chosen based on previous research suggesting between five and eight participants are adequate for a pilot qualitative study (Dyregrov et al., 2011).

Participants were recruited through counseling centers in the Atlanta area. This was a delimitation due to convenience. The participants were widows who were bereaved by suicide more than two years prior to participation in the study, and are described by their counselor as having demonstrated resiliency after the suicide of their spouse. The two year criterion was
based on research conducted by Vandecreek and Mottram (2011) suggesting that two years gives survivors ample time to identify attributable factors influencing the bereavement process.

Knapp (2014) suggests that suicide survivors are the best “advocates, analyzers, and ambassadors” for providing insights into suicide postvention. Believing Knapp’s assertions to be true, participants in the current study were asked to complete structured reflective journals that were an attempt to gather additional information to create a fuller picture of their bereavement experiences prior to the first interview. Journals may give insights into participants’ experience that may not emerge from interviews alone (Ryan, Lister, & Flynn, 2013). In addition to the journals, six semi-structured interviews were conducted and digitally recorded. The recorded interviews were transcribed verbatim. Employing a semi-structured interview, using the questions as a prompt, allowed for flexibility in adapting the questions as needed to gain in-depth responses (Dyregrov et al., 2011; Rubin & Babbie, 2011). In qualitative research, instead of stating objectives, the researcher presents a central research question, which is followed by several subquestions (Creswell, 2009).

The current study explores what postvention resources were perceived as the most helpful to survivors during the bereavement process. Specifically, the research question is: “What helped the select widows to be resilient after their spouse’s suicide.”

The interviews were approximately one hour in length so that appropriate information was obtained without overwhelming participants. Since the participants also submitted written journals with answers to the interview questions, the one hour time frame was sufficient time for data to emerge. Because the researcher inquired about particularly traumatic events, the researcher followed ethical procedures and paused or ceased the interview to prevent any harm to the participants. Participants were encouraged to contact a crisis counselor at The National
Lifeline Network, a national toll-free crisis line open 24 hours a day, seven days a week, at 1-800-273-TALK (8255) if they felt they needed to. The National Lifeline Network specializes in crisis intervention for individuals who are distressed by suicide, actively suicidal or individuals who have been left behind in the wake of a suicide (Moore, 2012).

All participants were given an informed consent form to be completed prior to participation in the study. A sample of this consent is presented in Appendix A. After the initial interviews were reviewed, the researcher presented participants with follow-up questions for clarification or expansion via email correspondence. Participants were given the final written report so that they could validate the descriptions and meanings assigned to their experiences in order to clarify any misunderstandings that may have arisen. Previous research suggests that participation in qualitative studies like the one proposed often experience a therapeutic effect giving meaning to the loss that leaves many feeling empowered (Dyregrov et al., 2011).

Each interview transcript was read and reread in an attempt to identify themes common among participants. Member checking was used so that participants may make any needed additions or corrections. The data included a detailed description of the survivors’ experiences as well as nonverbal cues. The researcher then used qualitative data analysis to code the identified themes. The common themes are described in a manner that connects the themes into a narrative form (Creswell, 2009). These narratives are used to convey research findings.

**Locating Myself as a Researcher**

My own hurt and pain drove me to this investigative endeavor. I lost my husband to suicide and experienced complicated grief. I feel strongly that my experiences have led me to this qualitative study. I was very fortunate to have a strong support system, and believe my
experiences have shaped who I am today. I have written a book depicting my own journey entitled *Tears to Joy* (Flake, 2012). I currently facilitate Survivors of Suicide (SOS) groups and I am an advocate for the mentally ill and for those touched by suicide.

In my experiences, I have met other survivors who did not have the same level of support. Many seem stuck in their grief, and do not know how to move forward in the healing process. They still carry the burdens of anger, guilt, and shame. Even though years have passed, for many the pain is still raw. Dealing with the negative emotions was difficult for me even with a strong support system, and I cannot imagine what it would have been like without it.

It is because of my own grief that I have a burden to help other suicide survivors find postvention support. There has been little research describing postvention services from the survivor’s perspective and none specific to resilient widows. In order to provide more effective support to survivors, researchers have a responsibility to examine the perceived needs of survivors and explore strategies to more effectively meet those needs (Jordan & McMenamy, 2004; Knapp, 2014; Smith et al., 1995).

This qualitative study allowed participants to share their personal experiences after the suicidal loss of their spouses. I compared the survivors’ narratives and looked for common themes in hopes of identifying factors that led to resiliency in an attempt to inform therapists as they engage in postvention. I assume that this study will inform therapists in their efforts to counsel survivors, and I believe clinicians can learn how to better support other survivors following a suicidal loss from the lived experiences of survivors, and participation in the study has the potential to help survivors find meaning in their loss.
Rationale and Significance

The research on suicide postvention is paltry, and this study contributed to a gap in this field by exploring beneficial postvention factors in widows who lost their husbands to suicide and how the participants believe these factors contributed to their resilience. This study will also assist therapists to better counsel widowed survivors; by drawing on identifiable themes, counselors will be better equipped to offer postvention services to women who have lost their husbands to suicide. Lastly, this study has the potential to save lives. Since survivors are at greater risk for suicide, effective postvention has the potential of becoming prevention.

Prior to inclusion in the study, participants completed the Brief Resilience Scale (BRS) (Smith et al., 2008) to measure resilience. Using the information gathered from the BRS, the researcher assumed that the selected survivors are in fact resilient in the wake of their husband’s suicide. The researcher hypothesized that having a support system prior to the suicide of a spouse would be a factor influencing a survivor’s resiliency.

People who have been traumatized tend to seek resolution in some way, and most do this by seeking meaning that can be applied to the traumatic event (Kanel, 2007). According to Frankl (2006), the meaning of life varies from person to person, moment by moment. The researcher hypothesized survivors are more resilient when they are able to find meaning in the suicides of their spouses.

I acknowledge personal bias, as I am a spousal suicide survivor. Triangulation was used to strengthen the study’s validity (Creswell, 2009). Reflective journals, qualitative interviews, and member checking was incorporated into the study in an effort to delineate the risk of personal bias distorting participants’ experiences.
**Definition of Terms**

In order to adequately conduct this study, there were terms which needed to be operationalized. Operational definitions define a concept on the basis of the specific operations used in an experiment (Kazdin, 2003). Four terms which need to be clarified in this study are adaptation, resilience, postvention, and survivor of suicide.

**Adaptation.** Cummins (2011) defines adaptation as the process of bereavement. However, some people go through the bereavement process but adapt in healthy ways; some appear to be stuck in their grief and fail to adapt in positive, productive ways. Adaptation can be either positive or negative. Maltby, Day, and Hall (2015) imply positive outcomes are associated with adaptation by defining it as the ability to “adjust, be flexible, change, innovate, modify, and respond well to disturbances,” (p. 3). However, adaptation may be more closely aligned with recovery. According to researchers, recovery refers to individuals who experience moderate levels of symptoms and have struggled with normal functions of daily living, but manage to slowly and gradually return to a preloss level of functioning (Bonnano, 2004; Bonnano, Galea, Bucciarelli, & Vlahov, 2007; Mancini & Bonnano, 2006). For the purpose of this study, adaptation refers to the transformative process of bereavement that fosters a return to either a preloss level of functioning or an increase in daily functioning.

**Postvention.** In the context of the self-help movement in the late 1960’s and early1970’s in the U.S., postvention emerged as a concept of aftercare (Farberow, Gallager-Thompson, Gilewski, & Thompson, 1992). In 1969, Shneidman used the term postvention to describe helpful activities that occur after a stressful or dangerous situation (Shneidman, 1969). Postvention includes the activities developed by, for, or with suicide survivors to facilitate recovery and to prevent adverse outcomes, especially suicidal behavior (Andriessen, 2009).
Knapp (2014) describes postvention as “a psychological first aide intervention conducted after a suicide death intended to offer support for the family, friends, co-workers, professionals, and peers of the deceased” (p. 21). Postvention can be operationalized in both the clinical and the public health perspectives (Andriessen & Krysinska, 2012). The clinical perspective guides healthcare to the bereaved and the public health perspective influences public policy. This study explored postvention factors that survivors believed contributed to their resiliency in an effort to guide both clinical and public health perspectives.

**Resilience.** The World Health Organization views resilience in terms of protective factors that moderate risk factors (Windle, 2011). Resilience is also defined as the process of adaptation in times of adversity, trauma, and excessive stress (Friedli, 2009). After an extensive review of the literature, Windle, Bennett, and Noyes (2011) define resilience as “the process of negotiating, managing, and adapting to significant sources of stress or trauma” (p. 2). In other words, resiliency is recovery in the face of adversity. In a separate study, Windle (2011) elaborates on this definition by asserting that an individual’s assets and resources are continually changing, and that these changes facilitate the person’s capacity to “bounce back” (p. 12). Walsh (2003) defines resilience in simpler terms defining it as the “ability to withstand and rebound from disruptive life challenges,” (p. 1). For Walsh (2003), resilience fosters positive adaptation. Windle’s (2011) definition of resilience seems to focus on aptitude whereas Walsh (2003) describes resilience as an ability. I would argue that it is both. A person’s nature and nurture are both capable of facilitating resilience.

Resilience needs to be differentiated from adaptation by noting that while adaptation involves a transition to a preloss level of functioning, resilience refers to individuals who
experienced minimal changes in their normal levels of functioning throughout hardship (Mancini & Bonnano, 2006). Bonnano (2004) defines resilience as

The ability of adults in otherwise normal circumstances who are exposed to an isolated and highly potentially highly disruptive event, such as the death of a close relation or a violent or life-threatening situation, to maintain relatively stable, healthy levels of psychological and physical functioning. (p. 20)

For the purposes of this study, Bonnano’s (2004) definition of resilience as the ability to maintain relatively stable, healthy levels of normal daily functioning in the face of loss.

**Suicide survivor.** The term suicide survivor refers to a person who has lost a loved one to suicide, and whose life has been changed by the loss; this is not someone who survived a suicide attempt (Cerel et al., 2009; Gaffney & Hannigan, 2010; Jordan, 2008; Sakinofsky, 2007). Another clarification is needed to explain that the term does not refer to someone exposed to suicide (Andriessen & Krysinska, 2012). The term may be used to refer to family or friends of the deceased. Because many misunderstand the term *suicide survivor* to mean someone who attempted suicide and survived, some groups prefer to be called the bereaved after suicide, survivors after suicide, and suicide bereavement support (Andriessen, 2009). In this study, the term refers to a person who has experienced grief due to the suicide of a loved one, specifically, their spouse.

The key terms related to the study were given operationalized definitions in order to eliminate any confusion regarding the author’s meaning in this chapter. The terms adaptation, resilience, postvention, and suicide survivor were operationalized, and I described the premises undergirding my interest in this study.
Chapter Summary

The first chapter was designed to establish the need for postvention research, specific to women who lost their husbands to suicide. In response to the physical, emotional, and mental pain associated with suicide survivorship, researchers need to be intentional in providing empirical treatments to clinicians and physicians in an effort to aid postvention efforts. The chapter sought to explain why qualitative research, specifically IPA, is the preferred method for exploring the lived experiences of suicide survivors, and to demonstrate the theoretical framework surrounding suicide bereavement. Because of the paucity of research regarding adaptation and resiliency factors in suicide survivors, particularly widows who lost their spouses, qualitative IPA seems the logical choice for this research.

The following chapter is an extensive literature review that provides evidence of the need for this study (Chapter Two). Next will be a comprehensive narrative of the methodology that will be employed in this study (Chapter Three). Chapter Four chronicles the results of the study, and Chapter Five presents a summary of the research, conclusions, strengths and weaknesses of the current study, and recommendations for future research.
CHAPTER TWO: REVIEW OF THE LITERATURE

Understanding the current research in the field of suicidology is crucial prior to conducting a qualitative study exploring adaptation and resiliency factors in widows bereaved by suicide. A thorough literature review enables the researcher to gain valuable insights into the field, and also highlights gaps in the research (Roberts, 2000). This review seeks to analyze, synthesize, and organize current literature into a framework expressing the need for the present study. Through this review of the literature the progression of thought that led to the present Interpretative Phenomenological Analysis (IPA) of widows bereaved by suicide is clarified. The purpose of this study was to explore postvention factors that led to resiliency in widows who lost their husbands to suicide in order to understand how to help prevent suicide survivors, who are at greater risk, from attempting suicide themselves.

This research inquiry began with searching the following key terms: suicide postvention, suicide bereavement, resiliency after loss of spouse due to suicide, and adaptation after loss of spouse due to suicide. The search expanded over several search engines, including EBSCOhost™, APA PsycNET™, PsycTherapy™, Gale Academic OneFile™, ProQuest Central™, PsycInfo™, and Google Scholar. The inquiry included both published articles and published dissertations. In addition to search engines, reference lists were also scanned to identify related literature. Due to the paucity of research on widows bereaved by suicide, the literature review begins by describing suicide bereavement in general. The review then moves to describe spousal suicide bereavement, and then progresses to examine studies focusing on spousal post suicide
adaptation factors and post suicide resiliency factors. Lastly, a search was made specific to resiliency in widows who lost their spouse to suicide and no articles were found.

**Suicide Bereavement**

There are a plethora of studies depicting the uniqueness of suicide bereavement as compared to other modes of bereavement. The following section examines the literature pertaining to symptomatology specific to suicide bereavement and the suicidal ideation of survivors. The review of suicide bereavement literature also addresses the correlations between attachment relationship and kinship to the bereaved with maladaptive symptomatology. Next the review emphasizes research expressing a correlation between the search for meaning in the suicidal loss with personal transformation. Lastly, the review addresses survivors’ perceptions of postvention services and the impact researchers found regarding survivor participation in qualitative studies.

**Symptomatology Specific to Suicide Bereavement**

While there is conflicting evidence over whether or not suicidal grief differs from other forms of grief, most researchers agree that suicide survivors often experience symptoms that are unique to suicidal loss (Bell et al., 2012; Gaffney & Hannigan, 2010; Jordan, 2008; Kaslow et al., 2009; Rawlinson et al., 2009; Sakinofsky, 2007). Survivors may have very different experiences, but experience the same symptoms as other survivors. Suicide grief has been reported to bear additional distress, uncommon to other forms of grief (Bell et al., 2012; Jordan, 2008). Suicide bereavement is often accompanied by feelings of guilt, shame, complicated or traumatic grief, and stigma (Cerel et al., 2009; Feigelman, Gorman, & Jordan, 2009; Fielden,
2003; Gaffney & Hannigan, 2010). In many instances, suicide bereavement lasting three years or more might be considered, by some, lengthy (Kaslow et al., 2009). This section details the symptoms suicidal survivors’ experience, as reported in the literature. These symptoms include: guilt, stigma, shame, and complicated grief.

**Guilt.** According to Worden (2009), individuals bereaved by suicide experience more guilt than those bereaved by any other cause. Edwin Shneidman, an advocate for suicide prevention, stated,  

I believe that the person who commits suicide puts his psychological skeletons in the survivor’s emotional closet – he sentences the survivors to deal with many negative feelings, and more, to become obsessed with thoughts regarding their own actual or possible role in having precipitated the suicidal act or having failed to abort it. (Worden, 2009, p. 180)

Reynolds and Cimbolic (1988) conducted a quantitative study (n = 60), and found that people tend to blame spouses for the suicidal death of their mates; this blame often increases feelings of guilt, further exacerbating negative cognitions and emotions associated with the loss. Not only do survivors experience blame from others, but they also tend to blame themselves. Those bereaved by suicide were more likely to blame themselves for the death than were those bereaved by natural or accidental causes (Bailey et al., 1999).

Researchers noted that survivors of suicide have to work through feelings of guilt and responsibility for the suicide (Bell et al., 2012). In a robust qualitative study (n = 29), the researchers found that as survivors of suicide were able to make meaning of the loss, the intensity of the guilt feelings began to decline. This could be due to survivors’ ability to reframe
the suicide so that suicidal loss is not centered on the survivor but something larger. This study is discussed in greater detail in a later section.

**Complicated grief.** Complicated grief refers to a syndrome characterized by intrusive thoughts about and yearning for the deceased, excessive loneliness, disbelief, and excessive bitterness or anger related to the death lasting more than six months (Cerel et al., 2009; Sakinofsky, 2007). In 2006, De Groot et al. conducted a study of 154 first-degree relatives and spouses of 74 suicide victims to determine if they were at greater risk for complicated grief than those bereaved by natural causes three months after death. A control group consisting of 70 first degree relatives and spouses of 39 people who died by natural causes was employed. The following quantitative measures were used to gather information: the Revised Eysenck Personality Questionnaire (Barrett & Eysenck, 1984), the 7-item scale to measure mastery created by Pearlin and Schooler (1978), the Rosenberg Self-esteem Scale (Rosenberg, 1965), the RAND-36 (Brook et al., 1979), the Center for Epidemiologic Studies Depression Scale (CES-D) (Bouma, Ranchor, Sanderman, & Sonderen, 1995), and a 5-point Likert scale to measure suicidal ideation. Using MANOVA and multiple regression analysis, the study found that participants bereaved by suicide were in worse health and experienced increased levels of depression than those bereaved by natural causes (De Groot et al., 2006). In contrast, there were no differences in levels of self-esteem and mastery between the two groups (De Groot et al., 2006).

The researchers noted that general practitioners were hesitant to refer patients to the study due to concerns that participation might compound existing grief (De Groot et al., 2006). The participants referred to the study may have been chosen based on pre-existing skills that may have skewed the results. If this is true, then likely those bereaved by suicide could potentially, experience higher levels of complicated grief than the study suggested.
Fielden (2003) elaborated on the grief process of survivors in his study exploring the lived experiences of family members after losing a close family member to suicidal death (Fielden, 2003). The phenomenological study used qualitative interviews that began encouraging participants to think back to when they first heard of their loved one’s death, and asked them to share about life afterwards (Fielden, 2003). The use of open-ended questions coupled with reflective journals from participants led the researchers to robust findings. Fielden (2003) described suicide bereavement as a spiraling process where survivors not only spiral upward and downward, but also inwards and outwards. Survivors moved inwardly toward the intensity of personal grief and moved outwardly toward mundane life (Fielden, 2003). The study likened the spiral to a roller coaster ride where just as the survivor enters a brief respite from the intensity of their grief, mundane life resumes, and then an event tosses them back into the turmoil.

**Stigma and shame.** Stigma associated with a loved one’s death may be defined as “a deeply discrediting attribute, reducing a person from a whole and usual person to a tainted and discounted one” (Feigelman et al., 2009, p. 593). Curious about the role of kinship, Cammarata (2012) conducted a cross-sectional study exploring stigma and shame in survivors across familial relationships and gender. Using the Grief Experience Questionnaire (GEQ), data was compiled from participants (n = 191) from support groups across the United States, 11% of which were spouses or partners to the victim; the study used ANOVA to differentiate the subscales of kinship and gender. The results suggest that there are significant differences regarding stigma, with stigma having a greater influence on first-degree relatives than others. Interestingly, women in the study scored significantly higher than men on the Guilt and Self-Destructive Behavior subscales of the assessment (Cammarata, 2012). According to the researcher,
participants in the study often wrote notes clarifying details regarding their struggles, suggesting the need for qualitative interviews to enrich the findings. Since the study suggests a correlation with familial kinship and gender on the complicated grief of suicide survivors, future research is needed to determine the impact of stigma on widows bereaved by suicide.

Stigma is based on other’s view of an individual whereas shame is derived from the person’s view of self. Stigma often leaves survivors with feelings of shame. The reactions of others to a person’s familial suicidal loss may increase shameful feelings.

To summarize, the symptoms that suicide survivors experience include: guilt, stigma, shame, and complicated grief. Complicated grief may lead to increased suicidal ideation in survivors of suicide than the general population (Bell et al., 2012; Clark & Goldney, 2000; Gaffney & Hannigan, 2010; Jordan, 2008; Kaslow et al., 2009; Rawlinson et al., 2009; Sakinofsky, 2007). A review of the literature regarding suicidal ideation in widowed survivors of suicide may unearth postvention factors that influence resiliency in widows bereaved by suicide. Therefore, the next section provides a review the literature relative to suicidal ideation among survivors of suicide.

**Suicidal Ideation**

Because survivors of suicide are at greater risk for suicide than the general population (Bell et al., 2012; Cammarata, 2012; Gaffney & Hannigan, 2010; Jordan, 2008; Kaslow et al., 2009; Rawlinson et al., 2009; Sakinofsky, 2007), a review of the literature regarding suicidal ideation is presented here. The review identified the following themes: suicidal ideation in survivors of suicide and in survivors bereaved by the loss of a family member. Two studies specific to the increased risk of suicidal ideation were found and are examined, as well as two studies exploring suicidal ideation among family members bereaved by suicide. Lastly, the
review also identified one study exploring the impact of attachment and kinship factors on suicide bereavement (Reed & Greenwald, 1991).

**Ideation in survivors of suicide.** Researchers were interested in the association between losing a loved one to suicide and suicidal ideation among survivors and conducted a retrospective study of adults who had been exposed to the suicide of someone in the past 12 months (n = 342) by giving the Injury Control and Risk Survey (Crosby & Sacks, 2002). The researchers reported that survivors of suicide bereaved by suicide within the past year were 1.6 times more likely to struggle with suicidal ideation, 2.9 times more likely to create a suicidal plan, and 3.7 times more likely to have made a suicide attempt than the general population (Crosby & Sacks, 2002). Based on the findings, Crosby and Sacks (2002) estimated that over 10% (73,000) of the yearly suicide attempts made may be due to the suicidal loss of a loved one.

While these statistics are staggering, upon multivariate modeling, the researchers were unable to find statistical significance, potentially due to the size of the sample (Crosby & Sacks, 2002). The results are in alignment with the literature related to suicidal ideation among suicide survivors and suggests the need for future research to guide postvention services for survivors of suicide.

Concerned by the impact of complicated grief on survivors, researchers conducted a quantitative study using the Beck Depression Inventory and the Inventory of Complicated Grief to measure suicidal ideation in 60 adult survivors within one month of their loved one’s death. The findings suggested that survivors were almost 10 times greater (9.68) than the average person to experience suicidal ideation (Mitchell, Kim, Prigerson, & Mortimer, 2005). This study supports the findings of other studies suggesting increased suicidal ideation for survivors of
suicide (Bell et al., 2012; Clark & Goldney, 2000; Gaffney & Hannigan, 2010; Jordan, 2008; Kaslow et al., 2009; Rawlinson et al., 2009; Sakinofsky, 2007).

**Ideation in survivors bereaved by suicidal loss of a family member.** While Mitchell and colleagues (2005) study identified a correlation between the suicide of a family member and suicidal ideation, it did not dictate causation. Longitudinal studies with more heterogeneous samples are needed to expound on the correlation. However, their study does highlight the need for heightened support in the initial month following the suicide of a family member. Studies specific to spousal suicide bereavement and suicidal ideation will be explored later. In an attempt to better understand the role of the family in suicide bereavement, a review of the literature regarding attachment and kinship in the context of suicide bereavement will be examined.

A similar study sought to examine if a family history of suicide was a predictor of the severity of suicidal acts (Lizardi et al., 2009). There were 190 participants who met the criteria in the DSM III R (American Psychiatric Association, 1987) for major depression. Multiple assessments were used for data collection: Beck Lethality Scale (Beck, Beck, & Kovaks, 1975), Columbia Suicide History Form (Oquendo, Halberstam, & Mann, 2003), Scale for Suicidal Ideation (Beck, Kovacs, & Weissman, 1979), Brown Goodwin Aggression History Scale (Brown & Goodwin, 1986), Barratt Impulsivity Scale (Patton, Stanford, & Barratt, 1995), St. Paul-Ramsey Questionnaire (Oquendo et al., 2003), and The Reasons for Living Scale (Linehan, Goodstein, Nielsen, & Chiles, 1983). Multiple regression analysis was used to make comparisons.

The results found that families with a history of suicide in first-degree relatives have greater a number of suicide attempts than families who did not ($p = 0.01$) (Lizardi et al., 2009).
Furthermore, the study suggests a correlation between the number of attempts and a family history of suicide. Families with a history of familial suicide were more likely to have multiple suicide attempts versus single attempts (Lizardi et al., 2009). The researchers suspect that modeling may portray suicide as a coping mechanism to members of the family and could be associated with the increased number of attempts (Lizardi et al., 2009). Jordan (2001) questions whether suicidality is an inherited biological factor predisposing certain people to suicidal risk. The question remains as to whether the increased risk for suicidal ideation is due to nature or nurture.

The large sample size and use of multiple assessments makes the findings robust. However, the sample was limited to family members with major depression and this may not be generalizable. It is possible that a family history of depression may be a mediating factor. Regardless, the findings are in accord with other studies that assert that survivors of suicide are at greater risk for suicide than the general population (Bell et al., 2012; Gaffney & Hannigan, 2010; Jordan 2001; Jordan, 2008; Kaslow et al., 2009; Rawlinson et al., 2009; Sakinofsky, 2007).

Another study interested in the relationship between the suicide of first-degree relatives and suicidal ideation explored suicidal ideation in 457 mood disorder probands (Mann et al., 2005). In order to identify predictors of suicidal acts in first-degree relatives, univariate and multivariate analyses were used to analyze the data (Mann et al., 2005). Nearly one-fourth of probands with a mood disorder who had experienced the suicide of a first-degree relative had attempted suicide compared to 13% who had no exposure (Mann et al., 2005).

The researchers acknowledge the role of both genetics and environment on suicide risk. The authors cite twin studies to support the strong genetic component and argue that it is not
solely attributed to the mood disorder but also to family history of suicidal behaviors (Mann et al., 2005). Participants were predominantly inpatient clients with high rates of suicidal behaviors, and may not be indicative of generalizability (Mann et al., 2005). However, the large sample size adds reliability to the study. The study notes the increased risk of suicide for first-degree relatives and justifies the need for future studies to guide prevention efforts.

This section provided detailed information about the suicidal ideation that survivors of spousal suicide experience. This literature is highlighted to emphasize the suffering and needs of this population. To summarize, survivors who have experienced the loss of a family member are at greater risk for suicidal ideation than the general public.

Several of the studies reviewed in this section show the increased risk for suicidal ideation among first-degree relatives (Lizardi et al., 2009; Mann et al., 2005). In an effort to better understand the role of kinship in suicidal bereavement, a review was conducted of existing research related to the attachment relationship and kinship factors. The following section expounds on the research.

**Attachment relationship and kinship factors.** This section describes the literature related to attachment and kinship factors. The closeness of kinship appears to be an indicative factor influencing the negative consequences of suicidal bereavement. In order to better understand the role of familial relationships in suicide bereavement, a literature review was conducted to explore the attachment relationship and kinship factors; one study was found that explored this issue.

Researchers, Reed and Greenwald (1991), wondered if the quality of attachment influenced the grief of the survivor-victim status of those bereaved suddenly. More specifically, they wanted to know if the familial relationship or the quality of the attachment relationship
influenced bereavement the most. Quantitative surveys were distributed to the next of kin of 179 suicide survivors and 285 accidental death survivors. In some instances, between two and six members of the same family participated and may have confounded the results (Reed & Greenwald, 1991). Participants were asked to answer non-standardized survey questions based on symptoms present in the past week in an effort to obtain current status instead of past symptomatology; the decision not to use a standardized scale lessens the validity and reliability of the results (Reed & Greenwald, 1991).

Attachment levels were determined by asking participants to respond via a Likert scale of 1 to 4 (1 strongly disagree, 4 strongly agree) to the statement, “I was very close to the deceased” (Reed & Greenwald, 1991, p. 394). The subjectivity of the tool may not give an accurate assessment of the attachment relationship. The study suggested that the attachment relationship is more important than the familial relationship in the intensity of grief symptoms (Reed & Greenwald, 1991). The study also noted that suicide survivors experienced less emotional distress than those bereaved by accidents. Survivors were often ambivalent in their responses to the suicides; while some were devastated by the suicide of a family member, others were relieved and saw the suicide “as a blessing” or relief from suffering (Reed & Greenwald, 1991, p. 399). This ambiguity suggests that the circumstances surrounding the suicide may also influence survivors’ bereavement.

The authors stated that spouses experience less grief than other family members, but give no supporting evidence (Reed & Greenwald, 1991). This is contrary to the results of other studies which suggest that spouses experience high levels of grief, second to the grief experienced by parents (Agerbo, 2005; Berman, 2011; De Groot & Kollen, 2013; Reynolds & Cimbolic, 1988). The correlation between attachment and suicide bereavement is unclear.
Further research using empirical assessments is needed to explore the interaction between the two. In summary, the review emphasizes the increased risk for suicidal ideation in survivors of suicide, in survivors bereaved by the loss of a family member, and attachment and kinship factors. In an effort to explore the role of meaning-making in fostering adaptation and resiliency in survivors of suicide, the following section reviews the related literature.

**Meaning-Making**

The research suggests that meaning-making is an important ingredient in the transformation of those bereaved by suicide (Castelli Dransart, 2013; Clark & Goldney, 2000; Miller, 2003). As a result, the researcher reviewed the literature related to meaning-making in suicide bereavement.

The ambiguity identified by the research of Reed and Greenwald (1991) was explored by Begley and Quayle (2007) who found that suicide bereavement is molded and shaped by the survivor’s life experiences with the deceased and their perceptions and social interactions after the suicide. Their qualitative study consisted of in-depth interviews with eight participants, three males and five females. A discussion guide was used to elicit participants’ life experiences related to the suicide. The guide featured questions such as,

Tell me about when the suicide happened. Was there any event or something significant that you feel may have happened to them before they took their life? Grief affects individuals in different ways. How would you describe its impact on you personally?

(Begley & Quayle, 2007, p. 28)
Interpretative Phenomenological Analysis was used to interpret the transcripts and to identify themes among participants. Validity checks were conducted by repeatedly examining the consistency in the data set (Begley & Quayle, 2007).

Begley and Quayle (2007) suggested that there are four themes consistent with suicide bereavement. The first theme is characterized by intense pain and fear as the family sought to control the impact of the suicide (Begley & Quayle, 2007). The second theme was participants’ attempts to make sense of the suicide (Begley & Quayle, 2007). Third was the uneasiness survivors experienced in social interactions following the suicide (Begley & Quayle, 2007). Lastly, participants reflected how their personal lives had changed as a result of their experiences (Begley & Quayle, 2007). Overall, the study identified that suicide survivors’ bereavement is contingent on their ability to find meaning in the loss and their perception of the pre-suicidal relationship with the deceased.

Meaning-making as postvention, as a helpful activity that occurs after the suicide of a loved one, is a theme throughout much of the research (Bell et al., 2012; Dyregrov et al., 2011; Shneidman, 1969; Supiano, 2012; Van Dongen, 1991). Researchers used psychological autopsy to identify 20 individuals who died by suicide, and qualitative interviews were conducted ($n = 29$) among relatives and significant others (Bell et al., 2012). Psychological autopsy involves collecting and synthesizing information on the deceased through interviews with family, friends and caregivers, data from healthcare documents and forensic reports (Isometsa, 2001).

Member-checking was employed to assure accuracy in the transcripts, and data was coded thematically using a Grounded Theory approach (Bell et al., 2012). The researchers noted that suicidal loss was complicated and that survivors had to work through feelings of guilt and responsibility (Bell et al., 2012). As survivors were able to make meaning of the loss, the
intensity of these negative cognitions began to fade. The authors noted that while research points to the importance of meaning-making in postvention, little empirical evidence exists regarding the best methods to assist survivors in doing so (Bell et al., 2012).

In an effort to better equip survivors of suicide to find meaning in the loss of their loved ones, it may be helpful to explore their perceptions of existing postvention services.

**Perceptions of Postvention Services**

In order to better understand survivors’ perceptions of postvention services, a review of related literature was conducted. This search resulted in three identified studies that explored access to postvention services and the amount of support offered after the first year of bereavement.

**Access to postvention services.** Exploring the bereavement process of individuals who lost a family member to suicide, Gaffney and Hannigan (2010) identified the following themes: Initial experience of shocked detachment, benefits of social support, striving to maintain a routine, balancing emotional expression and regulation, and accepting the reality of the suicide. Gaffney and Hannigan (2010) used semi-structured qualitative questionnaires to collect data, and analyzed the data using descriptive and interpretative thematic analysis, which led to detailed data regarding participants’ post-suicide experiences (n = 14). The longitudinal study by Gaffney and Hannigan (2010) explored bereavement two weeks after the suicide, the first year post-suicide, medium-term coping, and long-term coping. Nine of the 14 participants reported having a negative experience with first responders immediately following the suicide, suggesting the need for better training among first responders (Gaffney & Hannigan, 2010). Participants expressed frustrations with their mental health after the suicide, stating that their emotional state
limited their ability to search for postvention support (Gaffney & Hannigan, 2010). The results suggested that access to aftercare services needed to be better communicated to survivors.

**Decreased support following first year bereavement.** Acknowledging the complexity of suicidal grief, researchers conducted a study of survivors’ perceptions of formal postvention supports. McKinnon and Chonody (2014) used the following research questions to guide the qualitative study:

1. What supports have people bereaved through suicide used during their bereavement journey?
2. Of these supports which were helpful?
3. What are their unmet support needs?
4. How have the supports they used affected their bereavement journey? (p. 234)

In-depth interviews were conducted using fourteen participants. After transcription, the interviews were emailed to participants for member checking to ensure accuracy (McKinnon & Chonody, 2014). Since the participants were recruited from local service organizations and were actively seeking help, their responses may not be representative of the larger population.

The authors reported mixed results suggesting that not all survivors of suicide grieve the same. While some found significant support from peer-led support groups, others did not. The same was true for experiences with first responders; many felt that their needs were left unmet, while others described the compassion and sensitivity received by first responders (McKinnon & Chonody, 2014). One consistent finding was the need for continuous postvention services; many felt supported in the initial wake of the loss, but as time passed, access to postvention services declined (McKinnon & Chonody, 2014). This is consistent with the findings of Jordan and McMenamy (2004), which suggested that the average professional assistance offered to suicide
survivors is six months or less. The study reported that those who do not find early access to support services often stop trying and do not receive help from formal supports (McKinnon & Chonody, 2014). Early access to interventions may help alleviate some of the stigma and increase social supports, thus decreasing negative symptoms associated with suicidal loss.

Supporting the previous research, Wilson and Marshall (2010) reported that participants in their quantitative study received less help than desired and the help received was predominately unhelpful. The focus of their research was on suicide survivors’ perceptions of and access to postvention services in Australia; author-generated questionnaires were distributed among survivors (Wilson & Marshall, 2010). Participants were subdivided into three groups: first-degree relatives (n = 142), second-degree relatives (n = 36), and non-relatives (n = 13) (Wilson & Marshall, 2010). The mean time elapsed since the suicide was 5.8 years with a standard deviation of 7.94, suggesting broad differences in the amount of time passed.

Participants were asked how much time professional help is needed and the responses varied. Almost 19% expressed needing help for a two year period, with 2% denoting the need for support for 5 years; the findings suggest the need for more long-term care for survivors (Wilson & Marshall, 2010). Interestingly, even though the majority felt professional services were needed, less than half received professional services (Wilson & Marshall, 2010). The researchers found that services were not only inadequate and unsatisfactory, but also damaging (Wilson & Marshall, 2010). It is imperative that further research identify quality professional postvention services; a failure to do so could prevent survivors from getting help, and could prove detrimental.

The variance of time since the suicide among the participants is a study limitation. With the mean time lapse at five years, the data is retrospective and may vary from what the same
participants might have reported in preceding years. Furthermore, the questionnaires used were author-generated and have not been examined for validity or reliability. While the results suggest the need for empirically based postvention services, further research is needed to examine the efficacy of existing professional supports.

The research above explored survivors’ perceptions of postvention services. In summary, the review identified survivors’ difficulty locating postvention services and perceptions of decreased support after the first year of bereavement. In addition to the themes already addressed in this review, research suggests that participation in qualitative studies may help to facilitate meaning-making and the transformative process for survivors of suicide. This theme is of interest because one goal of this research is advocacy for and meaningfulness of research participation for the research participants. Therefore, the following section explores studies that reflect on this assertion.

**Impact of Participation in Qualitative Studies on Survivors of Suicide**

Interested in how participation in qualitative studies impacted survivors of suicide, Hawton, Houston, Malmberg, and Simkin (2003) conducted a study consisting of follow-up interviews one month after the qualitative study’s completion with 68 participants from three different qualitative studies. Reflecting on their experiences, at least one third of the participants reported that participation had been beneficial with nearly 75% responding that talking about the loss was specifically helpful.

In a similar study, researchers explored survivors’ experiences of participation in qualitative phenomenological analysis interviews and how the experiences differed among survivors based on gender, relationship with the deceased, mode of suicide, and the lapse of time.
since the suicide (Dyregrov et al., 2011). The sample (n = 97) was comprised of five to nine suicide survivors of 17 suicide victims within the past six to 18 months. The validity of the study was strengthened by the use of interviews as well as follow-up questions. Interviewers were either trained suicidologists or qualitative researchers, thus strengthening both the study’s generalizability and its reliability by maintaining consistency. The participants’ experiences were classified as an overall positive experience (62%), an unproblematic experience (10%), or a positive and a painful experience (28%), (Dyregrov et al., 2011). The research confirmed that survivor participation in qualitative research studies is valuable, particularly in assisting survivors in finding meaning in the loss (Dyregrov et al., 2011). The pain associated with the interviews corresponded with participants talking about hurtful memories that they had tried to suppress; despite the pain, participants acknowledged the value of participation in helping them make meaning out of the loss (Dyregrov et al., 2011). The large sample size (n = 97) further strengthens the study’s internal validity.

Research affirms the benefits of bereavement research. The studies mentioned exposed minimal risks involved in such research, and are in accord with previous research suggesting that participation leads participants toward altruism and meaning-making in their own bereavement process (Beck & Konnert, 2007). This review of the literature leads to the conclusion that the benefits outweigh the risks in suicide bereavement research.

**Synthesis**

There is vast research suggesting that suicide bereavement is both unique and complicated. Individuals bereaved by suicide often experience guilt, shame, stigma, depression, and suicidal ideation at greater levels than those bereaved by natural causes or by accidents (Bell
et al., 2012; Gaffney & Hannigan, 2010; Jordan, 2008; Kaslow et al., 2009; Rawlinson et al., 2009; Sakinofsky, 2007). The research denotes that first degree relatives experience the greatest symptoms from the suicidal loss, and more specifically, the research suggests that spouses are the second most affected familial group, surpassed only by parents (Agerbo, 2005; Berman, 2011; De Groot & Kollen, 2013; Reynolds & Cimbolic, 1988).

The majority of survivors reported dissatisfaction with postvention services (Gaffney & Hannigan, 2010; McKinnon & Chonody, 2014; Wilson & Marshall, 2010). The qualitative studies exploring survivors’ perceptions consistently linked healing and transformation with the ability to make sense or find meaning in the loss (Begley & Quayle, 2007; Bell et al., 2012; Dyregrov et al., 2011; Supiano, 2012; Van Dongen, 1991). Some research suggests that participation in qualitative research studies may assist survivors’ in the meaning-making process and may accelerate the healing process (Dyregrov et al., 2011).

Complicated grief is a normal response to suicide bereavement; the despairing nature of suicidal bereavement increases the suicide risk for survivors of suicide; for this reason, more research is needed to guide interventions for helping survivors. This study seeks to elaborate on the existing research by answering how a select sample of resilient widows who lost their husbands to suicide describe the process of bereavement. Table 2.1 summarizes the purposes, methods, and findings of the suicide bereavement studies reviewed in this section.
<table>
<thead>
<tr>
<th>Study</th>
<th>Purpose</th>
<th>Methods</th>
<th>Findings</th>
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<tr>
<td>De Groot, De Keijser, Neeleman (2006)</td>
<td>The purpose of this study was to explore whether suicide bereaved relatives are at special risk for complicated grief.</td>
<td>Quantitative study EPQ-RSS Assessment 5-point Likert scale MANOVA</td>
<td>Three months after death, those bereaved by suicide were in worse physical health than those bereaved by natural causes.</td>
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<td>Fielden (2003).</td>
<td>The purpose of this study was to explore the lived experiences of family members since they lost a close family member to suicidal death.</td>
<td>Qualitative interviews Reflective journals Participants able to read transcripts and clarify things</td>
<td>The study compares suicidal grief with a roller coaster ride.</td>
</tr>
<tr>
<td>Crosby &amp; Sacks (2002)</td>
<td>The purpose of this study was to explore whether exposure to suicide is associated with suicidal ideation.</td>
<td>Survey Design analyzed using special survey data analysis software</td>
<td>Individuals exposed to suicide were significantly more likely to experience suicidal ideation and behavior.</td>
</tr>
<tr>
<td>Lizardi et al. (2005)</td>
<td>The purpose of this study was to examine whether family history of suicidal acts predicts severity of suicide attempts.</td>
<td>Beck Lethality Scale, Columbia Suicide History Form, Scale for Suicidal Ideation, Brown Goodwin Aggression History Scale, Barret Impulsivity Scale, St. Paul Ramsey Questionnaire, Reasons for Living Scale (n = 190) Multiple regression analysis</td>
<td>A family history of suicide predicted future suicidal behavior and ideation.</td>
</tr>
<tr>
<td>Mann et al., (2009)</td>
<td>The purpose of this study was to examine the shared and distinctive factors associated with familial mood disorders and familial suicidal behavior.</td>
<td>Family History Research Diagnostic Criteria, Columbia Suicide History Scale, Lethality Rating Scale, Goodwin Lifetime History of Aggression Scale, Barratt Impulsivity Scale Univariate and multivariate analysis</td>
<td>First degree relatives with a mood disorder who have been bereaved by suicide are twice as likely to attempt suicide as those not bereaved by suicide.</td>
</tr>
<tr>
<td>Hawton, Houston, Malmberg, &amp; Simkin (2003)</td>
<td>The purpose of this study was to provide information that will assist other researchers who plan to conduct psycho- logical autopsy interviews.</td>
<td>Psychological autopsy interviews (n = 68)</td>
<td>The study found that one month after the interview only one person felt worse about their loved one’s suicide than before. At least one third of the participants reported the experience as beneficial, nearly 75% responded that talking about the loss was helpful, and 9% stating it was not helpful.</td>
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<tr>
<td>Mitchell, Kim, Prigerson, &amp; Mortimer (2005)</td>
<td>The purpose of this study was to examine the association between complicated grief and suicidal ideation in survivors of suicide.</td>
<td>Exploratory, descriptive study Cross-sectional</td>
<td>While survivors are at greater risk of suicide, the results indicate that complicated grief and depressive symptoms independently heighten the risk of suicidal ideation which may pose a risk for suicide.</td>
</tr>
<tr>
<td>Cammarata (2012)</td>
<td>The purpose of this study was to examine stigmatization, guilt, and shame experienced by the</td>
<td>Cross-sectional survey Modified Grief Experience.</td>
<td>Immediate family members report almost two times more complicated grief symptoms than distantly related individuals, friends and coworkers.</td>
</tr>
</tbody>
</table>
The research on suicide bereavement is relatively sparse, but studies specific to spousal suicide bereavement are even rarer. The next section provides an overview of existing research on spousal suicide bereavement.

### Spousal Suicide Bereavement

The purpose of this study was to explore postvention factors that led to resiliency in widows who lost their husbands to suicide in order to explore the needs and inform the treatment of suicide survivors, who are at greater risk of attempting suicide themselves. In an effort to better understand spousal suicide bereavement, a literature review was conducted on studies specific to spousal suicide bereavement. The following is a review of the literature, specific to widows bereaved by suicide, examining the symptomatology, suicidal ideation, and perceptions of postvention services.

<table>
<thead>
<tr>
<th>Researchers</th>
<th>Study Purpose</th>
<th>Methods</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reed &amp; Greenwald (1991)</td>
<td>The purpose of this study was to explore the survivor-victim relationship in understanding grief following sudden death bereavement</td>
<td>Self-report assessments, Factor Analysis</td>
<td>Attachment or quality of relationship seems to be more important than familial status.</td>
</tr>
<tr>
<td>Begley &amp; Quayle (2007)</td>
<td>The purpose of this study was to describe the bereavement experiences of adults whose relative had died by suicide and to explore the challenges faced in coping after the death.</td>
<td>Audiotaped qualitative interviews, IPA</td>
<td>The study suggests that suicide bereavement is molded and shaped by the survivor’s life experiences with the deceased and their perceptions and social interactions after the suicide. It also suggests that finding meaning is an important variable in moving forward.</td>
</tr>
<tr>
<td>Bell, Stanley, Mallon, &amp; Manthorpe (2012)</td>
<td>The purpose of this study was to explore existing assumptions about the nature of bereavement by suicide.</td>
<td>Qualitative – audiotaped interviews and review of coroner’s data</td>
<td>Working through the themes of guilt, responsibility, and searching for meaning seem important components of postvention.</td>
</tr>
</tbody>
</table>
Symptomatology Specific to Spousal Suicide Bereavement

While there is growing research on suicide bereavement, studies specific to widows are limited. The research suggests that spouses who lose their spouse to suicide experience unique symptoms (Johnson, Zhang, & Prigerson, 2008; Miyabayashi & Yasuda, 2007; Pennebaker & O’Heeron, 1984). Berman (2011) suggested that spouses are the most impacted by suicide, second only to parents. However, research reported that spouses are at greater risk for depression than parents and siblings (De Groot & Kollen, 2013). The following studies explore the various symptomatology specific to spousal suicide bereavement. The review unearthed the following themes: psychological symptoms and sociological symptoms. The psychological symptoms included depressed mood, shame, guilt, anger, and anxiety. Sociological symptoms identified were stigma, social isolation, and economic hardship. Four studies expounded on the psychological symptoms, and two explored sociological symptoms.

Psychological symptoms. Miyabayashi and Yasuda (2007) explored the differences between suicide bereavement and other sudden deaths particularly in regard to general health, depressive mood, and grief reaction as outcome variables. While the sample included 307 first-degree relatives, 215 were either parents or spouses. The author states that the majority of participants were spouses, but fails to give the exact number (Miyabayashi & Yasuda, 2007). The results indicate that the sudden death of a spouse is associated with increased health problems (Johnson et al., 2008; Miyabayashi & Yasuda, 2007; Pennebaker & O’Heeron, 1984). However, the study suggested that the impact of the suicide had a greater impact mentally than physically (Miyabayashi & Yasuda, 2007). The findings are not surprising given the existing research regarding the characteristics of complicated grief of survivors. Guilt, depression,
blame, and stigma take a toll on many survivors (Cammarata, 2012; McIntosh & Kelly, 1988; Van Dongen, 1991).

Knapp (2014) also noted the feelings of shame and intimidation among suicide survivors (n = 7) in her Interpretative Phenomenological Analysis researching meanings survivors associated with the suicide of loved ones. After participants engaged in two individual idiographic interviews, they participated in a follow-up focus group to analyze and refine the data gathered (Knapp, 2014). Participants not only expressed anger at the suicide itself, but also at the remaining circumstances after the suicide (Knapp, 2014).

While participants expressed a need for ongoing support after the suicide, few found that support and most opted for isolation rather than risking feeling rejected in seeking support from others (Knapp, 2014). The participants perceived themselves in a new role in both the family and in the community, and this new role brought inner turmoil and shame (Knapp, 2014; Thaha & Dheeraja, 2007). Several participants engaged in community postvention activities in an effort to find meaning in their loss. However, they reported that other family members resented their involvement, often due to the stigma it carried for the family (Knapp, 2014). Knapp (2014) noted that many participants described themselves as having a “dark shadow on their family” that would never cease to exist (p. 93). The study dictated that in order for survivors to experience resiliency and posttraumatic growth, healthcare professionals need sensitivity training to offer more effective postvention services (Knapp, 2014).

Interested in the shame and stigma associated with suicide survivorship, Reynolds and Cimbolic (1988) asked 60 participants to read three different fictional case studies (one of a parent’s suicide, one of a spouse’s suicide, and one of a child’s suicide) and complete an assessment afterwards sharing their perceptions and impressions. The researchers found that
participants were more likely to blame spouses and parents than children for the suicide (Reynolds & Cimbolic, 1988). While the circumstances surrounding the suicide did not seem to impact respondent’s attitudes, the reactions to all three case studies were negative. The study is in conjunction with other studies, reporting that suicide survivors experience stigma, shame, and less social support than those bereaved by natural causes.

Researchers further postulated that widows bereaved by suicide often lose their sense of self (Constantino, Sekula, Lebish, & Buehner, 2002). Negative psychological reactions such as anger, depression, anxiety and fearfulness may be new to survivors, thus causing them to experience a crisis of the self (Constantino et al., 2002). The research implies that negative symptoms may be prolonged due to complicated grief, creating a need for long-term postvention (Calhoun, Selby, & Walton, 1986; Constantino et al., 2002).

Constantino and associates (2002) conducted a cross-sectional cohort designed study comparing behavior and depression between women bereaved by the suicide of a significant other with female abuse survivors (n = 78) using the Beck Depression Inventory (BDI). The study reported that the female suicide survivors experienced greater sadness, and the researchers attributed the increased sadness to the permanency of the loss of an intimate attachment figure (Constantino et al., 2002). While the results are not surprising, the researcher’s dual role as investigator and as representative of participants in court may have influenced the self-reported responses on the BDI, potentially leading to false results.

Sociological symptoms. While most of the research focuses on the psychological effects of suicide bereavement, there is a need to examine the practical implications as well (Thaha & Dheeraja, 2007). Focusing on farmer’s wives who were bereaved by suicide in India, researchers noted that in addition to the psychological trauma widows faced, they also had to
take on additional economic responsibilities for survival and had to face humiliation and shame from others (Thaha & Dheeraja, 2007). The widows came from low socioeconomic families and struggled to provide for their basic needs. India is a male-dominated society and women are often responsible for domestic duties; the death of their husbands thrusted the women in the study into new stigmatized roles. The findings are consistent with other research suggesting that low self-esteem and dependency on the deceased spouse lead to greater risks (Johnson et al., 2008).

The women reported feeling rejected and disrespected in society, and experienced feelings of shame, leaving many feeling depressed and suicidal themselves (Thaha & Dheeraja, 2007). Social support from family was especially helpful in reducing suicidal ideation (Thaha & Dheeraja, 2007). While the study’s methodology is nonspecific, it illuminates the need for research regarding the economic shifts for widows bereaved by suicide and also for research regarding the influence of culture on suicide bereavement.

Another study exploring stigma and shame among survivors involved 120 participants’ responses to obituaries of those bereaved by suicide, motor accident, or leukemia (Calhoun et al., 1986). Findings were that those bereaved by suicide were more often blamed for the death than the others. Furthermore, the researchers reported that spouses bereaved by suicide were often blamed because of their perceived ability to intervene and failure to do so (Calhoun et al., 1986). This assertion indicates a lack of knowledge among the general public regarding the nature of suicide. The study indicates that as others inquire about the deaths, those bereaved by suicide are often asked inappropriate and shaming questions (Calhoun et al., 1986).

The authors asserted that spousal survivors of suicide tend to experience social isolation and suggested that since spouses require more time to recover psychologically, their social
interactions with others may be uncomfortable, causing others to avoid them (Calhoun et al., 1986). The shame felt by widowed survivors may be an unintentional consequence of the awkward social interactions. Again, this points to the need for public education regarding suicidal loss and the need for greater postvention supports for survivors.

To summarize, this review of the literature related to symptomatology demonstrates that spouses bereaved by suicide experience high levels of stress psychologically and sociologically. Because of the depth of the pain experienced by survivors, widows bereaved by suicide are at increased risk for suicide themselves (Bell et al., 2012; Gaffney & Hannigan, 2010; Jordan, 2008; Kaslow et al., 2009; Rawlinson et al., 2009; Sakinofsky, 2007). In an effort to explore suicidal ideation in widows bereaved by suicide, the following section reviews the related literature.

**Suicidal Ideation**

As discussed in the previous section, the research suggests that in general, suicidal ideation is greater in survivors of suicide than the general population (Bell et al., 2012; Gaffney & Hannigan, 2010; Jordan, 2008; Kaslow et al., 2009; Rawlinson et al., 2009; Sakinofsky, 2007). This section focuses on the suicidal ideation of spouses in particular, as this is the focus of this research project. In an effort to explore postvention factors that influenced resiliency in widows who lost their husbands to suicide, a review of the literature regarding suicidal ideation in widowed survivors is now presented. The review unearthed two articles specifically exploring suicidal ideation among widows bereaved by suicide. One study identified being a parent as a protective factor, and the other study suggested that the risk is the greatest the first week post suicide.
**Protective factor.** In an effort to offer more effective postvention services, it is important to search for protective factors that help prevent widows from attempting suicide themselves. The following study identified being a parent as a protective factor (Agerbo, 2005).

Interested in the suicide risk of spouses, Agerbo (2005) conducted a large scale nested case control study using archival data of people who died by suicide suffering from the psychiatric illness of a spouse, loss of a spouse or child by suicide, or loss of a spouse or child by other causes (n = 475,075). The results indicated that those who experienced the death of a spouse or cohabitee were more likely to complete suicide themselves (Agerbo, 2005; De Groot & Kollen, 2013; Johnson et al., 2008). Interestingly, the risk was the same for surviving spouses of both genders (Agerbo, 2005). However, being a parent was found to be a protective factor for women bereaved by suicide (Agerbo, 2005). The researchers asserted that there are few postvention strategies for survivors that are proven to prevent suicide, suggesting the need for more research (Agerbo, 2005). Agerbo’s findings are consistent with the current research.

**Timing.** The risk for suicide in widowed survivors of suicide varies according to the amount of time elapsed since the death of their spouses (Pompili et al., 2013). The following study explored the timing when the risk is greatest in an effort to guide postvention efforts (Pompili et al., 2013); if healthcare professionals and clinicians can identify the timeframe associated with the greatest risk, extra support and postvention services may be offered in an attempt to avert another crisis.

Pompili and associates (2013) completed a literature review of studies exploring bereavement after the suicide of a significant other and found that suicide risk decreases in widows and widowers after the first year of suicide, and postulated that the risk is greatest in the first week following the suicide of the significant other. They also discovered that suicide risk is
greatest in younger widows (Pompili et al., 2013). Despite the increased risk for suicide, there are currently no interventions specific to widows bereaved by suicide.

Unfortunately, there is a paucity of studies specific to suicidal ideation in widowed survivors of suicide. To summarize, the scant research suggests that spouses are at greater risk for suicidal ideation than others bereaved by suicide themselves, particularly in the first year following the death (Agerbo, 2005; De Groot & Kollen, 2013; Johnson et al., 2008). Existing postvention services are not specific to widows, but are more general in nature. In an effort to explore how survivors perceive existing postvention services, a review of the literature concerning widows’ perceptions was explored.

**Perceptions of Postvention Services**

In the search to identify resiliency factors in widows bereaved by suicide, a review of the literature concerning widowed survivors’ perceptions of postvention services was conducted. Only one study specific to widows’ perceptions was found.

Driven to explore the effectiveness of existing postvention services, researchers conducted a comparative study of two group interventions: Bereavement Group Postvention (BGP) and Social Group Postvention (SGP) (Constantino, Sekula, & Rubinstein, 2001). Several assessments were used for data collection among participants (n = 47): Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), Brief Symptom Inventory (BSI) (Derogatis, 1993), Grief Experience Inventory (GSI) (Sanders, 1985), and Social Adjustment Scale (SAS) (Weissman, 1999). While participants in both groups experienced a decrease in negative symptomology, the authors suggested that interacting with other widowed survivors of suicide may be a more beneficial method of postvention (Constantino et al., 2001).
They were drawn to this conclusion because they observed that the interactions participants had with other survivors of suicide correlated with a significant decrease in depression, psychological distress, and grief and was associated with an increase in social adjustment (Constantino et al., 2001). The findings suggest that having the support and interest of other survivors may foster healing (Constantino et al., 2001). However, the study did not explore specifically whether or not interactions with other widowed survivors of suicide influences resiliency and adaptation; however if it fosters healing, a correlation may be presumable. As indicated by this review, there is a gap in the literature regarding the promotion of resiliency and adaptation for widows bereaved by suicide. With suffering, risk of suicide ideation, and suicide attempt high for this population, understanding how to support and promote recovery is clearly indicated.

To summarize, this section of the review examined symptomatology and suicidal ideation of persons who lost their spouses to suicide along with their perception of the postvention services they received.

**Synthesis**

Just as there are symptoms specific to suicide bereavement, there are other symptoms unique to widows bereaved by suicide. The symptoms may be emotional, physical, social, and/or financial. Widows who lost their husbands to suicide are at increased risk for suicidal ideation and need better access to quality postvention services. Widows report interactions with other survivors of suicide as being the most beneficial form of postvention (Constantino et al., 2001). All of the studies reviewed focused on the negative symptomatology of suicide bereavement and point to a gap in the research: the need to explore and unearth positive factors influencing resiliency and adaption. This study is a starting point of exploration of such factors
and does so by exploring survivors of spousal suicide’s experiences of recovery with the hopes of discovering postvention factors that may lead to resiliency and adaptation.

The following table summarizes the purposes, methods, and findings of the spousal suicide bereavement studies reviewed in this section.

<table>
<thead>
<tr>
<th>Study</th>
<th>Purpose</th>
<th>Methods</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miyabayashi &amp; Yasudu (2007)</td>
<td>The purpose of the study was to explore the differences among death causes by classification in terms of both suddenness and unnaturalness, considering general health, depressive mood, and grief reaction as outcome variables.</td>
<td>Action research approach, attained a relatively large sample size that allowed to examine the effect of death causes on bereavement reaction.</td>
<td>The study suggests suicide bereavement is most devastating form of bereavement for widows.</td>
</tr>
<tr>
<td>Thaha &amp; Dheeraja (2007)</td>
<td>The purpose of the study was to understand the shift in gender roles of widows, to study the problems faced by the widows and the extent to which these could be solved, to document the mechanisms adopted by the widows to cope up with the situations, and to understand the measures taken by the government to provide assistance to the victims.</td>
<td>Qualitative interviews</td>
<td>The study revealed the unique struggles of bereavement, such as the added responsibility as sole provider.</td>
</tr>
</tbody>
</table>
| Knapp (2014)                      | The purpose of the study was to integrate the collective voices of suicide survivors in postvention strategies. | IPA Idiographic interviews. Audio recordings were analyzed utilizing qualitative software   | The majority of the participants perceived suicide death in their family as a significant social stigma.  
Participants believed that their role as a suicide survivor increased their self-perception of shame and intimidation. |
| Reynolds & Cimbolic (1988)        | The purpose of the study was to study the degree of stigmatization, guilt and shame experienced by parents as compared to other familial relationships to the deceased. | Participants were given 3 case studies and asked to respond to written questions regarding case studies. | The relationship of the survivor to the suicide victim influenced attitudes. People were less blaming to children than to spouses or parents. |
| Calhoun, Selby, & Walton (1986)    | The purpose of the study was to investigate the reactions of others to the surviving spouse of an individual who commits suicide. | Participants were asked to read different obituaries and complete an assessment afterwards sharing their perceptions and impressions. | The surviving spouse of suicide was blamed more often than others. SOS spouses require longer time to recover psychologically and social |
Constantino, Sekula, Lebish, & Buehner (2002)  The purpose of the study was to compare psychological implications among female survivors of suicide of their significant other and female survivors of abuse.  A descriptive cohort design was used. The Beck Depression Inventory (BDI).  The study suggests that widows bereaved by suicide may experience harmful long-term side effects.

Agerbo (2005)  The purpose of the study was to describe gender specific suicide rates associated with partner's psychiatric disorder, loss of a spouse, or child by suicide or other causes, being a parent, and marital status  Nested case-control study Qualitative study Archival data  The death of a spouse or a cohabitee by suicide had greater suicidal ideation, whereas there were no differences between spouses and cohabittees. Couples who were separated had a slightly greater risk than couples who were living together at time of suicide, and being a widowed parent seemed to be a protective factor.

Pompili, Shrivastava, Serafini, Innamorati, Milelli, Erbuto, & Girard (2013)  The purpose of the study was to review the literature in four major suicide journals regarding suicide bereavement.  Review of literature from careful searches on MedLine and PsycINFO for the period 1980-2013.  Survivors are at risk for suicide themselves. Suicide risk decreases in widows and widowers after the first year of suicide. Suicide risk is the greatest in widows during first week after bereavement. Suicide rates higher among young widows than in older widows.

Constantino, Sekula, & Rubinstein (2001)  The purpose of the study was to evaluate the effects of two group interventions, the Bereavement Group Postvention (BGP) and the Social Group Postvention (SGP) on bereavement outcomes of widowed survivors of suicide.  Two volunteer groups given pretests and post-tests to measure effectiveness.  Interacting with other widowed survivors of suicide may be beneficial postvention.

In an effort to guide clinicians to offer more effective postvention services to widows bereaved by suicide, research is needed to identify protective factors. The following section outlines post suicide adaptation factors found in previous empirical literature.

**Post Suicide Adaptation Factors**

Knowing that grief has the transformational potential to foster personal growth, a review of the research related to adaptation factors in the wake of a loved one’s suicide is needed.
(Feigelman, Jordan, & Gorman, 2009; Smith, Joseph, & Das Nair, 2011). Four studies were found that addressed adaptation factors. Review of this literature unearthed the following factors associated with adaptation: social support, meaning-making, and coping mechanisms associated with positive adaptation.

**Social Support**

A review of the literature revealed that social support may be an adaptation factor for survivors of suicide (Cummins, 2011; Feigelman et al., 2009; Gayathri & Das, 2012; Supiano, 2012). Social support can be defined as personal relationships that “fulfill specific relationship roles (i.e., listen when they needed to talk, help them out in a crisis, appreciate them as a person, provide comfort when they’re upset, and allow them to be themselves”) (Anusic & Lucas, 2013, p. 371). The review unearthed one study specific to the influence of social support on adaption for widows bereaved by suicide.

Cummins (2011) explored the degree of kinship and attachment levels correlation with adaptation for women bereaved by suicide using a cross-sectional, descriptive research design. Three quantitative assessments, a Demographic Data Tool, the Adult Attachment Questionnaire, and the Revised Grief Experience Inventory, were used to gather data from a convenience sample (n = 48), and Spearman's correlation analysis and ANOVA were used to analyze the data.

Cummins (2011) sought to answer two questions: “What is the relationship between attachment level and the survivor's ability to adapt to suicide loss, among young to middle-aged women?” and “What is the relationship between kinship degree and the survivor's ability to adapt to suicide loss, among young to middle-aged women?” (p. 5). Adaptation to suicide was described as a decrease in negative symptoms due to a behavioral response influenced by social
support (Cummins, 2011). The study found that the survivors with high avoidance had little existential tension, depression, and guilt; the researchers suspect this may be related to the participants tendency to dismiss and avoid negative emotions (Cummins, 2011). There was also a correlation between participants with high ambivalence and low levels of guilt, perhaps due to their ability to gain social support (Cummins, 2011). The study also reported that the only significant difference among kinship factors was mothers who lost a child by suicide; the mothers had significantly lower tension than women who lost another family member or friend (Cummins, 2011).

Cummins (2011) suggested that women who lost a first-degree relative were more likely to receive more social support than those who lost distant relatives or friends, even if the distant relationships had a stronger attachment. The study suggests that clinicians keep the attachment relationship in mind as well as the degree of kinship when offering support services to women bereaved by suicide.

The findings are weak due to the small sample size and the limited reliability of the instruments used in data collection. The researcher recommends future qualitative studies be conducted to explore the process of suicide bereavement specific to women (Cummins, 2011).

**Meaning-Making**

Multiple studies suggest that meaning-making is a factor influencing adaptation after suicidal loss (Begley & Quayle, 2007; Fielden, 2003; Korang-Okrah, 2015; Supiano, 2012). Begley and Quayle (2007) define meaning-making as the ability to make sense of the suicide as survivors process feelings of guilt and shame while asking themselves questions regarding why the suicide occurred and about their prior relationship with the deceased. This section seeks to
examine this empirical literature on meaning-making as an adaptation factor. One study was found suggesting that the survivor’s relationship with the deceased prior to the suicide may impede or promote the survivor’s ability to find meaning in the loss (Begley & Quayle, 2007). Another study suggested that many survivors find meaning through assisting others bereaved by suicide and through religious participation (Feigelman et al., 2009).

**Relationship with the deceased prior to suicide.** In a strong Interpretative Phenomenological Analysis (n = 8), Begley and Quayle (2007) asserted that survivors’ ability to find meaning in the suicidal loss is interpreted in the context of the relationship with the deceased prior to the suicide. They reported that personal transformation is dependent on the ability to make meaning of the suicidal loss (Begley & Quayle, 2007). This finding is consistent with the existing literature (Begley & Quayle, 2007; Fielden, 2003; Korang-Okrah, 2015; Supiano, 2012).

Survivors tend to ruminate about the loss and about their relationship with the deceased. Martin, who lost his son to suicide explained it saying,

> You are thinking that [ ] did this because there was something in there that caused him to do it. He could not have been in his right mind, as we know him so I don’t think he betrayed our trust by doing that, he was going through whatever pain and wouldn’t set out to hurt us deliberately. (Begley & Quayle, 2007, p. 30)

Martin seeks to make sense of the suicide by referencing his relationship with his son. Survivors often blame themselves for not doing something to prevent the suicide, and they often struggle with thoughts about why their loved one did not trust them enough to share about their problems (Begley & Quayle, 2007). For many, the process of making meaning of the loss is tied to the pre-suicidal relationship with the deceased.
Social influences appear to mediate or hinder survivors’ search for meaning (Begley & Quayle, 2007). More specifically, studies suggest that helping other survivors of suicide may mediate adaptation in survivors (Castelli Dransart, 2013; Feigelman et al., 2009; Ratnarajah, Maple, & Minichiello, 2014).

**Helping other survivors of suicide.** Intrigued by survivors’ ability to transform posttraumatic stresses into posttraumatic growth, researchers surveyed 540 parents bereaved by the suicidal loss of a child to explore the association of personal growth with mental health problems among longer-term survivors and to explore demographic correlations with personal growth (Feigelman et al., 2009). The study reports that survivors who assist others in their hurt from suicidal loss, particularly in the form of peer support groups, may experience healing themselves (Feigelman et al., 2009). This could correlate with the desire to find meaning and purpose in the loss and by helping others, the survivor may find purpose.

**Religious participation.** Similarly, people actively engaged in religious activities correlated significantly with personal loss (Feigelman et al., 2009). This too, could be related to participants’ ability to reframe the loss into meaningful structures. Both of these findings, support group participation and religious affiliation, suggest that community activity may be a transformative factor for adaptation (Feigelman et al., 2009).

Because the study was both cross-sectional and correlational, causality is not established (Feigelman et al., 2009). It is possible that participant’s personal growth preceded community interactions; future studies need to be conducted to distinguish whether community activity is dependent on personal growth or whether personal growth is a correlate of community activity. Furthermore, the sample was disproportionately derived from support groups which may skew
the results. It is possible that a sample of survivors who are not actively engaged in support
groups might identify alternate adaptation factors.

The studies reviewed affirm the role of meaning-making in adaptation after suicidal loss.
In summary, the research identified an association between the pre-suicide relationship,
interactions with other survivors of suicide, and religious participation with meaning-making. In
an effort to understand other ways survivors of suicide adapt in the wake of the loss, the
following section reviews the literature regarding coping mechanisms in suicide bereavement.

**Coping Mechanisms**

Since survivors’ mechanisms for coping with stress tend to aid an adaptation factor, this
section is a review of the literature related to survivors’ coping mechanisms that assist in
adaptation after the suicidal loss of a loved one.

Parker and McNally (2008) explored repressive coping, emotional adjustment, and
cognition in people who lost loved ones to suicide. Building on the belief that repressive coping
preserves cognitive capacity under duress, researchers conducted a mixed methods study (n = 53)
using two different cognitive tasks, the Posttraumatic Symptom Scale (PSS) (Foa, Riggs, Dancu,
& Rothbaum, 1993), the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff,
1977), the Grief Experience Questionnaire (GEQ) (Sanders, 1985), the Ways of Coping
Questionnaire (WoCQ) (Folkman & Lazarus, 1985), and a one hour qualitative interview.

The study found that repressors adapted better to the suicidal loss than non-repressors
(Parker & McNally, 2008). They experienced lower levels of depression and suffered less from
intrusive cognitions related to the loss (Parker & McNally, 2008). While the results are
encouraging, the study was cross-sectional in design, and therefore there is no evidence
regarding the long-term outcomes of repressive coping in suicide bereavement. Furthermore, there were no control groups so the findings may be applicable to all forms of bereavement and not specific to suicidal loss (Parker & McNally, 2008).

The following table summarizes the purposes, methods, and findings of the studies reviewed on post spousal suicide adaptation factors.

<table>
<thead>
<tr>
<th>Study</th>
<th>Purpose</th>
<th>Methods</th>
<th>Findings</th>
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<tbody>
<tr>
<td>Cummins (2011)</td>
<td>The purpose of the study was to investigate whether attachment levels are more important than degree of kinship in adaptation to suicide bereavement among young to middle-aged women.</td>
<td>Cross-sectional, descriptive design using the Demographic Data Tool (DDT), the Adult Attachment Questionnaire (AAQ), and the Revised Grief Experience Inventory (RGEI).</td>
<td>Adaptation is dependent on social support. Attachment may play greater role in suicidal grief than kinship.</td>
</tr>
<tr>
<td>Feigelman, Jordan, &amp; Gorman (2009)</td>
<td>The purpose of the study was to explore the association of the personal growth subscale of the Hogan Grief Reaction Checklist with mental health problems among longer-term survivors.</td>
<td>Quantitative study using Hogan Grief Reaction Checklist Factor Analysis</td>
<td>The study suggests a transformative potential in grief, helping people feel changed by their loss, shaping them into becoming more compassionate, caring, and help-giving persons. It also indicates an association between personal growth and mental health.</td>
</tr>
<tr>
<td>Parker &amp; McNally (2008)</td>
<td>The purpose of the study was to determine whether repressive coping is associated with milder grief, less severe symptoms of psychopathology and distress, higher cognitive functioning and more adaptive coping relative to those who do not engage in repressive coping.</td>
<td>Questionnaires One hour interview</td>
<td>Participants using repressive coping adapted better to the suicidal grief.</td>
</tr>
<tr>
<td>Begley &amp; Quayle (2007)</td>
<td>The purpose of the study was to describe the bereavement experiences of adults whose relative had died by suicide and to explore challenges faced in coping after the death.</td>
<td>Audiotaped qualitative interviews IPA</td>
<td>The study suggests that finding meaning is an important variable in moving forward.</td>
</tr>
</tbody>
</table>

There is a paucity of research exploring adaptation factors in suicide bereavement. To summarize, survivors experience: the need for social support, meaning-making, and coping mechanisms associated with positive adaptation. The review of the literature specific to
adaptation also illuminates the question of whether a person’s pre-existing coping mechanisms are adaptation factors.

The current study is not only interested in identifying adaptation factors, but also in determining what factors aid in resiliency after the suicide of a spouse. Acknowledging the role of social support and meaning-making for adaptation, a review of suicide bereavement research specific to resilience will be examined in the following section.

**Post Suicide Resiliency Factors**

In order to inform clinicians working with survivors of suicide, research is needed to identify post suicide resiliency factors. While no studies were found specific to widows bereaved by suicide, there were a relatively small number of studies specific to either suicide survivorship or to widowhood. The review unearthed the following themes: social support, meaning-making, spirituality, and personality traits.

**Social Support**

In a previous section, a review of the literature was made related to social support in the aftermath of suicide bereavement; this section reviews the literature on social support as a resiliency factor specific to widows bereaved by suicide. Only one study was found specific to widowed survivors of suicide.

Findings from a quantitative study using a prospective longitudinal design with data from three large-sample nationally representative panel surveys (n = 562) from Germany, Great Britain, and Australia suggest that the quality of social support prior to bereavement may contribute to the amount of support and resilience afterwards (Anusic & Lucas, 2013). While the
study is not specific to widows bereaved by suicide, the applications are assumed to be applicable regardless of mode of death. The large sample size and the diversity among the three instruments used for data collection increased the power of the study. The longitudinal research gathered data both years prior to and years after the suicide, again adding significance to the study.

**Meaning-Making**

Miller (2003) conducted a literature review exploring the role of resiliency in therapy. He described resiliency as an individual’s ability to avoid pathological symptoms or disorders after a stressful life event where such symptoms and disorders are ordinarily expected (Miller, 2003). Miller (2003) is careful to differentiate between the terms “resiliency” and “finding meaning”. Miller (2003) explained that finding meaning is the equivalent of looking for purpose in a dissatisfied life, whereas resilience involves bouncing back from a trauma that might leave others with significant symptoms or pathology.

While Miller (2003) contrasts meaning making and resilience, this study suggests that meaning finding is an integral part of resilience. The challenge with Miller’s (2003) definition, is the subjectivity of defining what circumstances are necessary for potential resiliency. Miller (2003) answers this objection stating that therapists will recognize resilience in clients who are coping with major life events and are able to live a productive life by both subjective and objective standards. This line of thinking assumes that a lack of symptoms points as a marker to resilience. However, a lack of symptoms could also be due to denial or suppression, which are not characteristics of true resilience.
Research studies affirm the positive effects of meaning-making in suicide postvention (Begley & Quayle, 2007; Fielden, 2003; Korang-Okrah, 2015; Supiano, 2012). This section seeks to examine the literature reviewed regarding meaning-making as a resiliency factor for widows bereaved by suicide. The review unearthed two studies addressing the theme finding meaning through helping other survivors of suicide, and it unearthed one study exploring the role of religious participation in meaning-making.

**Helping other survivors of suicide.** Research suggests that many survivors find meaning through assisting others bereaved by suicide (Feigelman et al., 2009). This section explores how widows bereaved by suicide perceive meaning-making in the context of helping others.

A recent study substantiates previous research assertions that meaning-making and social support are related to resiliency post-suicide. Using qualitative interviews, researchers denoted that clear and open communication between family members may encourage growth and resilience (Ratnarajah et al., 2014). All of the participants (n = 18) shared that personal growth came out of their pain; researchers stated that resilience appears to emerge from a determination to move forward combined with the innate qualities of self-reliance, determination, and stoicism (Ratnarajah et al., 2014). In accordance with previous research, participants expressed finding healing, meaning, and ultimately transformation as they helped others bereaved by suicide, often in the form of support groups (Castelli Dransart, 2013; Feigelman et al., 2009; Ratnarajah et al., 2014). The authors encouraged future researchers to explore whether restorative retelling of loss narratives is an integral part of the transformative process (Ratnarajah et al., 2014).

Castelli Dransart (2013) found sense making to be pertinent to survivors’ ability to experience transformational benefits or resilience. Using grounded theory analysis to interpret
the themes from qualitative interviews (n = 48), the researcher discovered that sense-making, meaning-making, and memory building are inextricably linked to the transformative process during suicide bereavement (Castelli Dransart, 2013). The study found that participants bereaved by suicide often found meaning by helping others in the community who are in a similar situation or by engaging in suicide prevention efforts; this finding corroborates with other study findings suggesting that community involvement can help survivors in their own transformation toward healing (Castelli Dransart, 2013; Feigelman et al., 2009). The study suggests that those who fail to find meaning in the loss are more vulnerable to long-term symptoms and pathology; the finding supports the correlation between meaning making and resilience (Castelli Dransart, 2013).

Spirituality is often the pathway which leads survivors of suicide to make meaning in the suicidal loss. The following section reviews the literature related to spirituality and resiliency in widows bereaved by suicide

**Religious participation.** Adaptive spirituality appears to have an impact as a postvention resiliency factor. Mottram and Vandecreek (2011) used qualitative research and interviewed ten women who lost a first-degree relative to suicide within the last two years. Nine of the participants were Christian and one was Buddhist. The research team identified four themes from the data of the nine Christian participants only, using descriptive methodology (Mottram & Vandecreek, 2011). The themes included assurance that suicide did not prevent their loved one’s from going to heaven, the sovereignty of God and the responsibility of the individual who died by suicide, acknowledgement of personalized care from God, and good resulting from the tragedy (Mottram & Vandecreek, 2011). Each of these themes arose from
participants’ search for meaning in the loss, further substantiating a link between meaning making and resiliency.

In summary, helping other survivors and participating in religious activities may foster meaning-making that leads to resiliency in the wake of spousal suicide. The following section provides an overview of the research related to resiliency in widows. While the studies are generalized and not specific to survivors of suicide, many of the outcomes are applicable to widows bereaved by suicide.

**Resiliency in Widows**

Two studies were found that explored resiliency factors in widows. While the focus was not specific to widows bereaved by suicide, the results have general implications that apply to widows regardless of mode of spouse’s death (Anusic & Lucas, 2013; Hahn, Cichy, Almeida, & Haley, 2011). Both studies suggest that social support is a resiliency factor for women who are widowed (Anusic & Lucas, 2013; Hahn et al., 2011). Using quantitative measures the study explored in-depth the daily experiences of older widows (n = 75) compared to married women (n = 125) (Hahn et al., 2011). The researchers found that social support is a key component for resiliency in widows. Specifically, assistance from friends in practical issues facing daily life, such as yard work or cooking, appeared to help widows adjust to the stress-provoking changes in daily life (Hahn et al., 2011). In addition to social support, the study reported that time use and well-being correlate with resilience (Hahn et al., 2011). The widowed participants in this study appeared to have experienced both restoration and resiliency in the aftermath of spousal loss.
Some researchers have questioned whether resiliency is associated with pre-existing personality traits. The following section reviews literature regarding personality traits and resilience in suicide bereavement.

**Personality Traits Associated with Resilience**

One study was found specific to personality traits associated with resiliency post-suicide. The robust study explored personality traits associated with resilience and found that neuroticism, anger, hostility, depression, vulnerability, worry, and rumination are traits that hinder a person returning to an equilibrium state after a traumatic incident or loss (Maltby et al., 2015). Two samples of participants (n = 622 & n = 168) were asked to complete five resilience scales: Ego Resiliency Scale (Block & Kremen, 1996), the Hardiness Scale (Bartone, Ursano, Wright, & Ingraham, 1989), the Psychological Resilience Scale (Rutter, Freedenthal, & Osman, 2008), the Connor-Davidson Resilience Scale (Connor & Davidson, 2003), and the Brief Resilience Scale (Smith et al., 2008). Using factor analysis, the researchers found that people who are open to new ideas, values, and experiences were more likely to have adaptive resilience (Maltby et al., 2015).

The following table summarizes the purposes, methods, and findings of the spousal suicide bereavement studies reviewed in this section.
<table>
<thead>
<tr>
<th>Study</th>
<th>Purpose</th>
<th>Methods</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castelli Dransart (2013)</td>
<td>The purpose of this study was to explore how 48 survivors of suicide made sense of the suicide of a loved one.</td>
<td>Qualitative study</td>
<td>The study identified that some survivors find transformational benefits (resiliency). The themes were sense-making, meaning-making, and memory building.</td>
</tr>
<tr>
<td>Mottram &amp; Vandecreek (2011)</td>
<td>The purpose of this study was to explore suicide survivors’ perceptions of God after the suicide of a family member.</td>
<td>Qualitative study</td>
<td>The study emphasized the role of spirituality in suicide bereavement. The four themes were: 1. God did not deny heaven to their loved one. 2. God was in control, but not responsible for the suicide. 3. God provided individualized spiritual care. 4. God brought good out of the tragedy.</td>
</tr>
<tr>
<td>Anusic &amp; Lucas (2013)</td>
<td>The purpose of this study was to examine the buffering hypothesis in the context of reaction and adaptation to widowhood in three large longitudinal datasets.</td>
<td>Prospective longitudinal design with data from three large-sample nationally representative panel surveys</td>
<td>Social support prior to spousal death may contribute to support and resilience afterwards.</td>
</tr>
<tr>
<td>Hahn, Cichy, Almeida, &amp; Haley (2011)</td>
<td>The purpose of this study was to evaluate the in-depth daily experiences of older widows compared to married women</td>
<td>Daily journals &amp; telephone interviews</td>
<td>The results indicate that many widows are resilient and find ways to accommodate to the loss of a spouse through daily activities. Assistance from friends or neighbors (e.g., yard work, cooking) may help widows adjust to the changes in daily life that may become stressful over time.</td>
</tr>
<tr>
<td>Ratnarajah, Maple, &amp; Minichiello (2014)</td>
<td>The purpose of this study was to explore the recollections of adults who had experienced the suicide death of a family member at some time in their lives.</td>
<td>Qualitative interviews Purposive sampling</td>
<td>Communication between family members leads to growth and resilience. A defensive adaptation to a stressful situation does not allow for stressors to be encountered as challenges to be met, thus allowing survivors to exhibit growth, integration, and resilience. Taking control of own life may be a means to resilience. Resilience = posttraumatic growth</td>
</tr>
<tr>
<td>Maltby, Day, &amp; Hall (2015)</td>
<td>The purpose of this study was to develop a more parsimonious and therefore valuable approach to assessing trait resilience, by exploring and consolidating</td>
<td>Factor analysis</td>
<td>Personality traits may influence resiliency and adaptation. Adaptive resilience is associated with people who are open to new ideas, values, and</td>
</tr>
</tbody>
</table>
the variety of theoretical and empirical approaches currently used for assessment.

experiences in relation to cognitions, behaviors, and affect.

To summarize, the following factors influenced resilience in survivors of suicide: social support, meaning-making, spirituality, and personality traits. In this study, resilience is defined as the transformative process of managing and adapting to significant life challenges that leads to positive outcomes. The Brief Resilience Scale (BRS) (Smith et al., 2008) was used to assess participants’ suitability for this study. The section that follows dictates the rationale and need for this study.

**Synthesis of Study and Rationale for Current Study**

A tension exists between the assessed needs of survivors for support and the needs of researchers for precise definitions and systematic studies (Cerel et al., 2009). To reduce this tension, researchers suggest involving survivors in the design and implementation of research (Cerel et al., 2009). The need for research is categorized in four ways: methods development, epidemiological studies, naturalistic studies, and controlled trials (Cerel et al., 2009). This qualitative study aims to guide methods development as themes emerge among survivors who have bereaved their husbands’ suicide and are not only surviving, but thriving.

In Andriessen’s (2014) review of the literature on suicide bereavement and postvention in major suicidology journals, 144 journal articles were found on suicide postvention. However, in the ten year span between 2003 and 2013, only 58 articles were written on suicide postvention in four suicidology journals (Andriessen, 2014). There is a scarcity of articles specific to resiliency and adaptation despite the evidence that these factors also serve as protective factors (Andriessen, 2014).
In the previous sections, studies specific to resilience and adaptation in survivors of suicide were examined (Anusic & Lucas, 2013; Begley & Quayle, 2007; Castelli Dransart, 2013; Hahn et al., 2011; Fielden, 2003; Korang-Okrah, 2015; Miller, 2003; Mottram & Vandecreek, 2011; Ratnarajah et al., 2014; Supiano, 2012). However, no studies were found specific to resiliency and adaptation in widows bereaved by suicide.

Table 2.5
Number and Percentage of Postvention Articles in Four Suicidology Journals (mid 2003 – mid 2013)

<table>
<thead>
<tr>
<th></th>
<th>Crisis</th>
<th>SLTB</th>
<th>ASR</th>
<th>SOL</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of postvention articles</td>
<td>31</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>58</td>
</tr>
<tr>
<td>Average/year</td>
<td>3.1</td>
<td>2.7</td>
<td>0</td>
<td>0</td>
<td>5.8</td>
</tr>
<tr>
<td>Number of all articles</td>
<td>406</td>
<td>611</td>
<td>340</td>
<td>50</td>
<td>1,407</td>
</tr>
<tr>
<td>Percentage of postvention</td>
<td>7.6%</td>
<td>4.4%</td>
<td>0%</td>
<td>0%</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

Notes.  
ªSLTB = Suicide and Life-Threatening Behavior.  
b ASR = Archives of Suicide Research.  
SOL = Suicidology Online. (Andriessen, 2014).

The purpose of this study is to explore postvention factors that led to resiliency in widows who lost their husbands to suicide in order to explore the needs and inform the treatment of suicide survivors, who are at greater risk, from attempting suicide themselves. It is anticipated that a better understanding of the lived experiences of a select group of resilient widows who lost their husbands to suicide will enable physicians, clinicians, social workers, and clergy to be better informed and provide more efficacious modes of treatment.
CHAPTER THREE: METHODS

This qualitative study was conducted as an Interpretative Phenomenological Analysis (IPA) to explore the meaning of the experience of each individual. The purpose of this study was to explore postvention factors that led to resiliency in widows who lost their husbands to suicide, in order to explore the needs and inform the treatment of suicide survivors, who are at greater risk, from attempting suicide themselves. This chapter provides a summary of IPA, the rationale for using qualitative research, and describes the participant selection process. The methods are discussed, focusing on data collection and analysis in accordance with the processes of IPA (Smith & Osborn, 2007). The chapter explains the researcher’s attempt to maintain trustworthiness and quality in this study. Finally, the section concludes with the ethical procedures employed in the current study.

Research Design

Interpretative Phenomenological Analysis (IPA) was chosen for this study in an effort to explore in detail how participants make sense of their personal experiences after the suicide of their spouse. The focus of IPA is the exploration of meaning in each participant’s experiences which enhances the richness of the data (Smith & Osborn, 2007). As the researcher and participants sought for meaning in the participants’ perceptions of their experiences, there was a double hermeneutic involved (Smith & Osborn, 2007). The theoretical framework for the current study was discussed in Chapter One; the capacity to connect the study’s theoretical framework with participants’ understandings of the phenomena being explored is one of the
strengths of IPA research (Smith et al., 2013). The current study examined the factors that led survivors to resiliency in the aftermath of their husbands’ suicides. The following section explains the rationale for adopting a qualitative research design.

**Rationale for Qualitative Research Design**

Qualitative research was used to describe, interpret, and understand the perception of effective supports offered to suicide survivors during bereavement (Kazdin, 2003). After receiving IRB approval, this study explored the suicide bereavement of six widows by suicide by gathering retrospective information from the participants. This technique was chosen because of its value as a source in developing therapy techniques (Kazdin, 2003). The researcher hopes that this will lead to more supportive interventions for survivors. The next section explains the rationale for adopting semi-structured interviews.

**Rationale for Particular Methods**

Consistent with IPA, semi-structured interviews were conducted by the same interviewer. Semi-structured interviews were helpful because they allow the opportunity for the interviewer to establish rapport with participants, and there was freedom for the interviewer to ask additional questions as they arose (Willig, 2008). Participants were given the research questions prior to the interview with instructions to complete a reflective journal in response to the questions (Fielden, 2003; Hahn et al., 2011). The researcher hoped the journals coupled with the interview will provide more robust data (Fielden, 2003).

Interviews were audiotaped and transcribed verbatim. Each interview and accompanying reflective journal was analyzed in detail on a case by case basis. Once the first case was properly
analyzed, the second case began, and the process continued until all six transcriptions were analyzed. In each analysis, themes were identified and connections between themes were noted and clustered. After each interview was analyzed individually, prevalent themes that emerged across participants’ experiences were identified. Quotations from participants accompany the common themes to add trustworthiness to the content (Smith & Osborn, 2007). The following section provides an overview of the research design.

**Overview of the Research Design**

The interpretative nature of the IPA framework enabled the researcher to make inferences regarding factors leading to resiliency based on individual narratives (Smith et al., 2011). It allowed the exploration of a particular phenomenology, while at the same time employing hermeneutics by identifying thematic meaning and idiography; it also permitted a small sample size (Pietkiewicz & Smith, 2012). The IPA framework allowed the researcher to use a double hermeneutic as both the participants and the researcher search for meaning. In order to provide a more thorough overview of IPA, each of the three components is discussed next.

**Phenomenology.** Phenomenology encompasses the mind, consciousness, and language in an attempt to find meaning. The framework is not merely interested in giving descriptives, but sees descriptions as a means to identifying the “raw stuff of experience,” so that interpretations can be made (Tomkins & Eatough, 2013, p. 259). Phenomenology investigates first-person experience in the belief that certain knowledge is only obtained through the process of first-person consciousness (Tomkins & Eatough, 2013). Researchers describe phenomenology as a qualitative technique that strives to explicitly state the implicit meanings of experience as it is lived and felt among participants (Tomkins & Eatough, 2013).
Interviewing is the most common technique for data collection, and participants are assured that there is no right or wrong answer. Typically, phenomenology uses questions such as “what is it like?” and “how does it feel?” to assist people in describing past events, as well as in helping them to relive them somewhat in the present. Merleau-Ponty (1962) described this process as bringing the past forward into the present. In other words, participants were encouraged not to share retrospective accounts, but instead were encouraged to reenact the accounts in the here and now (Tomkins & Eatough, 2013). In order for participants to achieve this, there had to be an element of trust with the interviewer.

Hermeneutics. Another important aspect of IPA is hermeneutics, the theory of interpretation. The IPA framework allowed for a double hermeneutic as both the participants and the researchers look for meaning in the experience. The current study was not interested in a description of the bereavement process after a spouse’s suicide, but rather how the participants understood and found meaning in their experiences and how that impacted their resiliency. Using interviews and reflective journals, the researcher was able to participate with the widows in a hermeneutic circle as they visited, revisited, and evaluated the participants’ experiences (Larkin, Watts, & Clifton, 2006). This process allowed the participants to add clarity throughout the study. This is known as on-going reflexivity (Willig, 2008).

Idiography. The third component of the IPA framework is idiography. This refers to an in-depth analysis of single cases and an inquiry into the unique perspectives of each participant (Pietkiewicz & Smith, 2012). Before any conclusions were drawn, each individual interview was analyzed in detail. The researcher was not focused as much on the universal, but on the particular (Smith, Harre, & van Langenhove, 1995). After the completion of each case analysis,
the researcher identified common themes and cite quotations from the participants in an effort to provide evidence of the themes.

**Selection of Participants**

Prior to contacting potential candidates, a pilot study was conducted using one participant so that interview questions could be modified as needed for clarity. The one participant was initially to be recruited from a local Survivors of Suicide (SOS) group, but was recruited through snowballing. The participant for the pilot study was given informed consent and a signature was obtained prior to participation in the pilot study.

A purposive, self-selected sample (Creswell, 2009; Willig, 2008) of six participants engaged in the study. This number was chosen in part due to the recommendations of clinical psychology doctoral programs in Britain that six to eight participants is appropriate because it allows the researcher to examine similarities and differences between individuals without being overwhelmed (Pietkiewicz & Smith, 2012). In concordance with the study by Pietkiewicz and Smith (2012) other researchers suggested that having between five and eight participants is adequate for a pilot qualitative study (Dyregrov et al., 2011).

In an effort to identify participants with homogeneity so that the focus remained ideographic, participants were recruited through Survivors of Suicide (SOS) support groups in north Georgia. Six women widowed by suicide more than two years prior to participation in the study, and who were described by their SOS support group leader as having experienced resiliency after the suicide of their spouse were considered for participation. The leaders were informed that resilience refers to widow’s ability to maintain relatively stable, healthy levels of
normal daily functioning in the wake of her husband’s suicide. Group leaders were asked to use these definition of resilience as the distinguishing factor in the nomination process.

The two-year limit allowed sufficient time for healing to begin in the survivors’ lives. Building on the work of Vandecreek and Mottram (2011), the researcher’s rationale for this two-year limit is the belief that survivors require two years to “sufficiently resolve the rawness of their initial responses,” and this gave adequate time for the survivors to gain perspective (p. 744). Individuals meeting the above criteria were given the Brief Resilience Scale (BRS) (Smith et al., 2008) to determine eligibility for participation. The following section explains the rationale for using the BRS in participant selection.

**Instrumentation**

Participants recruited by their therapist or support group leader as being resilient in the wake of their husband’s suicide were given the Brief Resilience Scale (BRS) (Smith et al., 2008) as a quantitative measure of resilience. The BRS measures a person’s ability to bounce back after stress (Smith et al., 2008). The scale was chosen due to its reportedly good internal consistency and test-retest reliability (Smith et al., 2008; Windle et al., 2011). Participants scoring an average of 3.8 or higher (on a scale of one-six) were invited to participate in the current study. Initially, the researcher planned to use a minimum score of 4.3 based on the findings of research studying resilience factors which suggests that scores under 3.00 be considered low in resilience, and scores above 4.30 be considered high resilience (Smith, Epstein, Ortiz, Christopher & Tooley, 2013). However, after a careful review of the literature, I noted that Smith et al. (2013) cite of 3.70 as an overall average resilience score. Because the standard deviation is 0.68 and there is a slight negative skew, they suggest that those with scores
under 3.00 be considered low in resilience and those with scores above 4.30 be considered high resilience. These numbers were set using the mean scores from both men in women. However, the study notes that men continually had higher means than women. In response to these findings, I requested permission from the IRB to change the required score to 3.8 or greater. Most of the studies found show women having a mean score of 3.6, with those who have experienced considerable stress at a mean of 3.09. Since the participants would include women who have experienced significant stress, a score of 3.8 or higher seemed more appropriate. The change was approved.

**Data Collection and Analysis**

**Research Questions**

Guided by a desire to explore postvention factors that influenced resiliency in widows who lost their husbands to suicide, the research questions the current study sought to answer were:

1. How do a select sample of resilient widows who lost their husbands to suicide describe the process of bereavement?

2. What factors do participants perceive fostered adaptation and resiliency in the bereavement process?

3. What factors do participants perceive impeded adaptation and resiliency in the bereavement process?
Data Collection

Participants were asked to complete a demographic questionnaire compiling each participant’s age, the number of years since the spousal suicide, number of children, number of marriages, number of years married to the deceased, and marital satisfaction.

Knapp (2014) suggested that suicide survivors were able to provide the best insights into suicide postvention. Believing Knapp’s assertions to be true, participants in the current study were asked to provide reflective journals in an attempt to gather additional information to create a fuller picture of the participants’ bereavement experiences prior to the first interview. Journals gave insights into participants’ experience that may not have emerged from interviews alone (Ryan et al., 2013). They were given the semi-structured interview questions as a guide to assist them in the writing process. The specific questions are outlined later in this section.

The researcher conducted and digitally recorded six semi-structured interviews. The recorded interviews were transcribed verbatim. By employing a semi-structured interview, the researcher was able to use the questions as a prompt, allowing for flexibility in adapting the questions as needed. In qualitative research, instead of stating objectives, the researcher presents a central research question which is followed by several subquestions (Creswell, 2009). In this study, the researcher wanted to explore what postvention resources were perceived as the most helpful to survivors during the bereavement process. Specifically, the researcher wanted to know “What helped widows to find healing in the grieving process, after their spouse’s suicide?” Between six and ten questions were recommended to allow the researcher the freedom to ask follow-up questions or to use prompts in an effort to encourage detail (La Londe, 2014). The following interview questions were given to survivors for journaling prior to the interviews, and were used as a guide for the actual interviews:
Introductory questions:

- Tell me about your relationship with your husband.
  - Help me to understand what your marriage was like.
- Tell me about your experience of losing your husband to suicide.

Adaptation questions:

- Describe your life since the loss.
  - How have you adapted, positively or negatively, to the suicide of your husband?

Resilience questions:

- How were you able to maintain some sense of “normal” as you made it through?
  - What let you know you were going to make it through?
  - As severe as the loss was, have you experienced anything good out of this experience?

Social support questions:

- Describe how your relationships with others were helpful or not helpful.

Concluding question:

- Is there anything else you would like to tell me that we have not included?

The interviews were approximately one hour in length so that appropriate information could be obtained without overwhelming participants. At all times, the researcher was diligent to assess the participants’ functioning and emotional well-being. Because the interviewer was inquiring about particularly traumatic events, the interviewer followed ethical procedures and was prepared to pause or cease the interview to prevent any harm to the participants if necessary. If this had occurred, the researcher was prepared to make appropriate referrals for mental health care.
All participants were given an informed consent form to be completed prior to participation in the study. A sample of this consent is presented in Appendix A. After the initial interviews were reviewed, the researcher presented participants with follow-up questions for clarification or expansion via email correspondence. Member checking was used so that participants could make any needed additions or corrections; participants were given the final written transcript so that they can validate the descriptions and meanings assigned to their experiences in order to clarify any misunderstandings that may have arisen (McKinnon & Chonody, 2014).

**Data Analysis**

Each interview transcript and participant journal was read and reread by the researcher in an attempt to identify themes common among participants. The data includes a detailed description of the survivors’ experiences as well as nonverbal cues. Data analysis was not a haphazard process. The researcher wrote notes in the margins of the transcripts for future reference. Hermeneutical phenomenological analysis was used to interpret the data. This process involved the researcher becoming entrenched in reading, reflecting, and rereading the interview transcripts and participant’s reflective journals as well as the researcher’s notes (Fielden, 2003). The researcher then used qualitative data analysis to code the identified themes.

After transcription, the researcher reviewed all of the data from the first participant, both transcription and journal twice and then proceeded to the next participant. The researcher continued this pattern of review until data from each participant had been reviewed at least two times. Then a preliminary list of categories and themes was identified and coded (Roberts, 2000). Next, the responses were organized according to the research question to which it
corresponded. Pertinent information was highlighted and counted for frequency; the master coding list was finalized by noting themes that are referenced more than once (Roberts, 2000). The common themes were described in a manner that connected the themes into a narrative form (Creswell, 2009). These narratives were used to convey research findings. The researcher then reviewed all transcripts to ensure that the identified themes and patterns were consistent with the collected data (Roberts, 2000). Lastly, the researcher compared the findings with the literature to determine whether or not the findings were consistent or inconsistent with existing research (Roberts, 2000).

The detailed accounts of participants were analyzed for emergent patterns and themes. By engaging participants in exploration of their lived experiences, researchers were able to gather insights from individuals who may have been overlooked or ignored (Smith et al., 2013). In keeping with phenomenological reflection, the emergent themes were compared to the findings of previous literature to identify commonalities with the current study (Fielden, 2003). Finally, the researcher interpreted the data in hopes that the interpretations would lead to a recommendation of more effective postvention strategies, which will help survivors find healing in the wake of a loved one’s suicide. While survivor narratives support the researcher’s conclusions, the results clarified that the interpretations were derived from the researcher and not from participants themselves. The following section details the process the researcher will take to maintain trustworthiness in the current study.

**Trustworthiness**

Trustworthiness is the term used by qualitative researchers to describe a study’s credibility, dependability, and transferability (Bloomberg & Volpe, 2012). In an effort to fulfill
the trustworthiness necessary for qualitative inquiry (Kazdin, 2003), an audit trail was maintained of analytical processes used to generate decisions regarding data collection and interpretation so that themes are traceable to participants’ responses. In order to further promote trustworthiness, issues related to transparency, examples from the data, and credibility checks will be discussed in the following subsections.

**Transparency**

Dependency and transparency refer to the importance of providing a detailed audit trail of data collection and data analysis (Bloomberg & Volpe, 2012). In an effort to promote transparency, complete transcripts of the interviews are included so that the reader can identify the themes and patterns discussed by the researcher. The researcher sought to connect the research findings with the results from the literature review in an effort to show the findings in the context of the broader scope.

**Grounded in Examples**

By including exact quotations from the participants associated with the identified themes, the research is grounded in examples (Willig, 2008). This enables the reader to personally engage with the participants’ responses and examine the researcher’s interpretations. Smith (2011) suggested providing examples from at least half of the participants for each theme in order to produce a robust study.
Providing Credibility Checks

Lastly, participants were given written summaries of the report and given an opportunity to respond, to clarify, and to rephrase responses. Member checking ensures that the researcher has not misinterpreted the participant’s response, thus leading to false conclusions. These credibility checks add to the trustworthiness of the current study.

Ethics

Researchers are bound ethically to ensure that minimal or no harm is experienced by participants in research studies (Kazdin, 2003). Furthermore, it is the responsibility of the researcher to protect the rights of participants in a study (Kazdin, 2003). Survivors of suicide often experience negative emotions such as confusion, shame, guilt, anxiety, depression, and anger in the wake of the suicidal loss (Begley & Quayle, 2007). Consequently, it is imperative that researchers be sensitive and empathetic in dealing with participants bereaved by suicide (Dyregrov et al., 2011).

In an effort to guard against this and to protect against re-traumatization, participants were given the interview questions prior to the interview and were asked to journal their answers to the queries. This allowed participants to contemplate their answers, and enabled them to withdraw from the study prior to the interviews if they perceived the questions too personal or too painful. The researcher empathetically engaged participants in conversation in an attempt to understand participants’ narratives from their point of view. Participants were encouraged to ask questions, provide feedback, and debrief with the researcher as needed (La Londe, 2014). Participants were notified prior to participation that they could opt out of the study for any reason at any time.
After obtaining IRB approval, gatekeepers were recruited to make the initial contact with potential participants (Creswell, 2009). In order to ensure that individual rights are respected, potential participants were required to read and sign an informed consent form which outlines the purpose of the study, expectations, possible benefits and risks, and confidentiality (Kazdin, 2003). After the data was collected and analyzed, participants were asked to provide credibility checks in an effort to maintain an accurate portrayal of participants’ experiences.

In an effort to maintain confidentiality, participants’ identifying information has been deleted from all data sources. To assist with this process, participants were asked to choose a pseudonym to identify themselves throughout the research study (Creswell, 2009). All recordings were destroyed at the completion of the study.

Research reports that participation in qualitative studies concerning sensitive issues has the potential to invoke the following benefits: increased self-awareness, gaining insight into the death, feelings of empowerment, feeling a sense of purpose, a therapeutic effect, and improved family communication (Dyregrov et al., 2011). While the potential benefits are optimal, there are risks associated with participation in qualitative research. In an effort to minimize the risks, the researcher was diligent to assess the participants’ functioning and emotional well-being at all times. Because the interviewer was inquiring about particularly traumatic events, the interviewer followed ethical procedures to do no harm.

**IRB Approval**

Prior to beginning research, approval was gained from the Institutional Review Board (IRB). Informed consent was ascertained from all participants.
Chapter Summary

Using the IPA framework was an exhaustive, time-consuming process that produces in-depth information on a small sample. By using an idiographic sample, the researcher was better able to explore the phenomenology and resulting hermeneutics. By examining the data on a case-by-case basis, the interviewer was better able to “step into the participants’ shoes” in an attempt to discover the meaning the participants ascribe to their husbands’ suicides. After the completion of extensive case studies, the researcher identified common themes, and included participant’s quotations as supporting evidence.

Secondly, the current chapter outlined the procedures for participant selection, data collection, and data analysis. The researcher explained measures that will be taken to maintain trustworthiness through employing transparency, grounding the findings in examples, and implementing credibility checks. Ethical procedures were expressed for reducing risks and for ensuring participants’ safety.

The following chapters provide the results, summary, discussion, and recommendations for future research. Chapter Four provides the results from the data collection and the identified themes among participants. Chapter Five provides a discussion of the findings and makes recommendations for future research.
The goal of IPA research is for the researcher to find a double hermeneutic of participants' experiences as the researcher strives to understand the meanings participants present about their experiences (Smith et al., 2013). Keeping in concordance with the IPA framework, the purpose of this qualitative study is to explore postvention factors that led to resiliency in widows who lost their husbands to suicide, in order to explore the needs and inform the treatment of suicide survivors, who are at greater risk of attempting suicide themselves. Six resilient widows shared their experiences of losing their spouses to suicide in an hour long interview and through journaling so that the researcher could gain a richer understanding of factors contributing to their resilience.

This chapter seeks to detail the themes and interpretations that emerged through a comprehensive data analysis. Because the study is an IPA design, the interpretations are meant to represent the meanings of both the participants and the researcher. In an attempt to remain idiographic, the themes are organized according to the research questions, and participant quotes and narratives are used to support the identified themes.

The next section describes the participants based on demographic information collected through surveys prior to interviews. Then, an overview is given of participants’ marital satisfaction prior to their husbands’ suicides so that the reader can contextualize the analysis that emerged from their interpretations (La Londe, 2014). Finally, themes are explored in detail, including quotes from the co-researchers. Please note that “…” has been used to denote when small, less relevant details have been omitted in an effort to shorten lengthy quotations.
Participants

Six women were recruited for participation through Survivors of Suicide support groups (SOS groups) and through snowball sampling methods. All of the women lost their husbands more than two years previously and scored a 3.8 or higher on the Brief Resiliency Scale. The following section presents general demographic information about the research participants.

Demographic Information

Demographic information included ten factors that are summarized in the table below. The demographics included age, gender, religious affiliation, race, and income. The demographic survey also gathered personal information on each participant such as number of children, number of years married to the husband deceased by suicide, marital satisfaction, prior and post marriages. Lastly, the survey inquired as to the mode of the spouse’s suicide. The participants were all educated women. Five were college graduates and one had vocational training. Most of the women were middle aged. Three of them were between the ages of 50-64 and three between the ages of 30-49.

As far as religious affiliation, all of the women talked about how important their faith was to them. All six were Christians. Five reported being Protestant, and one described herself as “Other” writing beside it, “Christian.”

There were variations in the number of years each participant was married to the deceased. One was married nine months, one between two-five years, one between five-10 years, one between 15-20 years, and one had been married 25 years. Four of the women said their marriage to the deceased by suicide was their first marriage. One reported it as her second
marriage and another as her third. Four of the women have since remarried, one is engaged, and one is single.

All six of the women had children. Five of these women had children at the time of their spouse’s suicide, and one had her child in her second marriage. One did not have any children.

As far as marital satisfaction, women ranked satisfaction on a Likert scale of 1 – 10 (1 being extremely dissatisfied and 10 being extremely satisfied). Three of the women were extremely satisfied. Two women were satisfied, and one was dissatisfied with her marriage.

When asked to describe the mode of their spouse’s suicide, four of the women reported that their husbands died from a gunshot wound. One shared that her husband died from hanging, and one poisoned himself with helium gas.

In an attempt to better understand the participants’ narratives, the next section gives a brief description of each woman in relation to her husband’s suicide. Each participant described her marriage, and shared about the precursors to her husband’s suicide. These are portrayed in the following section. The demographics are outlined in Table 4.1.

Participant Stories

For each participant, a brief description is presented of her marriage and the events leading up to her husband’s suicide as well as some of the details of life since the suicidal loss. While the narratives are true, pseudonyms are used to protect the anonymity of participants. While the stories provide a glimpse into the lives of these courageous women, these ladies were willing to share some of the most intimate details of their lives and the meanings associated with their experiences in hopes of helping other widows bereaved by suicide. There stories are heart-wrenching, motivational, and inspiring.
<table>
<thead>
<tr>
<th>Variable</th>
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<tr>
<td>Gender</td>
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<td>30-49</td>
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<td>College Graduate</td>
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<td>Religious Preference</td>
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<td>Protestant</td>
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<td>Over $20,000</td>
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<td>3</td>
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<td>4+</td>
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<tr>
<td>Number of years married to the husband deceased by suicide</td>
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<td>2-5 years</td>
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<td>10-15 years</td>
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<td>Marital satisfaction prior to suicide on scale of 1-10 (1 being extremely dissatisfied and 10 being extremely satisfied).</td>
<td></td>
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<tr>
<td>1-3</td>
<td>1</td>
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<td>Number of marriages prior to your husband who died by suicide</td>
<td></td>
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<tr>
<td>0</td>
<td>4</td>
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<tr>
<td>1</td>
<td>1</td>
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<tr>
<td>2</td>
<td></td>
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<tr>
<td>Have you remarried since losing your spouse to suicide?</td>
<td></td>
</tr>
<tr>
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<td>4</td>
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<tr>
<td>No</td>
<td>1</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Mode of spouse’s suicide</td>
<td></td>
</tr>
<tr>
<td>Gunshot wound</td>
<td>3</td>
</tr>
<tr>
<td>Poisonous Gas</td>
<td>1</td>
</tr>
<tr>
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</table>
Jackie. Jackie, a preacher’s kid, was married to her high school sweetheart for almost 14 years. Shortly after the wedding, her mother-in-law passed away and her husband, Michael, “picked up alcohol” to cope. In the beginning, Jackie denied that there was a problem, equating his drinking with his grief. Having grown up as a “PK,” Jackie felt the need to protect the family image, and kept Michael’s drinking a secret.

Their marriage was inundated with loss. After the death of her mother-in-law, the family lost their home in a house fire. She had an estranged relationship with her parents, and went years without seeing them; the relationship with her father-in-law suffered as well. When the economy crashed in 2007, Jackie and her husband were forced to close the family business, and Michael began selling insurance, a job he later lost. Jackie described her life saying, “I just threw everything I had into my little family, because I didn’t have anything else anymore.”

Michael sank into a deep depression, and Jackie “was pretty much running the family and he was just existing.” Jackie started teaching in an effort to hold the family together. Michael continued to drink and slept most of the day. Jackie began to resent Michael for leaving her with all the responsibilities.

Michael began having multiple health problems, and eventually doctors determined they were psychosomatic, and Michael admitted to being bulimic. Michael was later diagnosed as being bipolar. Throughout the roller coaster of highs and lows, Jackie felt compelled by her wedding vows to stay married to Michael, while at the same time admitting that she “could not continue to live this way.” She felt trapped and alone. After two and a half years of struggle, Michael ended their marriage by taking his life.

Jackie was left with three children, and said,
After having lived technically as a single wife for four months and having to make the hard decisions of having to pull everything together and run everything, um, for all that time, even though I knew I wasn’t OK, I could do it. I knew I could do it. I felt like God had given me assurance that I wasn’t alone, that I was gonna be alright.

Jackie has bounced back from the loss, and the next section will describe the meanings she was able to make from the experience as well as factors she believes contributed to her resiliency.

**Grace.** Grace had been married to her husband four years when he took his life. Prior to that, she described her marriage as very happy until depression and anxiety set in; she described her relationship saying, “The man I buried was not the same man I married.” Grace had already lost two husbands, one to death by natural causes and one to divorce. She felt as if she was losing her third as she watched him slowly become more and more agitated, anxious and depressed. She felt like her relationship had become volatile, and she had to be on guard with everything she said and did.

She and her husband spent weekdays apart. She stayed home with her son, who was a senior in high school, while her husband struggled to keep his job in another town. They would visit on weekends. He longed for her to move with him, but she felt torn; she did not want to uproot her son during his senior year, and she had an adult daughter who was handicapped and often needed her help. The plan was for her to move after her son’s graduation.

After returning home from the weekend, Grace was at home when a deputy knocked on her door.

A deputy showed up at my door and I knew something bad…I knew it was him. He came up to the door and um, I opened it and just kind of had this awful look on my face and he said, ‘Is all your family here?’ I said, ‘My husband is not.’ ‘Well I have a number
that you need to call’ and I said, ‘What has happened to my husband?’ He wouldn’t tell me and I had to call this investigator which turned out to be the coroner. She would ask me questions and I would say, ‘What has happened to him?’ Finally, she told me.

Overwhelmed with grief and desperation, Grace kicked into functioning mode. She became obsessed with finding a job, and even went to job interviews prior to the funeral. She admits that she didn’t feel like doing anything, but felt like she had to be doing something. Her saying was, ‘Idle time is not my friend.’ She threw herself into busyness and activities to avoid intense emotions.

Grace was able to maintain a sense of normalcy throughout the loss by continuing to work and to care for her children and for her grandchild. She was eventually able to regain a sense of control over her life. The factors she attributes to this ability will be discussed in the next section.

**Teresa.** Teresa’s husband was left with a traumatic brain injury after an automobile accident. His behaviors became erratic, and her marriage slowly began to crumble. Life was filled with doctor’s appointments, hospital visits, and counseling offices. Her husband was in chronic pain with severe traumatic vascular headaches. At times he would lie in the floor and pull his hair out because of the intense pain. Teresa’s role shifted from wife to caregiver, as she sought to hold things together. She describes her relationship saying they had endured so much that she just felt numb.

He threatened suicide almost every day for two and a half years, but he would follow up the threats saying “As long as I have you and the boys, I’m not going to do anything. I’ll be strong enough to handle it.” Teresa clung to that promise in times of fear and desperation. After ten years of marriage, the pain became more than Teresa’s husband could handle, and he ended
his life. Teresa was “devastated, brokenhearted, scared, and hurt so bad for the children,” but also felt “guilt, blame, what-ifs and relief all at the same time.” She said,

Right after it was very, very hard because I had all those conflicting emotions. I was scared to death, so, so horrifically sad. Of course, mourning…um, there was a sense of relief. I felt guilty for feeling relieved. I felt guilty wondering did I do enough. All the what-ifs came running through my mind. What if I had been more actively doing something? What I did was more than enough. I’d done all I could do. There really wasn’t more. I was scared to death for my boys. Hurt like crazy for them because their daddy was gone. *(Tearful)* Still feel that.

Teresa had to persevere for the sake of her two sons; she threw herself into her new job as a teacher and tried to maintain a sense of normalcy for the boys. The next section describes in greater detail Teresa’s ability to not only survive but to eventually thrive after the suicidal loss of her husband.

**Kristen.** Life was good; Kristen had just turned in her resignation as she accepted a new job. She was married to a man that she adored, a man who dearly loved both her and her daughter. Incredibly happy in her marriage, Kristen’s world shattered around her the day she learned of her husband’s suicide.

It was unique in that we had not your typical marriage. It was extremely good. Really, really, really good. People commented on that a lot. We didn’t argue; I can count the number of times we did on one hand… We were just really great friends that made us better marriage partners as well.

Because of her thriving marriage, the suicide came as a shock. She was in disbelief. How could the happiest person she knew, “everybody’s ray of sunshine and constant joy” take his own life?
Kristen was left alone with her daughter, from a previous marriage, and with her thoughts and questions. Kristen struggled to make sense of the suicide. Many people had theories, but there were no identifiable warning signs to suggest her husband would have done this.

I tried to figure it out. I’d gone through emails; I tried to do anything I could to get an answer to it because I think we all want an answer. I can basically say you can’t be in your right mind to do something like that. What caused it? I don’t know, but there was definitely something in that moment, but outside of that there was nothing circumstantial that was ever discovered. There was no financial crisis. We had a good marriage. He hadn’t lost his job; he had a good job. Everything looking outside in looked normal. The only thing we can guess is that it was something internal that nobody was privy to except Chris. We will never know that, but it was for all intensive purposes, a shock.

Immediately following Chris’s death, Kristen described life as a fog. She did not like the way she felt, and was determined to “work the grief” and to move forward. She said that she was so desperate to feel better and so desperate for the hurt and pain to disappear that she was willing to do whatever it took to get better. It took time, but Kristen was able to bounce back from the loss. She has since remarried, and has gone from a single mother of one to mother of nine.

Kristen used imagery to describe her ability to move past the grief and move forward into her new marriage.

Somebody, to this day I don’t even remember who it was, explained about the rooms in my heart. They said, I had this room for Chris and it was wonderful and full and I lived and loved him completely and totally and he died. The room is still there but the door is shut, but he opened up another door and that is Joel’s room. It’s a different room; it’s a
different love. I thought that was one of the best ways I thought to explain it. I loved that because I thought that’s it! It’s not that he replaced him; it’s not that he moved into his room. It’s not that the room is destroyed. It’s different, but it’s in my heart where the other one was. I thought what a fantastic way of looking at it.

She went on to say:

I think that by the time I did meet Joel, while I was very cautious in a sense, not knowing if I could ever love the way I loved Chris again, I was able to love again. The one thing I wanted to be sure Joel understood, and he’s been great with, is that I don’t want to erase memories. I don’t want Chris and my marriage to him to just go away because it existed and it was good and it was wonderful. That day was horrible, but at the same time everything leading up to it was favorable and I don’t want to just erase that. But we don’t have the shrine. That won’t go away. You can’t take those memories away, but I’m able to move forward and just tuck the memories away into their room with the closed door, but they are still there.

For a long time, Kristen felt trapped inside the dark room. With time, she was able to take one step at a time until she was able to walk out of the darkness, and into the light. The next section outlines some of the contributing factors to her resilience.

**Teasley.** When asked about her marriage, she said, “The marriage didn’t fall apart. The person did,” referring to her husband. Teasley described her marriage of 25 years to John as very, very strong. They shared core values, a sense of humor, hobbies, and co-parented their two daughters. Teasley explained, “We had a very good relationship in that we married out of love and continued devotion, and intentionally built a solid relationship and family together.”

Because of this deep love and devotion, John’s suicide came as a shock.
In the days leading up to John’s death, Teasley discovered that her husband, who was an attorney, had not filed their income taxes for the past 14 years. She was astounded; they had hired an accountant to process them each year, but John failed to mail them. Not only did they owe back taxes, but there was interest charges, penalties, and interest on the penalties. When she confronted him on it, he got up from the table and left. “He was not the same man, and that made me very scared and shaky.”

The next day Teasley told her husband that they were going to meet with the accountant that Monday, and figure out what to do. She said, “After that’s over, we’ll figure ourselves out.” She had reached her limit; she was angry; she was hurt, and she was baffled.

The next day, John failed to pick her up from work; she tried to reach him but he did not come home that night. After a restless night, she woke up the next morning feeling prompted to check her email.

I quietly rolled out of our king sized bed that was shrunk by two college-age daughters who had fallen asleep in each other’s arms in the early morning hours after their dad did not come home for the first time in their lives and my life. I ran downstairs to our home office and booted up the desktop, waiting, waiting for my email account to appear. There it was. There was an email from John’s account sent just a few hours before. Oh, thank goodness. He’s okay. He’s really just out there somewhere thinking. He’s letting me know he got all of my phone messages during the night. He heard all of my pleas for him to just call me back. He heard the desperation in my voice as it built from 5 P.M. Friday afternoon until around 4 A.M. that morning. But clearly, he had not. The letter had nothing to do with my anguish, and everything to do with his. It was a suicide letter.
Thus the chaos began for Teasley and her girls. Not only had her husband left her, but he had left her with quite a mess to clean up.

Seven years later, Teasley radiates a resiliency that is inspiring. She not only survived the loss, but has thrived in its wake. Teasley describes the good that has come out of her loss as “over the top kind of good.” Her girls both graduated from college, and are fulfilling their dreams. The experience has made them all stronger. Teasley is engaged to be married next month, and is hopeful for the future. The next section will describe Teasley’s experience on the path to resiliency.

**Esther.** Esther was a bright, young woman, full of hopes and dreams. She had just moved from the East Coast to California after marrying her sweetheart. She was pursuing her dream of modeling and her new life was fraught with adventure. About two months after the wedding, things began to change. Her husband became verbally abusive and spiteful. She held on to hope that things would change; things had to get better.

In the beginning she stayed home at his request, but later started working at the Starbucks in their apartment building. She later started culinary school and shortly after classes began, she developed shingles. Suffering with physical pain, her emotional turmoil intensified.

One night after a disagreement, Esther’s husband became furious. He yelled at her, “You know what! I know where I can go get love. I’m going to the strip club. I’m leaving.” He did not return home until the following day. The tension between them continued to escalate in the following weeks. He would blow up at her, and then he would be “really nice.”

One afternoon she picked him up from work, and they got into an argument over something trivial. When he told her to drop him off at the bank, and that he would meet her at
the house, she had no idea that that would be the last time she saw her husband alive. She went home and when he didn’t return, she grew worried. He was missing for three days.

During these three days, she received a phone call from John’s mistress. Not only was it a shock to learn about the affair but she also learned that John was planning to leave her and was headed to see his mistress. Shocked by recent revelations, Esther called John’s family to tell them he was missing. Then she learned that John had been diagnosed with bipolar disorder at age ten, and had disappeared once before. No one had ever told her. She also learned that he had been dishonorably discharged from the military after striking his commanding officer during a time when he was both suicidal and homicidal. She began questioning everything about her marriage to John.

That Thursday, John mailed his backpack and his belongings to Esther, walked to a nearby alley, and took his life. Overwhelmed with emotions, Esther frantically began “taking care of business.”

It was like a whirlwind of things. On the plane I was writing the obituary, and picking out the scripture for the funeral. I planned the funeral on the flight. I really had to put on my big girl panties and figure out how to make them fit because there was no time to grieve or just have all these emotions. I had to get it together.

Esther returned home to learn that John’s family blamed her for his suicide. He had told them untruths about her, and she refrained from telling them about his affair (she later learned there were multiple affairs) out of respect for John.

See they didn’t know all that. I did the best I could in protecting his identity during that time so everybody wouldn’t know…he was definitely a gigolo. I’m just thankful I am
alive and disease free because who knows what else he was doing that I just didn’t find out about.

Deeply hurt and afraid, Esther returned to California to try and figure out what to do next.

Eventually Esther returned to her home state, and pursued a career in banking. She later remarried and has a two-year-old daughter. Esther describes her grief journey saying, “I think it put me on a path of emotional and spiritual discovery. It was an awful traumatic thing, but it was good too. I wish it hadn’t happened. I wouldn’t wish that on anyone, but it definitely has changed the way I look at life, look at the world, and look at people.” The next section elaborates on Esther’s path to resilience and healing.

The remainder of this chapter elaborates on the themes and interpretations that arose from participants’ interviews.

Themes

During the interview process, one of the participants used great imagery to portray her journey through grief. She said, “When those layers were peeling away, and that cloud kind of rolled back, I could finally emerge from the cocoon of grief.” It’s as if she was saying that she felt trapped by the layers of pain, but as she wrestled through the intensity of her emotions and fought for freedom from the grief she was able to peel back the layers of pain and hurt slowly and steadily until at last she was free. This section seeks to share the themes consistent throughout participant narratives in an effort to explore what helped them to “peel away the layers of grief” and to bounce back from gut-wrenching pains.

In an attempt to explore postvention factors that led to resiliency in widows who lost their husbands to suicide, three questions were explored:
1. How do a select sample of resilient widows who lost their husbands to suicide describe the process of bereavement?

2. What factors do participants perceive fostered adaptation and resiliency in the bereavement process?

3. What factors do participants perceive impeded adaptation and resiliency in the bereavement process?

In order to explore how the co-researchers described the process of bereavement after losing their husbands to suicide, questions were organized into four categories: introductory, adaptation, resiliency, and social support. The introductory questions explored were:

1. Tell me about your relationship with your husband.

2. Tell me about your experience of losing your husband to suicide.

The next set of questions focused on adaptation. These included:

1. Describe your life since the loss.

2. How have you adapted, positively or negatively, to the suicide of your husband?

Thirdly, resilience was explored by asking:

1. How were you able to maintain some sense of “normal” as you made it through?

2. What let you know you were going to make it through?

3. As severe as the loss was, have you experienced anything good out of this experience?

Then social support was explored by the question, “Describe how your relationships with others were helpful or not helpful.” Lastly participants were asked if there was anything else they would like to share that had not been included.

Themes emerging from the interviews and journals are categorized according to the corresponding research question. In response to the question requesting a description of the
bereavement process, participants revealed a struggle to redefine self, a loss of the anticipated self, and extreme loneliness. Factors that participants’ perceived fostered adaptation and resiliency included sense-making and finding purpose in the loss, resolve, and routine. Lastly, in response to the question exploring hindrances to adaptation and resiliency, one factor was identified: a desire to protect image from stigma. Each of these will be examined in addition to subthemes that emerged out of participants’ experiences. The themes are organized in reference to the three research questions listed above.

**Process Themes**

The first research question is: How do a select sample of resilient widows who lost their husbands to suicide describe the process of bereavement? Three themes and eight subthemes emerged from participant interviews. The following sections explore each of these themes in detail, beginning with the loss of identity and the struggle to redefine self.

**Process theme one: Loss of identity and the struggle to redefine self.** When asked to describe the process of bereavement, all six of the participants in the current study struggled with a loss of identity and struggled to redefine self. In the current study loss of identity is defined as losing a sense of self or an inability to know one’s innermost thoughts and desires. The loss of self is concurrent with existing literature which states when a woman loses her spouse to suicide, she often loses herself as well; she may begin to question her role in life now that she is no longer a wife. Five of the six participants in the current study felt like they had a negative label since their husband’s suicide. Having lost who they once were, the survivors strive to redefine themselves after the suicidal loss (Constantino et al., 2002). A widow bereaved by suicide often struggles to redefine her identity in both the family and in the community (Knapp, 2014; Thaha
& Dheeraja, 2007). Widowed survivors of suicide have not only lost their present identity, but also their anticipated self (Begley & Quayle, 2007).

In response to the first research question, “How do a select sample of resilient widows who lost their husbands to suicide describe the process of bereavement?” participants in the current study discussed the struggle to redefine their identity after the loss of their husbands to suicide. Identity is defined here as self-understanding in the context of her own biography (Giddens, 1991). Participants expressed a grief over the loss of self, as well as a determination to redefine themselves. All six participants expressed a desperation “to feel better.” Esther described herself after her husband’s death saying,

I did not want to be a failure in life. I’m almost 30. I don’t even have a real job. I don’t have any money, and now I’ve got to go move back in with my parents. Who wants to do that?

Not only did Esther lose John that day in June, but she lost herself. Most of her social support was in her hometown, not in California where she lived with her husband. After several months of trying to make it work in California, she decided to move back home. She left behind her apartment, her studies in culinary school, declined a modeling job offered to her, and her sense of independence. This carried with it a feeling of disappointment and shame. She said that this journey put her on “a path of emotional and spiritual discovery” which helped her to discover her new self, a self that was not fully solid prior to this loss.

Teasley said it this way,

For the first time in my life, I couldn’t process what was going on, what my role was, what others’ roles were, and what I was supposed to do. I could not even comfort my
own precious daughters. And for the first time in 25 years, John was not there to comfort me.

She too, struggled to know who she was and what her role in life was now that she was no longer John’s wife. She was experiencing empty nest and had seen this time as an opportunity for renewal in her marriage, but now what would she do with her life?

Well I would say that the negative is playing its way out and that it took what was already a very dominant personality, a ‘git er done’ kind of person, very free spirited and fun loving at the time, but when it came to stuff that needed to happen in life and it just put that on steroids. I think I've been through some counseling, about three different counselors, at different points over the seven years and that has helped me with different things. One of the last counselors I went to probably no more than six times, [helped me learn that] if I know what I need to do I'll go do it. She was like, ’you're like a computer and you have 42 windows open. You know how those windows pop up and open.’ She said, ’You have got to live in the present.’ I was mourning the past, fearful of the future and unable to live in the present. It wasn't that I couldn't smile, I could, but there was an overriding sense of I'm not going to let what is just the most awful thing that has ever happened to me be even worse [Resolve].

Teasley refused to stay stuck in her pain, and pushed herself to move forward and to redefine herself in light of her new normal. Her resolve drove her passion to redefine her identity. The same was true for the other participants.

Grace remembers feeling like her husband left her “in a bad predicament.” She explained it saying,
I felt a strong urgency because I was left without health insurance and so I had to find something by the end of the month because I was on his policy and was losing my insurance. I had all of that. I just felt this overwhelming need to find a job. Before his funeral I was going to job interviews trying to find a job because I just felt really desperate. I found a job and I think I really went back to work too early because I never really grasped the job. I thought that I just needed a job. I thought I just need to get out of here. I need to find something else. So, about 8 months after he passed I got a job out of town and that was the turning point, something I can anchor it too – when I went out of town, and it’s like nobody there knew me. They didn’t know anything about what had just happened.

Once Grace was able to start working in a town where no one knew her story, she was able to rediscover who she was. She no longer carried the label associated with her husband’s suicide. She was free to be herself.

I remember before feeling guilty if maybe I laughed or had a good time. I thought maybe I shouldn’t be having a good time. Maybe I shouldn’t be laughing. Going out of town and being with a group of younger people for training and I remember just laughing and had a good time. When I got back people that I worked with, you know I worked in a different city. They didn’t really know what had just happened and plus we were very busy… I kind of think this was a point to where I started getting better.

At the time of the interview, Grace shared, “I feel like I have control of my life again.” She was able to find her new normal and in doing so, her new self.

Growing up as a preacher’s kid (PK), Jackie felt pressure to protect her family’s image. She struggled to maintain a sense of control both before and after her husband’s suicide. Her
struggle began prior to her husband’s death because addictions had changed Joseph. He had not been supporting his family, financially or emotionally, for some time. Her search for identity continued after the loss. She exclaimed,

One of the biggest things I think was an adjustment for me was to figure out how different I was after his death… And now my friends will tell me that I am a completely different person. You know, I was um, I was in some regards afraid of my own shadow when he was alive because I felt like I was spending my whole existence covering up for everything.

Today Jackie is a strong, independent woman who is using her story to encourage others. For these co-researchers, the tragic loss, at some point in the grieving process, transformed into an opportunity for identity differentiation and solidification.

Four subthemes emerged from the data suggesting that social support, religious beliefs, focusing on others, and resolve fostered participants’ ability to redefine themselves after the suicidal loss of their spouse. Each of these are discussed in detail in the following sections.

![Diagram](image)

*Figure 4.1. Factors helping to redefine self.*
**Social support.** Not only did six out of the six co-researchers identify identity solidification as an outcome of their loss, but six of the six recognized that social support contributed to this redefinition of self. Research states that a woman’s sense of self is defined within the context of her relationships with others (Begley & Quayle, 2007; Constantino et al., 2002). Not only were old friends helpful, but establishing new relationships with others who could understand, and with other single women helped the co-researchers to find their “new normal.” These women shared that most of their friendships prior to the loss were with other couples. While many of those couples reached out to them, they often felt out of place as a single amongst their “couple friends.”

Kristen stayed in the married class at her church for a while, but expressed relief when she was asked to teach a ladies class. “I thought that it was probably a good time for me to do that…This offered me an opportunity to get out of that and get to a place where I would maybe fit better,” she explained. This transition allowed her to connect with other women and to develop new friendships as she strived to discover her new self. Kristen also shared,

Work relationships at my new job were huge. My older relationships were still important but they did change, as I went forward in my grief journey. And then, the best part was all the new friends, all the widows I met. I don’t think I had other than little old ladies, which is the picture we have when we hear the word widow, I don’t think I had any in my life before. Not only to meet other ladies who had lost a spouse who were close in age to me, but then to meet those who had lost a spouse to suicide. I thought I had to be the only person in the whole world to go there.
Eventually Kristen was able to connect with other widows with whom she felt safe to be herself, and to share both her struggles and her victories. This was monumental in helping her to move forward as a solid person, a person with an identity above and beyond, more than, who she was in reference to the loss.

Jackie also talked about the struggle of “fitting in” among her married friends. She shared,

I had one friend who was single. I had known it was difficult for her to hang out with all of us because we were married. She and I formed a friendship because it was different now…But that gave us the opportunity to establish a friendship and I was able to kind of establish a friendship as just Jackie for the first time. With her, I could just be Jackie. I wasn’t Joseph’s wife and because she didn’t have kids, I wasn’t Taylor, Bailey and Michael’s mom. I could just hang out with her and be Jackie. It kind of filled a void for both of us. Becoming single I came to recognize how hard it is for single women to have friends when all of your friends aren’t single. It’s, its, you’re in a different place. This new friendship gave Jackie a safe place to be herself, not who she thought everyone wanted her to be.

Prior to her husband’s suicide, Jackie had an estranged relationship with her family. After Joseph’s death, her family was there for her. She expounded,

So for the most part re-establishing relationships with my mom and my dad and my sister had been incredibly helpful. Working through the things that were wrong about our relationship in the past has really helped to heal a lot of stuff even that they weren’t aware of. I was able to put together pieces. My biggest problem before he passed away, really and truly was that I didn’t have any boundaries with my family. I didn’t have that
with him. I didn’t have that with my family. Not having that going back now and seeing where I need to have those now has brought healing. 

While Jackie no longer saw herself as a wife, she was able to once again be a daughter and a sister in her family. As with the other research participants, the boundaries of the self were somewhat vague prior to the loss. However, with the tragedy, a differentiation process occurred, a process captured in this vignette wherein Jackie revisited unfinished developmental business, an opportunity that came with the support of her family of origin in the wake of the loss. This was monumental in helping her to rediscover and solidify her sense of self.

The survivors shared about the stigma they experienced and that working through the stigma was necessary to redefine and solidify their identity. Social support aided this process. Grace shared about how meeting other Survivors of Suicide was beneficial. She shared about her experience in the Survivors of Suicide support group (SOS group) saying,

I remember the first time I came. I sat and cried the whole meeting. And then as time went on, I didn’t…It was just being able to go and talk to different people who had lost members of their family. It was NOT judgmental. They basically were just listening and being able to be around other people who lost loved ones…that I wasn’t the only one. Interacting with other Survivors of Suicide provided Grace with an opportunity to take off the mask and share her heart with others who could relate.

To summarize, research participants who are resilient, were able to solidify a stronger sense of self after their spouse’s suicide. One way they were able to do this was through the support of others. This support enabled them to finish developmental business, allowing them to tolerate the stigma they experienced and reclaim and know themselves as worthy, as strong, and as whole apart from their loss. In addition to social support, research participants’ all reported
that the self was further solidified during the grief process by religious beliefs. The next section expounds on this subtheme and how it contributed to co-researcher’s search for identity.

**Religious beliefs.** All six of the participants identified themselves as Christians, and all six saw their relationship with God as paramount to self-discovery. A study by Korang-Okrah (2015) exploring bereavement for a group of Christian widows reported that reading the Bible seemingly helped them to make sense of the loss of their husbands. The participants in the current study were able to find meaning in the loss as they studied the Bible and wrestled with theological truths presented by their Christian faith.

Jackie repeatedly compared her plans with God’s plans. She said, “I knew God had a plan for me. I knew that he wasn’t going to waste my hurt.” At the time she had no idea what God’s plan might be, but her faith in God to bring good out of her pain motivated her in the journey to write the rest of her story. She was not content to live in the past, but pressed forward to redefine herself despite the hurt from the past.

Teasley not only found support from her church, but she also found healing through her relationship with Jesus. She shares, “I am healed. Through my faith in Yahweh, Jesus Christ, and the very real and powerful Holy Spirit that is present on this earth right now, I am healed daily.” She clung to her faith in her desperation, and in a time when there were so many questions, her faith remained unchallenged. She found her identity in her relationship with Jesus.

When asked about her experience, Teresa shared, “I had God. He is strength. He is your strength and he has overcome. He is the overcomer and I knew that through him I could be an overcomer.” She grew to see herself as a survivor, an overcomer. Because of her faith, she explained,
I’ve definitely become stronger and more of an overcomer than I was and thought I ever could be [Self-identity]. I have more concern and compassion, more empathy for someone else who suffers such loss than I did before. It’s hard to understand when you’re not there and you haven’t gone through something.

Having walked through the pain of losing her husband, Teresa viewed herself through a new lens. She now saw herself as victorious.

Kristen felt like her whole world came crashing down when Chris died. She had no idea where to begin to put her life back together. A good friend encouraged her saying, “You need to be in the Word every day. You need to be praying every day.” Not sure if she could, Kristen responded, “But you know I don’t feel like that.” Kristen elaborated,

I was so desperate to feel better and so desperate for that hurt and that pain to disappear that I was willing to do whatever people would suggest like that so I did. I knew God would meet me there. I had lived a life of watching him work, so having those victories before definitely helped me to believe they could be there again, but at the same time, I think knowing it and feeling it, sometimes our feelings can take over. Had I not had that still small voice of Lori’s in my head going, ’You need to be in the word every day.’ I don’t know that I would have done that on my own. I was not strong enough to have done that on my own. I needed that accountability and she would ask me every day, ’Have you spent time in the word today?’ I didn’t want to disappoint her. It was ok to disappoint God in my opinion, but it wasn’t ok to disappoint a friend. That’s just the mentality of the time.

In the beginning my prayer was just, ’OK God, help me.’ I had no other words. Help me. I think that was my prayer for a good solid month. In the word, I just
challenged myself to read one verse of a psalm or a proverb or if somebody sent me a verse, I would look it up and read it, but that was it. Eventually I wanted to read more. Especially about heaven. I was really interested in knowing more about that so I would read verses about that. I think that being my foundation in grieving was paramount.

As Kristen clung to the truth of her faith, she not only found healing, but she was able to transform from a grieving widow into a beacon of hope for others. The faith of the research participants grounded them and provided a soil from which their identity further formed and was strengthened. In addition to their faith, the co-researchers described how focusing on others helped them in the process of discovering the new self. The next section explores this idea.

**Focusing on others.** Too often people think of the pursuit of identity as an isolated event; however, the research suggests that focusing on others promotes altruism and allows survivors an opportunity to change their beliefs and ideals and eventually change the self (Dyregrov et al., 2011). All six participants in the current study shared that they were able to learn more about themselves and to redefine themselves in spite of the loss as they learned to focus on others. This section is designed to expound upon their assertions.

Each of the five participants with children talked about how their children drove them to persevere. Jackie said it well, “My job as wife ended that day, but my job as mom didn’t and so that kind of gave me drive and motivation.” She felt an intense drive to protect them from their father’s struggles, and remembers a conversation with her counselor that helped her to realize that she was moving toward a new identity.

The first year I remember looking at my counselor and saying, ‘What if they never know what I did for them?’ And what she reminded me, and I didn’t understand it at the time and I wasn’t grateful for the advice at the time, but now I’m grateful for it was that if they
never know what I had to do for them, then that’s the best gift that God can give them, because I don’t ever want them to see their dad in that regard. I don’t regret my time with him because I wouldn’t have them or the happy times that we did share. But God has moved us past that and into a new phase.

Jackie was determined to learn from the past, and to not repeat the same mistakes in the future.

I know that what he did was not my fault, but I do have to acknowledge that there were things I played a part in in the dysfunction of our marriage. Ultimately he made the choices he made and nothing I was gonna do was gonna stop him from doing that. But for the benefit of my kids and their future and for the benefit now with this new journey I am on I owed it to myself and to them to figure out where my fault was in what went wrong in our marriage, and in my relationships even with my family so that in the future I could have more healthy boundaries.

While the past shaped who she was, it no longer defines her.

The other moms shared this sentiment. Teresa shared,

I knew I had to press on for the boys’ sake [Resolve]. In those low times, that’s what I told myself that you’ve got to move forward. You’ve got to live for the boys. You have to take care of them. You have to raise them up.

Grace explained it saying,

It took a long time to heal, a lot longer than it did with my husband who died from natural causes. Um, but you know, I had to get my son through. This was his senior year at school when all this happened. I kind of had to focus as much as I could on getting him through his senior year and getting him graduated…my daughter’s handicapped, and she depends on me a lot. I had my granddaughter which was kind of a new blessing for me.
These relationships reminded Grace that she had a purpose, and encouraged her to persevere in redefining who she was after her husband’s suicide. Kristen explained, “It also helped to know I had my daughter relying on me. I couldn’t crumble. I was her only stability, so I had to pull through the grief.” Initially, these women focused on their role as mother, and this led them to slowly discover a new way of life and to redefine self.

Several years after John’s death, Esther started a Survivors of Suicide (SOS) support group in her area, and doing so led her to take on a new role in life.

Well I think that I’ve been able to really help a lot of people. It’s like I am the ‘go to’ suicide survivor girl, if that makes sense, because people know my story... People that know [my story] send people to me all the time, and now I have the group and I send them to my group. Or if they’re not in the area I try to put people in touch with other resources that are available in the state, and I do that a lot. Um, I think that’s good. It makes me feel good to help someone in that way, especially someone who has suffered a loss because I know, I remember laying on that kitchen floor… I laid on the kitchen floor for like 30 minutes being like, did this just happen? Am I gonna wake up? Is this for real? Am I being punked? Where’s Ashton [a friend]? I think it has allowed me to help other people deal with their emotions, not from a therapy perspective but just from a… In my group I just had a couple of weeks ago, the ladies who were there said, ‘I’ve been to therapy and it was great but I just need to talk with someone who’s been there.’ Yeah. It makes a difference. I encourage both.

Being the “go to suicide survivor girl” gave Esther a new purpose and shaped her identity.

Because of her faith, Kristen knew that she was walking this path for a reason. She explained,
I am a believer and was when he died so I know that God does not give me these situations just to go away and not to be used. He intends for me to use this, so now how is this going to be used? From a positive outtake, that’s what I live for. Please use this God. I did not walk this grief journey for no reason. I was open to whatever he sent my way.

She later learned that helping others not only gave her purpose in the pain, but also shaped who she was as a person.

Kristen began to blog as a means of processing her grief. In doing so, she met other widows, and her focus began to shift away from her own pain and onto how she could better help others.

It’s kind of a peek into a widow’s first year. So it’s just those literal first blog posts formatted a little more organized. Because I wanted to, I guess, I want other people to know that I’m OK but also to know what I’m experiencing so that if somebody else crosses their path is experiencing the same thing, then maybe they’ll have a little more knowledge to help them through that. I can’t tell you how many connections have come from that…oh my friend lost her spouse to suicide…maybe she can talk to you. A ton of connections have come through that way.

And then at the beginning, I would say ’I’m not sure that I’m the best person to counsel so to speak, but I’ll share my story,’ or send them to my blog and maybe they could see, ’Oh, she’s four months ahead of me and she’s able to do this.’ It was helpful not only to me to get my feelings out, but because I allowed it to be public in that way, it allowed other people to have a glimpse into, ’Ok, she’s at this point in her grief process
and she’s already done some counseling, but hasn’t done this…” At least to kind of give them enough idea of the things that I’m doing and how it was helping me.

Not only was she able to help other widows, but through her blog she was also able to talk with people who were contemplating suicide themselves.

I’ve had people that actually attempted suicide or thought about it and who have read these say, ’I did not realize the effect it has on those left behind.’ In my mind I think, ’How can you not?’ But at the same time they’re not thinking that way so maybe just reading the words of the pain and anger that take place for those who are left behind and survived the suicide of a loved one, maybe it gives them just enough to rethink that.

Helping others shaped Kristen’s perception of herself. Instead of taking on the role of victim, she became an encourager to others who were suffering.

Undergirding the process of redefining the self, each of the six participants maintained a strong resolve to redefine their identity. The next section expounds upon this idea.

**Resolve.** As the participants talked about their religious beliefs, they demonstrated a resolve to redefine themselves in the aftermath of their husband’s suicide. They shared about how they knew that God would not waste their hurts, but that they would overcome. They did not view themselves as victims but as overcomers. Teresa explicitly called herself an overcomer. She said, “He [God] is the overcomer and I knew that through him I could be an overcomer. I just knew from the beginning that I was gonna make it.”

Kristen said, “I think for me at that point it became how am I gonna overcome this and how can it be used for God’s glory?” She was resolved to allow the experience to make her better. Teasley talked about knowing she would overcome, but her fear was that she might not like her new self; the question for her wasn’t would she be different, but would she like her new
self? The women were resolved to redefine their identity and were willing to do whatever it took to do so.

This section presented the first process theme: loss of identity. Participants struggled to redefine their identity after the loss of their spouses. They were no longer a wife, and often felt like an outsider with married friends, forcing them to expand their social network to include other singles. Increased social support, religious beliefs, and focusing on others rather than self all aided in the process of redefining identity. Lastly, the participants all maintained a steady resolve to redefine themselves in light of the loss.

Not only did participants share the experience of losing their present identity, but another theme among the participants was the loss of the anticipated self which is described in the next section.

**Table 4.2 Process Theme One**

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<tr>
<th>Theme</th>
<th># Participants Supporting Theme</th>
<th>Brief Description</th>
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<tr>
<td>Loss of identity/Struggle to redefine self</td>
<td>6</td>
<td>Struggle to define self in light of spouse’s suicide</td>
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<tr>
<td>Social support</td>
<td>6</td>
<td>Making new friendships with other widows, particularly widowed SOS and redefining existing friendships</td>
</tr>
<tr>
<td>Religious beliefs</td>
<td>6</td>
<td>Identity in Christ versus in circumstances</td>
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<tr>
<td>Focusing on others versus self</td>
<td>6</td>
<td>Using the loss to help others transferring focus on self to others (children, work, other widows) Parenting as protective factor</td>
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<tr>
<td>Resolve</td>
<td>6</td>
<td>Determination to redefine identity</td>
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Process theme two: Loss of anticipated self. Another theme that emerged from the question asking the co-researchers to describe the bereavement process is the loss of the anticipated self. In the current study, an operational definition of the anticipated self is the individual’s anticipated future, including hopes and dreams. The research supports this process theme; a study by Begley and Quayle (2007) cites that when survivors lose a loved one to suicide, their personal lives are drastically changed forever, leading to a transformation of thoughts and dreams regarding the future. This section expounds on the loss of self among the co-researchers in the current study.

Not only did the women in this study lose their sense of self, but they also lost many of their dreams with their husbands’ deaths. Their anticipated futures were no more. Esther gave up her hopes of being a chef; Teasley had dreams of spending her golden years as renewed honeymooners. Grace dreamed of growing old and raising grandchildren with her husband. The women had to not only grieve the loss of the anticipated self, but also had to learn to dream again – to transform their ideal of their future selves.

For a long time, Jackie struggled for control in her attempts to discover her new normal and her new self. She expressed that it wasn’t until she surrendered that she found freedom from the past and hope for the future. Jackie realized that the future was out of her control, and that she was totally dependent on God [Religious beliefs]. She explained,

I actually had to feel that dependence of ‘I can’t breathe until you let me breathe,’ and ‘I can’t take a step until you let me take a step.’ Left to me I’ll go back to bed and cover up and we’ll do this again tomorrow. And so, um, I’m sorrowful for how many days I spent angry that I lost and I can’t get back, but I’m thankful for my dependence on the one who can fix it all.
Once she grieved the loss of her anticipated self, she was able to accept her new circumstances in life and find her new self.

Only after she grieved the loss of her anticipated self was Jackie able to dream about the future again. She eventually remarried, and is now able to see the good that has come from the loss. She expounded,

There are still days when I see my kids going through something and I think you know what would it be like if things had been different, but then I remember that chances are it would have been much worse. You know, um, if they were dealing with you know being a part of divorce or things had gotten to a point where they did recognize. My two youngest were three and five at the time. To them their daddy still hung the moon and I pray that they always have that memory. My 11 year old, she remembers more than I wish she did, but she still loves her daddy, and I will not change that. The first year I remember looking at my counselor and saying, ‘What if they never know what I did for them?’ And what she reminded me and I didn’t understand it at the time and I wasn’t grateful for the advice at the time, but now I’m grateful for it. If they never know what I had to do for them, then that’s the best gift that God can give them, because I don’t ever want them to see their dad in that regard. I don’t regret my time with him because I wouldn’t have them or the happy times that we did share. But God has moved us past that and into a new phase.

Before she could move into the new phase she described, she first had to close the door on the past.

Teasley was fearful of the future as well. Her husband was an attorney in a private practice, and she was left to filter through all of his unorganized paperwork in an attempt to
create and organize files containing classified information. She was concerned that one of John’s clients might sue her for mishandling paperwork. She threw herself into the task of cleaning out his office, and shutting down his practice. In doing so, she postponed the process of rediscovering her own passions and joys. Eventually, “I was able to begin to refocus my life and plan for me and my daughters’ futures,” Teasley explained.

Grace had plans to relocate after her son’s graduation and planned to spend her golden years enjoying life with her husband. Now she was left at home alone with her thoughts once her son graduated and moved out. She felt a great sense of loss, one that was different than the death of her first husband. She explained,

It was um, he [my first husband] didn’t want to go. It was natural causes and God took him. I feel like my other husband just gave up on everything and I was left in a predicament because I didn’t have a job. I was looking for a job, but I didn’t have one yet. I was really looking because I wanted to help him and without a job I had the freedom to help him. I was overwhelmed with what am I going to do? It’s like he just kind of left me in a bad predicament.

Grace no longer knew what the future would hold; this left her with a desperation to find work. She described this time saying, “There for a while, I got on my pity pot but it’s becoming less and less that I get on my pity pot.” She shared that once she was able to look past the loss and see the blessings in her life, she was able to hope and dream about the future once again.

After Chris died, Kristen vowed she would never marry again; the pain of loss was too great. Where she had once dreamed of growing old with Chris, she now saw her future as a single woman. When Chris died, she also lost many of her own hopes and dreams. However, Kristen knew in her heart that there was a reason for this loss, and this belief helped her to
reframe her future. She said that she knew God allowed her husband’s suicide for a reason, and that he wanted her to use it. This drove her to start her blog; writing propelled her into deeper healing. Her anticipated self was transformed as she used her pain to help others in theirs. She shared,

I think anybody who suffers like that needs purpose, whether or not they seek it is a different story. I think if we do just that then overcoming the loss happens more fully; I can’t say more quickly because that’s not necessarily true. I do think it will be more complete as far as the healing.

As Kristen allowed her visions for the future to transform, she met a “wonderful man” who later became her husband. She was able to shut the door to Chris’ room and open another door in her heart to Joel. In contemplating her new life, Kristen explained,

I look at how life has changed so drastically. I went from a single mom of one to mom of nine if you include our foster son. It blows my mind. I don’t believe I could have if I had not worked my grief fully. I think that by the time I did meet Joel, while I was very cautious in a sense, not knowing if I could ever love the way I loved Chris again, I was able to love again. The one thing I wanted to be sure Joel understood, and he’s been great with, is that I don’t want to erase memories. I don’t want Chris and my marriage to him to just go away because it existed and it was good and it was wonderful. That day was horrible, but at the same time everything leading up to it was favorable and I don’t want to just erase that. But we don’t have the shrine. That won’t go away. You can’t take those memories away, but I’m able to move forward and just tuck the memories away into their room with the closed door, but they are still there.
Kristen’s present is much different than what she had imagined prior to Chris’ death, but she would not change things now even if she could. She is thankful for the past and present, and once again hopeful for the future.

Each of the co-researchers in the current study had to relinquish control and open up their hearts and minds to the unknown before they could grieve the loss of the anticipated self and reframe their anticipations for the future. In doing so, all six were able to adapt to their circumstances, demonstrate resilience in the present, and hope for the future. Process theme two, the loss of anticipated identity is outlined in Table 4.3 below.

<table>
<thead>
<tr>
<th>Theme</th>
<th># Participants Supporting Theme</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of anticipated future</td>
<td>6</td>
<td>Grieving loss of dreams and anticipated life events</td>
</tr>
<tr>
<td>Loss of self</td>
<td>6</td>
<td>Grieving the loss of their anticipated identity</td>
</tr>
<tr>
<td>Loss of dreams</td>
<td>6</td>
<td>Grieving the loss of hopes for the future for self and family</td>
</tr>
</tbody>
</table>

The next theme that emerged from the interviews was the loneliness the women experienced in the aftermath of their husbands’ suicides. The following section elaborates on this theme.

**Process theme three: Loneliness.** This section examines the third process theme: loneliness. Loneliness refers to feelings of isolation, often coupled with cognitions that no one else understands the individual’s circumstances. The theme is consistent with existing research; in a recent study by Sveen and Walby (2008), the findings indicated that “suicide survivors always reported a significantly higher level of rejection than survivors of other modes of death”
(p. 15). Two sub-themes emerged from the interviews in regards to countering loneliness: social support and relationship with God. The following section presents these findings; a summary is provided in Figure 4.2

![Diagram](image)

**Figure 4.2.** Loneliness.

Not only does losing a spouse often mean losing a best friend, but widowed survivors of suicide also tend to experience rejection from family and friends, leaving them feeling isolated and alone. In the present study, all six of the women went through periods of intense loneliness. Many felt alone in their grief, like no one else understood. Three of the women felt relief after the suicide because their life with their husbands pre-suicide had been tumultuous; then they felt guilty for feeling relieved. The women felt like no one understood them, and several withdrew from others in order to avoid “judgy looks” and hurtful comments. Their husbands willingly took their lives, leaving them to pick up the pieces. This left them feeling abandoned and afraid. Their feelings are not unusual for survivors of suicide. A study by Cammarata (2012), noted that intense feelings of isolation and abandonment are common to suicide survivors.

**Social support.** One of the best counters to loneliness is relationships. Healing rarely happens in isolation; Cammarata (2012) reported that survivors who had stronger social support
were more likely to adapt in the grieving process than those who felt isolated. In a previous section, social support was examined in relation to sense-making. In the current section, it is explored in regards to its ability to counter loneliness. In the current study, social support is defined by survivors’ perceptions of the supportiveness and connectiveness of relationships with others. The participants shared how social support helped to alleviate some of the loneliness. Kristen shared,

Relationships with other widows (especially widows of suicide) were very helpful. They could understand my grief in ways that other people who had experienced a different kind of loss couldn’t quite fathom. Relationships with married couples were also still important to me, especially initially. There were many things I needed help with around the house (or decision-making items that Chris might have taken care of) that I trusted the husbands of some of my closest friends to make. However, there were many times I felt like I didn’t belong. The people we used to hang around with…other couples with kids…didn’t seem to be a fitting place for me anymore. However, even single friends of mine couldn’t understand what I had just lost. So, there were times I felt like I was in a bit of a self-imposed exile.

While existing friendships were helpful, they were not sufficient. Kristen needed friendships with other single women to help her combat loneliness and found a sense of attunement and resonance, especially with those who had experienced the loss of a husband to suicide. It was almost like she was saying that in the context of these relationships, the pain of being alone in this tragedy receded and life flowed into that barren place.

Jackie not only lost her husband, but she also lost a dear friend in the months following Joseph’s death.
My best friend, the one that I was closest to, that walked through all of this with me, her husband basically decided that it was not good for her to have a single friend and that I might encourage her to be single. Um, because they had a troubled marriage. He basically forbid her to be with me. And um, I remember a Friday night that we were supposed to hang out and she basically called me and said ‘We can’t hang out and while we’re talking, I really can’t hang out with you ever again.’ We worked together so that made this really interesting. ‘So I really kind of need you not to talk to me anymore.’ I remember that night feeling about as alone as I had felt ever. She was the only person I’d ever that the opportunity to call and say, ‘This is crazy. I can’t do this. Can we go and just have coffee or something cause I need to get away for a couple of minutes? Can my kids come hang out with your kids?’ I had gotten to the point that I could never leave my kids with him anymore. She was that one person so losing her felt like it was going to be like losing him all over again.

Eventually Jackie was able to connect with another single woman with whom she felt free to be herself. This helped to alleviate some of the loneliness.

Esther lived on the opposite side of the nation from her support system. While she tried to make it work in California, she eventually moved back to the East Coast to be closer to family and friends. Friends invited her to come and visit to get away for a while. This was helpful to her and reminded her that she did not have to walk this path alone. She said that she wanted to “deal with my emotions and evolve into the new person I was becoming” [Self-identity].

Grace was able to combat the loneliness when she changed jobs. Her new colleagues who did not know her past allowed her to laugh and have fun without feeling guilty. She also experienced great support from her parents who invited her over for dinner frequently. She also
went out to eat with friends, and stayed involved in church. All of these relationships were helpful in reducing feelings of loneliness.

Initially Teasley had great support. She had “a phenomenal Sunday school class” who were really there for her in the beginning.

They were just Johnny on the spot. A lot of them came to the memorial service. They sent me a list of everybody's talents and skills that they were willing to help me with, from mowing the grass to hanging pictures. They were phenomenal but so many of them wanted me to come over for dinner. I just could not convince them that I did not have time, most of those women did not work. I could not convince them that I don't even eat dinner at night. I'm very busy right now. I have a full time job. I have tax problems and things that I had to attend to. Things were still adding up, and I have my children and all the jobs and several accountants and several attorneys, lots of stuff going on. I could not seem to convince them of that.

Once all of the logistics were taken care of, Teasley was left with the pain of grief and loneliness. She described it saying,

I missed the companionship. I never went to the grocery store alone. John and I did everything together. We were both only children. We traveled a lot for soccer and stuff and all through the girl's life we co-parented. There was no him helping me. He loved parenting. We did everything together. So I was very, very lonely.

She remembered the offers from her Sunday school class and reached out to them for support. So finally after about 3 months, you know to me that's not a long time, I said in Sunday school one Sunday, I still went even though I was now single and everyone else was a couple. I said ‘I just want to thank you all for all the dinner in an invitations and I'm
Teasley was left to face her grief alone. She elaborated saying,

I think that people have the best of intentions when something happens. They are so moved by their own grief that they want so badly to help. I have to say this carefully, because I can be this way too. They want to help more for their own feelings then they want to do really, really for the person. They want to do something too, not just check the box, I don't mean it that way, but to make themselves feel like they've helped to stop the bleeding. They've been a bit of a hero. What I kept saying to people the whole time was ‘Can I call you in 10 months? Can I call you in a year? Can I ask for this help next April?’ The answer was always ‘oh yeah, yeah, anything, anything,’ but then they really weren't there. Everybody that you talked to said, ‘Oh my gosh, it was just a year ago. I thought it had been a couple of years now.’ The whole American mentality of move on and move forward. I was dealing with things just fine. I wasn't busting out crying in front of people and calling people at four in the morning. I wasn't asking people for money or anything like that. What I was just saying is ‘could you hold that offer because right now what I really need is something you have no way of giving me and that is time.’

Teasley recommends that people write a date in their calendar, six months or a year after the death, and follow up with the survivor. While people were quick to offer help immediately after the suicide, as time passed their attention seemed to shift away from the loss leaving her feeling alone.
Not only was social support helpful in reducing feelings of loneliness, but participants also shared how their relationship with God was helpful.

**Relationship with God.** Previously, religious beliefs were presumed to assist in meaning-making after suicidal loss (Korang-Okrah, 2015). This section explores how an intimate relationship with God delineates feelings of isolation and loneliness. In the current section, relationship with God refers to the Christian teaching of God’s omnipresence; the belief that no one is ever truly alone because of God’s ever presence. Vandecreek and Mottram (2011) found that Christians often found comfort and companionship from knowing and experiencing the proximal presence of God. The co-researchers in the current study attributed their relationship with God as a helpful reminder that they were not alone.

For example, after Jackie’s friend told her she was no longer allowed to spend time with her, when Jackie was feeling extremely lonely, she explained,

I’ve never been an audible voice kind of person, but I remember God speaking to me that night saying, ‘You were never alone to start with. You may not feel it, and you may not always believe it but you weren’t alone then and you’re not alone now.’

Scriptures flooded her memory reminding her that she had never been alone. God had been with her at the time of Joseph’s death, he was with her in that moment, and he would continue to be with her in the future.

When sharing her story with the American Bar Association in warning of the risk for suicide among attorneys, Teasley boldly proclaimed, “To leave out the fact that my Christian faith is truly why I can stand and speak to you today would be telling you only half of the story.” She knew that she was not alone in the midst of the pain; she explained, “My faith in Christ ran very deep and wide before this greatest tragedy of my life, so far.”
Like Teasley, and the other research participants, Kristen’s previous religious experiences served as reminders of God’s presence in her life in the present. She explained,

I suffered a lot of a loss as a young girl. I grew up in a very dysfunctional family with a father that suffered from mental illness. My parents divorced when I was 14, and my mother remarried to a very hate-filled man. I married young and ended up divorced when my daughter was only six after my husband chose to leave us for a homosexual lifestyle. All of these losses and tragedies, I believe, allowed me to adapt in a positive way to the loss of my husband to suicide. I came to know Christ at the age of fourteen, and I could see how deeply His hand had been upon me and my life through all of these terrible events. I knew if He carried me through each of them, he would do it again. Now…that doesn’t mean I didn’t grieve and have some really, really low days, but walking through grief as a Christian completely sold-out to the Lord made all the difference in the world to me!

She believed God was carrying her on the days when she didn’t have strength to walk herself. He was always with her.

Teresa reiterated this when she said,

My relationship with Jesus… knowing He promised to never leave me or forsake me gave me strength… His Word says that he is your strong tower and you can run to him and you are saved. He will never leave you and he will never forsake you. He will never turn his heart away; he is your safe place. He is your righteous right hand. He will go before you and hem you in before and behind.

The belief that God is always present gave the women peace, and helped them to enter the loneliness without being alone. Table 4.4 outlines the sub-themes associated with loneliness.
In summary, the research question explored how a select sample of resilient widows who lost their husbands to suicide describe the process of bereavement. The co-researchers described bereavement as a journey. Four of the women used terminology such as step and path to describe the process. The journey was lonely at times, but the women came to realize that they were never truly alone; their religious belief in God’s omnipresence offered them comfort as well as social support from family and friends. Along the way, the women struggled to redefine both their present and their anticipated identities. They were able to do this as they made sense of the loss. This sense-making occurred as the co-researchers resolved to persevere, interacted with others socially, as they allowed their theological beliefs to shape their understanding of their current circumstances, and as they shifted their focus away from the self and onto others.

Their ability to reshape their identity, both present and anticipated, as well as their ability to make sense of the loss set these women apart from others. Kristen described some of the widows she has met saying,

<table>
<thead>
<tr>
<th>Theme</th>
<th># Participants Supporting Theme</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loneliness</td>
<td>6</td>
<td>Loss of spouse and changes in friendships with other couples</td>
</tr>
<tr>
<td>Social Support</td>
<td>6</td>
<td>Making new friendships with other widows, particularly widowed SOS and redefining existing friendships</td>
</tr>
<tr>
<td>Relationship with God</td>
<td>6</td>
<td>Never truly alone; “God will never leave or forsake me.”</td>
</tr>
</tbody>
</table>
I know a lot of women who don’t want to get better. I don’t want to say content, but their actions indicate that they are content where they’re at even though we know they’re not. They’re not willing to do something about it, so it makes it look like I’m just content to wallow in my grief.

The women in the current study refused to “wallow” in grief, but persevered through the bereavement process. Table 4.5 outlines participants’ perceptions of the process of bereavement below.

<table>
<thead>
<tr>
<th>Theme</th>
<th># Participants Supporting Theme</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of identity/Struggle to redefine self</td>
<td>6</td>
<td>Struggle to define self in light of spouse’s suicide</td>
</tr>
<tr>
<td>Social support</td>
<td>6</td>
<td>Making new friendships with other widows, particularly widowed SOS and redefining existing friendships</td>
</tr>
<tr>
<td>Religious beliefs</td>
<td>6</td>
<td>Identity in Christ versus in circumstances</td>
</tr>
<tr>
<td>Focusing on others versus self</td>
<td>6</td>
<td>Using the loss to help others transferring focus on self to others (children, work, other widows) Parenting as protective factor</td>
</tr>
<tr>
<td>Resolve</td>
<td>6</td>
<td>Determination to redefine self in the wake of suicide</td>
</tr>
<tr>
<td>Loss of anticipated self/future</td>
<td>6</td>
<td>Grieving loss of dreams and anticipated life events</td>
</tr>
<tr>
<td>Loss of self</td>
<td>6</td>
<td>Grieving the loss of their anticipated identity</td>
</tr>
<tr>
<td>Loss of dreams</td>
<td>6</td>
<td>Grieving the loss of hopes for the future for self and family</td>
</tr>
<tr>
<td>Loneliness</td>
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<td>Relationship with God</td>
<td>6</td>
<td>Never truly alone; “God will never leave or forsake me.”</td>
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</tbody>
</table>
Factors Fostering Adaptation and Resilience

In response the question, “What factors do participants perceive fostered adaptation and resiliency in the bereavement process?” participants identified three themes and seven sub-themes. The themes included sense-making, resolve, and routine. These themes and sub-themes will be explored separately.

Factors fostering adaptation and resilience theme one: Sense-making/finding purpose. The first theme that emerged from the research question exploring factors co-researchers perceived fostered adaptation and resilience is sense-making. In the current section, sense-making refers to finding meaning in the loss or a sense of purposefulness in the aftermath of the suicide (Begley & Quayle, 2007). This is in agreement with existing research that describe sense-making as a factor that fosters adaptation and resilience (Begley & Quayle, 2007; Bell et al., 2012; Dyregrov et al., 2011; Supiano, 2012; Van Dongen, 1991). All six participants’ experiences suggest three key elements in the ability to make sense of and find purpose in the loss. The three sub-themes that emerged from the current study include purging or getting out cognitions and emotions associated with the loss, religious participation, and helping others. The next section explores the process of purging painful thoughts and feelings.

Surprisingly, four of the six participants used the same analogy in describing the sense-making process – “putting together a puzzle.” Esther characterized her desperate attempt to find her missing husband, stating, that she “kind of pieced it all together.” After her husband’s death, Teasley exclaimed, “Had I recognized signs, had I been able to put some seemingly unfitting puzzle pieces together, had I been able to…” Kristen exclaimed,
We’ve had a lot of theories. A lot of people say maybe it was bipolar and never knew it. The fact that we hadn’t been married long enough I didn’t have the opportunity to see more of that. Who knows? And it doesn’t really matter now anyway, but the point was I tried to piece it together. Jackie described the struggle to understand as being “able to put together pieces.”

Most people putting together a puzzle have an image to help them in the process; unfortunately, these six women were scrambling in the dark to connect a few pieces in an attempt to see the overall picture. Figure 4.3 portrays the three sub-themes associated with sense-making after suicidal loss.

The next section will explore the first sub-theme which involves purging negative emotions and cognitions.

![Figure 4.3. Process of sense-making.](image)

**Purging/getting it out.** Each of the participants in the current study wrestled with negative emotions and cognitions related to the suicide. In order to make sense of the loss, they had to express their thoughts and feelings in order to process and purge them. This is consistent with the research which defines meaning-making as the ability to make sense of the suicide as
survivors work through feelings of guilt and shame while asking themselves questions regarding why the suicide occurred and about their prior relationship with the deceased (Begley & Quayle, 2007). This section explores how purging helped the participants in the current study to make sense of the losses encountered.

After the months of trying to get help for Joseph ending with his suicide, Jackie was left with a mixture of unresolved emotions. She described the first few days saying,

Anger was the first emotion I felt, and I stayed angry for a very long time (tears). There were a lot of days when I would just go in my closet and scream into a pillow. I knew God could hear me and nobody else could.

Not only was she angry that Joseph had willingly taken his life, she was furious that he’d left her behind to deal with the consequences. She struggled to understand how he could do such a thing.

Teresa echoed the confusion and anger of “Why weren’t we enough?” He’d promised her he would not take his life, despite numerous threats suggesting otherwise. She shared,

Almost every day for two and a half years he threatened that but he would back that up with as long as I have you and the boys, I’m not going to do anything. I’ll be strong enough to handle it. So I, even though all the doctors and the meds, all that stuff, I still hung on to that.

He had lied to her; he had her and the boys and yet he made a choice to end his life. She resented him for this, but was also relieved that the roller coaster ride was over. She then, felt guilty for feeling relieved.

Several of the women journaled as a means to help them work through these negative emotions. Both Teresa and Esther shared that journaling was very therapeutic and is a discipline
they continue today. Jackie stated, “It was helpful in that it gave me an opportunity to express my feelings in a private way. I was able to get it out without having to ‘say’ things.” Kristen journaled in a notebook and also journaled in her blog. What she was uncomfortable sharing in public, she wrote in her private journal, and what she thought might help others she blogged. When asked about how journaling helped her she explained, “It definitely was a huge tool in healing in writing it down, whether it was electronically writing it down or physically writing it down. Had I not written all of that down I probably wouldn’t remember.”

Esther remembers trying to make sense of the suicide; she described herself as feeling “lost and confused.” She was mad at herself for not knowing, and mad at God for allowing the suicide. She wrestled with difficult questions:

How did I miss this? How did I not know? I could have done this… and then it hit me. You know what? There was nothing that I could have done. You know what I mean? It was just so much. It was like you said, as soon as you think you have heard it all, here comes something else.

Esther tends to portray a stoic exterior, and the suicidal loss of her husband forced her to feel intensely. In the process of understanding the loss, she learned an important lesson. She exclaimed, “You have to learn to deal with your emotions so that they don’t deal with you.” Esther learned to express her emotions in healthy ways, and in doing so she was able to process the loss.

Questioning why seems to be the norm for suicide survivors. The struggle is real for survivors to try and find a rational explanation for the suicide of their loved ones. The sadness is that even if the women had an answer to the question, “Why?” their pain remained. Teresa and
Teasley both had rational explanations for the suicides, but this did not take away the feelings of guilt, the what-ifs, and numerous other questions that plagued them. Teasley asked:

What could I have done different? Why did I ever say that? Who saw what [I] missed?

When did this slow decline into an abyss begin? Where did [I] go wrong in not catching some small thread of the reality present in his mind? How can [I] be more perceptive now with others [I] love, like, work with, do some part of life with?

She finally came to the conclusion that “It’s very hard when you’re not traveling through the rabbit hole, but only looking down into it.” She continued, “Any death produces a depth of emotion, and the death of someone at and by their own hands creates layers and layers on top of those emotions.” Kristen used the same language when she described her experience stating,

I could just feel the layers of pain and agony just start to go away. It doesn’t mean they weren’t there. Even to this day, I am now remarried and things, but to this day I will have days when that sadness will just kind of envelope me, but it doesn’t stay anymore, but it will show up. Then I will be OK and I’ll move on to the next thing.

Kristen shared that counseling helped her to “peel back the layers” of pain and to find healing.

One of the things my counselor did was make me write a letter. So, that’s one of those things I probably would have never done either. I wrote a letter to Chris basically telling him how I felt about what he did. That was huge! That was a huge exercise, and the other side of it, while it was very painful to do, it was necessary to do. It propelled me to another level of grief that I would not have gotten to as quickly, if at all had I not done it.

Writing down thoughts and feelings seemed to be a healthy way of purging the pain.
Unfortunately, there is no short cut through the pain; each person must release the hurt, the resentment, the bitterness, and all the other emotions associated with the suicidal loss. The journey is difficult. Kristen described it well:

I think the best things that I learned from it is not to hide. I think if we are going to really do grief well, for lack of a better word, we must be open to the pain… Who was it that said the best way to get to the light is to plunge right into the darkness? I think that is so true. We have to take that plunge. While it hurts and we don’t want to experience it, nobody likes pain. In order to fully grieve well we have to face the pain head on, whatever that means [Transparency].

Grace found it helpful to write letters to her husband in her journal telling him about her feelings and about her days. She adds, “It helped me to see that I was getting better, even though sometimes it seemed like the sorrow would never end.” Purging the pain appears to be a necessary part of making sense of the loss and moving forward.

Getting out the negative feelings and thoughts surrounding the suicide was imperative for the women in the current study to make-sense of the loss. Not only is dealing with the hurt and pain essential for sense-making, but participants expressed that religious participation was also helpful to them as they tried to find meaning in the suicidal loss. The next section explores the sub-theme of religious participation.

Religious participation. The literature suggests that religious affiliation may be a transformative factor for adaptation that could be related to survivors’ ability to reframe the loss into meaningful structures (Feigelman et al., 2009). All six participants in the current study reported that their religious beliefs and their support system from within the church assisted them in the meaning-making process.
Grace talked about how important church was in her life post-suicide. Not only was it beneficial in maintaining a sense of normalcy, but she also gleaned from the support she received. Her belief system gave her hope for the future and motivation to persevere. When describing the SOS group in which she was involved, she shared, “Some of the people that I saw that came through that group, it seemed like the people that had a good relationship with Jesus faired a lot better than people who didn’t. Faith can go a long way.”

In the midst of the turmoil, Esther experienced peace; she said, “I knew immediately that God had a better plan for my life.” Esther shared that it was her prayer and her faith that helped her to make sense of the loss.

I read my Bible a lot. I prayed a lot. I had a lot of people praying for me. I know it worked! I didn’t go to a support group – didn’t have one in my area at the time. I was able to go to therapy which was great, but after two sessions I stopped. I really think everyone thought I was crazy because I was so calm. My father, who happens to be a therapist, was concerned because I was so calm. He said it wasn’t natural. I told him God gave me peace.

The peace that surpasses understanding helped Grace to work through the loss and find a purpose greater than herself.

Teasley explained that John’s suicide had made her “very, very hard.” She described herself saying,

It made me very, very hard. What had been a speech and theater major, pageant person in college, I mean I was smart and stuff, but carefree and happy and silly and funny...

There was like a crust that has formed over me and then it just got thicker and thicker and thicker so I’ve had to chip away at that as God has worked in my life. I think that I made
that clear and what I've written without a doubt that God's hand was in every bit of this. Every single bit of it. With his help I've been able to break out of that shell.

Teasley believed she would not have bounced back without her religious beliefs. She expounded on this saying “God’s over the top provision” for her life, and the “very real presence of Him on this earth in the form of the Holy Spirit” as enabling her to accept what happened, to see what may have led to it, to now see the signs I have pieced together in the last few months, to convince myself that I was not to blame, and to work very hard to find and make good out of every single aspect of it that I can… this is how I have adapted.

The six participants in the current study all found tremendous meaning and support from religious participation. Another area which fostered sense-making, was helping others. The next section expounds upon participants’ perceptions of how helping others aided them in making sense of the loss.

**Helping others.** Research suggests that survivors of suicide often find meaning by helping others in the community who are in a similar situation or by engaging in suicide prevention efforts (Castelli Dransart, 2013; Feigelman et al., 2009). The results of the current study corroborate this finding. This section describes how all of the participants made sense of their loss as they helped others.

Esther never got the answers she sought, but she came to a place of understanding that she could use her pain to help others. Esther said her questions have since changed. She shared, “I remember asking God, ‘Why? Why me?’ Now I say, ‘Why not me?’ I’ve been able to help so many people with my experience.” Helping others helped Esther to find meaning in the loss. Esther leads a SOS group today to encourage others who have lost a loved one to suicide. She
described working with this group as being “the most rewarding experience. It feels awesome to be able to do this work and help others.” Knowing that her pain can help others gives meaning to her loss.

Kristen also used social media to connect with other widows. Talking with others with similar stories helped her to release some of the hurt and to make sense of her loss. She believes that she is better able to relate to others now that she has walked this path. When asked if anything good had come out of the loss of her husband, Kristen stated,

Yeah, I think just my understanding of grief. A lot of times we are oblivious to the pain around us because we don’t understand it or we’ve never seen it firsthand, whether through a loved one or directly… I remember being grateful, in a twisted sort of way, for allowing me to walk through that so that I now knew what that felt like. I don’t want to ever forget what that feels like…as a widow, especially those earlier days. The further away we get it’s easy to forget that deep pain. Just like rereading my blog posts. It made me just go back in time, and realize the pain so the next time I hear someone lost a spouse to suicide, I immediately think, ‘OK God, remind me what that feels like so that I can better minister to this person.’ I think that is one of the very positive things that have come out of it. I understand humanity better; I really do. I understand the pain that my fellow human beings feel. I didn’t want to experience this, but I’m thankful that I’m not oblivious like I was. Now I understand pain and how to care for others.

I then responded to Kristen, “Kind of moving beyond an ‘I’m so sorry’ to a compassion and action. She continued,

I feel like he doesn’t give us these opportunities to just forget about them. There’s got to be something there and it looks different for everybody. It might be going to get a PhD
in counseling, but it might be to start a widow’s ministry at church or it might just be to
babysit your neighbor’s kids so she can have a night to herself. Whatever that looks like.
Having experienced it and knowing what my needs were at the time helps me have a
better understanding of what someone else might need.

Kristen’s blog provided her with an outlet to focus on the needs of others. In doing so she found
purpose and meaning in her loss.

In response to the same question concerning whether anything good had come from her
experience, Teresa answered,

Um, I don’t know unless it would be being able to share the story, the testimony of how
God brought me through with others who have gone through the same thing or similar
things, whether it be a spouse or a child or a friend or… and we have walked those steps
with a lot of people since that happened and so it has helped with that. Being able to feel
empathy and compassion for someone and to really understand. For a lot of people when
some things happen, they say they understand but they’ve never been through it so they
really don’t understand. I do understand and so I know how to empathize and sympathize
with them. What to do and what not to do. What to say and what not to say.

And I asked, “So it’s not only allowed you to help others, but it’s changed you?” Teresa
responded,

Yeah, I’m definitely changed. I’ve definitely become stronger and more of an overcomer
than I was and thought I ever could be. I have more concern and compassion, more
empathy for someone else who suffers such loss than I did before. It’s hard to understand
when you’re not there and you haven’t gone through something.

Working with others who are hurting helped to reframe the loss for Teresa.
Jackie was determined not to let her own sufferings be wasted [Resolve]. She longed to help others. Jackie shared, “Being a high school teacher in a private school, he’s given me the opportunity to share part of my story with a group of kids who could be influenced by it, because they knew him kind of, they didn’t know any of the kinds of struggles that he had had.” As she reached out to hurting adolescents, she was able to connect with them on a deeper level, and began to understand that her hurts were not in vain.

Grace longs to use her hurts to encourage others. She shared,

I think that one has to look for the good and not focus just on the bad. Who knows? Maybe one day I will be able to share my experience to help someone else. I hope I have become more understanding and empathetic of people and their family members who are suffering from mental illness. Mental illness not only affects the person who has the illness, but other family members.

Knowing that her experience has the potential to help others has helped Grace to process her own loss.

Sharing with the Bar Association was an opportunity for Teasley to help attorneys realize the reality of the effects stress can have on them and to encourage them to practice self-care; the goal was suicide prevention. She shared with the Bar Association,

I want this program to reach deep into your mind, and even deeper into your heart, and if it moves the dial, even just a little, on how you view the potential of suicide in your world, then this has been a program well worth your time, and as a true sacrifice for me to even share it, worth mine.

Sharing John’s story helped Teasley to see a greater purpose in her pain.
The co-researchers were able to make sense of their husbands’ deaths through purging the negative emotions and cognitions associated with the suicide, religious participation, and helping others. Finding meaning in the loss contributed to their ability to adapt to life post-suicide and appears to have fostered resiliency in the participants. Table 4.6 presents the sub-factors attributing to sense-making in adaptation and resilience.

Table 4.6
Factors Fostering Adaptation and Resilience Theme One

<table>
<thead>
<tr>
<th>Theme</th>
<th># Participants</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense-making/Finding purpose in the loss</td>
<td>6</td>
<td>Struggle to understand “Why?”</td>
</tr>
<tr>
<td>Purging/Getting it out</td>
<td>6</td>
<td>Process of making sense of loss by getting out thoughts and feelings (journaling, support group, counseling, talking with friends and/or family)</td>
</tr>
<tr>
<td>Religious Participation</td>
<td>6</td>
<td>Church participation, Bible reading, and prayer</td>
</tr>
<tr>
<td>Resolve</td>
<td>6</td>
<td>Determination to make sense of and find purpose in the loss</td>
</tr>
</tbody>
</table>

In addition to sense-making, a strong resolve to overcome seemed to foster adaptation among participants. The next section describes the second sub-theme: Participants’ determination and resolve to not only survive after their spouse’s suicide, but to once again thrive.

Factors fostering adaptation and resilience theme two: Resolution. Having a strong resolve is also associated with adaptation and resilience. Research suggests that resilience may be the result of a determination to move forward (Ratnarajah et al., 2014). An operationalized definition of resolve is a determination to take control of the direction in life and to restore what was lost in life (Ratnarajah et al., 2014). The women in the study demonstrated a strong resolve
to face the grief and to move forward with life. While resolve emerged as a sub-theme of the bereavement process and as an adaptation and resiliency factor, it also emerged as a primary theme, making it a meta-theme. When asked about a time when they knew that they would make it, five explicitly stated that they never doubted it.

Grace shared, “I’m a survivor, so you know, it was never something I doubted. I just had to take it one day at a time.” Esther’s desire to remarry impacted her resolve to heal. She shared, “I am 26, and I will not be single for the rest of my life. It’s just not going to happen.” Her desire to feel better propelled her to face her grief head on. The ladies were all determined to face the grief, and to move beyond it.

Teresa credits her resolve to her relationship with God. “He is the overcomer, and I knew that through him I could be an overcomer. I just knew from the beginning that I was gonna make it.” Teasley shares her conviction that both her resolve and her resiliency are connected to her faith. She expounds,

The resiliency came from a faith that undergirds it all. If the faith had not been there none of this would have hold. It also comes from a strength of character and a sense of habit in life of doing things the same way to achieve the results you want. I mean if it's a good result, and then just a decision that I was not going to take the blame for it even though there are a million things I could have said and done differently if I had known I was living with somebody who was contemplating that. A million things I would have never said, but if you don't know you are living with someone who is sick you don't know what effect that is having on them. The decision that I was not going to blame myself and then the decision that everything good that could come out of this would. I was not
going to just let it come. I was going to go after it. Tackle it and pin it down and tie it up and say ‘you're mine.’

Teasley had a fierce determination to overcome the pain and hardship left behind after John’s suicide.

Kristen did not shy away from pain either. She knew she had to face her hurts in order to recover from them. She shares,

I worked grief hard. I did whatever I had to do because I wanted to feel better. I did not like feeling that way. For me also, having a daughter to take care of, I didn’t have a choice. I could have chosen to curl up in a ball, but then what would have happened to her? I had to care for her; I had a purpose outside of my grief moments. As hard as it was, I had to do whatever it took to care for her. In all honesty, I really did feel bad. I literally pushed through the pain and didn’t shy away from it no matter how hard it was. That was probably one of the better things I did; I’m sure I didn’t do it well all the time, but I think not shying away from the pain was huge.

For Kristen, it was a matter of choice; she could have chosen to “curl up in a ball and cry” but she chose to face each day and to live in the present.

The resolution was the same for Teasley. She explained,

I always thought I was going to make it. I just didn't know if I would like myself after I had. I didn't know what normal would look like or feel like. I just knew I had to get there. I didn't know if I would be happy when I did….I wondered if I would be able to get off the roller coaster and when the rush was gone, would I like who Teasley had become after the ride. There is a nakedness that this type of grief can expose in oneself. It can be hard to look at it.
She never questioned whether or not she would bounce back, but she was concerned that she might not like her new self. She has been pleasantly surprised by all of the “over the top good ways in which God has blessed her.”

Because Jackie had survived the stress of her marriage, she knew she could recover from losing it. She elaborated,

After having lived technically as a single wife for four months and having to make the hard decisions of having to pull everything together and run everything, um, for all of that time, even though I knew I wasn’t OK, I could do it. I knew I could do it. I felt like God had given me that assurance that I wasn’t alone, that I was gonna be alright.

Her resolve was the result of past victories.

Each of these women made a conscious choice to face the pain of grief so that they could come out on the other side. Their strong resolve fostered adaptation and resilience in the wake of their husbands’ suicide. Table 4.7 demonstrates the sub-themes associated with Theme Two.

<table>
<thead>
<tr>
<th>Theme</th>
<th># Participants Supporting Theme</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolve</td>
<td>5</td>
<td>Choosing to believe “I will be okay.”</td>
</tr>
</tbody>
</table>

The third factor that fostered adaptation and resiliency for the ladies in the study was routine. The next section describes the impact of the third sub-theme, routine, on adaptation and resilience.

Factors fostering adaptation and resilience theme three: Routine. Participants were asked what helped them to maintain a sense of normalcy after the loss. All six women said that
keeping a routine was paramount to maintaining normalcy; each shared a resolve to make life as normal as possible. This finding is in congruence with existing literature that suggests that survivors adapt as they engage in the mundane tasks of daily living (Begley & Quayle, 2007; Gaffney & Hannigan, 2010; Hahn et al., 2011).

Kristen explained how her resolve motivated her desire for routine stating,

Well, I think part of it had to be just being a single mom. I had to make it work; I could not leave my daughter unattended. I had to care for her. She was my responsibility. I had a job, a new job, so I couldn’t just throw that out the window. I had to start and so I knew my responsibilities and while I may not have done them well initially, I still had to do them. I still made attempts. For me it was just starting. Kind of like with the whole staying in the word and praying, I had to start. It wasn’t that I was doing it well right after he died, but it was establishing routine.

The same thing with parenting, and now single parenting. I had to start whether I felt like it or not. Even if we had peanut butter and jelly sandwiches, at least I was making dinner. It may not have been the best meal but we had something to eat.

Going to work. I remember that at my job they were concerned for me as well. They said you know, let’s just start back with four or five hours a day and work our way up to eight hours. They were just wonderful about that. They knew things that I needed that I didn’t even know I needed, but it helped in establishing a routine. I would get up. I would go to my job and even if I couldn’t make it all day, I started. For me it was establishing the things I would have done pre-suicide. I would have worked. I would have taken care of my daughter. I would have gone to church. I went to church the very first Sunday after my husband died. I didn’t feel like it but I still sat there in the worship
service. Just trying to do the normal things. Whatever that means for somebody, even if they are halfway done. I really think that helped to usher in normal, and then it was a matter of not hiding…

For me facing all of those things I would normally do, and not shying away from them, helped to establish the new normal such as it was. It was a matter of choice. A lot of it is. I could have chosen a different path, but I didn’t want that. I really did want to be better. I really did want to feel better, but I also knew I had other responsibilities – job and daughter. Three weeks maybe of a lot of abnormal and after three weeks we started establishing normal again.

There were two things that Kristen was diligent to keep routine after Chris’ death: reading her Bible and praying.

My prayer may have only been two words, ‘Help me!’ But, I at least uttered those two words in prayer. I may have only read one verse in scripture, but I forced myself to get in the Word each day. God met me where I was. I also had a wonderful support group in place that helped to cover meals for my daughter and me for a month after Chris’ death. That was a huge help, because I had no desire or willpower to do those things early on. I returned to work after three weeks, and while that might have been hard, I knew I had to do it, and ultimately it would help to usher in ’normal’ a little quicker. It also helped to know I had my daughter relying on me. I couldn’t crumble. I was her only stability, so I had to pull through the grief. I attended grief counseling and participated in Grief Share.

Both of these were definitely instrumental in helping me to carve out my ‘new normal.’ Kristen emphasized the word “choice.” She made a conscious choice to maintain her habits pre-suicide, post-suicide. Her resolve influenced her desire for routine.
Teasley also emphasized the importance of habit. “We're going to eat we're going to exercise; we're going to sleep. I took one little bottle of Tylenol PM the first week because I couldn't sleep. I was just wide awake, and then I never took anything else.” When her doctor asked her what she needed she replied, “I really want to grieve.” Teasley knew that in order to fully grieve, she had to maintain as much normalcy as possible, and she had to face the hurt.

Initially, Jackie went into “function mode” as a means of coping. Later she realized, “Being at school and being in my routine helped.” She elaborated sharing,

The best piece of advice that was given to me, my pastor told me the day of the funeral, ‘Jackie, if you listen to anything I’ve said during this whole process,’ he said, ‘don’t feel sorry for your kids because they lost their dad. The rules still have to be the rules now that he’s gone. That thing that you wanted for them has to be the same thing you want for them now.’ I’ve taken that seriously and my kids have had their moments, but they are doing good.

Not only was maintaining a sense of normal important to Jackie, but it was important for her children as well. The five mothers in the current study share her convictions regarding maintaining routine.

Maintaining a sense of normal and keeping a routine aided in the adaptive process for these ladies. This is demonstrated in Figure 4.4 below. As they continued to participate in daily living activities, they learned to adapt to their circumstances and were able to move forward in the healing process. Table 4.8 presents the data associated with Theme Three.
Figure 4.4. Routine as adaptation factor.

Table 4.8
Factors Fostering Adaptation and Resilience Theme Three

<table>
<thead>
<tr>
<th>Theme</th>
<th># Participants</th>
<th>Supporting Theme</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine</td>
<td>6</td>
<td></td>
<td>Maintaining a sense of normalcy; doing the same things post-suicide as pre-suicide</td>
</tr>
<tr>
<td>Parenting</td>
<td>5</td>
<td></td>
<td>Maintaining normalcy for sake of children</td>
</tr>
<tr>
<td>Religious Participation</td>
<td>6</td>
<td></td>
<td>Continuing religious activities post-suicide that were in place pre-suicide</td>
</tr>
<tr>
<td>Vocation</td>
<td>5</td>
<td></td>
<td>Maintaining a job or pursuing a job</td>
</tr>
<tr>
<td>Resolve</td>
<td>6</td>
<td></td>
<td>Determination to maintain normalcy</td>
</tr>
</tbody>
</table>

The question explored in this section was “What factors do participants perceive fostered adaptation and resiliency in the bereavement process?” Themes that emerged from the interviews and journals suggest that sense-making, resolve, and routine all foster adaptation and resiliency. Five of the six participants explicitly stated that they always knew that they would make it. They maintained a fierce determination to persevere that drove them to wrestle with the
difficult questions as they attempted to make sense of the loss. The same drive pushed them to persevere in maintaining a routine in an effort to find their new normal. The co-researchers’ lives did not stop on the day that their husbands’ died by suicide. Their lives had merely changed, and they were determined to not only survive but to thrive in the wake of the loss. Table 4.9 outlines the themes and sub-themes identified in the study contributing to adaptation and resilience.

| Table 4.9 |
| Factors Fostering Adaptation and Resilience |
| Theme | # Participants Supporting Theme | Brief Description |
| Sense-making/Finding purpose in the loss | 6 | Struggle to understand “Why?” |
| Purging/Getting it out | 6 | Process of making sense of loss by getting out thoughts and feelings (journaling, support group, counseling, talking with friends and/or family) |
| Religious Participation | 6 | Church participation, Bible reading, and prayer |
| Helping others | 6 | Using the pain of grief to help others gave meaning and purpose to the pain |
| Resolve | 6 | Determination to make sense of loss and find purpose in the loss |
| Routine | 6 | Maintaining a sense of normalcy; doing the same things post-suicide as pre-suicide |
| Parenting | 5 | Maintaining normalcy for sake of children |
| Religious Participation | 6 | Continuing religious activities post-suicide that were in place pre-suicide |
| Vocation | 5 | Maintaining a job or pursuing a job |
| Resolve | 6 | Determination to maintain normalcy |
Now the focus shifts away from factors that fostered adaptation and resiliency. The next section explores what the research participants believed were hindrances to resiliency.

**Hindering Factors**

The final research question explored what factors participants’ perceived impeded adaptation and resiliency in the bereavement process. All six of the participants shared that they had to work to protect themselves from stigma in order to move forward in the healing process. The literature suggests that survivors of suicide experience increased feelings of anger, guilt, shame, stigma, helplessness, alienation, depression, and suicidal ideation related to stigma (Cammarata, 2012; Terhorst & Mitchell, 2012). Dealing with nosy people and feeling blamed by others hindered adaptation at times. Women in this study were able to overcome stigma once they felt free to be transparent for the sake of others. Interestingly, stigma – the very thing that drives people to hide the truth – was diminished when the women revealed the truth about their struggles.

**Hindering factor: Protecting the self from stigma.** The third research question inquired about factors the participants perceived impeded adaptation and resiliency in the bereavement process. This section elaborates on the findings in response to this question. Each of the co-researchers expressed irritation from dealing with “nosy” people. Not only were they trying to process their own feelings of guilt and shame, they also had to deal with the blame from others, whether real or perceived. Their experiences are consistent with existing research; the literature suggests this is common for survivors of suicide (Cammarata, 2012; Terhorst & Mitchell, 2012). Stigma is defined as a mark of shame or discredit (Cammarata, 2012). The women learned to distance themselves from negative people, or as Esther calls them “judgy, nosy people” and
toward those who cared. As the women processed their own hurts, they were no longer plagued with worries over the perceptions of others, and gradually became more and more transparent for the sake of other survivors. The two hindrances, nosy people and blame, as well as the perceived solution of transparency are examined in the following sections. First, co-researchers share their experiences with nosy people.

_Nosy people._ People have a natural curiosity, and when tragedy strikes, people long to make sense of the loss. Unfortunately, many people do not know where to draw the line and cross boundaries never intended for them to pass. Survivors of suicide often isolate themselves in an effort to evade intruding questions whether intentional or not (Terhorst & Mitchell, 2012). Five of the participants in the current study shared their frustrations with nosy people. The following describes some of the negative situations participants had with invasive individuals.

Perhaps the most shocking encounter was an experience Esther faced. Esther had just returned to her hometown and was arriving home after dinner with some friends when she saw the blue lights. She continued,

Yes, you know even when I got back there was a guy that I knew when I lived in my hometown and he was a police officer. I’d just gotten back and met some friends for drinks and was on my way home. It was probably 10:30-11:00 at night. He saw me. I had a very distinct car at the time. He pulled me over. He was pulling me over because he recognized me. He said, ‘Hey, so your husband killed himself? What’s up with that?’ Baffled she did not know how to respond. “Did he really just pull me over to ask me that?” she thought.

Esther was also forced to take a break from social media to get away from the questions. She shared,
It was one of those situations where people can be cruel, mean, and nasty at times. All of the judgy people. It was just terrible. They were on social media asking me questions like ‘well, what happened?’ And then his mistresses and women were coming out of the woodwork. I don’t know how they were finding me. I was getting emails; they were sending emails to his box saying ‘Hey, I hope somebody gets this. I’m trying to get in touch with his wife.’ I was just like ‘this is too much.’

Esther was not only overwhelmed by her own emotions, but by the constant harassment of others. She exclaimed, “I just wanted to be left alone so that I could deal with my emotions and evolve into the new person I was becoming.”

Teresa echoed Grace’s frustrations. She said,

There were other people that questioned everything and they should have just kept their mouths closed. You know, just nosy. Wanting to know all the details and how did it happen? What did he do and all these things and where did you find him and did you find him? All this stuff that was so hurtful and so painful and you had to relive that every time you would tell that story and it’s just because they’re nosy.

Eventually Teresa had enough and stopped it. She said, “‘I am not going there. It’s none of your business. I’m not going to relive that.’ I had to draw my boundaries.”

Strangers also added to the stigma. Many would ask an unassuming question, “How did your husband die?” For many of the women, answering this question in front of their children was a challenge; they felt like people were being nosy. Kristen shared, “Even to this day when I have to say, I lost a spouse to suicide, people pat me and say I’m so sorry. I want to tell them ‘it’s ok.’ You know, you’re patting them now.”
The invasive questions from others added to the felt stigma of the survivors, leaving them feeling further ostracized. The women felt the weight of the “scarlet letter” from the “S word” as inquiring minds searched for intimate answers to inappropriate questions. The women were already hurting from the loss of their spouse, and the actions of nosy individuals added to the shame, thus impeding adaptation and resilience. The co-researchers were determined to heal, and did not allow the intrusions from nosy people to keep them discouraged.

Not only did the survivors in the study field the curious questions from nosy people, but several felt like others blamed them for the suicide. The next section explores this more fully.

**Blame.** Research suggests that the surviving spouse of suicide is blamed more often than others for the suicide (Calhoun et al., 1986). Five of the participants in the current study talked about their experience with blame. Not only were they the objects of their own feelings of guilt and blame, but many felt the shame from others.’

Kristen describes feeling as if there was a big dark label on her back. She explained it saying,

Initially I felt a lot of shame with it. I felt like there was a big ‘ole scarlet letter on me, and everybody was looking at me like, ‘Oh, he committed suicide. Must be her fault.’ Something like that. That was so wrong. I can really say I didn’t stay in that place long, and I’m thankful for that. Once I realized, no it is not my fault, no, I did not cause this, no there is not a big ‘ole X on my back from outsiders looking in, then I realized it was Ok.

After telling Joseph he needed to move out because of his refusal to follow through and seek recovery from his alcohol addiction, Jackie learned of her husband’s death. She had to call and tell Joseph’s father about his death. Emotionally, she elaborated, “When I called to tell him that
Joseph had taken his life, his response to me was, ‘Well Jackie, what did you expect him to do?’”

Her father-in-law later came by her home and left an apology note, but it took several days for her to speak to him after his comment.

Esther also experienced blame from her husband, John’s family. Out of respect for her late husband, she never told his family about his multiple affairs and his callous spending habits. Because they did not know the truth, many blamed her. She explained,

I had an overwhelming number of people that blamed me for his death – even his family.

It was out of control. I was told there was a hit out for me in two states… Most of his friends and family have a hard time understanding that he was an adult that made a permanent decision on his own.

His family refused to sit with her at the funeral home. She continued,

The family once we got to the funeral, they were supposed to come to the funeral home. They did not show up. They went straight to the church. They wouldn’t sit with me. They sat on the other side. Then when it was time to eat, my church family, they made sure we had food. They really went all out. It was just crazy because his family wouldn’t even come and sit at the table and eat. Some of them got plates and left. That was it. I didn’t really get to talk to others.

As if this was not painful enough, Esther learned that while John’s family refused to interact with her, they had been meeting with John’s mistress. The blame she felt from the family was widespread and deep.

Teasley talked about the perceived blame she felt from others. She described these feelings saying,
He was just a good old boy. I on the other hand was the aggressive one. The loud one, the talkative one. There were women in particular, who probably looked at me and thought if she had just had a bit of a softer edge at a times or if she had not been so aggressive about this that or the other... maybe he wouldn’t have felt so depressed or threatened or whatever. I think according to my girls, who are terribly transparent, I think that’s more of me thinking that than anybody else but yeah there were different times when I thought somebody might have thought... Especially maybe a man. Well if I had to be drilled by her, you know what I’m saying?

She was embarrassed by his death and had times when she blamed herself; it seemed rational at the time that others would blame her as well.

Not only did the co-researchers have to struggle with their own feelings of guilt, but they also had to deal with the blame of others. The blame led to increased feelings of loneliness, and in the case of Esther, it led to broken relationships with her deceased husband’s family. As the women worked through the blame of others, whether real or perceived, they experienced an increase in shame. Grace and Esther both talked about the desire to leave town in order to get away from the whispers and stares from others.

Blame acted as a barrier to adaptation; it impeded progress as long as the survivor’s owned the blame. Once they were able to process and purge the blame, they were then able to move forward in the healing process. The only way to eradicate the blame was to face it. While the participants felt a need to protect both their reputation and their spouse’s reputation in the early stages of bereavement, the women later found freedom from negative labels as they became more and transparent about their struggles. The next section explains how transparency countered the negative effects from the stigma and blame.
**Transparency for sake of others.** Eventually, the women in the current study fought against stigma by being transparent for the sake of others. Where they once felt compelled to uphold a certain image, now they felt a responsibility to be transparent in order to help others. The research reports that many survivors find it therapeutic to tell their story for the sake of others; in doing so, survivors are able to reframe their own experience (Dyregrov et al., 2011). The co-researchers in the current study were able to adapt and to demonstrate resilience as they shared their story with others walking a similar journey.

As mentioned previously, Kristen started a blog about her grief journey. She remembers the day that she unveiled to the world that her husband’s death was due to suicide.

I remember writing a blogpost and I called it ‘The S Word.’ It was the day I announced to the public world the manner in which he died. Up until then I just said, ’My husband died.’ I never said how, but the people in my inner circle knew. I admitted that it was suicide and that was one of the most freeing days I had ever had, because on that day I was able to say, ‘This was not my fault’ [Anticipated Self]. Writing these words, being completely and vulnerably honest, freed Kristen from the bondage of guilt and blame in that moment. For Kristen, “doing grief well” included bringing things “out of the darkness and into the light.”

While Teasley didn’t blog, one of her daughters did. This forced Teasley to be transparent with her own pain, and she is grateful that she has had the opportunity to help others because of her own trial. Grace and Esther have both been involved in sharing their stories with other Survivors of Suicide through SOS groups. This has enabled them to help others take off the labels from stigma, and has furthered their own adaptation and resiliency.
Jackie struggled with transparency throughout her marriage; her husband encouraged her to “sweep things under the rug.” After his death, she was able to be transparent with her parents. This not only helped her to process her own grief, but it also led to a restored relationship with her family.

Moving beyond secrets and shame into a place of transparency kindled healing for the participants in the current study. The women refused to let others define who they were, and they were determined not to let their husbands’ suicides lead to worse results. They took personal responsibility for their well-being, and worked to overcome the hindrances due to stigma. They were able to shed the labels placed on themselves and to see their story in a broader context. They were able to adapt and to locate their new normal.

When asked what hindrances did they perceive impeded adaptation and resiliency, all six women talked about the hurtful effects of stigma. Five of the women fought to protect their reputation from nosy people and from blame. Hurtful comments from others, whether intentional or not, often increased stigmatization and encouraged isolation. The co-researchers fought back against the stigma in a most unusual way – through transparency. As they began to openly share their story with others, they no longer felt compelled to hide the pain and embarrassment, but were able to be real and honest in hopes of helping others. Figure 4.5 and Table 4.10 outline the sub-themes associated with hindrances to adaptation and resiliency.
Table 4.10

<table>
<thead>
<tr>
<th>Theme</th>
<th># Participants Supporting Theme</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protecting Image from Stigma</td>
<td>6</td>
<td>Worry about what others think; guilt, blame</td>
</tr>
<tr>
<td>Nosy People</td>
<td>5</td>
<td>Intrusive questions from uninvolved people</td>
</tr>
<tr>
<td>Blame from both self and others whether real or perceived</td>
<td>5</td>
<td>Blaming self for not preventing suicide and feeling blamed by others</td>
</tr>
<tr>
<td>Transparency for sake of others</td>
<td>6</td>
<td>No longer feel need to hide pain, but share experience for sake of helping others</td>
</tr>
</tbody>
</table>

Summary

This chapter revealed the findings of this IPA study by sharing the experiences and interpretations of the participants, and the interpretations of the researcher. The chapter began by sharing demographic information and brief descriptions of co-researchers’ lives pre-suicide. The
chapter then examined participants’ responses to the three research questions, and categorized responses into themes. The three research questions were:

1. How do a select sample of resilient widows who lost their husbands to suicide describe the process of bereavement?

2. What factors do participants perceive fostered adaptation and resiliency in the bereavement process?

3. What factors do participants perceive impeded adaptation and resiliency in the bereavement process?

Participants answered the first question describing the bereavement process as a struggle to redefine self, a loss of the anticipated self, and extreme loneliness. In response to the second question, the co-researchers identified three factors that fostered adaptation and resiliency: sense-making and finding purpose in the loss, resolve and routine. Lastly, one factor was identified as hindering adaptation and resiliency: a desire to protect image from stigma. The co-researchers were able to overcome the impediments caused by stigma as they felt free to share their stories for the sake of helping others. A theoretical model for resiliency in widows bereaved by suicide is shown in Figure 4.6. The next chapter will present conclusions and implications from this study and recommendations for future research.
Figure 4.6. Theoretical model for resiliency in widows bereaved by suicide.
CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This study explored postvention factors that led to resiliency in six widows who lost their husbands to suicide in order to better understand how to help prevent suicide survivors, who are at greater risk, from attempting suicide themselves. Because the research concerning resilience in widows bereaved by suicide is scarce, the study used an Interpretative Phenomenological Analysis (IPA) model to explore how the women made sense of their husbands’ deaths and bounced back from the loss. Data was collected through reflective journals completed by the participants as well as hour long interviews which were audiotaped, and then transcribed. The previous chapter provided an analysis of the themes that emerged from participants’ stories.

This chapter seeks to examine the significance of these themes in reference to the following research questions:

1. How do a select sample of resilient widows who lost their husbands to suicide describe the process of bereavement?

2. What factors do participants perceive fostered adaptation and resiliency in the bereavement process?

3. What factors do participants perceive impeded adaptation and resiliency in the bereavement process?

In the first section, the findings are compared with current research on resiliency among suicide survivors. Next, implications for professionals working with Survivors of Suicide are explored. Lastly, there is a discussion of limitations as well recommendations for future research.
The following section engages the literature in an attempt to compare and contrast the study’s findings with existing research.

Engaging the Literature

This section explores the results and conclusions from the current study contextually within existing research. Each of the themes and sub-themes identified in the study are compared to the current research on the subject. The following themes are organized by the three research questions. The first section explores the question: How do a select sample of resilient widows who lost their husbands to suicide describe the process of bereavement?

Loss of Identity

In response to questions exploring how the co-researchers described the bereavement process, loss of identity emerged as a theme. This is consistent with existing research that states when a wife is bereaved by suicide, she often loses her sense of self (Constantino et al., 2002). She struggles to redefine her identity in both the family and in the community (Knapp, 2014; Thaha & Dheeraja, 2007). Previous research supports this assertion by discussing how survivors’ lives changed post-suicide, leading them to engage in new behaviors (Begley & Quayle, 2007). As the women in the current study accepted the new normal, they were able to redefine their identities accordingly. Participants were able to redefine their identity as they interacted with others socially, participated in religious activities, and focused on others. The next section examines the literature regarding the benefits of social support on rediscovering identity post spousal suicide.
**Social support.** This section explores how the findings from this study corroborate with the previous literature about how social support relates to reframing identity. Developmentalists suggest that a woman’s sense of self is defined within the context of her relationships with others (Constantino et al., 2002). Not only is identity discovered in social contexts, but Begley and Quayle (2007) report that bereavement also occurs in the context of social interactions. Social support provides survivors with an atmosphere to explore the potential reasons for the suicide as well as to identify potential purposes for the survivor in light of the suicide. Jackie valued one specific friendship that provided her with an opportunity to do just that. She explained,

I was able to kind of establish a friendship as just Jackie for the first time. With her, I could just be Jackie. I wasn’t Joseph’s wife and because she didn’t have kids, I wasn’t Taylor, Bailey and Michael’s mom. I could just hang out with her and be Jackie.

Having safe relationships where survivors feel free to “be” seems to be an important ingredient in rediscovering self (Constantino et al., 2002). Another theme survivors identified as helpful to redefining their identity was religious participation; the next section explores this interaction in the context of existing literature.

**Religious participation.** This section examines the existing literature discussing the sub-theme of religious participation in relation to loss of identity and reframing identity. Research suggests that a correlation exists between spirituality and postvention in promoting resiliency (Mottram & Vandecreek, 2011). The participants in the current study shared similar religious beliefs, all declaring themselves Christian. The women in the study attributed their religious beliefs with helping them define the new self, and in the adaptive process leading to resilience. In a study by Korang-Okrah (2015), Christian widows said that reading the Bible helped to “strengthen their faith and their belief in God, open their minds to understanding that life and
death are God’s creation, and in addition, energize them to live positive and productive lives” in the wake of their husbands’ deaths (p. 15). The women in the current study echoed these beliefs; several of the participants talked about how reading the Bible helped to shape their worldview and their view of self.

The last theme survivors identified as helpful to redefining participants as they sought to redefine their identity post-suicide was focusing on others. The next section explores what the literature says about relationship between focusing on others and identity.

**Focusing on others.** The last sub-theme related to the reframing identity is focusing on others. This section explores current research on the subject. Research suggests that altruism may allow survivors an opportunity to change ideals and ultimately change the self (Dyregrov et al., 2011). The literature also suggests that by telling their story for the sake of others, survivors learn to reconstruct their narratives so that it promotes transformational posttraumatic growth (Dyregrov et al., 2011). Five of the six women in the current study have platforms for sharing their story to help others, and doing so has helped them to reframe their story from one of devastation to one of hope. This process has helped to promote reconstruction of the self.

In addition to losing their identity, participants in the current study talked about the loss of their anticipated selves. The next section explores existing research regarding suicide survivors’ loss of the anticipated self, and ways to reframe the anticipated self.

**Loss of Anticipated Self**

This section explores the theme, loss of self, in light of the existing literature. Participants not only grieved the loss of the present self, but they also grieved the loss of the anticipated self – the loss of hopes and dreams. Begley and Quayle (2007) discussed how
survivors’ personal lives had changed as a result of their experiences; the changes led to a transformation of participants hope for future selves. Moore (2012) found that reflective rumination serves as a cognitive process that reconstructs an individual’s world view and schema; this reconstruction allows the person to reframe hopes for the future and to redesign their perceptions of the future self. The next section explores the literature regarding the theme of loneliness among survivors of suicide.

Loneliness

The third theme that emerged in reference to the first research question was loneliness. The current section seeks to compare the findings of the current study with existing research on loneliness as part of the bereavement process for survivors of suicide. Losing a spouse to suicide can be extremely lonely; survivors are left with shame and guilt; many perceive that others blame them (Cammarata, 2012). Cammarata (2012) elaborated by saying that intense feelings of isolation and abandonment are common to suicide survivors.

Participants in the current study expressed gratitude for the initial support after the loss, but felt like the support waivered as time progressed. In a study by McKinnon and Chonody (2014), participants expressed feeling supported in the initial wake of the loss, but as time passed, they felt like their access to postvention services declined. In order to combat the loneliness, the participants in the current study cited social support and their relationship with God as buffers to the loneliness. The next section examines social support in existing research as it relates to loneliness.

Social support. The current section compares the sub-theme of social support as a buffer to loneliness for survivors of suicide with current research on the subject. A review of the
literature revealed that social support may be an adaptation factor for survivors of suicide (Cummins, 2011; Gayathri & Das, 2012; Feigelman et al., 2009; Supiano, 2012). Cammarata (2012) reported that survivors who had stronger social support were more likely to do well through the bereavement process than those who felt isolated. When the six women in the current study learned of their spouse’s suicide, each of them talked specifically about friends who were there for them at a time when they felt extremely alone. Kristen talked about how her girlfriends threw an anniversary party to help her grieve what should have been her third anniversary.

The research also suggests that having the support and interest of other survivors may foster healing (Constantino et al., 2001). The women in the study were able to connect with other survivors which did help foster posttraumatic growth. The Constantino et al. (2001) study did not specifically explore whether or not interactions with other widowed survivors of suicide influenced resiliency and adaptation, but the current study suggests that it might.

In the current study, Teasley spoke openly about the outpouring of social support immediately following the death and her frustrations with the lack of support six months later. Unfortunately, her experience is not an isolated one. The literature suggests that survivors experience less and less support as time passes (McKinnon & Chonody, 2014). The next section explores what existing literature says about loneliness and a relationship with God.

**Relationship with God.** The current section compares the finding that relationship with God may diminish loneliness with current research on the subject. Participants in the current study suggest that their personal, intimate relationship with God acted as a reminder to them that they were not alone. Jackie described such an experience saying,
I remember that night feeling about as alone as I had felt ever. I’ve never been an audible voice kind of person, but I remember God speaking to me that night saying, ‘You were never alone to start with. You may not feel it, and you may not always believe it but you weren’t alone then and you’re not alone now.’

Research supports the assertion that many people attribute God’s proximal influence as a positive factor in the grieving process (Vandecreek & Mottram, 2011). The Christians in Vandecreek and Mottram’s (2011) study, attributed God with giving individualized care to them during suicide bereavement. One of the study’s participants described how God met her in her loneliness after her daughter’s suicide stating,

…it felt like God’s arms were just right around me. I just literally felt like I was held together… It sounds strange because He obviously wasn’t physically in the middle of things there, but I felt held together and I have felt held together ever since that day.

(Vandecreek & Mottram, 2011, p. 158)

The quote above is similar to Jackie’s because both refer to God’s presence as a comforting force in the wake of the suicide. Having an intimate relationship with God seems to buffer feelings of loneliness in suicide survivors.

The next section explores the themes associated with the research question: What factors do participants perceive fostered adaptation and resiliency in the bereavement process? The first theme identified was sense-making. Sense-making was not only a theme in the current study, but it also resonated as a theme throughout existing research. The following section summarizes the current study’s findings regarding sense-making in light of existing research.
**Sense-Making**

One of the themes that emerged from the research question exploring factors that fostered adaptation and resiliency in the bereavement process was sense-making. This section compares this finding to current literature. The literature suggests that meaning-making is an important ingredient in the postvention and transformation of those bereaved by suicide (Begley & Quayle, 2007; Bell et al., 2012; Castelli Dransart, 2013; Clark & Goldney, 2000; Dyregrov et al., 2011; Fielden, 2003; Korang-Okrah, 2015; Miller, 2003; Shneidman, 1969; Supiano, 2012; Van Dongen, 1991). The current study identified three areas consistent in the process of sense-making: purging, religious participation, and helping others. The following compares the findings with the existing literature on these subjects.

**Purging.** This section compares the sub-theme of purging as it relates to sense-making with existing literature. In order for survivors to make sense of the suicide, they had to process conflicting thoughts and emotions. Begley and Quayle (2007) define meaning-making as the ability to make sense of the suicide as survivors process feelings of guilt and shame while asking themselves questions regarding why the suicide occurred and about their prior relationship with the deceased.

Researchers have noted that survivors experience a “reappraisal back and forth between stories of the deceased and the suicide event in order to make sense of and cope with the suicide” (Begley & Quayle, 2007, p. 32). As they wrestle through the questions, the what-ifs, participants are able to transcend the unanswered questions and find peace. Gaffney and Hannigan (2010) suggest that as survivors learn to balance emotional expression and regulation, they can begin to accept the reality of the suicide. Moore (2012) reported that reflective rumination promotes resilience. Participants have to walk through the negative affections of anger, guilt, shame, and
sadness in order to come to a place of acceptance and eventually to adaptation and transformation. The next section compares the second sub-theme, religious participation, with existing research.

**Religious participation.** This section compares the sub-theme of religious participation as it relates to sense-making with existing literature. Much like the women in the study by Korang-Okrah (2015), participants in the current study believe that knowing who God is and acknowledging that an individual’s life depends on him is foundational for understanding life. The Akan widows, both Christian and Muslim, looked to their religious and spiritual beliefs as a source of psychological resilience (Korang-Okrah, 2015). They did not minimize their hurts, but they magnified their God; the women in the current study did likewise.

The literature suggests that while suicide disrupts religious life, religious survivors, particularly Christian survivors, believe that the suicide is somehow part of God’s greater purpose (Vandecreek & Mottram, 2011). The participants in the current study echoed this belief and were able to make sense of the suicide in light of this belief. Kristen shared,

> I am a believer and was when he died so I know that God does not give me these situations just to go away and not to be used. He intends for me to use this, so now how is this going to be used? From a positive outtake, that’s what I live for. Please use this God. I did not walk this grief journey for no reason. I was open to whatever he sent my way.

Believing that God has a greater purpose for allowing the suicidal loss helps survivors make sense of the loss. The next section examines the third sub-theme, helping others, with current literature.
Helping others. This section compares the sub-theme of helping others as it relates to sense-making with existing literature. The literature suggests that survivors of suicide often find meaning as they help others in the community who are in a similar situation or by engaging in suicide prevention efforts (Castelli Dransart, 2013; Feigelman et al., 2009). Each of the six participants in the current study were able to find purpose and meaning in their personal loss as they were able to help others in pain; this finding is consistent with the research on others bereaved by suicide (Castelli Dransart, 2013; Feigelman et al., 2009). The women in the current study demonstrated a steady resolve to bounce back from the loss. The next section examines what existing research says about resolve and resiliency in survivors of suicide.

Resolve

Another theme that emerged from the research question exploring factors that fostered adaptation and resiliency in the bereavement process was resolve. This section compares this finding to current literature. Each of the women in the current study demonstrated a resolve to grieve deeply, and to move on with life. This is in congruence with research suggesting that resilience may emerge from a determination to move forward combined with the innate qualities of self-reliance, determination, and stoicism (Ratnarajah et al., 2014). The women in the current study demonstrated all three of these sub-traits. Maintaining a routine was also important to participants in the current study; the following section examines existing literature on maintaining normalcy and keeping a routine in the wake of suicide.
Routine

Routine was another theme that emerged from the research question exploring factors that fostered adaptation and resiliency in the bereavement process. This section compares this finding to current literature. In order to adapt to their husbands’ suicides participants stressed the need for maintaining routine. The literature suggests that survivors adapt as they engage in the task of day-to-day living (Begley & Quayle, 2007; Gaffney & Hannigan, 2010; Hahn et al., 2011). All six women talked about how going to work helped them to maintain their sanity in those early days, and that ultimately aided in their adaptation. Grace shared,

Well, I had to find a new normal. It was just you know, I tried to, like, I think a job was a top priority so I could get benefits and have money coming in on a regular basis. And um, having my son there an extra year and getting him off to school and graduation coming up, adjusting to it just being me.

Thinking about the mundane helped the survivors to adapt to the loss. One study’s results indicated that that many resilient widows accommodate to the loss of a spouse through day-to-day activities (Hahn et al., 2011). Keeping a routine appears to foster adaptation and resiliency.

The research also suggests that being a parent seems to be a protective factor for women bereaved by suicide, perhaps because it motivates them to maintain some semblance of normal for the sake of the children (Agerbo, 2005). Kristen talked about the temptation to curl up in a ball, but being a parent prompted her to maintain a sense of normalcy. She explained,

I could have chosen to curl up in a ball, but then what would have happened to her? I had to care for her; I had a purpose outside of my grief moments. As hard as it was, I had to do whatever it took to care for her.
Jackie echoed these sentiments saying, “My job as wife ended that day, but my job as mom didn’t and so that kind of gave me drive and motivation.” The inner drive to parent well appears to be motivational in a widow’s drive to maintain normalcy in the aftermath of a spouse’s suicide.

The final research question explored is examined in light of existing literature. What factors do participants perceive impeded adaptation and resiliency in the bereavement process? The participants all experienced stigma, and this affected them negatively. The following section discusses what the literature suggests regarding stigma in relation to resiliency in survivors of suicide.

**Hindrance: Stigma**

In response to the third research question exploring factors that hindered resiliency and adaptation during the bereavement process, stigma emerged as a theme among the co-researchers. This section compares this finding within the context of existing research. The literature suggests that perceived stigmatization may hinder survivors of suicide’s social interactions (Terhorst & Mitchell, 2012). Cammarata (2012) reports that both shame and guilt interact with stigma causing further isolation for survivors. In an attempt for emotional self-preservation, survivors tend to use avoidance to distance themselves from people who blame and shame, whether real or perceived (Terhorst & Mitchell, 2012). The same was true for participants in the current study. Grace’s relationship with her husband’s family ended because she refused to own the blame and shame she felt when she was around them. Her experience correlates with the literature reporting that a suicidal death may be more devastating on the familial system than other types of deaths (Cammarata, 2012).
The literature suggests that survivors of suicide experience increased feelings of anger, guilt, shame, stigma, helplessness, alienation, depression, and suicidal ideation (Cammarata, 2012). Researchers also report that suicide survivors share the belief that family members, friends, neighbors, and professionals blame them for the suicide (Clark & Goldney, 2000; Fielden, 2003). There are times when the blame is real, but survivors often struggle with perceived blame. Teasley discussed this when she shared,

There were women in particular, who probably looked at me and thought if she had just had a bit of a softer edge at times or if she had not been so aggressive about this, that, or the other thing… Maybe he wouldn't have felt so depressed or threatened or whatever. She admits that her perceptions were probably more about her own insecurities than the beliefs of others, but the feelings associated with these thoughts were challenging.

This section explored the results and conclusions from the current study contextually within existing research. Each of the themes and sub-themes identified in the study were compared to the current research on the subject. The themes were organized by the three research questions:

1. How do a select sample of resilient widows who lost their husbands to suicide describe the process of bereavement?
2. What factors do participants perceive fostered adaptation and resiliency in the bereavement process?
3. What factors do participants perceive impeded adaptation and resiliency in the bereavement process?

The findings are organized with existing literature in Table 5.1 below.
<table>
<thead>
<tr>
<th>Finding</th>
<th>Contextual Literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Support</td>
<td>Begley &amp; Quayle, 2007; Constantino et al., 2002</td>
</tr>
<tr>
<td>Religious Participation</td>
<td>Korang-Okrah, 2015; Mottram &amp; Vandecreek, 2011</td>
</tr>
<tr>
<td>Focusing on Others</td>
<td>Dyregrov et al., 2011</td>
</tr>
<tr>
<td>Loss of anticipated self</td>
<td>Begley &amp; Quayle, 2007; Moore, 2012</td>
</tr>
<tr>
<td>Loneliness</td>
<td>Cammarata, 2012; McKinnon &amp; Chonody, 2014</td>
</tr>
<tr>
<td>Social Support</td>
<td>Cammarata 2012; Constantino, Sekula, &amp; Rubenstein, 2001; Cummins, 2011; Feigelman, Jordan, &amp; Gorman, 2009; Gayathri &amp; Das, 2012; Supiano, 2012</td>
</tr>
<tr>
<td>Relationship with God</td>
<td>Vandecreek &amp; Mottram, 2011</td>
</tr>
<tr>
<td>Sense-making</td>
<td>Begley &amp; Quayle, 2007; Bell, Stanley, Mallon, &amp; Manthorpe, 2012; Castelli Dransart, 2013; Clark &amp; Goldney, 2000; Dyregrov et al., 2011; Fielden, 2003; Korang-Okrah, 2015; Miller, 2003; Shneidman, 1969; Supiano, 2012; Van Dongen, 1991</td>
</tr>
<tr>
<td>Purging</td>
<td>Begley &amp; Quayle, 2007; Gaffney &amp; Hannigan, 2010; Moore, 2012</td>
</tr>
<tr>
<td>Religious Participation</td>
<td>Korang-Okrah, 2015; Vandecreek &amp; Mottram, 2011</td>
</tr>
<tr>
<td>Helping Others</td>
<td>Castelli Dransart, 2013; Feigelman, Jordan, &amp; Gorman, 2009</td>
</tr>
<tr>
<td>Resolve</td>
<td>Ratnarajah, Maple, &amp; Minichiello, 2014</td>
</tr>
<tr>
<td>Routine</td>
<td>Begley and Quayle, 2007; Gaffney &amp; Hannigan, 2010; Hahn et al., 2011</td>
</tr>
<tr>
<td>Hindrance: Stigma</td>
<td>Cammarata, 2012; Clark &amp; Goldney, 2000; Fielden, 2003; Terhorst &amp; Mitchell, 2012</td>
</tr>
</tbody>
</table>
The next section shares implications from the current study for professionals working with widowed survivors of suicide.

**Implications for Professionals**

This section describes the implications of the present study for professionals working with widows bereaved by suicide. The research directly related to widows who lost their husbands to suicide is extremely scarce; however, many widows bereaved by suicide seek assistance from medical professionals, counselors, and pastors (Andriessen, 2014). Schneidman’s (1969) assertion remains true today that postvention is prevention for future generations. The themes identified in the current study were supported by all six participants making the findings especially meaningful. The following applications are suggested for working with widowed survivors of suicide. The first implication refers to the importance of sense-making, which is discussed in the following section.

**Sense-Making**

Questioning the suicide and personal responsibility is consistent among the participants. In order to make sense of the loss, participants had to ask the difficult questions, and to learn to live with or without answers. Professionals may be tempted to offer pithy responses, but resilience appears to be correlated to the widow’s ability to wrestle through the difficult questions, and posttraumatic growth requires the struggle of reconstructing the shattered worldview. Professionals can offer a nonjudgmental ear for survivors to process their thoughts and feelings surrounding the suicide. Participants in this study had to purge hurt, anger, guilt, and shame in order to make sense of the loss. Five of the six women in the current study stated
that journaling helped them to get out these negative feelings; not only was journaling a practical help, but participants also reported support groups, either grief groups or Survivors of Suicide (SOS) groups, and talking to a counselor as helpful in the process of purging the pain. Professionals can also encourage survivors to look for anything positive that may have come as a result of the suicide such as inner strength, new friendships, and empathy. This approach is in keeping with the trauma research that indicates that narrating one’s story promotes sense making and recovery (Ratnarajah et al., 2014).

Research suggests that transformative growth and resilience occurs as survivors move from a haphazard retelling into a more coherent narrative of the loss (Ratnarajah et al., 2014). Often survivors think that their story ends with the death of their spouse, but the narrative continues. While survivors cannot rewrite the past, they can play a critical part in molding the present and the future chapters of their narrative. Counselors can guide this process as they assist the survivor in telling and reframing the narrative in therapy and eventually with someone in vivo.

Jordan and McMenamy (2004) shared that participants described writing interventions as helpful for understanding suicidal loss and prepared them to share with others about the loss; they cite that it was particularly helpful for males, who were less likely to openly discuss their pain with supportive individuals. The same study suggests that brief interventions immediately after suicidal loss appear to be insufficient, and that more long-term treatment is needed (Jordan & McMenamy, 2004).

Roberts (2000) reminds therapists that all clients come to counseling to get help rewriting their current story with a more coherent and satisfying narrative. When considering evidence based practices for supporting survivors of spousal suicide, the following approaches that
promote narration include: writing interventions, peer-led support groups such as Survivors of Suicide (SOS) groups, therapeutic support groups led by a professional, narrative therapy, bibliotherapy and attachment therapy (Jordan, 2008; Rappaport, 2010; Rawlinson et al., 2009; Szumilas & Kutcher, 2011). Reading another survivor’s narrative may help more recent survivors to describe their own story. One recommended source for finding meaning in suicidal loss is *Finding Your Way after the Suicide of Someone You Love* (Biebel & Foster, 2005).

Psychoeducation is an important part of psychological treatment for survivors of suicide. Cognitive therapy can also be used to address stress management with survivors. Cognitive therapy has been proven effective when counseling trauma victims, and survivors of suicide are often traumatized (Nathan & Gorman, 2007). Using cognitive based psychoeducation may help survivors to gain more insight into their bereavement process and develop a better understanding of their emotional reactions (Wittouck, Van Autreve, Portzky, & Van Heeringen, 2014). Recognizing maladaptive thoughts related to the suicidal loss is critical for countering faulty thinking. The A-B-C framework and cognitive restructuring can be effective tools for helping a client to understand and alter their inner world (Corey, 2009). This involves helping to monitor self-talk, identify maladaptive self-talk, and to substitute with adaptive self-talk (Corey, 2009). Survivors tend to struggle with stigma, both real and perceived, and cognitive therapy can be used to counter the negative cognitions and to challenge cognitive distortions related to stigma. Nathan and Gorman (2007) discuss how CBT can be used to change ruminative thinking by focusing on thought content and direct experience in an attempt to stop negative rumination.

Another function of CBT when counseling survivors, is the impact it can have on establishing resolve. By helping clients identify past experiences where they overcame difficult
situations, therapists can help survivors strengthen their resolve to persevere and overcome the suicidal loss. There is more on this subject in a later section.

As the therapist and the client learn to recognize the client’s core beliefs, schema-focused integrative psychotherapy can be helpful in addressing maladaptive schemas that might be driving certain patterns of thoughts and behaviors (McMinn and Campbell, 2007). Once clients become aware of subconscious schemas, they are better equipped to counter the negative consequences of these maladaptive core beliefs.

Providers need to be proactive in maintaining all ethical guidelines as dictated by the American Counseling Association (ACA) Code of Ethics. In particular, Standard C.2.a. outlines the boundaries of competence stating, “Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience” (ACA, 2014). The Code of Ethics continues in C.2.b dictating, “Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and protect others from possible harm” (ACA, 2014). When appropriate, clinicians need to obtain proper training and certifications prior to engaging narrative approaches with survivors of suicide.

The next section focuses on how professionals can help survivors to find hope from their religious beliefs and values.

**Religious Beliefs**

Each of the participants in the current study considered their religious beliefs as a vital component of their resilience. Gregory (2013) cites that most people embrace a spiritual
perspective in life that influences their adjustment, behavior, and outlook. Researchers conducted a systematic review and found that 94% of 32 studies show some positive effect of religious and spiritual beliefs during bereavement (Becker et al., 2007). As a result, professionals need to be aware of survivors’ beliefs and values and tap into any pre-existing strengths associated with spirituality (Gregory, 2013). Therapists can also use a client’s spirituality as a means to instill hope in the client. A person’s expectancy for recovery is often indicative of treatment outcome.

Richards and Bergin (2005) list five reasons for including spiritual and religious assessment as part of psychotherapy: understanding the client’s worldview in order to promote the therapist’s capacity to empathize, establishing the impact of spiritual views on the presenting problem, determining if the client’s spiritual views can be used for growth or coping, identifying which spiritual interventions might be useful in therapy, and recognizing any spiritual doubts that might contribute to the presenting problem. The book, *Tears to Joy* (Flake, 2012), is recommended for survivors interested in what the Christian Bible says about suicide and offers practical help for those left behind after suicidal loss.

Religious participation may serve as a buffer to loneliness, and may also assist survivors in identifying a purpose in the loss. Vandecreek and Mottram (2011) found that meaning and personal growth after loss was correlated with the belief that God purposively intervened to bring about such benefits. Langberg (2012) suggests that discussing spirituality at the onset of therapy builds rapport in the therapeutic relationship. Therapists need to ask clients during the initial intake whether or not they are comfortable discussing spirituality. If clients are unwilling, therapists need to respect the client’s desires and avoid the subject. However, if clients are open to discussion, therapists may explore the client’s religious beliefs as it relates to therapy.
Therapists may benefit from training in spiritual integration to better help clients adapt after suicidal loss. Additionally, section A.4.b in the ACA Code of Ethics dictates the guidelines for guarding against imposing personal values in the therapeutic relationship. The ethics code states,

Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor’s values are inconsistent with the client’s goals or are discriminatory in nature. (American Counseling Association, 2014)

Therapists need to safeguard from letting their own religious beliefs or lack thereof create bias or discrimination with clients.

Another factor that emerged from this research that may foster adaptation and resiliency is helping others. The next section explores the implications of this finding for professionals.

**Helping Others**

By helping others who were hurting, survivors were able to refocus their attentions away from their own hurt and use their pain to encourage others. After reviewing the literature, researchers concluded that peer support offered as an option or in tandem with professional counseling needs to be considered as a viable postvention strategy (Rawlinson et al., 2009). Professionals need to recognize the potential therapeutic value of encouraging clients bereaved by suicide to find ways to help others who are hurting; this can be reaching out to other survivors of suicide, assisting in suicide prevention efforts, or focusing on another demographic where there is significant suffering.
A study conducted by Feigelman and Feigelman (2008) explored how suicide survivors empower each other to deal with grief in the support group setting. This study applied Shulman’s dynamics of mutual aid theory to illuminate some of the challenges that survivors face in dealing with the suicidal loss (Feigelman & Feigelman, 2008). Researchers acknowledge the skepticism of many professionals regarding peer-led groups, but state that many survivors prefer the peer-facilitated model over alternative helps (Feigelman & Feigelman, 2008). Researchers conclude that because survivors are no longer marginalized when they are in Survivors of Suicide (SOS) support groups, they are able to offer mutual aid and to help each other deal with suicidal loss (Feigelman & Feigelman, 2008). Due to the group process, survivors are able to move beyond isolation and find the confidence to once again pursue meaningful activities (Feigelman & Feigelman, 2008).

While the research on peer-led survivor of suicide support groups is scant, there has been research done on peer programs that has helped to identify theoretical and practical components attributing to both their appeal and viability (Rawlinson et al., 2009). These researchers have found that peer support normalizes experiences and provides an opportunity to cognitively reframe the experience (Rawlinson et al., 2009). The same conclusion could apply to peer-led survivor groups. As members moved from “victim” to “helper,” providers felt validated and were able to re-examine their cognitive beliefs (Rawlinson et al., 2009, p. 10). This provides a framework for group members to explore and find meaning in their loss.

Providers can find a comprehensive listing of Survivors of Suicide (SOS) support groups at the American Foundation for Suicide Prevention website at http://afsp.org/find-support/ive-lost-someone/find-a-support-group/. The link provides date, time, and contact information for
each group. Professionals are encouraged to contact the local advocates listed at the site to inquire about community resources available for survivors in their area.

Another factor that seems to foster adaptation and resiliency is maintaining a routine. The next section explores the implications for professionals.

**Maintaining a Routine**

Next, maintaining a routine was of utmost importance to all six of the survivors in the current study. Encouraging widowed survivors of suicide to continue to maintain a sense of normalcy by keeping a routine may help them to persevere instead of surrendering to temptations to “curl up in a ball and cry all day,” as stated by Kristen in her interview.

Individuals with complicated grief are likely to withdraw from social situations and isolate themselves, perpetuating depressive symptoms (Gayathri & Das, 2012). Behavior activation is based on the belief that by encouraging individuals who are bereaved to engage in meaningful activities, negative cognitions are countered and positive mood is increased (Boelen, Stroebe, & Stroebe, 2015). Research supports the notion that behavior activation reduces negative symptomatology associated with complicated grief (Boelen et al., 2015; Papa, Sewell, Garrison-Diehn, & Rummel, 2013). Behavior activation appears to ameliorate rumination, challenge negative cognitions, and decrease loss-related distress (Boelen et al., 2015). A chart is provided in Appendix C as a tool for helping clients schedule daily activities.

Interpersonal social rhythm therapy (IPSRT) is an empirically-based treatment for depression; since grief is coupled with depressive symptoms, interpersonal psychotherapy may be used to treat survivors of suicide (Shear, Frank, Houck, & Reynolds, 2005). Therapists work with survivors to develop a plan for keeping rhythm stable when disruptive social events occur,
and developing strategies to manage the priority interpersonal problem area (Steinkuller & Rheineck, 2009). IPSRT can also be employed to equip clients with tools for regulating meals, exercise, and sleep patterns. Recovery from depressive symptoms often hinges upon routine (Miklowitz & Johnson, 2006). Therapists teach consumers to track their daily routines and sleep/wake cycles, and help clients identify events that may provoke changes in their routines (Miklowitz & Johnson, 2006). Both sleep patterns and daily routines influence mood.

IPSRT helps clients identify events such as upcoming travel or visits from relatives that may provoke changes in their routines. By anticipating and preparing for triggers, depressive symptoms might be thwarted. IPSRT focuses on the links between mood symptoms and quality of social relationships and social roles, the importance of maintaining regularity in daily routines, and the identification and management of potential precipitants of rhythm disruption (Malhi et al., 2009). By addressing these areas, a person is given tools to help them cope.

Another factor that seems to foster adaptation and resiliency is having a strong determination or resolve. The next section explores the implications for professionals.

**Resolve**

Five of the six participants in the current study demonstrated a strong resolve to bounce back from the loss. The finding is similar to another research study in which participants’ resilience was demonstrated by the participants’ resolve to take control of their direction in life or restore what was lost in their lives (Ratnajarah et al., 2014).

For some, resolve may be characteristic of their personality or temperament. Others might benefit from Cognitive Behavioral Therapy to counter any negative cognitions in opposition to purposiveness and resolve. By challenging doubting and fearful thoughts about the
future and replacing them with more hopeful cognitions, survivors may experience a greater sense of resolve.

Trauma-focused CBT (TF-CBT) has well established efficacy for treating individuals who have suffered trauma, making it a positive treatment for survivors of suicide. (Wittouck et al., 2014). It includes psychoeducation about trauma itself, development of relaxation and other coping skills; feelings identification, understanding the cognitive triangle (thoughts, feelings and behaviors), creating a narrative of the traumatic event, and processing of associated thoughts, feelings and behaviors (Sigel et al., 2013).

There are a number of resources available for survivors determined to seek help and pursue personal adaptation and transformation. These are found in Appendix D.

The next section describes implications for professionals for buffering the negative effects of stigma on adaptation and resilience.

**Limiting the Effects of Stigma**

Survivors of suicide feel judged and often shamed. In the current study, one participant described it as a “big ole scarlet letter.” Many feel blamed by others, and some even blame themselves. Professionals can assist survivors to work through cognitive distortions and the imaginary fable that everyone is looking at them and talking about them. The temptation for survivors is to isolate themselves in an attempt to avoid the judgmental stares and words of others, when in fact, being transparent with a few close friends may be helpful in alleviating the negative effects of stigma. As survivors interact with others who treat them the same post-suicide as they did pre-suicide, this helps to break down feelings of condemnation.
Interactions with other survivors of suicide was helpful for four of the women in the current study. Referrals to a Survivors of Suicide (SOS) support group may be a valuable option for widows bereaved by suicide. As the women in this study shared their story with others they were able to process and purge the hurts associated with the loss, find support and empathy, and in doing so, were often able to help others.

Telling the story seems to be an important part of the healing process, whether through journaling, blogging, or talking with others. Professionals can encourage survivors to find ways to share their story. Reading stories of others who have survived suicidal loss may help survivors to develop their own narratives. Examples of such resources are found in Appendix D.

This section explicated the implications of the present study for professionals working with widows bereaved by suicide. The implications were organized by the following themes: sense-making, religious beliefs, helping others, maintaining a routine, resolve, and limiting the effects of stigma. Recommended resources and empirical treatments are outlined in Table 5.2 below and in Appendix D.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Recommended Resources</th>
<th>Empirical Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense-making</td>
<td><em>Finding Your Way after the Suicide of Someone You Love</em> (Biebel &amp; Foster, 2005)</td>
<td>Narrative therapy, writing therapy, SOS Support Groups led by a professional, bibliotherapy and attachment therapy</td>
</tr>
<tr>
<td>Religious beliefs</td>
<td><em>Tears to Joy</em> (Flake, 2012)</td>
<td>Spiritual integration</td>
</tr>
<tr>
<td>Helping Others</td>
<td>List of Survivors of Suicide (SOS) support groups at <a href="http://afsp.org/find-support/ive-lost-someone/find-a-support-group/">http://afsp.org/find-support/ive-lost-someone/find-a-support-group/</a></td>
<td>SOS support groups</td>
</tr>
<tr>
<td>Routine</td>
<td>Behavior Activation Chart (Appendix C)</td>
<td>Behavior activation; Interpersonal social rhythm therapy</td>
</tr>
<tr>
<td>Resolve</td>
<td><em>Grief After Suicide: Understanding the Consequences and Caring for the Survivors</em> (Jordan &amp; McIntosh, 2011)</td>
<td>Cognitive Behavior Therapy</td>
</tr>
</tbody>
</table>
The following section acknowledges limitations of the current study and also makes recommendations for future research.

**Limitations and Recommendations for Future Research**

All research contains certain limitations. This section explores some of the limitations of the current study and proposes recommendations for future research. The following is noted as a limitation to this research: participants’ perceptions, researcher bias, and self-selection bias.

**Participants’ Perceptions**

In this study, the intent was to identify themes among participants, not to statistically verify the findings. Qualitative interviews were the method employed to explore survivors’ experiences to losing a spouse to suicide. The interview process may be limited by participants’ insights, their capacity to remember and articulate their experiences, and social desirability. In an effort to control for these limitations, pseudonyms were used to guard against socially desirable answers and reflective journals were used prior to interview process to enable the co-researcher time to reflect upon their responses. Rich, thick descriptions were used to convey the
findings in an effort to add validity to the findings (Creswell, 2009). Survivors are the experts of their own experiences so using qualitative interviews to explore their perceptions was justifiable.

**Researcher Bias**

My involvement in data collection and analysis influenced the interpretation of interviews because of my own experience of losing a spouse to suicide. The bias was explicitly stated at the beginning of the study; my personal background as a survivor, my culture, history and socioeconomic status have the potential to shape the findings. In an attempt to control for this bias, triangulation was used to strengthen the study’s validity (Creswell, 2009). Reflective journals, qualitative interviews, and member checking were all incorporated into the study in an effort to delineate the risk of personal bias distorting participants’ experiences (Moustakas, 1994). At times, the co-researchers expressed more of an openness to share because of the similar experience with the researcher.

**Self-Selection Bias**

Another limitation is the self-selection bias of the research sample. The individuals recruited for this study were done so through regional Survivors of Suicide support groups, and through snowballing. Individuals who participate in support organizations may tend to seek help for the adaptive process more than those who do not participate in support groups. All of the participants shared a common religious system, Christianity, and future studies need to explore whether it is something inherent in Christianity or religious belief in general that serves as an adaptation factor. Less religious individuals may produce different attributions for resiliency than religious; this too, is an area of interest for future researchers to explore.
While there were limitations in the current study, the findings remain valuable for guiding treatment planning for professionals working with survivors. All research studies have some degree of limitations, and the researcher exercised due diligence to guard against the influence of these limitations.

The following section describes recommendations for future research.

**Recommendations for Future Research**

Because the purpose of this study was to explore participants’ experiences after their spouse’s suicide, qualitative research was used. Future research is needed to see if the themes are quantifiably linked to resiliency after spousal suicide. The following recommendations are submitted as suggestions for guiding future research.

Future qualitative studies that expand on these findings and explore whether or not the themes remain consistent for widowers bereaved by suicide, as well as other populations bereaved by suicide would be beneficial. Additionally a query exploring whether or not resiliency existed in the participants in the current study pre-suicide or if it was something that developed post-suicide would be helpful. Each of the women in the current study experienced posttraumatic growth as well as resiliency. Is it possible for survivors of suicide to experience resiliency in the absence of posttraumatic growth or do the two occur concurrently? Future studies, both quantitative and qualitative, are needed to explore these queries in greater detail. An interesting finding from the current study is that three of the six husbands who ended their lives did so following the death of a parent, and one had an estranged relationship with his parents. The question remains; are men with unresolved grief over parental loss at increased risk
for suicide? The question is an important one that warrants exploration in future quantitative and qualitative research studies.

**Relocating Myself as Researcher in Light of the Findings**

Throughout the research process, I have continued to counsel widows in our community who are bereaved by suicide and by natural causes. I have begun to incorporate narrative based therapies into treatment for complicated grief. Helping survivors to discover their own narrative in an attempt to redefine themselves in the aftermath of the loss and to purge painful memories and emotions has been therapeutic. As survivors reframe their identity, find meaning in the loss, and find ways to serve others, they tend to bounce back. I am also more aware of the potential therapeutic impact of journaling and not only do I encourage clients bereaved by suicide to journal, but it is a discipline that I hope to incorporate more into my own daily life.

**Summary**

This section sought to demonstrate the significance of the findings from this study as they related to the research questions exploring how a select sample of resilient widows who lost their husbands to suicide described the process of bereavement. This was done by comparing the results from the previous chapter with existing research. Each theme from the results was organized according to corresponding research question and explored contextually with the current research. Next, implications for professionals working with surviving spouses of suicide were examined, as well as discussion regarding the limitations of the current study and recommendations for future research. Lastly, I shared my own relocation in light of the research findings. The next section summarizes the full content of the current study.
Final Summary

The current study emerged from a desire to understand resiliency in widows bereaved by the suicidal loss of their spouses. The process began by providing background to establish the need for the current study, its purpose, the research questions it sought to explore, the rationale, and operational definitions. The theoretical framework and research approach were also explained, and the first chapter concluded with the researcher in the study explaining her interest in the subject.

Chapter Two presented a thorough review of existing literature related to resiliency in widows bereaved by suicide. The research explored topics related to suicide postvention, suicide bereavement, resiliency after loss of spouse due to suicide, and adaptation after loss of spouse due to suicide. The search found a paucity of studies related to the topic, and none specific to resiliency in widows bereaved by suicide, thus establishing the need for the current study.

The next chapter provided a summary of Interpretative Phenomenological Analysis (IPA), the rationale for using qualitative research, and described the participant selection process. The methods were discussed, focusing on data collection and analysis in accordance with the processes of IPA (Smith & Osborn, 2007). The researcher’s attempt to maintain trustworthiness and quality in the current study was described and the section concluded with the ethical procedures employed in the study.

Once approval was received from the Institutional Review Board (IRB), participants were recruited through Survivors of Suicide (SOS) support groups and through snowballing. Potential participants were contacted via email and asked to complete the Brief Resilience Scale (BRS) as a pre-screening tool. Individuals scoring a 3.8 or higher were invited to participate in the study. Participants were asked to sign an informed consent, complete a demographic questionnaire,
answer questions in a reflective journal, and participate in a one hour qualitative interview. The interviews were transcribed and meticulously analyzed for similarities and differences among the co-researchers.

Chapter Four described the emergent themes from the research. In response to the first research question, asking for a description of the bereavement process, participants portrayed the process as a struggle to redefine self, a loss of the anticipated self, and extreme loneliness. In response to the second question exploring what factors participants perceived fostered adaptation and resiliency in the bereavement process, the co-researchers identified three factors that fostered adaptation and resiliency: sense-making and finding purpose in the loss, resolve, and routine. Lastly, one factor was identified as hindering adaptation and resiliency: a desire to protect image from stigma. The co-researchers were able to overcome the impediments caused by stigma as they felt free to share their stories for the sake of helping others. All of the themes were supported by all six participants, with the exception of resolve which was supported by five of the six. This is profound and indicates the significant strengths of the findings.

Chapter Five sought to synthesize all of the information from the previous chapters by reviewing the findings in the context of existing literature. Many of the sub-themes were congruent with the current research regarding adaptation and resiliency after suicidal loss. Next implications for professionals were shared in an attempt to guide postvention efforts for widowed survivors of suicide. Lastly, the limitations of the current study and recommendations for future research were provided. The researcher hopes that future studies will be conducted so that therapists, physicians, and clergy can create greater efficacy in postvention services.
REFERENCES


APPENDIX A: Informed Consent Form

CONSENT FORM
Resiliency among Widows who Lost their Husbands to Suicide
Natalie Flake Ford
Liberty University
Center for Counseling and Family Studies

You are invited to be in a research study of widows who lost their husbands to suicide but have demonstrated resiliency in the aftermath of the loss. You were selected as a possible participant because your therapist or Survivor of Suicide (SOS) group leader identified you as a resilient widow who lost her husband to suicide at least two years ago. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

Natalie Ford, a doctoral candidate in the Center for Counseling and Family Studies at Liberty University, is conducting this study.

Background Information:

The purpose of this study is to explore factors that led to resiliency in widows who lost their husbands to suicide. Research suggests that widows bereaved by suicide are at greater risk for attempting suicide than the general public. The researcher hopes the findings will inform clinicians so that they can offer better forms of treatment to survivors of suicide.

Procedures:

If you agree to be in this study, I would ask you to do the following things:

1.) Complete a reflective journal where you respond to specific questions regarding the loss of your husband to suicide and your bereavement process. The journal entries will remain confidential; participants will be asked to provide a pseudonym to identify themselves throughout the study.

2.) Participate in a one-hour audio-taped interview based on the questions you answered in your reflective journals. The interviews will remain confidential; pseudonyms will be used for identification purposes.

3.) Be available for follow-up questions if needed for the purposes of clarifying data, gaining further insights, and commenting on interpretations. These will either be over the phone or via email and should take no longer than 30 minutes. Again, all correspondences will be recorded and transcribed by the researcher.

4.) Read and provide feedback on final interpretations and documentation via e-mail.

Risks and Benefits of being in the Study:

The risks involved in this study are minimal other than the discomfort of being reminded about your unique and personal loss of a loved one to suicide. Additionally, other questions in the interview may cause general discomfort as well. If you become uncomfortable and choose to stop participating in this study, you have the right to do so at any time. As well, if you become distressed and need to speak to a
crisis counselor at any time, you can call 1-800-273-TALK (8255), the national toll-free crisis line that is available 24/7, or you can access a survivor support group in your state from the American Association of Suicidology’s website at www.suicidology.org by clicking on a tab at the top titled “Suicide Loss Support,” then clicking on the link to the support group directory to the left. Steps to minimize these risks include signing this consent form after being able to ask as many questions as you require to feel comfortable participating in this study, taking time to really think through your preparatory summary, my making you as comfortable as possible during the interview by really trying to understand your story and your experience the way you see it, understanding confidentiality listed below, and your ability to revoke your participation in the study at any time.

The benefits to participation are the potential for increased self-awareness, increased insight into the death, feelings of empowerment, feeling a sense of purpose, a therapeutic effect, and improved family communication. Participation in the study also has the potential to benefit other survivors as the results will be used to inform clinicians as they seek to offer more effective treatments to survivors of suicide

Compensation:

Other than the possible benefits to you listed above, there will be no direct or monetary compensation for participation in this study.

Confidentiality:

The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely and only the researcher will have access to the records.

Participants will be asked to provide a pseudonym to be used to identify them throughout the study. Actual names will not be written on any documentation.

All interview and research records will be stored on a secure, password protected laptop that remains in the constant possession of the researcher, as well as being backed up on a portable USB that will be stored in a locked and protected cabinet in the researcher’s office. All audio tapes will be deleted immediately upon completion of this study. All other transcribed data, notes, and identifying information (stored separately) will be destroyed within three years of completion of the study. Until that time, data will be stored in the office of the researcher in coded format and inaccessible to outsiders.

Limits of confidentiality

In a qualitative study complete confidentiality is not possible because excerpts and descriptions from participants’ interviews become an integral part of data reporting. However, anonymity will be upheld by allowing participants to choose pseudonyms and review all information being included.

Further, in accordance with the US Department of Health and Human Services (see https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm) if the participant states or suggests that he or she (or his or her spouse) is abusing a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the researcher is required to report this information to the appropriate social service and/or legal authorities.

Voluntary Nature of the Study:
Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study:

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Contacts and Questions:

The researcher conducting this study is Natalie Ford. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at email address. You may also contact the research’s faculty advisor, Dr. Lisa Sosin, at email address.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd, Carter 134, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information to keep for your records.

Statement of Consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

(Note: Do not agree to participate unless IRB approval information with current dates has been added to this document.)

☐ The researcher has my permission to audio-record me as part of my participation in this study.

Signature:________________________________________ Date: ______________

Signature of Investigator: __________________________ Date: ______________
APPENDIX B: Demographic Questionnaire

Pseudonym: _______________________
Date of Birth: _______________

What is your gender?

○ Male
○ Female

What is your age?

○ 18-29 years old
○ 30-49 years old
○ 50-64 years old
○ 65 years and over

What is the highest level of education you have completed?

○ some high school
○ high school graduate
○ some college
○ trade/technical/vocational training
○ college graduate
○ some postgraduate work
○ post graduate degree

What is your religious preference?

○ Jewish
○ Mormon
○ Seventh-Day Adventist
○ Roman Catholic
○ Muslim
○ Protestant
○ Christian Scientist
○ an Orthodox church such as the Greek or Russian Orthodox Church
○ Other (please specify)
Race: What is your race? Are you white, African-American, or some other race?

- [ ] White
- [ ] African-American
- [ ] Other (please specify) __________________________________________________________________

Is your total annual income before taxes $20,000 or more, or is it less than $20,000?

- [ ] Under $20,000
- [ ] Over $20,000

Number and Age of Children: ____________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________

Number of years you were married to the husband deceased by suicide:

- [ ] less than 2 years
- [ ] 2-5 years
- [ ] 5-10 years
- [ ] 10 – 15 years
- [ ] 15-20 years
- [ ] more than 20 years

How would you rate your marital satisfaction prior to the suicide on a scale of 1-10 (1 being extremely dissatisfied and 10 being extremely satisfied)? _____

Were you married prior to your husband who died by suicide? _____

If yes, how many times? ________

Have you remarried since losing your spouse to suicide? ________

Mode of spouse’s suicide: ________________________________
APPENDIX C: Behavior Activation Chart

Schedule daily activities that bring you joy and are positive for you. Start with smaller, more manageable tasks and move toward larger ones when you are ready.

<table>
<thead>
<tr>
<th>DAY</th>
<th>A.M.</th>
<th>P.M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Take dog for a walk</td>
<td>Call a friend</td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
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<td>Wednesday</td>
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<td>Friday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
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</tbody>
</table>
APPENDIX D: Resources for Clinicians

The American Association of Suicidology offers the following resources to survivors of suicide:

- Survivors of Suicide Kit: an information kit consisting of fact sheets, a bibliography, and sample literature.
- Survivors of Suicide: Coping with the Suicide of a Loved One booklet and A Handbook for Survivors of Suicide.
- Surviving Suicide, a quarterly newsletter for survivors and survivor support groups.
- “Healing After Suicide,” an annual conference held every April, for and about survivors.
- Suicide Prevention and Survivors of Suicide Resource Catalog: a listing of books, pamphlets, etc. which can be ordered from AAS. Includes resources for children and those who care for them.

These resources can be accessed via the webpage www.suicidology.org

Recommended Books:

- *Dead Reckoning: A Therapist Confronts His Own Grief* (Treadway, 1996).
- *Grief After Suicide: Understanding the Consequences and Caring for the Survivors* (Jordan & McIntosh, 2011).
- *A Special Scar: The Experience of People Bereaved by Suicide* (Wertheimer, 2001).

There are times when a clinician is not only counseling family or friends left behind, but the counselor is a survivor as well. There is a listserv hosted by the Clinician Survivor Task Force, specifically for clinicians who have lost a client or family member to suicide. In order to join the listserv, clinicians can email VLMcGann@aol.com.