

Exploring Lived Experiences of Suicide Surviving Spouses: An Interpretive Phenomenological  
Qualitative Study

by

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Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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### **Abstract**

A crippling concern that has swept the world and shown to be a significant public health issue is suicide. The Centers for Disease Control and Prevention (CDC, 2022) show suicide is among the top ten leading causes of death in ages 10–64. The survivors of suicide are at increased risk of adverse consequences. The purpose of this interpretative phenomenological analysis (IPA) study explores the lived experiences of spouses of suicide loss (SOSL) living in the United States (U.S.) regarding the spiritual change (SC), the process of suicide bereavement, and posttraumatic growth (PTG) within ten years post-loss. To better understand lived experience, this study conducted one-on-one Zoom interviews with fifteen SOSLs within a ten-year post-loss, only after year one. Two research questions addressed the study: How do SOSL experience the suicide bereavement process, SC, and PTG? How do SOSL interpret the suicide bereavement process, SC, and PTG journey? Two theories guided the researcher throughout the study. Johnson and Zitzmann's (2020) post-homicide spiritual change (PHSC) theory is a nonlinear illustration of homicide survivors' spiritual changes after loss. While Worden's task-based mourning model illustrates four tasks of mourning, helping in the bereavement process. A hermeneutic phenomenological design assisted in revealing the lived experiences of all fifteen SOSLs. Van Manen's analysis approach was utilized to reflect upon the lived experience, which helped the researcher interpret and describe their SC, suicide bereavement, and PTG journey—utilizing this methodology allowed for an objective view to encompass the participant's experiences. Regarding RQ1, the lived experience, participants drew upon the dissociative feelings after a suicide loss, adjustment change after trauma, and a reflective approach during transformation. Several attested to additional trauma after the suicide. In response to RQ2, the SOSL interpretation of their lived experience, the expression of self during re-establishment, the

process of enhancing self, and an elementally whole self. The demonstration of two additions included some participants interpreting SC afterward and thoughts of self-death. The developing themes are harmonious with existing research, and further recommendations have been supplied.

*Keywords:* suicide survivors, widow/widower, bereavement, spiritual change,  
post traumatic growth

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### **Dedication**

I desire the following work to be dedicated to my late husband, U. S. Army Spc, Aaron Ashley Guin. He was invariably the one person who continually encouraged me to go farther than I believed I could. Aaron would constantly reaffirm believing in myself. Thank you for allowing me to be encouraged and inspired that I can do anything I put my mind, heart, and soul into. Through your death, I found a drive to accomplish infinitely more than I ever thought possible. Thank you, and I love you!

Further, the following details would not have been possible without the many spouses of suicide loss. I have met and acquired many relationships with countless strong widows. I am in awe of each one. There is constant work when tragedy comes swiftly. The testimonies described in this work show each survivor's unique and intimate experience. As for all the spouses of suicide loss I have met, I appreciate your courage and endurance through your widow walk. Via your tragedy, I pray that this information can help give hope, inspiration, and the capability to see beauty after unfortunate trauma. Continue your walk through survivorship with persistence, productivity, and passion; even when the waves hit hard, I believe in you.

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Thank you to Liberty University, professors, and fellow scholars, for the encouragement and prayers through this rigorous process. To the exceptional people on my panel, Dr. Hester, for continuously reading and moving me forward by reinforcing that there is an end. Dr. Simmons, for reading and re-reading this paper. I could not always see the future, but I thank God for those who could.

Thank you to all those who encouraged me along the way. I thank my family and close friends for knowing this journey would be exceptionally difficult. Many of you wondered why I would want to go back to school again; honestly, I did not, but God did. So, I listened and followed. The process was arduous, but He and each of you got me to the finish line. You know who you are, so I applaud you for sticking by me all these years. Thank you to all those who kept me in prayer and my head encased in God's word.

I want to recognize my parents, Mark and Nancy Mason, for endlessly helping drop off/pick up my kids at their schools and for the endless times I had homework. God knew I would need you both for a day (or years) like this. Ephesians 1:11 states, "God also decided ahead of time to choose us through Christ according to his plan, which makes everything work the way he intends."

Completing this document would not be possible without the patience of my children, Garrett and Ashlyn. I want to acknowledge both for believing in me and encouraging me when times were tough and I wanted to give up. Each of you, on separate accounts, would uphold me with words that I would speak to you but sometimes have a hard time saying to myself. Thank you both for allowing me this high achievement because, without your support and understanding, it would not have been possible. There were several times I had to miss out on

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The following work would also not be attainable without the nudge from my one true Father, the giver of life itself, God, for making all of this possible. Without our relationship, I would not have gotten through all these life trials. I owe everything to you. Thank you, Lord, for this opportunity to grow, learn, and overcome some of the most traumatic experiences a person could go through, but also for giving me Hope that never fails.

Not only so, but we also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame, because God's love has been poured out into our hearts through the Holy Spirit, who has been given to us. Romans 5:3–5

For everything that was written in the past was written to teach us, so that through the endurance taught in the Scriptures and the encouragement they provide we might have hope. Romans 15:4

“For I know the plans I have for you,” declares the LORD, “plans to prosper you and not to harm you, plans to give you hope and a future.” Jeremiah 29:11



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### **List of Abbreviations**

American Association of Suicidology (AAS)

American Foundation for Suicide Prevention (AFSP)

Center for Disease Control (CDC)

Interpretive phenomenology analysis (IPA)

Institutional Review Board (IRB)

National Institute of Mental Health (NIMH)

Post-homicide spiritual change (PHSC)

Posttraumatic growth (PTG)

Spiritual change (SC)

Survivors of suicide loss (SOSL)

World Health Organization (WHO)

## **Chapter One: Introduction**

### **Overview**

Suicide is a public health concern. The National Institute of Mental Health (NIMH) confirms suicide to be the tenth leading cause of death for ages 10–34 in the United States (2021). The Center for Disease Control and Prevention (CDC) reported similar figures, with suicide among the top nine leading causes of death for ages 10–64. However, for the age cohorts of 10–14 and 25–34, suicide is a staggering second leading cause of death (CDC, 2022). Suicide affects more than merely the individual committing the act. The loss is felt by the numerous family and friends shocked by the event. Results of suicide loss include but are not limited to stigma, blame, shock, and intra- and interpersonal crippling (Jordan, 2001; Peters et al., 2016; Sveen & Walby, 2008).

The loss of a spouse by suicide has multi-dimensional ramifications for the surviving spouse. Numerous adverse consequences can result from such a traumatic event, including physiological and personality transformation (Van Nieuwenhove & Meganck, 2019). A comparative study of spouses who died from suicide compared to natural death showed increased psychiatric and physical health problems for the widow(er) of the suicide victim (Bailey et al., 1999; de Groot et al., 2006). Literature has noted that the suicide bereaved have an increased difficulty in receiving social support (Wijngaards-de Meij et al., 2007), increasing the likelihood of depression, hopelessness, and suicide ideation as well (Waern et al., 2003). Indeed, the survivors of suicide victims have been found to exhibit Posttraumatic Stress Disorder (PTSD) symptoms (Mitchell & Terhorst, 2017). Recent research has indicated that those who experience the death by suicide of a family member may eventually be able to experience positive effects. Tedeschi and Calhoun (1996, 2004, 2006) call this positive psychological outcome posttraumatic

growth (PTG), maintaining growth beyond recovery. However, with the emergent idea of positive growth after trauma, the theme of PTG appears more frequently after such an event.

What remains to be understood is the lived experiences of spiritual change (SC), the process of suicide bereavement, and PTG in suicide survivors within the last ten years. To intimately understand the experiences of the spouses of suicide loss (SOSL), this research utilizes an in-depth qualitative interpretive phenomenological study to learn about the participants' experiences amidst spiritual change, bereavement, and PTG after a suicidal death. Accordingly, a theoretical framework will be utilized and created from a more recent study on post-homicide spiritual change theory (PHSC; Johnson & Zitzmann, 2021) and functioning with Worden's (2018) task-based mourning model as the theoretical foundations for the proposed study. The importance of understanding lived experiences of suicide survivors' spiritual change, bereavement process, and PTG is to help provide a fuller response and supportive role for psychologists, sociologists, counselors, and general health practitioners assisting SOSL.

### **Background**

While suicide death results from one individual taking their own life, the aftermath of suicide devastates all of those who knew the victim (Cerel et al., 2014). SOSL are among those who experience incredibly intense difficulties. Despite how common and extreme these difficulties are, there continues to be limited research dedicated to the spouse of the individual who died by suicide. Considering suicide is one of the leading causes of death in the U.S. (CDC, 2022), the aftereffect continues to be a national crisis (Cerel et al., 2014); therefore, there is a need for the following study to understand the lived experience of SOSL better. Moreover, this study will add to the literature by discussing how some SOSLs go through spiritual changes and experience the bereavement process and PTG after such a devastating loss.

## Historical Context

Traditionally, suicide has been examined in numerous ways. Suicide in the first century could be seen as ritualistic, ethically wrong, or dying with honor and dignity, depending on the context (Battin, 2015). An article by John Potter (2021) illustrated the controversy surrounding the sinfulness of killing oneself as it pertains to Christian Catholicism and Protestantism.

Brancaccio et al. (2013) investigated early nineteenth-century viewpoints, a time when the scope of suicide steadily turned into a public health issue as the act of self-killing was connected to modern urban life and advancement in civilization. However, the normative monolithic thinking, or thinking in a narrow sense, began to cause division within the different religions concerning the act of suicide. Cosman (2015b) emphasized that some religious stances conclude suicide is a mortal sin, while others are beginning to dispute such thinking. In *The savage god: A study of suicide*, Alvarez (1973) stated that he is puzzled about Catholics and Muslims viewing suicide as the most deadly or mortal sin (p. 24).

The researcher consulted the Bible (New Living Translation, 1930/2015) to provide various accounts of men taking their own lives. For instance, in 2 Samuel 17:23, Ahithophel suspended himself in his home after betraying David; furthermore, in the Old Testament, Samson prayed to the Lord God to give him strength only one more time before killing himself and the Philistines (Judges 16:28–30). In the Gospels (i.e., the first four books of the New Testament), one of the most widely known stories involves Judas betraying Jesus, provoking his demise by taking his life afterward (Matthew 27:3–5).

The biblical and secular information above is significant to understanding suicide, allowing suicide loss survivors to move forward into a new worldview, and enabling the survivor to process spiritual changes, grieve the loss, and establish renewed growth. With that said, these

biblical deaths had no condemnation or negative connotations. Jordan and McGann (2017) detailed that in the U.S., suicide has historically been viewed as shameful and unmentionable, where one's character is seen as weak, criminal, and sinful. The ideologies surrounding the practice and act of suicide need also to consider the terrible aftereffects with which survivors of suicide loss must cope.

### **Social Context**

Survivors' lived experiences can help create a better understanding of the process of suicide bereavement, SC, and PTG. The social aspect of grief that may be misunderstood is the complexity of mourning the loss that suicidality brings into one's life. Jordan and McGann (2017) identified that recovering from a loss by suicide is often lengthier and more challenging than other types of death. Jordan and McGann (2017) also noted that survivors of suicide loss had been shown to have more extreme bereavement issues (e.g., psychiatric disorders, isolation, suicidal ideations, attempts, and deaths) as far out as ten years after their loss. To truly understand the bereavement process that involves suicide death, it is necessary to learn from those who have experienced such tragic losses. Therefore, working with survivors must understand how suicide is viewed and managed in society today is imperative. Jordan (2017) stated that because society is ambivalent about death by suicide, there is still a stigma extended toward survivors. Therefore, developing a study to understand those directly exposed to death by suicide thoroughly becomes relevant to the general public, clergy, and academic fields such as healthcare, sociology, and psychology.

The importance of those in healthcare (e.g., clinicians, physicians, and social workers) to understand the aftereffects of suicide loss is imperative to improve and perhaps save the lives of the bereaved. Research professionals working with the suicide bereaved also must understand the

consequences of suicide because of their emotional responses (Draper et al., 2014). Friends and family need to recognize that not all grief is the same, and those mourning a loss by suicide are significantly different (Bailey et al., 1999; de Groot et al., 2006). Some survivors find solace in religious or spiritual practices; therefore, another study (Houck, 2004) noted that griever of suicide loss felt disenfranchised or forgotten by the church because of the surrounding stigmatization of the type of death. In light of this finding by Houck (2004), it is crucial that clergy also understand how to maneuver the grief of those who lost a loved one to suicide.

### **Theoretical Context**

Although suicide and homicide are two different situations, they share many similarities. For instance, both are murders; one person murders another, while one is self-murder. The theory of post-homicide spiritual change (PHSC) is similar to losing a loved one to self-murder, while Worden's four mourning tasks (2018) suggest the survivor work through the mourning process by accepting, processing, adjusting, and enduring a connection with the deceased while learning to find meaning after the death. By utilizing these theories, this study may contribute to the advancement of the PHSC and Worden's mourning tasks to understand the mourning process of SOSLs. Comprehending each theory's importance will help understand the repercussions of loss for SOSLs.

### **Gap Statement**

The following proposed qualitative study on SOSL may provide insight into understanding the process of SC, suicide bereavement, and PTG as a course of progression, as well as fill gaps, found within the existing literature. Jahn and Spencer-Thomas (2018) asserted that research is limited regarding the generalization of individuals bereaved by suicide, specifically, their views of bereavement and continuing bonds through spiritual experiences.



Entilli et al. (2021) also identified a need to examine gender differences among those families bereaved by suicide. Furthermore, Levi-Belz (2019) recommended that a broader sample of suicide loss survivors would provide a fuller understanding of PTG among survivors and the factors related to its impact. Thus, this proposed qualitative interpretive phenomenological study will address the gaps identified by these researchers by exploring the lived experiences of suicide survivors' spiritual change, the process of suicide bereavement, and posttraumatic growth in suicide survivors within the last ten years post-loss.

There is much literature focused on the aspects of suicide death; less attention has been given to the individuals left behind. Although a better understanding of the reasonings for death by suicide is critical, an improved appreciation for how suicide affects the living should be made. Positive outcomes contribute to how the survivor moves on with honoring the deceased, their memorialization, and the role spirituality or religion impacts recovery.

However, there were reports of hardship regarding religious leaders' interpretation of death by suicide, causing various reactions. Lev-Ari and Levi-Belz (2019) noted a need for future research to test the interpersonal theory model involving a larger scale of suicide loss survivors' responses to posttraumatic growth. Therefore, prestigious suicide researchers have proposed a variety of ideas that will evaluate the impact of personal, interpersonal, and spiritual functioning of SOSL. It is the hope that the proposed research may improve understanding of how SOSLs encounter spiritual change, the process of bereavement, and PTG post-loss within ten years. Further, this study seeks to understand the lived experiences of SOSL when the survivors are confronted with different stages of mourning, spiritual change, and inter and intrapersonal growth. The researcher anticipates this study to help professionals such as clinicians, pastors, and mental health providers assist the SOSL in the transitional process.

### **Situation to Self**

After losing my husband by suicide, I felt an excessive need to understand why some SOSLs experience PTG and others do not. Suicide brings about complex issues entangled with every situation in a survivor's life. Knowing that truth, I desired to understand what factors played a role in a person's outcome after such a tragic loss, questioning why some SOSL would seem "stuck" in the loss and why some spouses began to grow and make meaning. Above all, with the hardships I would face, I began to place complete faith in God, trusting that he had a more grandiose plan.

Additionally, I feel it is relevant to research the lived experiences of SOSLs. The outcome of SC, the process of suicide bereavement, and PTG is varied for each survivor. Thus, I propose a qualitative interpretive phenomenological design (IPA) that will allow me to explore the lived experiences of SOSLs. The IPA approach is described as a circular motion of investigation between the investigator and the participants (Wojnar & Swanson, 2007). According to Denzin and Lincoln (2008), paradigms deal with the researcher's principles, such as worldview, values, and beliefs; further, Kivunja and Kuyini (2017) highlight that the researcher's philosophical orientation will be embedded in the interpretation of data. Therefore, when utilizing the theory of PHSC and Worden's task-based mourning process, it will model an interpretive (hermeneutical) phenomenological approach that involves examining lived experiences. Given (2008) explains that IPA seeks to discover commonalities, congruities, and shared concerns. Through the thematic analysis, it will be essential to identify similar themes.

The approach will utilize a philosophical view with particular ontological, epistemological, and methodological viewpoints. Given (2008) explains ontology as the philosophy of being or related to physical existence; ontology can be understood as our

interpretation of or understanding of reality. While ontology is viewed as singular or multiple realities, I found the posture of realism suitable. I believe that numerous realities are essential to evaluate in-depth conversation and generate an understanding of the SOSL's SC, the process of bereavement, and PTG progression. As envisioned with a qualitative study, this ontological view will highlight any biases related to the researcher because of a personal lived experience. Given (2008) identified that it is vital for qualitative researchers to acknowledge and disclose their perspectives of and biases to the research. Further, Given (2008) highlighted that qualitative research has multiple forms of realities and dissonance viewpoints.

Epistemology is how we deal with knowledge; as noted by Given, epistemology is "a core area of philosophical study that includes the sources and limits, rationality and justification of knowledge" (2008, p.2). There are two general approaches, etic and emic, to understand one's reality. Given describes etic as a logical scientific approach, while emic can be described as the "insider's view of reality" (2008, p. 4). The researcher will follow the study from an emic viewpoint. The framework will use an open-ended and semi-structured interview questionnaire to explore the lived experiences of SOSL's SC, bereavement process, and PTG. To achieve an epistemological emic description, in-depth interviews will be utilized to understand the context of SOSL's multiple realities of their lived experience. According to Given (2008), the views of an individual shape their reality and how they conduct themselves in society.

To achieve the ontological and epistemological goals, the researcher will need to develop in-depth interactive descriptions of SOSL's lived experiences to understand the immediate context of their realities. The methodology is a way of structuring concepts, assembling data techniques, and a branch of statistical functioning (Given, 2008). The one-on-one semi-structured interviews will provide authentic evidence about the SC, the process of the

bereavement process, and the PTG journey. The subjectivity of the phenomenon will be illustrated in statements. The statements will be described by SOSL throughout the interview and interpreted by my analysis.

### **Problem Statement**

There are many complexities to death by suicide. After a two-and-a-half-year study, Rosenberg (2017) found negative implications of losing a spouse to suicide, including increased mental disorders, drug use, self-harm, and death by any cause. To further understand challenges concerning the population of SOSLs, de Groot et al. (2006) compared grief after natural death to suicide death of first-degree relatives. In their study, the suicide bereaved group scored higher on the loneliness scale, were less healthy, had higher depression scores, and had a higher rate of attempted suicide (6.5%). Those bereaved by suicide also had poor relationship outcomes after a loved one's death. Aronson et al. (2017) directed a similar study comparing the impact of accidental, combat, and suicide death on military families. Their findings showed poorer family functioning with suicide death than combat death (Aronson et al., 2017); other results revealed SOSLs had reduced social support and increased feelings of rejection and isolation. Dunne and Dunne-Maxim's research (2004) echoed these findings, indicating higher self-blame and guilt felt by suicide survivors.

Because support is needed throughout the grieving process, it is essential to highlight the most helpful avenues of assistance. McMenamy et al. (2008) found that mental health professionals were the most beneficial in the formal support category. Close friends gave more support than other family members in the informal support system. The study found that the most helpful resource for healing was to talk one-on-one with another person grieving the loss of a loved one to suicide. While resources are available to SOSLs, barriers to seeking help include

lack of time, reluctance to ask for help, and personal shame (McMenamy et al., 2008). Utilizing resources such as peer support, counseling, and self-help books, can be helpful to many survivors.

The Center for Disease Control and Prevention (CDC) (2021) estimated that in 2019, over 47,500 deaths by suicide occurred in the U.S. Additionally, the American Foundation for Suicide Prevention (AFSP) (2022) reported that 45,979 Americans died by suicide in 2020. Although the data on suicide indicates a decrease the numbers it is still likely people will lose a loved one to suicide yearly. While no definitive statistics surround those bereaved by suicide, the American Association of Suicidology (AAS; 2020) reported that in the U.S., survivors of suicide loss increased by over 285,000 in 2019.

Therefore, studying SOSLs is vital to understanding the significance of suicide survivors' spiritual change, the bereavement process of suicide, and posttraumatic growth from a traumatic loss. Additionally, the narratives from the lived experience of suicide survivors will help focus the study on spiritual change, bereavement, and posttraumatic growth. A path of growth after suicide loss is quite individualistic, incorporating variations in every situation. Ryan et al. (2016) remarked, "even for individuals experiencing the same trauma, there is considerable individual variability..." (p. 1553). Therefore, what remains to be understood is the lived experiences of SOSLs in terms of spiritual change, the process of suicide bereavement, and posttraumatic growth in suicide survivors up to ten years post-loss.

### **Purpose Statement**

The purpose of this proposed qualitative phenomenological study is to explore the lived experiences of spouses of suicide loss living in the U.S. regarding the spiritual change, the process of suicide bereavement, and PTG within ten years post-loss. For purposes of this

proposed study, suicide will be defined as self-murder. This study will utilize two theoretical foundations. The study's first theoretical underpinning is the PHSC theory by Shannon Johnson and Brooks Zitzmann, which works through the stages of spiritual change after a homicide (2021). The second theoretical underpinning is Worden's task-based mourning model (Yousuf-Abramson, 2018), which views the grief process as an active task. Johnson and Zitzmann (2021) mentioned future directions for the PHSC theory to evaluate underrepresented and marginalized groups and highlighted that their study should be replicated on survivors of suicide. Hence, a gap shows the lack of data specific to SOSL, especially regarding understanding the lived experience of SC, suicide bereavement, and PTG.

Suicide bereavement can be described as painful, distressing, and complex. The World Health Organization (WHO) estimates the global crisis of death by suicide as the third leading cause of death for the 15–29 age cohort, with numbers rising after the recent pandemic crisis (WHO, 2021). Reports by Cerel et al. (2014) indicated that an average of 147 people are affected or exposed to suicide after death by suicide in the United States. Studies have found that suicide survivors' bereavement differs from other forms of death; Jordan and McIntosh (2011) confirmed that a suicide death impacts the bereavement process in somewhat different ways than other modes of death (e.g., natural, unexpected, or violent).

Johnson and Zitzmann (2021) argued that those individuals who lost a loved one to homicide face a spiritual crisis. Homicide is murder by another individual, thus, the journey of grief and bereavement of SOSLs parallels that of survivors of homicide. Therefore, for suicide survivors, the spiritual crisis about one's fundamental beliefs is challenged and confronted by the survivor. After the devastation of murder, a survivor can somehow make meaning out of the loss

(Johnson & Zitzmann, 2021), whereas a SOSL may have an arduous task of making meaning (Bottomley et al., 2019).

This dissertation aims to understand lived experiences about the process of spiritual change, bereavement, and possible growth for SOSL. The relevancy of qualitative research about SOSLs lived experiences is important because little research has explicitly explored these survivors' spiritual changes, bereavement process, and PTG post-loss of up to ten years after the suicide has occurred. It is also significant to better understand how to help other SOSLs grow from the pain of suicide rather than depleting their mind with complicated grief, aiding the SOSL to find ways to process SC and suffering and develop from the trauma.

### **Significance of the Study**

Authors of suicide literature have significantly impacted views and contributed to the understanding of deaths by suicide through deep descriptions of pathways to suicide, reasons for the suicide, and communication about prevention, intervention, and postvention on the topic of suicide. Edwin Shneidman (1969) immersed himself into the study of suicide in his 30's after trying to understand why some individuals leave notes and others do not; Shneidman later coined the term used in suicidology today postvention (Cerel et al., 2014). Additionally, Tedeschi and Calhoun (2004) found that traumatic events, such as suicide, can provoke positive outcomes rather than negative ones, where an individual sees growth after trauma. While spiritual and religious roles have been positive factors in a person's experience after the death of a loved one by suicide, Janoff-Bulman (2004) argued, however, that traumatic experiences challenge core beliefs, such as faith.

## **Advancing the Literature**

Despite a great deal of research in the field, there is a shortage of literature on lived experiences of SOSLs. While other research has explored postvention (Shneidman, 1969), faith (Janoff-Bulman, 2004), and growth after suicide devastation (Tedeschi & Calhoun, 2004), recommendations within the literature still exist. Jahn and Spencer-Thomas (2018) asserted that research is limited regarding the generalization of individuals bereaved by suicide, indicating a need to explore their views of bereavement and bonding through spiritual experiences. Entilli et al. (2021) also identified a need to examine gender differences within bereaved families. Levi-Belz, (2019) recommended that a broader sample of suicide loss survivors be investigated to understand PTG among survivors. Thus, this proposed qualitative interpretative phenomenological study fills the gap identified by Jahn and Spencer-Thomas (2018), Entilli et al. (2021), and Levi-Belz, (2019) by exploring the lived experiences of SOSL, specifically their SC, the process of suicide bereavement, and PTG within ten years post-loss.

By addressing the gaps regarding the lived experience of SOSL in SC, bereavement, and PTG, this research will help advance the knowledge about SOSL within ten years post-loss. De Groot and Kollen (2013) conducted a study about the course of bereavement over 8—10 years in first-degree relatives and spouses after a death by suicide. However, this is one of the few studies found within ten years post-loss. The suicide bereavement process is more complicated (Jordan, 2001; Jordan & McGann, 2017) than natural death. Sometimes the bereaved also turn to suicide (Pompili et al., 2013); therefore, it is vital to advance the literature on SOSL to understand the complexities of suicide loss. Since literature involving suicide survivorship is just beginning to evolve, it is essential to consider the specific population of widows and widowers of suicide loss. Nevertheless, studies have shown PTG as a positive consequence of the aftershock of suicide



loss (Feigelman et al., 2009; Levi-Belz et al., 2019). Thus, the following study will be pertinent in advancing the literature on SOSL SC, suicide bereavement, and PTG.

### **Advancing the Theory**

Advancing the theories on PHSC and Worden's task model will be relevant data. Therefore, Jahn and Spencer-Thomas (2018) highlighted that it would be essential to explore the views of individuals suicide bereaved and their spiritual experiences. At the same time, Entilli et al. (2021) stressed a need to examine gender differences among suicide survivors. Levi-Belz (2019) indicated a need for a broader sample of suicide loss survivors' understanding of posttraumatic growth. A way to advance the theory includes the researcher conducting one-on-one interviews with SOSL by gathering lived experience knowledge. The existing literature on PHSC theory (Johnson & Zitzmann, 2021) indicates the stages of change the survivor passes through before getting to a renewal state of living. Furthermore, utilizing the theory of PHSC (Johnson & Zitzmann, 2021) and Worden's task-based mourning model (Yousuf-Abramson, 2018) will help the reader understand how survivors process spiritual change and bereavement and make meaning of the loss in positive ways.

### **Practical Significance**

Many debilitating factors can arise in the aftermath of suicide death (Jordan, 2001; Van Nieuwenhove & Meganck, 2019), indicating a need to study the population of suicide loss survivors. This proposed study may influence survivors by learning about what other survivors have experienced, maybe encouraging them to choose to become engaged in PTG interventions to facilitate healing. Because the depth and impact upon so many individuals after a suicide are so expansive, the proposed study's practical application could impact survivors and be relevant for counselors, physicians, psychiatrists, and emergency personnel assisting SOSLs. Therefore,

positively improving the conditions of spiritual changes, suicide bereavement, and PTG by educating professionals in mental health, grief healing, and continuing bonds after suicide loss.

As a SOSL, having access to a practical approach to understanding the spiritual changes, giving grace during bereavement, and realizing that it does not have to be a lonely growth process would benefit other suicide survivors. Although each task is fluid and different for each survivor, understanding the fluidity of the process may improve outcomes, such as reducing the survivor's psychological, health, and relationship struggles. Klass et al. (1996) clarified that expressing healthy grief does not always move in a linear motion, does not reciprocate detachment, but connects the loss to a more natural way of understanding and finding meaning. The beneficial influence of knowing and understanding the information resulting from this study may help those bereaved by suicide cope and find solace in the process of healing.

### **Research Questions**

The role of the research questions is to guide decisions about the design and method of the research (Bryman, 2015). Indeed, Ratan et al. (2019) state that it is vital to formulate research questions before beginning any research. Developing narrow-focused research questions is essential for the success of the research by guaranteeing the exploration of specific areas needing investigation (Ratan et al., 2019). Therefore, the following research questions have been crafted and guide the study in understanding the lived experience of SOSL in terms of SC, the suicide bereavement process, and PTG.

1. How do SOSL experience the suicide bereavement process, SC, and PTG?
2. How do SOSL interpret the suicide bereavement process, SC, and PTG?

The significance of the proposed study is to understand lived experience of SOSL in terms SC, the process of suicide bereavement, and PTG. The formulation of each question

establishes rigor in the research. Creating a critical analysis through objective measures describing and interpreting the SOSLs lived experience will be pertinent for quality research. Flick (2018) stated that a researcher's objective nature becomes questioned; therefore, the context of credibility is to be reviewed through member checking and examined through peers; it is crucial to emphasize rigor in assessing interpretive research practices. Further, Flick (2018) remarked on the quality of interpretive research as goal setting through meaning-making, data sensitivity, and the approach's structure.

### **Definitions**

Defining specific terms used in this research is imperative for easier understanding and appropriate context. The following terms will be utilized throughout the paper, as they are necessary for a discussion of the current literature, the topics concerning those bereaved by suicide, and the theoretical underpinning of the proposed study. These operational definitions are derived from and supported by the literature.

### ***Bereavement***

Worden (2018) described bereavement as coming to terms with a loss. Bereavement involves a process of action steps to move through as a way to comprehend the death. Worden (2009) identified traumatic bereavement as a person who experiences a shocking or disturbing death (e.g., the suicide of a loved one), giving rise to trauma symptoms. Bereavement is the expression of the loss where the survivor is working to adapt to the death (Worden, 2009). Bereavement is a route of working to understand what has been lost through emotional surges.

### ***Grief***

A person's reaction to bereavement includes thoughts, feelings, and behaviors (Worden, 2018) that are personally unique for everyone. Grief can be an unspoken emotion one feels after

losing a loved one. Dyregrov et al. (2015) explained a longing and painful sense of intense sorrow one feels after death. Parker (2015) described grief reactions as a numbing or disbelief, anxiety from separation, a process of mourning, and recovery.

### ***Mourning***

Mourning is the process that happens after death when a bereaved person comes to terms with the loss (Worden, 2018). Dorpat highlighted four stages of mourning: "shock, protest, detachment from old objects, and attachment to new objects" (1973, p. 215). Shock involves numbness and inability to comprehend the loss, while protest includes anxiety, anger, and rage (Dorpat, 1973). In the third stage of mourning, Dorpat identified feelings of sadness, helplessness, and a longing for the lost to become unbearable. The final stage involves the formation of new attachments, such as relationships, while abandoning the lost or substitute objects. Worden (2018) highlighted four tasks in mourning: accepting the reality of loss, processing the pain of grief, adjusting to life without the deceased, and enduring a connection with the deceased; while these tasks are essential to highlight, Worden acknowledged that mourning for the deceased might never end for an individual (2018).

### ***Postvention***

Postvention is a concept of self-help through the action of recovery, assisting in stressful crises, and preventing more suicidal deaths (Andriessen, 2014). Shneidman constructed the postvention term to help activities after stressful or dangerous situations following a suicide (Shneidman, 1969). Services for individuals or communities after a suicide loss include counseling, peer support, and crisis intervention (Cerel et al., 2014; Shneidman, 1996). Nazem et al. (2020) specified postvention as a commonly understood term that builds upon prevention efforts to support those impacted by suicide loss. Jordan (2017) identified that the process of

prevention and self-help could save lives from suicide. Therefore, postvention work involves preventing adverse outcomes through diligent work from health care facilities, counseling, and peer support.

### ***PTG***

The process of PTG is a personal transformation that happens as a response to a crisis event(s). Tedeschi et al. (2018) coined PTG as a positive psychological change experienced after trauma or confrontational circumstances in one's life; one's core beliefs distinguish personal growth from life's psychological struggle about self, future, and world. Therefore, the process of PTG is a diverse human experience expressed through events. Tedeschi et al. (2018) highlighted three areas of positive change: emotion, cognition, and behavior. In this study, PTG will include the positive life transformation SOSLs go through after their spouse's traumatic loss.

### ***Spiritual Change***

Spiritual change is the process of spiritual growth or struggle (Johnson & Zitzmann, 2018). Pargament identified spiritual change as "change in the place of the sacred or character of the sacred in the individual's life" (2006, pp. 1–2) through encouragement or discouragement. Burke and Neimeyer (2014) suggested that complication in the meaning-making process has highlighted the adverse effects of complicated grief and spiritual dilemma. Spiritual change can align with religious beliefs or spirituality; it is one factor that impacts the bereavement process after a loved one's death by suicide (Mastrocinque et al., 2020). Dransart (2018) specified that religious or spiritual issues play a role for suicide survivors in making meaning and forging bonds with the deceased. Spiritual changes can be a process of recovery or hindrance for the survivor.

### ***Suicide***

Suicide is defined as self-inflicted death (Andriessen, 2006). The act of self-death is understood as an intentional act on the human body. Shneidman (1977) indicated that the act of suicide is personal such that others do not coerce an individual into action, except for where death is caused by conditions not arranged by bringing about one's death. However, with recent trends in peer pressure, there are questions surrounding acts such as internet bullying. Statistically, the CDC reported a 30% increase in suicide death from 2000 to 2020 (2021). Additionally, the average age-adjusted suicide rate is 13.93 per 100,000 individuals. The figures show that men are 3.63 times more likely to die by suicide than females (American Foundation for Suicide Prevention, 2022).

### ***Suicidology***

Suicidology is the scientific investigation of suicide involving multidisciplinary approaches from psychology to sociology (Cosman, 2015a; 2015b). Although there are many reasons why individuals die by suicide, it is helpful to have professional preparedness to comprehend these reasons in order to teach others more about self-inflicted death.

### ***Survivor of Suicide***

There has been ambiguity about the terminology surrounding survivors of suicide, but what is important to note is that those bereaved by the death of suicide become survivors. Therefore, Cerel et al. (2014) clarified that a suicide survivor is not the one left alive after a suicide attempt but one whose life has been transformed from the death of suicide. Cain (1972) highlighted that survivor of suicide is a loved one remaining in the aftermath of a suicide death. For example, a spouse left after death by suicide or, conversely, a friend left to move forward after a suicide. The repercussion for suicide survivors can include short- or long-term effects on one's life.

## ***Trauma***

Trauma is a psychological injury, actual or threatened death, serious injury, or sexual violence (American Psychiatric Association, 2013; Schimmenti, 2018). However, Calhoun and Tedeschi (2004) identified that it is not always a specific event but how exposure reconstructs individual schemas. Worden and Monahan (2009) highlighted that grief and trauma manifest behavioral features similarly. Schimmenti (2018) highlighted that the word trauma in Greek describes a psychological condition where one struggles with injury but reduces it to only the experience of a catastrophic event, injury, death, violence, or neglect, condensing trauma to a simplistic explanation. Nevertheless, when explaining a person's experience, such as violent death (e.g., suicide), damages can be developed, creating a more complex process after death called traumatic bereavement.

## **Summary**

Suicide continues to be a global public health issue. According to WHO, the global crisis of dying by suicide is the third leading cause of death for the 15–29 age cohort (2021). However, numbers continue to grow with the recent pandemic events. The first chapter of this dissertation presented statistics about suicide, identified the study's problem and purpose, and distinguished the researcher's approach to the following study. A qualitative design with an IPA approach was introduced as an ideal technique for exploring lived experiences of SOSL's SC, the process of suicide bereavement, and PTG within ten years post-loss for individuals living in the U.S. The IPA approach is a practical choice since research about SOSL's SC, suicide bereavement, and PTG is sparse. It is essential to identify an in-depth understanding of the gap in the literature on SOSL experience through the loss of a loved one by suicide. Because suicide loss takes a tremendous toll on SOSL, the following study will identify how death by suicide

impacts spouses (Aronson et al., 2017; de Groot et al., 2006; Dunne & Dunne-Maxim, 2004; Rosenberg, 2017). The study emphasizes the theoretical underpinning of PHSC and Worden's task-based mourning model as a guide and structural framework to support the study to analyze and synthesize the procedure.

The following chapter will present the proposed study's theoretical foundation and a comprehensive literature review. The literature review will cover much information concerning suicide, bereavement, SC, and PTG. After the presentation of the literature review, the chapter will conclude with a summary.



## Chapter Two: Literature Review

### Overview

The purpose of this chapter is to present the theoretical framework of the research and explore the literature on SC, the bereavement process for suicide survivors, and PTG. This systematic literature review analyzes, synthesizes, and summarizes scholarly expertise from theoretical journals and empirical academic papers. The findings within the theoretical framework are based on relevant literature that will show previous work in bereavement, spiritual change, and growth. Further, the theoretical framework will provide a foundation for the proposed research study. The subsequent proposed study will draw upon the foundations of PHSC (Johnson & Zitzmann, 2020) and Worden's task-based model of mourning (2018). Additionally, a detailed literature review helps obtain insight into suicide and the framework highlighted throughout the study. This literature review will clarify the purpose of applying an IPA approach to the spiritual change, bereavement process, and PTG of SOSL.

Edwin Shneidman coined the term postvention (Cerel et al., 2014; Shneidman, 1969), identifying those grieving a loss by suicide. Postvention refers to all support for the survivors left behind after a suicide loss (Andriessen et al., 2017). Additionally, Cerel et al. (2014) posited that terms such as "survivors of suicide" has been the most profound expression in the U.S., while Dyregrov (2011) indicated "bereaved by suicide" and "suicide bereaved" to be more common throughout the world. Conversely, Andriessen (2009) argued that a "survivor" was too simple a definition, thus proposed a definition specific to those affected by suicide as "a person who has lost a significant other, or loved one, by suicide, and whose life is changed because of the loss" (p. 43). Thus, there is a distinction between attachment to the deceased, where Cerel et

al. (2014) indicated that a close connection to the death could involve lengthy and devastating reactions to the trauma.

Understanding suicide can be a complex issue, especially since suicide can be viewed differently worldwide. For instance, Hawton et al. (2000) presented that although many countries currently do not consider suicide illegal, specific religious groups disapprove of the act of self-killing. Cantor et al. (1996) studied suicide rates from 1960 to 1989, with patterns of similarity shown between the old world (e.g., England, Scotland, Ireland) and the new world (e.g., U.S., Canada, Australia, and New Zealand). The study showed similar trends in characteristics, such as masculinity, new exploration, climate changes, and increased firearm ownership.

Hawton et al. (2000) found international differences between Southern European countries (e.g., Greece, Italy, Portugal, and Spain), with relatively low rates, and Western European countries (e.g., Austria, Belgium, France, and Germany), with uniformly high suicide death rates. Moreover, the new world trends doubled those in the United Kingdom from 1960 to the early 1990s (Hawton et al., 2000). Death by suicide is nevertheless seen as premature because it happens in an unfortunate way, such as taking a gun to themselves or overdosing, causing one to leave this world earlier than natural death.

Recent trends in the twenty-first century describe staggering trends of suicide deaths. Lee et al. (2018) found an increase in mortality in South Korea from suicide, with the highest number of deaths in 2011. Sun et al. (2012) reviewed Chinese suicide data from 1991 to 2010, showing that women had a 2:1 ratio of deaths by suicide over the male population). Rates continue to rise throughout the U.S., with approximately 47,000 Americans dying by suicide in

2019 (AFSP, 2021), making suicide the tenth leading cause of death in the country. Rates continue to shift, as we now see a rise in child suicides, e.g., nine and ten-year-olds.

Moreover, Ohayi (2019) commented that loss by suicide significantly disrupts the lives of suicide survivors after a loved one's death. According to recent studies, it is estimated that for each suicide death, 147 people are affected: this correlates to approximately 6.9 million Americans being directly affected by suicide each year (Cerel et al., 2015; Drapeau & McIntosh, 2020). The continual concern about identifying death by suicide has placed shame and stigma upon those remaining. Ohayi (2019) explored the burden of suicide survivorship through a qualitative study and thematic analysis of family members in Nigeria, indicating that those left behind were fearful of the stigma associated with their loved ones' deaths. The denial of suicide kept the family members pleading not to incorporate suicide into the death certificate.

Similarly, Nic an Fhailí et al. (2016) also conducted a qualitative study in which the authors contacted fifteen interested participants from various suicide support groups across Ireland. Through this exploration, the authors identified three themes of suicide bereavement: the need to acknowledge loss and life lived, stigma as the aftermath, and the requirement for support and direction during the grief journey. The findings by Nic an Fhailí et al. (2016) were congruent with previous work by McKay and Tighe (2014), which highlighted that the aftermath becomes lonely and shameful, with feelings of displacement, but survivors' have a chance to search for meaning after becoming bereaved by suicide. Additionally, in a study by Oulanova et al. (2014), those experiencing suicide loss indicated a transformation after participating in a peer support community to assist other survivors. Peer support efforts positively correlate to postvention work which potentially helps new survivors of suicide loss and the mentor supporting them. Although there are many challenges to overcome in suicide survivorship,

unique opportunities come after the loss. One survivor stated they had seen a shift or growth in themselves since their loss (Oulanova et al., 2014).

Conducting relevant research on suicide began by searching for specific terms, including but not limited to suicidology, suicide loss, posttraumatic growth, traumatic grief, suicide survivor, postvention care for suicide survivors, and spiritual change. Several popular search engines were utilized to search for information regarding the relevant terms, e.g., ProQuest™, PubMed™, EBSCOhost™, ScienceDirect™, APA PsycNET™, and Google Scholar. Additionally, various published journal articles and dissertations were examined to assist in the process. Furthermore, the *Journal of Death and Dying* was a fundamental journal that identified literature related to the above topics. The reference section in these articles was vital in finding additional resources. Unfortunately, no articles specifically addressed SOSL lived experience, SC, bereavement process, or PTG; thus, 'bereaved by suicide,' 'suicide loss survivor,' or 'spousal loss by suicide' was the universal themes.

The remainder of Chapter Two will discuss the proposed study's theoretical foundation, followed by a literature review to provide an understanding of the lived experiences of suicide survivors' spiritual change, bereavement, and growth in the bereavement process. Chapter Two will conclude with a summary. In Chapter Three, a comprehensive approach to the methodology in this study will be explained. Chapter Four will report the results of the study. A summary of the findings and how the findings align with the extant literature will be presented in Chapter Five, including the conclusion, limitations, and future research recommendations.

### **Theoretical Framework**

The theoretical framework helps solidify the proposed study by giving a construct by which to understand the critical factors of the study, i.e., suicide survivors' spiritual change, the

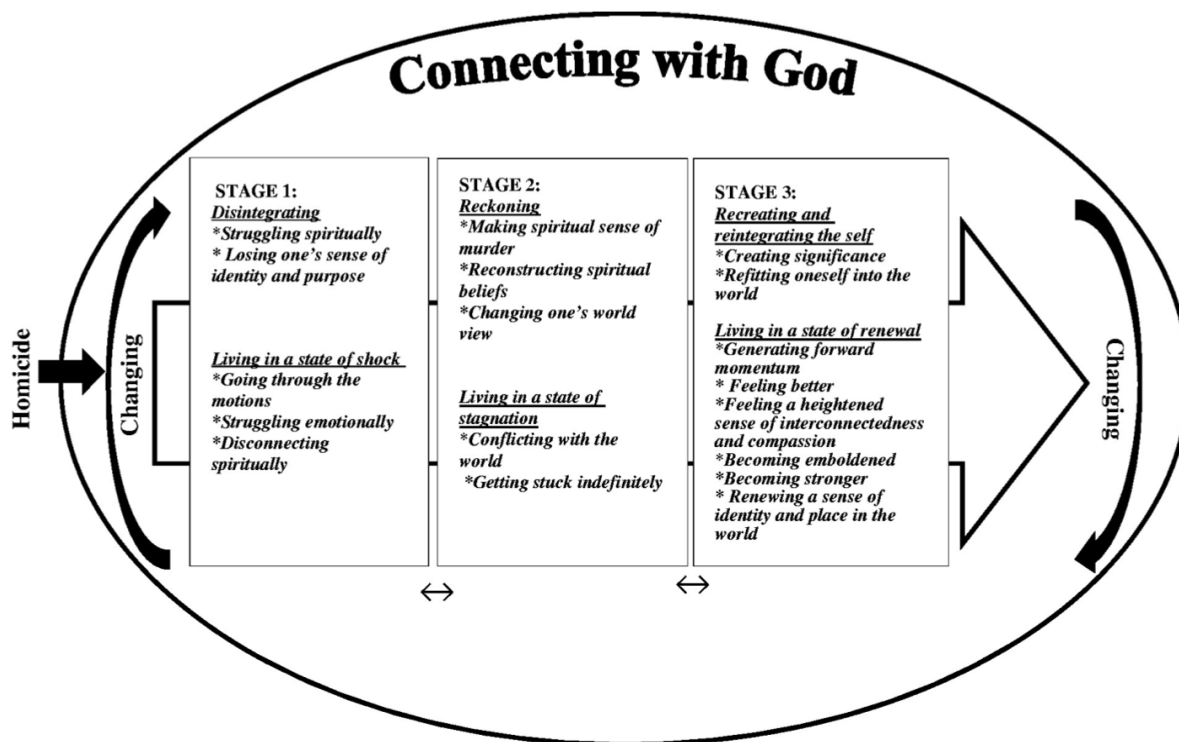
bereavement process, and posttraumatic growth for suicide surviving spouses. Providing a theoretical framework will give the reader a lens to understand the lived experiences of suicide widows and widowers. The researcher will utilize two theoretical foundations for this proposed study. The first theoretical base will draw upon the theory of PHSC (Johnson & Zitzmann, 2020). Secondly, Worden's task-based model of mourning (2018) will explain the concept of action tasks the griever utilizes to pass through the grieving process to grow and develop as they mourn.

## **PHSC**

The theory of PHSC involves a three-stage nonlinear structure focusing on spiritual changes while working through loss. The original study was developed to measure the spiritual change in survivors of homicide. In Figure 1, Johnson and Zitzmann (2020) provide a graph overview of the PHSC theory. Stage one involves *disintegrating* or the fragmentation of those left behind. The authors clarify the process of stage one as marked by the survivor spiritually struggling to understand where God was during the death, anger toward God, or questioning several types of spirituality altogether. During stage one, the survivor is in shock or numbness. Stage two, the *reckoning* stage, involves the survivor becoming more lucid about the situation. Here, bereavement is a position of cognitive processing for the survivor. During this stage, survivors began to reexamine spiritual beliefs and make meaning of the events. The third stage involves survivors starting to *reintegrate* or *recreate* their life stories. Stage three consists of survivors finding significance and establishing a new identity after the loss. The author stresses that each step in the process is fluid, and everyone goes through the stages differently.

Figure 1

*Theory of PHSC*



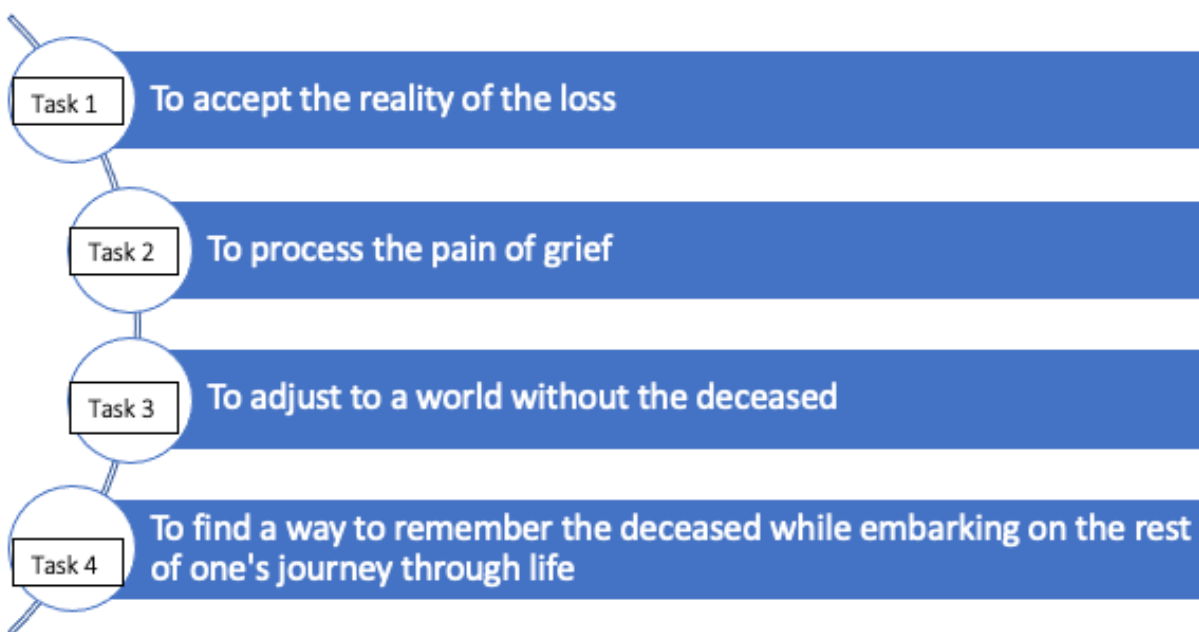
*Note.* Adopted from the article, A grounded theory of the process of spiritual change among homicide survivors. (S. K. Johnson & B. Zitzmann, 2020, 47).

For this proposed study, the three phases of the PHSC model are relevant to the deaths of those that die by suicide and their loved ones because, like homicide, suicide is a form of murder. The phases of the PHSC model do not deviate from a survivor of homicide to a survivor of suicide because the intermingling similarities that coincide with the bereavement process, spiritual changes, and PTG present a connection. There is a separation process from reality where the survivor struggles with physical, emotional, and spiritual questions. Throughout the process, the survivor undertakes a rebuilding aspect of life that feels lost. Finally, the survivor

moves towards a place where renewed identity helps bring them into a place of transformation. As one moves onward, unearthing a restoration creates an existence of wholeness, i.e., PTG.

### **Task-Based Mourning Model**

The second theoretical model in the proposed study is Worden's (2018) tasked-based mourning model. Figure 2 illustrates a list of the four tasks Worden identifies as the process of mourning (Worden, 2018; Yousuf-Abramsom, 2020). Worden (2018) identifies how mourning involves the process of bereavement after realizing a loss. He states that four tasks assist the bereavement process to align with hope, helping the mourner actively adapt to the loss of a loved one. Worden's concept of tasks presents a mourning process of action to adapt to death; therefore, it does not imply a need for certain stages to pass through before achieving each step toward healing. The first task is realizing the death; thus, accepting the loss of the deceased. For example, Worden identifies rituals as a way of acceptance, e.g., funerals. In task two, the mourner engages in the process of working through the center of the physical, emotional, and behavioral pain that coincides with grief. In task three, Worden describes how the mourner will learn to adjust to living without the deceased. During this third task, an individual discovers how to adjust to the: routine functions of the external world, the griever's internal sense of self, and the spiritual beliefs, morals, and acceptance of the world around them. The final task involves the mourner finding ways of remembering the deceased as the survivor embarks on the journey of life (Worden, 2018). The final phase allows the survivor to incorporate the deceased into the future.

**Figure 2***Worden's Four Tasks of Mourning*

*Note.* Worden's four tasks of the mourning process. Worden, 2018; Yousuf-Abramsom, 2020.

These theories parallel one another and will be utilized to understand the lived experience of suicide survivors' spiritual change, the process of suicide bereavement, and posttraumatic growth in surviving spouses. The PHSC model is a more recent theory that has emerged. Therefore, few studies have utilized this theory since its inception. However, Johnson (2020) conducted another study on spiritual change and related factors in homicide survivors. Overall, survivors of three or more years post-homicide identified as Christians were found to have a substantially higher rating on the integration of loss and PTG scores than non-Christians (Johnson, 2020). Specifically, Johnson and Zitzmann (2020) did an additional study to understand spirituality in making sense of the homicide. The findings supported spiritual meaning-making (SMM) in stage two of PHSC; thus, empowering the client's religion and



spirituality in whatever capacity best fits the survivor to aid in continuing a bond with the deceased, healing, growth, SMM, and PTG (Johnson & Zitzmann, 2020).

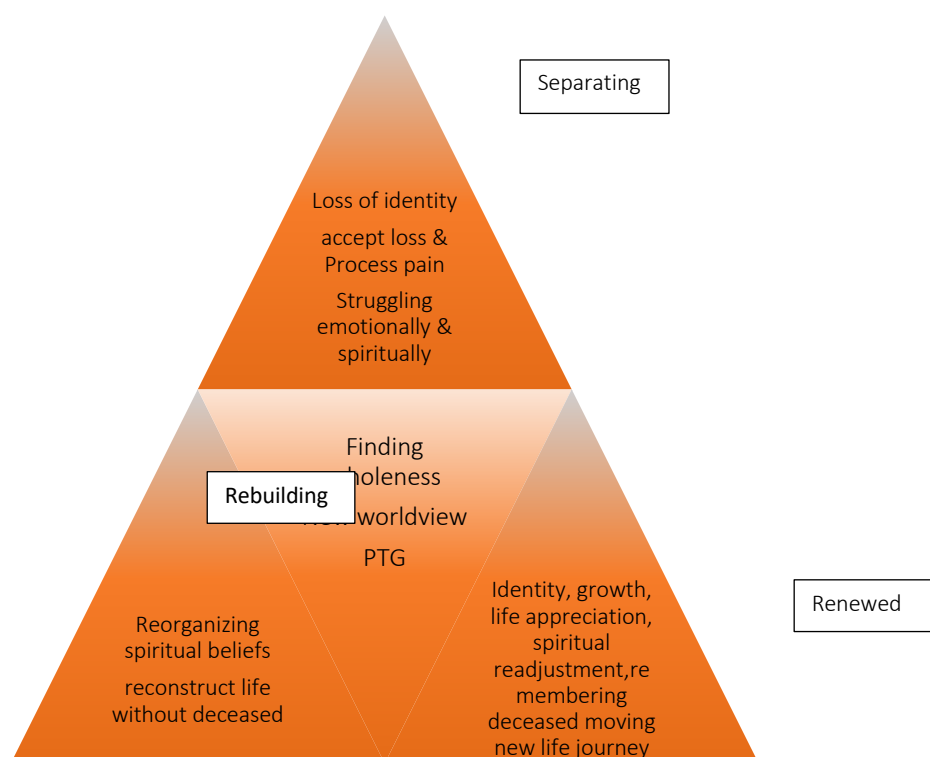
Yousuf-Abramsom (2020) utilized Worden's task-based mourning model through the lens of social workers to revise and apply his version to grieving clients. Worden describes bereavement as the process of understanding one's loss (Worden, 2018; Yousuf-Abramsom, 2020). At the same time, grief describes the survivor's reaction to the loss over time (Worden, 2018; Yousuf-Abramsom, 2020). Therefore, applying a different version for social worker practitioners will help emotionally guide and support individuals during work within human relations. Yousuf-Abramsom integrated within the tasks "psychodynamic theories, cognitive behavioral therapy (CBT), general systems theory, and narrative therapy" (2020, p. 8). She found that by incorporating different aspects into Worden's task model, the social work lens will complement the already practiced model of mourning to serve loss as a multidimensional experience while enhancing skills for the practitioner. More recently, Khosravi (2020) studied individuals who lost loved ones to COVID-19 by implementing Worden's mourning approach to treat persistent complex bereavement disorder (PCBD). After two different applications, some utilized a grief counseling approach while others applied a grief therapy method showing a reduction of symptoms of PCBD.

Post-homicide spiritual change theory and task-based model of mourning correspond with the dimensions to seek understanding about the lived experience of suicide survivors SC, the process of suicide bereavement, and PTG. The PHSC model (Johnson & Zitzmann, 2020) and Worden's task-based model of mourning (2018) show a similar connection with the disintegrating phase one in PHSC and by combining the first two tasks of mourning in Worden's (2018) model. These approaches identify the emotions of shutting down, withdrawing, and

numbness (Johnson & Zitzmann, 2020; Worden, 2018). Likewise, reckoning or living in stagnation, stage 2 of the theory of PHSC, correlates with the obscurity aspect; a survivor's eyes begin opening and see a revival of life, i.e., Worden's task 3. The last task and recreation, stage 3 of PHSC, allows the survivor to transform themselves, equivalent to a regeneration stage (Worden's task 4), or the process of growth (e.g., PTG) (Johnson & Zitzmann, 2020; Worden, 2018). Figure three presents an illustration of the above partnership of ideologies. The association of the PHSC theory and task-based mourning model connects with the following study through the connection SOSL survivors encounter during SC, bereavement, and PTG. Combining these theoretical models will help acquire a more reliable understanding of lived experience for suicide survivors' SC, suicide bereavement, and PTG.

**Figure 3**

*Illustration of PHSC and Worden's Mourning Task Model Theories*



*Note.* Adopted from A Grounded Theory of the Process of Spiritual Change Among Homicide Survivors. Johnson & Zitzmann, 2020; Worden, 2018.

### **Related Literature**

The following literature gives insight into a working definition of suicidology and the concept of suicide, the spiritual changes through the process of mourning, a trauma that confuses the death, a glimpse of suicide bereavement, suicide survivorship, postvention essentials, PTG, and religiosity. Therefore, the literature review will sustain the proposed study, methods used, and instruments selected to address the research questions. The researcher has divided the review information into particular themes to adequately comprehend the complexity of suicide, suicide loss, and persevering through the process.

### **Suicidology**

Although suicidology seems relatively new, the profound study of suicide dates back to the late 1700s (Berman et al., 2021). The suffix described as “ology” is referenced as “a field of study” but not perpetually representing a type of science (Berman et al., 2021, p. 165). Berman and colleagues (2021) noted that the profession of suicidologist has existed in the U.S. for the last fifty years. However, a proper training background has not been professionally specified to qualify one as a suicidologist. There are questions about the amount of specialized training that may qualify professionals in the field of study. Accordingly, further examination to develop a working definition of what a specialized suicidologist implies is still progressing. The following information is pertinent to the proposed study because suicidologists include various researchers in the field; thus, the study into the act of suicide and those left after the death is ongoing.

Whereas the data collected from researched individuals (i.e., SOSL) can help to develop more information about how to assist, rebuild, and prevent further death by suicide.

### ***Defining Suicidology***

It is imperative to understand suicidology and other major contributing fields of study. For example, anthropology involves the study of humanity in society, including physical characteristics which evolve throughout one's development (Lee, 2016). Sociology studies human behavior and the society in which one lives (Lee, 2016). Linking these fields helps to provide full context to the study of suicide. Each field contributes to understanding suicide at the societal and individual levels (Lee et al., 2014). It is, therefore, essential to distinguish these definitions to further the knowledge of suicidology.

Silverman (2006) explored arguments about the universal acceptance of nomenclature for suicidology. He posited that having common terminology about suicide is imperative. Professionals from various fields, including clinicians, anthropologists, psychologists, sociologists, and public health researchers, need a precise definition to bring about official protocols and standardized etiquette. Psychologist Edwin Shneidman, the American Association of Suicidology founder, recommended a need to study suicide and all its complexities (1969).

The act of suicide has brought many researchers, advocates, and even survivors of suicide into the discussion, to create a better understanding of the phenomenon; thus, the title of suicidologist cannot be restricted to any specific field. Though its beginnings were in the 1700s, the scientific study of suicide took root in the 19th century, when Emile Durkheim was a significant contributor (Cosman, 2015b). According to Cosman (2015b), Freud's books *Mourning and Melancholy* and *The Ego and the Id* advanced recognition of the factors pertinent to suicide (Cosman, 2015b). Additionally, Freud recognized the trauma experienced by

survivors, writing that they (i.e., suicide survivors) may attempt to kill the pain by taking their own lives (Bokanowski, 2018). Similarly, Cosman (2015b) contended that suicidology became an independent field of study after World War Two, possibly because of returning soldiers taking their lives.

Suicide education and training have become integral to prevention, intervention, and postvention. Hence, reviewing various definitions will help to understand the word suicide. In 1980, the CDC brought together numerous individuals to consider a particular identifier for suicide (Rosenberg et al., 1988). Accordingly, suicide has been described as a self-inflicted act of harm to oneself (Andriessen, 2006). Gvion and Apter (2012) agreed that while the nomenclature of suicidal behavior varies, suicide is the final act of an intentional behavior resulting in the killing of the self to end life. Cosman (2015b) identified an aggressive expression of "escape, appeal, or cry for help" and blackmail (p. 3). Maris et al. (2000) argued that this single act of death does not have a distinct quantifying methodology or motive for those left behind. Motives and intentions are dissimilar when speaking about this complicated behavior or fashion of death.

Motives apply to this study because they address why someone die by suicide. Maris et al. (2000) stated that the act, or the purpose, of suicide is to expect death, while the motive is the cause, or reason, for inducing this act upon oneself. Therefore, highlighting motive as coming from a place of depression or hopelessness. Moreover, Andriessen (2006) argued that intentionality strongly correlates with suicidal behavior and requested purposeful research to grasp a deeper understanding. The finality of death by suicide leads SOSL to examine the motive around the inception. However, Andriessen (2006) believed intentional behavior would highlight the act of suicide more profoundly. A cross-sectional study on intention evaluated self-poisoning for suicide attempts. While 36% showed intent to die by suicide, another 38% of participants

indicated substance use-related poisoning (Bjornaas et al., 2010). Further evaluation into motives and intentionality could be a positive force to aid in saving lives from potential suicidal death.

The relevance of understanding the definition of suicide is that a description of the trauma incurred by a complex death can be explored during an assessment of SOSLs during SC, suicide bereavement, and PTG.

### **Suicide Statistics**

The act of suicide has severe consequences for the suicidal person and significant effects on SOSL. Accordingly, it is necessary to validate the statistics surrounding the subject of suicide. Cerel et al. (2014) reported that suicide exposure affects an additional 147 people per suicide death. A recent study by the AAS estimated that in the U.S. in 2018, the national suicide rate (age-adjusted) was 14.2 per 100,000 population (American Association of Suicidology, 2020; Drapeau & McIntosh, 2020). In other words, an average of one person every 10.9 minutes takes their life. Currently, suicide is the 10th leading cause of death in the U.S., but for the 15–24 age cohort, it rises to the second leading cause of death (American Association of Suicidology, 2020; Drapeau & McIntosh, 2020). Bailey et al. (2011) highlights that suicide is the 13th leading cause of death worldwide. However, the WHO estimates the global crisis of death by suicide to be the third leading cause of death for those aged 15–29 (World Health Organization, 2021). Recent studies by the WHO in 2016 indicated that an average of 800,000 global deaths by suicide occur annually (2021). However, these statistics are not consistently accurate, considering that not all death records show figures correlated to death by suicide, such as unforeseen accidents, non-reportable incidences, overdoses, and other variables contributing to self-inflicted death.

### ***Risk of Suicide***

One controversial topic surrounding suicide involves an increase in the rate of suicide since 2006 (Weir, 2019). Drapeau and McIntosh (2020) estimated that over 285,000 suicide loss survivors a year are directly affected by suicide. Thus, resulting in more survivors left to handle the aftereffects. Consequently, it is necessary to discern factors contributing to suicide data. In viewing age, gender, geography, ethnicity, and educational background, Case and Deaton (2015) identified a trend in which white, middle-class, non-Hispanic men with high school or less education are at a substantially higher rate for to engage suicide. Indeed, data from the AAS reveals that individuals aged 45–54 die by suicide at a rate of 17.96 per 100,000 (American Association of Suicidology, 2020). Adolescents, children, and spouses who lost a loved one to suicide are also considered high-risk (Aguirre & Slater, 2010).

Age and relationships are not the only factors of suicide. Other contributing factors to increasing the chances of death by suicide include, but are not limited to, an overabundance of time on social media, the COVID-19 pandemic, political disputes, and gender differences. The WHO (2021) also asserted that 77% of global suicides occur in low- and middle-income countries. Researchers anticipate that addressing problems within specific socioeconomic groups may help address factors relating to suicide deaths. In the book, *Suicide among the armed forces*, Leenaar explains suicide as a compounding development of events, thus combining various “biological, psychological, intrapsychic, interpersonal, sociological, cultural, and philosophical elements” braided into the act of suicide (2013, p. 29), such as stress from illness, marital difficulties, losing employment, and generational suicides. Further studies will give researchers and practitioners more knowledge and awareness of why suicide rates continue to increase today.

To illustrate this point, Bailey et al. (2011) found that twenty percent of adolescents and young adults die by suicide worldwide, while 119 children aged ten to fourteen also completed suicide in 2007. One in twelve college-age students made plans for suicide (Bailey et al., 2011). Studies have revealed that individuals 65 and older are at increased risk and are more likely to succeed with suicide completion (AAS, 2020). Existing literature has shown that men are more likely to complete suicide compared to female attempters (Pietro & Tavares, 2005; Tsirigotis et al., 2011). The World Health Organization (2021) found that men are 1.8 times more likely than women to suicide successfully. Given the extant literature and recent statistics, researchers need to continue suicide research, specifically as it concerns lived experience of SOSL SC, suicide bereavement, and PTG.

These facts demonstrate that suicide is a global public health issue. In a study by Muehlenkamp and Thoen (2019), 68 undergraduate participants were selected to take a course entitled Understanding Suicide, while others were placed in a control group. The objective was to provide suicidology education in university studies to advocate for prevention and intervention strategies at the college level (Muehlenkamp & Thoen, 2019). They incorporated suicidology classes into the university to enhance prevention and intervention while helping with postvention measures. The outcome demonstrated students' positive comprehension of suicide prevention and enhanced intervention skills. In addition, Schmitz et al. (2012) identified the necessity for suicide recognition training and education for social work, counseling, and public health professionals. Although a push for training and college courses in the suicidology field is necessary, there continues to be a lack of understanding and statistical analysis about why some spouses die by suicide and others positively change. Addressing the rationale of SOSL following



a suicide is essential to understanding spiritual change, suicide bereavement, and posttraumatic growth after suicide loss.

Understanding the field of suicidology is relevant to this study as it highlights where the inquiry and analysis of suicide originated, why the study of suicide is critical, defines suicide, provides statistics on suicide, and describes the increased risk to those impacted by suicide. Those who study suicide and suicide survivors help provide detailed information about different outcomes for all suicide survivors. Further evaluation is needed for survivors to get the guidance and healing required to move forward after a devastating loss. The following identifies the spiritual changes that encompass loss at this degree and makes known the spiritual evolvment while working through the bereavement process.

### **Spiritual Change**

It is essential to address the concept of spirituality as it relates to suicide. Koenig and Larson (2001) posited that religion is an organized entity of shared beliefs, while Tedeschi and Calhoun (2006) denoted a broader expression of divine existence, such as the experience of transcendence. This section explores how research on SOSL suggests certainty or ambivalence surrounding spirituality through the grief journey. When thinking of the existential, survivors find direction toward a more profound understanding or fall away from a higher power (Burke & Neimeyer, 2014). However, there is a scarcity of literature concerning spiritual change for the SOSL. One aspect of this study is to explore the lived experience of SOSL, specifically how spiritual change influences their PTG. Understanding how spirituality is managed through bereavement is valuable as it may provide insight into the participant's actuality of change throughout the post-loss process.

## *Consciousness*

The nature of consciousness is one of those inconsistencies debated in science. Revonsuo (2017) stated that the term consciousness could not be defined in a clear, concise manner. He defined several versions of consciousness, clarifying phenomenal consciousness as being in the present or the coherent world and emotions going on inside and around us. Further, Revonsuo identified reflective consciousness as thinking. However, cognitive functioning is called working memory or controlled attention, and the cognitive function type of reflective consciousness interprets the subjectiveness of human experiences (Revonsuo, 2017). While others, such as Glattfelder (2019), stated that consciousness is a course the mind goes through to decode personal experiences. He established a foundational paradigm to help understand consciousness and the ontology of reality. Glattfelder did extensive research to provide access into the depth of how far the human mind can achieve knowledge and the mind's capacity to achieve desired results. The thoughts that are processed continually keep us aware and thinking, this is otherwise commonly thought of as the conscious mind. One neuroscientist, Koch (2012), indicated there is nothing without the presence of consciousness, and the only way to experience consciousness is through our own subjective experiences.

In terms of spirituality, there also does not seem to be a definitive understanding of consciousness. Bentley (2019) discussed Schleiermacher's idea of 'God-consciousness' for religious identity and spirituality as a) increasing discouragement with institutional religion, b) consciousness of self and God, c) formulating ideas of evil, and d) abiding in Jesus (Schleiermacher, 2016, p. 1). Schleiermacher (2016) detailed the zenith of Christian devotion as clear consciousness and not having an obstruction to oneself. Therefore, complete dependence on God and ego is an approach to developing God-consciousness as a way to harmonize the self-

conscious. In a study by Bester and Müller (2017), numerous individuals identified themselves as spiritual rather than religious. Nevertheless, many did not want to depart from mainstream religiosity (Bentley, 2019) entirely. Kourie (2006) found that individuals want to give meaning to their lives, religious or non-religious, to find ultimate value.

### ***Spiritual Evolvment***

Spiritual growth can be viewed from several perspectives. For instance, spiritual growth can be seen as seeking refuge in a higher power, such as God, to improve overall functioning and find one's sense of self (Zarzycka & Zietek, 2019). Seiditz (2018) studied professionals who practice integral yoga, which highlighted the development of spirituality as withdrawing from worldviews to a higher state of consciousness. Still others, such as Copen (2016), identified spiritual formation as something that happens through every thought and all the steps taken by an individual. Furthermore, Crisp et al. (2019) clarified spiritual growth as integrating scriptural teachings through observation, reflection, and experience, while de Castella and Simmonds (2013) researched participants engaged in divine engagement to assist them in discovering meaning after trauma and moving towards PTG.

In their exploratory study, Vandecreek and Mottram (2009) found that seven of the ten women bereaved by suicide strengthened their religious beliefs after the traumatic event. Additionally, 75% of the women in Vandecreek and Morttram's (2009) study said they credited their positive outcomes to God. Spiritual change is pertinent to the proposed study as SOSL may have identified with a specific religious practice or spiritual approach but modified or removed a higher power (e.g., God), from their life following the suicide. As an element within the participants' lived experiences, this aspect of spirituality is critical to understanding the SOSL road through the grieving process.

## **Battling Existential Questions**

When unexpected death such as a suicide, homicide, or fatal accident happens, emotions and thoughts shift while life, as one remembered it, changes instantly. It is reasonable to assume that complications and confusion lead to many questions. Therefore, the spiritual and religious struggle can be viewed from two different aspects. Pargament et al. (2000) defined the concept of religious coping as evoking a negative form of dealing with the pressure of life. Another struggle is the identification of one's temperament toward the pressure of religious beliefs (Exline, 2012). While some people gravitate towards religiosity in tough times, others shift towards unbelief. Burke and Neimeyer (2014) performed a study on spiritual distress (e.g., complicated spiritual grief or CSG) in African Americans bereaved by homicide. While findings revealed that loved ones resented God, others were displeased with spiritual support and changes in spiritual beliefs; thus, individuals mourning tough losses were identified with risk of spiritual distress (Burke & Neimeyer, 2014). Overall, spiritual anguish was observed as created by a crushing loss, where mourners felt God killed a loved one as punishment (Burke & Neimeyer, 2014).

Other researchers have also investigated spirituality following the death of a loved one. For instance, Zarzycka and Zietek (2019) conducted a qualitative study that measured spiritual growth or decline and meaning-making during a religious struggle. They found a positive correlation with anxiety, but a negative correlation with life contentment, not including interpersonal struggle, between religious struggle and life satisfaction. Vandecreek and Mottram (2009, 2011) completed an exploratory study on ten women who described their religious life during suicide bereavement. Seven out of nine participants reported that their beliefs became stronger after death, and some found a new purpose in life. Vandecreek and Mottram (2011)

further explored a qualitative methodology that had survivors of suicide describe their perceived role of God during the bereavement process. Specific themes became present, such as God as judge, but with open doors to heaven, and God as in control but not responsible for their loved one's death. Exile et al. (2012) studied online adult and undergraduate psychology participants to understand if individuals thought it was morally wrong to be angry at God during suffering. Results indicated that people were hesitant about divulging specific spiritual struggles, such as anger with God, because they viewed it as immoral (Exile et al., 2012). In a later study, Exile et al. (2014) found spiritual struggle linked to emotional and health issues, such as depression, anxiety, and suicide ideation.

Pritchard et al. (2018) explored meaning-making in 117 narrative posts from surviving partners of suicide. Research indicated various categories in the meaning of loss code (MLC), which included guilt as one of the most noticeable adverse effects. Guilt is a persistent finding by other researchers who have conducted studies on survivors of suicide (e.g., Gall et al., 2014). Davis et al. (2007) conducted a study exploring relationships between meaning-making and PTG to find patterns of themes through unjust losses. Through the themes, it was evident that survivors who recognized a loss of self were more hopeful in the area of PTG; however, survivors were limited in their idea of personal growth when they viewed their lost spouse as a provider or mentor.

Survivors of suicide loss undergo various changes during bereavement, especially regarding SC. Shaw et al. (2005) performed a systematic literature review where positive religious coping and openness, willingness to face factual questions, involvement in religious practice, and intrinsic faithfulness showed PTG. Furthermore, they found that equating an individual's religious and spiritual beliefs positively impacted the process of thriving and

growing. Prati and Pietrantonie (2009) used a meta-analytical research method to explain coping factors contributing to PTG, such as optimism and social support. Although results of positive religiousness in coping were significant ( $r = .33$ ) to positive adjustment to stress, the outcome was not definitive to PTG. Nevertheless, in a small meta-analysis study, positive reappraisal, optimism, spirituality, and acceptance coping correlated to PTG (Helgeson et al., 2006). However, Field (2003) stated that accuracy in small effect size meta-analysis studies was problematic.

Overall, these studies show evidence of spiritual struggle percolating through the process of suicide bereavement. While some studies indicate PTG, a few implied no significant differences in growth. Neurologist and psychiatrist Victor Frankl (1959) developed a logotherapy concept based on the motivation of finding meaning in one's life through psychotherapy. The challenge is finding meaning after a spouse's suicide. It is complicated, yet imperative to grow beyond death positively.

The notion of God-consciousness might help in the complexities of understanding such a tragic loss. The Christian tradition teaches Romans 5:3–5 that we can rejoice in trials, for it develops endurance. Moreover, endurance develops character, and character builds hope, and hope does not express disappointment. It is evident that SC influences PTG, but how religious or spiritual beliefs can alter the growth moves. The articles mentioned above are relevant to the following information because SOSL may experience SC and PTG through the process of suicide bereavement. The following section will review how trauma is associated with a SOSL's outcome.

## Trauma and Suicide Loss

The following discussion on trauma and suicide will help to explain how a sudden loss to suicide alters an individual's outcome. An emotional response to a traumatic event is normal behavior. Therefore, responding with shock, disbelief, and denial sometimes as a short-term reply is reasonable; however, trauma from suicide can cause long-term effects in SOSL (Jordan & McGann, 2017). Different responses can be seen in various situations. Thus, comprehending trauma related to SOSL is pertinent to understanding the process of SC, bereavement, and PTG.

Trauma has been defined in the literature in many ways. Trauma, derived from the ancient Greek verb "titròskō," is described by Schimmenti (2018) as a wound or a level of psychological or physical pain. French neurologist Jean-Martin Charcot theorized the view of trauma and traumatic neurosis as hysterical attacks or hysteria (Fletcher, 2013). In contrast, Freud reassessed Charcot's theory by saying that psychotic paralysis from trauma is an accumulation of undischarged effects (Fletcher, 2013). Freud further identified trauma as an intrusion of boundaries (Fletcher, 2013). Additionally, Bond and Craps (2020) identified that the roots of trauma studies became modernized in two coincident stages in the late nineteenth century. Additionally, they classified trauma as cognitive science.

The relevancy of understanding the trauma of SOSL involves a combination of outcomes experienced by the spouse after losing a loved one. Bereavement after the death of a loved one can be expressed by various characteristics and include numerous consequences (Keyes et al., 2014). Mourning is an effect of survivorship when suicide is the main contributor, which may leave the SOSL to maneuver through the grief process with challenges to the experience of loss (Mitchell, 2015), such as single parenthood (de Groot et al., & Kollen, 2013). However, recognizing why some SOSLs move positively through spiritual change (SC), suicide

bereavement, and PTG rather than experience complex grief or posttraumatic stress (PTS) is perplexing. The following information on trauma is significant to the study because loss affects each person differently; thus, suicide loss can accentuate various reactions within the brain and the rest of the body.

### ***Effects of Trauma***

The brain presents varying responses to trauma. For instance, Van der Kolk (2014) stated, "dissociation is the essence of trauma" (p.66). Further, Fink and Galea (2015) communicated that omnipresence of traumatic exposure might develop psychopathological symptoms, causing a mix of responses, including PTS or somatoform disorder. Van der Kolk (2014) explained the brain's role during trauma. As it relates to SOSL, trauma is a contributing factor. He identified the amygdala, which processes fear, and how it is relevant for survival. In essence, Van der Kolk asserted that certain aspects of the brain work to guard, sense danger, and signal escape. When a spouse learns of the suicide, the body reacts with a fight, flight, or freeze response (Van der Kolk, 2014). It is applicable to say survival for a SOSL is vital.

Yang and Wang (2017) reviewed various research studies that showed how animals with learned helplessness displayed impaired memory and plasticity. Plasticity, Skipper et al. (2010) explained, is the process of organism change. Moreover, neuroplasticity involves the nervous system developing new neuron connections. Neuroplasticity allows the brain to rebuild and renew (Uhernik, 2017). It is paramount to understand that although trauma can come with suicide loss, activations in the brain can help to equip a SOSL during the process of SC, bereavement, and PTG in functional areas.

The effects of trauma can be damaging but, as learned earlier, can also be reversed. According to Ruglass and Kendall-Tackett (2014), the wound or injury of trauma is minute



compared to neurological and behavioral effects on a person's health. To understand trauma after suicide, Spillane et al. (2017) designed a mixed-method approach to follow public health reports from survivors of suicide loss. In the qualitative portion of their study, one participant reported physical changes such as heart palpitations, which resulted in controlling blood pressure through medication after hearing of the suicide. Similarly, McCall-Hosenfeld et al. (2014) also studied the physical effects of trauma on individuals. In this study of male and female survivors, results indicated that gender does play a role when measuring somatic issues.

According to the findings of the cross-sectional data, men did not have significant paths in the parsimonious two-group model from interpersonal trauma ( $\beta = .07$ ,  $p = .628$ ) or PTS ( $\beta = .08$ ,  $p = .332$ ) to somatic symptoms; this indicates the association between interpersonal trauma and somatic symptoms could not be thoroughly explained. However, paths from trauma to depression, PTS, and substance abuse were found to be significant ( $p < .001$ ) indicating an association to these three variables. On the other hand, women had direct paths from trauma and depression to somatic issues, but not PTS or substance abuse. Even though there were differences in physical reactions between men and women, the researchers also noted that not all trauma survivors experience a change in health conditions. For example, women with depression from precipitated events can have increased somatic issues. Furthermore, McCall-Hosenfeld and colleagues posited that genetic variations, personality types, and socio-demographic differences also affect outcomes (2014). For instance, genetics could predispose a person to PTG over PTS. Trauma causes various adverse effects on SOSL; the following will highlight some of those issues.

### ***Trauma Symptoms***

Like other conditions, trauma manifests with a variety of symptoms. The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) (American Psychiatric Association, 2013) identifies somatic, psychological, and physical symptoms concerning other possible mental disorders affecting one's medical conditions. Further, the DSM-5 names several diagnosable disorders related to trauma-related disorders, such as PTS (APA, 2013). In association with somatic symptoms, Van der Kolk (2014) explained that somatic manifestations are pervasive in traumatized individuals. Physical manifestations suggest that trauma distress contributes to numerous lasting effects on the body (Van der Kolk, 2014). Some of those can include, but are not limited to, chronic pain, migraines, fibromyalgia, digestive issues, and chronic fatigue (Van der Kolk, 2014); physiological reactions occur in a range of physical symptoms such as various autoimmune diseases. Bonanno (2008) asserted that some experience acute, disruptive, and temporary distress, while others recover quickly. Next, Fink and Galea (2015) explain possible symptoms attributed to traumatic life experiences.

Fink and Galea (2015) used a life course approach to understand the complexities of traumatic life experiences, including social and biological factors. They found that traumatic events expose a person to chronic pathological symptoms, possibly debilitating an individual for years. Similarly, they confirmed that traumatic events could worsen lingering psychopathological symptoms hindering survivors (e.g., psychiatric disorders). Additionally, Fink and Galea reported that varying interaction with and distance from an event could be associated with a change in psychopathological disorders (2015).

Further evaluation of somatic, physiological, and psychological symptoms can expose a person to long and short-term effects depending on the severity. For instance, McCall-Hosenfeld

et al. (2014) reported that women exposed to trauma showed more severe somatic symptoms than men. In a study on female rape victims and nonsexual assaults, Foa and Street (2001) evaluated trauma recovery by comparing rape victims to nonsexual assault women. They found that 92% of rape victims showed PTS symptoms compared to 74% of nonsexual assault victims. The previous studies (Fink & Galea, 2015; Foa & Street, 2001; Van der Kolk, 2014) described trauma from lived experiences that could also manifest SOSL during SC, suicide bereavement, and PTG.

Trauma symptoms present themselves in a multitude of ways. Accordingly, suicide loss has been shown to cause physiological and somatic problems (Van der Kolk, 2014). As mentioned above, Van der Kolk (2014) highlights that the brain system begins to set off various triggers throughout the body. However, recent neuroplasticity research identifies new neuron changes that show brain parts repairing damage for trauma survivors (Uhernik, 2017). After the traumatic experience, a calm setting is necessary for PTG to flourish in SOSL because adding to an already traumatic event can cause more harmful damage, such as somatic and mental disorders.

This section on trauma is vital to the proposed study because it highlights the issues faced by SOSL. As the literature has shown, the process of traumatic events impacts the development of the brain's response (Uhernik, 2017; Van der Kolk, 2014), and understanding the brain's stability after learning of, witnessing, or discovering a suicide death is crucial. The experience of being a SOSL can have varying effects on individuals, including mental health (Hull & Corrigan (2018), physical (Van der Kolk, 2014), and somatic (McCall-Hosenfeld et al. (2014) issues. Although neuroplasticity has begun to find new positive outcomes in trauma, there are no conclusive solutions (Uhernik, 2017). Results have shown that trauma impacts the mind, body,

and soul; thus, the preceding information reveals an abundance of those possible effects on SOSL experiencing SC, bereavement, and PTG.

### **Suicide Bereavement**

Suicide is a complex issue, and so is the grief process for SOSL. Grief resulting from suicide is contextually different from other types of grief; according to the literature, this type of grief is traumatic. De Leo et al. (2014) distinguished traumatic grief as the loss of a loved one emerging together with suffering. Cox et al. (2017) explained that this type of loss is significant enough to injure a person, challenging one's coping properties to offer the opportunity to grow, develop, and learn from the traumatic loss. Parkes (1996) observed the relationship between attachment and grief by proposing that a sudden loss can shatter the bereaved in specific ways, such as their security or emotional needs. The unexpected loss to suicide puts a spouse in a position to take on all responsibility. Security and monetary needs are now the obligations of SOSL, and those specific needs are happening because one person is no longer living (Cox et al., 2017). Traumatic grief is challenging, making it hard to cope and may leave the spouse with feelings of helplessness (Thompson, 2012). Therefore, the following information on suicide bereavement is vital to understanding the SOSL's SC, bereavement process, and PTG.

### **Symptomology of Suicide Grief**

Symptoms of grief arise in SOSL when losing a spouse to an unexpected or violent death. Mitchell et al. (2004) showed an increase in psychiatric disorders after an exploratory cross-sectional pilot study to measure stress debriefing during the acute phase of bereavement. Comparing distant (N= 33) to closely related (N= 27) survivors of suicide, findings indicated the closer related survivors were twice as likely to have complicated grief (CG). Further, spouses (n = 9) had the highest score in the complicated grief (ICG) inventory. Additionally, SOSLs who

had harmonious relationships with their spouse demonstrated an increased risk of adverse effects from CG (Mitchell et al., 2004).

A cohort study that included 74 SOSL and investigated long-term bereavement over 8–10 years showed complicated grief as a symptom of suicide survivorship (De Groot & Kollen, 2013). Spillane et al. (2017) also conducted a systematic review that revealed somatic symptoms in people bereaved by suicide. In another cross-sectional study by Scocco et al. (2019), quantitative measuring tools were used to compare stigma, grief, and depressive symptoms. They found a correlation between stigma and depression but discovered that grief symptomology and stigma were not linked. However, the amount of time lapsed could be a limiting factor within the study. Cvinar (2005) and Feigelman (2009) found that complications can persist when survivors experience the stigma attached to suicide.

Prigerson et al. (2000) studied the effects of widowhood on health, services, and cost. They found factors such as friendly or pleasant marriages influenced widow(er)s to have poorer health and increased health costs compared to those with conflict in the marriage. However, limitations of Prigerson et al.'s study included how long ago it was conducted (the 1980's), and that they did not include SOSL.

Several other studies have recognized that individuals bereaved by suicide are at an increased risk for complicated grief and depression, resulting in poor health and increased health costs. In a qualitative study, Spillane et al. (2018) found that grief is shown differently in suicide survivors based on heightened levels of guilt, blame, responsibility, and rejection. During the grief process, social issues include feelings of isolation and stigmatism due to a loved one's death by suicide (Spillane et al., 2017). In a longitudinal study over 8–10 years, de Groot and Kollen (2013) found that the surviving spouse will also suffer the loss of support. A spouse coping with

suicide loss has complex problems to contend with while also dealing with difficulties in their family, children, and finances.

In a study on bereavement and bereaved by suicide, Carmassi et al. (2013) found that individuals who experienced bereavement from deaths other than suicide did not show a significant difference in psychiatric disorders compared to suicide survivors. However, two areas of the questionnaire revealed that suicide survivors had increased disbelief over what happened and were more envious of others who had not lost someone close to them. In contrast, Spillane et al. (2017) conducted a systematic review of literature that found an array of outcomes. For example, five of the 24 studies highlighted an increased risk of adverse physical health. Further findings included people bereaved by suicide showed that one in four will suffer increased levels of depression and stress; additionally, one in five show anxiety correlated to elevated symptomology. However, Spillane et al. (2017) noted that spouses bereaved by suicide were less likely to take sick days off from work. Overall, the significance of these qualitative and quantitative studies has shown different physical and psychosomatic health effects. Adverse health outcomes result from bereavement after a suicide loss.

### **Suicide Ideations**

The complexity of suicide grief can manifest unlikely outcomes for the spouse. As mentioned in a longitudinal study by de Groot and Kollen (2013), 153 first-degree relatives and 74 spouses of suicide loss received therapy that included CBT for three to six months compared to usual care or a general practitioner. The effect of CBT did not have an overall benefit; it did show a reduction in feelings of guilt. The study showed that being a SOSL strongly correlated to complicated grief, depression, and suicide ideation. However, the study also indicated that women were more likely to experience an increase in depression but less complicated grief and

suicide ideation. Additionally, when they tested personality characteristics, there was a significant association with outcomes from previous mental health issues.

Mitchell et al. (2005) studied the association between complicated grief (CG) and suicide ideation among survivors. They found a correlation and identified subsequent predictors such as depression and CG to suicidal ideation. The study found that individuals with CG were ten times more likely to exhibit suicide ideations than those without CG symptoms (Mitchell et al., 2005). Earlier studies and current work have focused on similar themes surrounding suicidal behaviors in those bereaved by suicide.

Moreover, the U.S. Department of Health and Human Services (DHHS) (1999) associated suicide ideation with expected behaviors where complicated suicide was found. On the other hand, in a binary logistic regression analysis, Song et al. (2015) reported a significant correlation between exposure to suicide and suicide ideations, where those who lost a family member were approximately 4.42 times more likely to have suicidal thoughts than those with no exposure. In a cross-sectional design, Song et al. (2015) highlighted that exposure to suicide directly correlates to suicide ideation as an aftereffect where social isolation intensifies the disconnect during the first year after the loss. Therefore, the following qualitative research will help understand SOSL's specific needs for prevention and postvention efforts.

### **National Impact**

Suicide is a national crisis; therefore, it is crucial to grasp the depth of intervention, prevention, and postvention initiatives; regardless of proximity, those exposed to loss by suicide show mental, physiological, and psychosomatic health symptoms at some point (Song et al., 2015). It is simple to say that suicide is a substantial public health issue in the U.S., with over 40,000 Americans dying by suicide yearly, representing the tenth leading cause of death

(American Association of Suicidology, 2016). However, the death of a loved one impacts people around the globe. The WHO statistical analysis reported that nearly 800,000 people worldwide die by suicide annually (World Health Organization, 2021). Furthermore, 79% of global suicides occur in low- and middle-income countries, making it clear that suicide is not just an American or Western phenomenon (World Health Organization, 2021). In Healthy People 2010 (Gamm et al., 2010), suicide was identified as the third leading cause of death among youth between the ages of 15 and 24. Recently Healthy People 2020 statistics indicated suicide rates rose for the total population by almost 24% (DPHP, 2020). These statistics are disheartening for suicide survivors hoping for more prevention, intervention, and postvention support programs.

### **Individual Impact**

Becoming a SOSL is transformational. The complexities triggered after such a traumatic loss can feel insurmountable. The magnitude of suicide grief is overwhelming, and everyone has their unique experience moving through the process. In a needs assessment survey, McMenamy et al. (2008) utilized a newly developed survey instrument to measure suicide survivors' needs following a suicidal death. They reported that 39 of the 49 participants found mental health professionals helpful, while 50 of the 53 participants who sought out support groups found them moderately to highly helpful. However, no distinction was identified between the differing experiences of the next of kin, including spouse versus child. Wilson and Marshall (2010) utilized an author-generated questionnaire asking survivors of suicide about their needs and experiences following their loss. They discovered a greater level of need for help after the suicide in men than women ( $t(158) = 2.03, p < .05$ ); however, overall dissatisfaction with professionals was found to involve the stigma and decreased compassionate attitudes. Pitman et al. (2014) argued that outcomes of those bereaved by suicide remain theoretical, and each theory



is marked by the group or placement of the bereaved. For example, the spouse could have different outcomes than siblings, including physical or psychiatric issues.

As stated above, one cannot fully comprehend suicide's impact unless the individual has experienced such a loss. Emotions run high in SOSL, such that Sanford et al. (2016) conducted an online survey to measure implications for clinical practice in individual therapy for suicide survivors. Sandford et al. (2016) found 20 commonly experienced emotions; two include abandonment and rejection. However, all 20 emotions changed significantly after therapy, with negative emotions strongly correlated with perceived therapy benefits (Sandford et al., 2016). Findings have shown psychological, psychosomatic, and behavioral changes in loss survivors. Additionally, Jang et al. (2020) showed that suicide survivors are nine times more likely to attempt suicide than individuals who lost a loved one in another manner. Thus, indicating a higher prevalence of a major depressive disorder in the SOSL population (Jang et al., 2020).

Nevertheless, some survivors use a systematic method to deal with loss, while others do not find a straightforward approach. Thus, the following study can assist in finding ways to support SOSL during SC and suicide bereavement, with PTG as a guide to a more freeing life after loss. The significance of literature is imperative, but the most impactful is the lived experiences of SOSL. It is essential to aid support efforts, develop theoretical interventions, and improve sound approaches for SOSL. The implication of not facing the detrimental effects of the bereavement process, such as blame, guilt, and psychiatric disorders, can have harmful effects. The following information on SOSL will help to understand the background and the survivor.

### ***Suicide Survivor***

Spouses of suicide loss go through a complexity of personal thoughts and emotionally adverse reactions. Jordan and McGann (2017) identified specific stages many survivors go

through, such as shock, the why question, and shame. In their systematic review, Sveen and Walby (2008) stated that survivors have elevated blame, rejection, shame, and stigma rates. Additionally, Cvinar's (2005) literature review illuminated that bereavement from suicide is more complicated with additional barriers, as survivors are left in social isolation while needing to receive help. It is reasonable to say that SOSL needs appropriate, deliberate, and sensitive support from loved ones, clinicians, and other affiliated organizations. The following information helps to highlight evidence that supports this study.

### ***Bereavement of SOSL***

Although there is much complexity to suicide itself, the aftermath experienced by the spouse is equally complicated. Gilewski et al. (1991) studied the depression levels and bereavement status in elderly suicide survivors, bereaved spouses, and nonbereaved subjects. They measured depression levels at two months, six months, one year, and 2.5 years post suicide loss of a spouse. Interviews and self-report measures were used during all four analyses. Overall, testing using the brief symptom inventory (BSI) scale indicated that depression rates were similar in both natural and suicide loss. However, the researchers also found that SOSLs had less emotional support than individuals dealing with depression and grief from a natural cause of death. These findings show that death by suicide leaves those bereaved by suicide with fewer people in which to confide. Ultimately, the survivor tends to be exceptionally lonely and secluded when dealing with these bereaved feelings for their loved one (Gilewski et al., 1991).

Grief from suicide is different from other causes of death. Subsequently, de Groot et al. (2006) used a self-reported measure over three months to evaluate the general and psychiatric health of those grieving a loss. While 74 were suicide losses, there were 39 natural deaths in this comparative study. The researchers used Stata version 7.0. as the statistical analysis to compare

suicide and natural bereaved individuals. Findings indicated that suicide survivors needed more professional help after loss by suicide (68.5%) compared to those who lost a loved one from natural death (23.5%).

Additionally, individuals who were bereaved by suicide were found to have more feelings of loneliness compared to natural death. Further, natural death bereavement (53%) versus suicide bereaved (64%) were less likely to be depressed. They found that over six percent of the suicide attempted suicide; therefore, the suicide bereaved also displayed higher levels of complicated grief than natural death bereavement (de Groot et al., 2006).

The bereavement process is distinct for each survivor of any loss; therefore, the grieving aftermath can sometimes be more noticeable than others. Such that Feigelman et al. (2009) conducted an extensive survey comparing the stigmatization of deaths from parental suicide, trauma, and natural causes. Although the mean scores of suicide survivors (3.51) were almost equivalent to traumatic death (3.15), natural cause (1.78) of death showed much lower mean scores. It is important to note that the equivalency could be due to traumatic death, including homicide survivors. Results showed a significant correlation between suicide survivors and traumatic death survivors experiencing stigmatization ( $M = 3.47$ ) was higher, especially compared to natural death ( $M = 1.78$ ). Their study found that the suicide and traumatic death group of survivors had higher levels of dismissal and neglect by significant others compared to the natural death group. Overall, the stigma stuck upon those bereaved contributes to the complexities of the mourning process (Feigelman et al., 2009).

### ***Adaptation to New Life***

Life shifts can be significantly different for each SOSL. Once the death of a spouse happens, life is altered. Changes to one's life after losing a spouse by suicide are inevitable but

can differ significantly for each SOSL. Thus, the SOSL may need to incorporate some assistance in the process. It is also imperative for the survivor to understand the psychoeducation of suicide, for example, the process of suicide and suicidal behavior (Berardelli et al., 2020). Proper integration of interventions, such as psychoeducation or clinical methodologies, into the survivor's life, can improve their insight (Andriessen et al., 2019).

To explore the grief of SOSLs, Wittouck et al. (2014) conducted a cluster randomized control study group at Ghent University Hospital. A clinical psychologist took semi-structured interviews during two home visits with suicide survivor participants; however, the intervention group utilizing CBT-based psychoeducation received four additional visits. The researchers concluded that the intervention group of suicide survivors significantly decreased grief and depressive symptoms compared to the control group. Further, psychoeducation interventions support the survivor by understanding their emotions. Overall, their findings showed a qualitative difference in support during the mourning process for participants who received CBT-based psychotherapy (Wittouck et al., 2014). Social support outcomes during the mourning process are only one outcome for SOSLs; other outcomes, such as mental health, are also a research topic within the field.

While not examining support quality, other researchers have examined mental health, such as SOSL association with PTG, grief, and depression. Recently, Levi-Belz (2020) conducted a longitudinal study on suicide loss survivors to evaluate bidirectional associations concerning complicated grief (CG) and PTG, along with depression and PTG. Quantitative inventory measures evaluated PTG, CG, and depression. They found suicide survivors with increased levels of CG and PTG at T1 (i.e., the first measurement point) and cultivated the same progression at T2 (i.e., the second assessment measurement point). CG at T1 was negatively

associated with PTG at T2, and PTG at T1 was negative with CG at T2. However, CG and PTG at T2 were both associated with depression. The researchers highlighted that CG might obscure PTG in survivors (Levi-Belz, 2020). The SOSL's adjustment to a new life reflects complications with SC, bereavement, and PTG. Thus, adapting to a new way of life for the SOSL can be difficult, but it is imperative to understand how survivors have coped.

### ***Coping Survivors***

Support from family, friends, and community is a ubiquitous area where survivors seek assistance. Honeycutt and Praetorius (2016) administered online questionnaires nationally through the AAS to learn how people identify as bereaved by suicide, their coping strategies, and what those bereaved by suicide sought to be called. The results showed that many participants identified as siblings or parents, and most of the respondents identified as suicide survivors. Further, the top two formal coping strategies included individual therapy (41.6%) and support groups (27%). Moreover, the researchers posited that coping strategies involving formal and informal approaches could be applied. Informal coping methods involved reading, writing, and outside activities, where approximately 20% of survivors utilized this type of healing approach (Honeycutt & Praetorius, 2016).

It can be difficult trying to cope with bereavement alone. Terhorst and Mitchell (2012) comprised a bereaved crisis interview conducted on adult survivors of suicide one-month post-loss. They identified problem-focused and emotion-focused behaviors in people bereaved by suicide. Problem-focused functions of coping include person-environment, which is acted upon by self or environment; alternately, emotion-focused coping is the way a person acts within the stress of a situation, such as employing avoidance behaviors. Each type of coping action is diverse and should not be measured using the same scale. Thus, the researchers used eight

different sub-scales of measure. Researchers found that women sought significantly more social support and positive reappraisal coping strategies than male survivors. However, seeking social support and showing escape-avoidance behaviors correlated to depression and other mental health issues. Further, problem-focused activity used an environmental aspect of change, while emotion-focused activity used a relational change to mitigate stress in those areas. They also found that more women utilized a social support approach than male survivors (Terhorst & Mitchell, 2012).

Different organizations working with SOSL develop their approach to help loss survivors cope. Therefore, the tragedy assistance program for survivors (TAPS) utilizes a three-phase postvention approach. In TAPS, suicide survivors are assisted by implementing stabilization, grief work, and PTG (Ruocco et al., 2021). The first phase involves stabilization which helps to assess SOSL's mental health, trauma, and suicide risk and works to alleviate concerns. The second phase is called the grief phase, which helps survivors move away from the cause of death, find a grief rhythm, and learn how to have a new relationship with the deceased, e.g., healing via spiritual connections through dreams. The last phase of TAPS, PTG, helps survivors to recognize ways to grow after the incident, which helps the survivor find meaning, share their story for healing, and give recognition to new life. Each phase works by aiding survivors in learning that they are supported while understanding more about themselves and suicide. Many avenues can be utilized when coping with loss by suicide; thus, having the proper support is crucial. A personal understanding of each aspect helps the survivors move in ways to consider the best approach for themselves. Professional therapy, support groups, journaling, and meditation are a few ways survivors can help themselves (Ruocco et al., 2021).

Looking for ways to cope while grieving a suicide can be complex and challenging. Pompili et al. (2013) examined previous studies studying the association between suicide and suicide bereavement. They noted that self-help groups contribute to positive outcomes by allowing survivors to share stories. The researchers' literature review revealed that death by suicide among younger widows was higher than among older widows. Their comparative study revealed the difficulty of being left as a SOSL and that there was hope and community in support groups (Pompili et al., 2013). Thus, support groups helped tremendously for survivors by identifying that they are not alone, giving a sense of community and feelings of hope. Identifying hope is not unlike other mechanisms to combat grief, as religion and faith are two instruments that help to provide feelings of hope.

Belief in a higher power can be one of the most imperative support options for survivors of suicide. Feigelman et al. (2009) oversaw a cross-sectional quantitative study measuring personal growth in suicide survivors. The findings identified that increased levels of PTG could correlate to religion or spirituality; alas, significance with support groups was found most helpful over mental health professionals. Furthermore, they found an interesting association between personal growth and religious activity. There was less personal growth in the Jewish community than in other religious groups. Although sometimes people do not find comfort in faith, the researchers found it helpful for survivors (Feigelman et al., 2009). The SOSL relationships are impacted differently, with outcomes likely to be contrasting.

### ***Individual Impact***

Suicide impacts each surviving spouse differently depending on categorical variables. Accordingly, it is crucial to focus on some of those categories. For instance, in a study examining close and distant relationships of suicide survivors, Mitchell et al. (2009) conducted a

cross-sectional study comparing psychiatric symptoms and survivors' quality of life. Close relationships included spouses, parents, children, or siblings. The more distant relationships involved friends, coworkers, and extended family. Mitchell et al. (2009) showed significantly increased levels of anxiety and depression in individuals closely related to the deceased. Further, the MOS-SF36 measure found a decreased quality of life for those closely related to the deceased.

Calhoun et al. (2010) posited that each impact could vary depending on survivor traits. They found that individuals with a more resilient lens will experience less distress through the grief work process. Additionally, those who challenge their world beliefs will begin to grow more through a traumatic event, even after a disastrous disruption (Calhoun et al., 2010). Further descriptions of an individual's assumptive beliefs can influence outcomes. Below will feature information about how professional help and a personal approach are relevant in the growing and healing process.

There are various aspects for SOSL to work through in the processes of SC, bereavement, and PTG. Although each outcome for SOSL is distinct, the overall arching result presents a degree of complexity. Thus, de Groot et al. (2006) found that spouses of suicide loss show more loneliness and psychiatric health outcomes. Adapting to a new way of life is difficult for survivors when stigma is attached to a suicide death. Approaches of coping range from professional help to more individualistic means, e.g., journaling. Everyone is impacted differently, hence the outcome differences of each SOSL. The above information gives an overview of the intricacies that come along with survivorship. The following section will continue to describe methods of postvention that assist suicide survivors in working through SC, bereavement, and PTG.



## **Postvention**

The study of suicide is a type of work that is vital in preventing further suicides and aiding those bereaved by suicide loss. Postvention is the work that comes following death by suicide, assisting survivors after a loss by suicide throughout the grief process by helping alleviate the impact (Encyclopedia Britannica, 1973). Shneidman (1973; 1977), who founded the AAS, found trustworthiness and urged further research to discover evidence and improve postvention work. Making a case that postvention approaches to suicide as a preventative method to prevent more deaths by suicide, Jordan (2017) reviewed previous empirical evidence highlighting the details. After careful review, he found an increased risk of suicide by partners and mothers bereaved by suicide, increased psychiatric care for bereaved parents, and increased risk of depression in children bereaved by suicide. Jordan concluded that an overwhelming amount of evidence shows an increased risk of suicidal tendencies in persons exposed to and affected by suicide death (2017). Overall, there is an increased risk of suicidality for individuals bereaved by suicide. The following information will highlight important information about postvention efforts for SOSL.

Finding strength is essential for SOSL during such a time of uncertainty. Thus, strengthening efforts to prevent suicide and assist with postvention is imperative to decrease suicide ideation. In a pilot program developed by the Baton Rouge Crisis Intervention Center, Campbell et al. (2004) highlighted the importance of actively being present immediately after a suicide death. They further explained that efforts in active postvention compared to passive postvention models impact prevention by attending to a survivor immediately. Hence, they developed the Local Outreach to Suicide Survivors (LOSS) program to help survivors directly after a suicide. The pilot program for LOSS was initiated to have active attention for the survivor

during the acute stage immediately following the death. Each step in the process was developed for first-response teams to deliver prompt assistance:

1. The team member is notified about a suicide death and responds to the scene to assist the survivor.
2. The LOSS team member connects with the survivor to become a primary resource.
3. The LOSS team member establishes a relationship with the survivor to provide crisis choices.
4. Finally, the team member helps with additional postvention efforts, such as referrals for each step during the active LOSS model.

The process coincides with a peer support approach by stationing a team member at a death scene when the suicide occurs or through notification of death. The researchers identified that the survivor would already be emotional, so when someone from the response team arrives to accompany the survivor, it can assist in healing (Campbell et al., 2004). A postvention approach for SOSL can benefit each person who receives support, guidance, and additional education on suicide. A couple of approaches can be applied when assisting survivors of suicide, and the following will highlight specific postvention approaches.

### **Approaches to Postvention**

After their loss, each SOSL takes diverse paths during the healing process. Aguirre and Slater (2010) identified two models of postvention services, active and traditional. Active postvention care benefits the survivor in a myriad of ways, most notably decreasing the amount of time one receives services. For example, helping the bereaved become educated about suicide, highlighting grief process experiences, and making any other services needed available.

On the other hand, the traditional model allows the survivors to seek help or services on their own time. However, the traditional approach could take years for survivors to seek help (Aguirre & Slater, 2010). SOSL needs emergency workers to actively approach postvention services to support the new survivor. Functioning at a level that will inform the new survivor of services or provide emotional support can help them immediately and in the future.

### ***Individual Impact***

Andriessen et al. (2017, 2019) noted that postvention services improve recovery support, prevent unfavorable reactions, and support survivors of suicide loss. There are possible consequences of not seeking postvention care. The survivor can experience an elevated risk of suicidality, mental health issues, and possible financial strain (Andriessen et al., 2019). In a systematic review, Andriessen et al. (2019) used PRISMA guidelines to analyze multiple approaches to various studies about intervention effectiveness for suicide bereavement. Most studies reviewed adult participants; however, three focused on adolescents and children. Six studies used family-based psychotherapy and usual treatment interventions to measure the grief of those bereaved by suicide. A psychoeducational approach for parents yielded positive findings when evaluating psychosocial outcomes, including depression, mental illness, and drug use. After a review of 11 studies, most done within the U.S., there were no clear conclusions. However, findings did show that interventions that included eight- and ten-week sessions with trained facilitators, such as a therapist or educational support, were more effective than reduced utilization of services (Andriessen et al., 2019). However, individuals in each situation are unique, requiring different support approaches.

Pak et al. (2019) conducted a scientific review of the U.S. military's suicide postvention efforts. They found that the Department of Defense had several postvention programs. For

example, the Army had a suicide response team (SRT), while the Navy implemented special psychiatric rapid intervention teams (SPRINT) to assist after suicide loss. However, the authors highlighted that many approaches were directed toward family instead of colleagues. Pak et al. (2019) also found no evidence-based postvention treatments in clinical settings. Implementing such clinical strategies has been shown to help with recovery and healing. Since it takes time for trust to be established, they suggest that providers ask direct questions to SOSL in the wake of a loss. Allowing practitioners to be direct will aid in establishing trust with the survivor to provide services that will help transition the survivor. However, there are no evidence-based postvention treatment approaches. Pak et al. (2019) focus on workable interventions for this vulnerable group. Although there are no evidence-based postvention approaches, experience from suicide survivors is essential to help in recovery.

The phenomenon of suicide can be terrifying, yet learning from those who grew from a devastating loss is vital for postvention efforts. Smith et al. (2011) conducted a semi-structured interview to explore the experiences of six adults bereaved by suicide. In their interpretive phenomenological analysis, participants described life views, awareness of self, and how they relate to others since the loss. When identifying with the social context of life, survivors found personal growth in positive ways. However, they did not necessarily remove the hidden spots that the suicide bereaved did not wish to reveal. Participants also stated that other non-survivors ultimately looked down on or felt sorry for them and would disguise their innermost emotions (Smith et al., 2011). It is important to note that inner-self work can be difficult at times, but positive growth could be the outcome for SOSL.

Building support can facilitate helping other survivors through a tragic loss. Therefore, utilizing a postvention model such as LOSS can produce guidance and resources such as therapy

or peer connection with other survivors. This postvention information can positively support the SC, suicide bereavement, and PTG of SOSL. Applying active approaches for SOSL can prevent additional suicide loss. Health and wellness are not as detrimental when survivors are transitioned through active approaches (Aguirre & Slater, 2010; Campbell et al., 2004), mitigating unnecessary health problems. Smith et al. (2011) also showed that growth does not necessarily mean the survivors reveal their inner emotions to non-survivors. The following information on PTG will highlight a new perception of life after a traumatic event with a more positive outcome.

### **Post Traumatic Growth (PTG)**

The process of growth after a traumatic event takes perseverance. Specifically, Tedeschi and Calhoun (1996) formulated the concept of PTG, demonstrating positive changes to one's psyche after enduring a traumatic event. They found that PTG includes five areas: spiritual growth, appreciation of life, relations to others, personal strengths, and recognition of new possibilities. In their study, Tedeschi and Calhoun obtained 194 male and female participants to see if participants had a change of philosophy after experiencing trauma. The researchers then compared studies of university students to develop the PTGI screening for perceived personal benefits including, but not limited to, relationships with others and life appreciation changes. Results from the study indicated that, overall, women scored higher than men on all factors except the concept of new possibilities (Tedeschi & Calhoun, 1996). The PTG theory is related to other models researched about personality, behavior, and various ways of positive transformation after trauma. The possible characteristics or personality traits of individuals who experience PTG proposed by Tedeschi et al. (1998) included hardiness, a sense of coherence, and an internal locus of control.

Various authors have recognized positive change as different from resiliency; for example, in a systematic review, Mehta et al. (2020) worked to clarify biological markers in those with PTSD through gene expression and DNA methylation. The method of extracting from various data sources, they deemed eligible research work anything after the year 2000. After a total of 486 articles, a select few (51) were investigated. Overall, nine studies examined resiliency. Seven of the studies found specific DNA and gene patterns in PTSD participants, and those without had different design structures (Boks et al., 2015; Breen et al., 2015; Chen et al., 2016; Glatt et al., 2013; Koenen et al., 2011; Sarpas et al., 2011; Sipahi et al., 2014) (Mehta et al., 2020). In Kohrt et al.'s (2016), high levels of resiliency in child soldiers were linked with down-regulated cell cycle transcriptional regulator gene expression. In comparison, Sarpas et al. (2011) and Sipahi et al. (2014) identified key gene expressions as factors detecting resilient participants. Frankl (1984), a survivor of four concentration camps, stated:

Nothing conceivable would so condition a man as to leave him without the slightest freedom. Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom. (p. 134)

Furthermore, researchers have reported that PTG corrects maladaptive thoughts or responses to suicide loss (Wise et al., 2018). Advancing into a more active trauma recovery is essential for all survivors of suicide loss. For example, survivors move from maladaptive approaches such as rumination or emotional numbing to restructuring cognitive ways to approach loss, such as being open about the loss. Furthermore, future research comparing PTG in post-homicide loss to post-suicide loss would be rather beneficial.

Understanding resiliency compared to PTG is vital in recognizing SOSL's ways of overcoming whom they were in compared to growth from the trauma of loss. For trauma

survivors, PTG has been beneficial for positive growth through loss. Therefore, identifying the things in life that help to develop a bereaved person positively is essential. While emotions are high, it is vital to support SOSL by not moving toward maladaptive or numbing emotions but to assist those hurting after losing a loved one with a healthy approach to a devastating loss.

## **Resiliency**

Recovery after suicide is a complex process. Harvey (1996) comprised a trauma resilience approach to help understand the individual, event, and environmental factors through an ecological model. He clarified that recovery and resiliency were uniquely diverse. Thus, he explained that recovery was a change from a bad outcome converted into a more desired result. Harvey describes resiliency as a moderately unimpacted area where a trauma survivor assembles strength through coping with vulnerabilities and securely embarking on healing. In his study, he identified four outcome recovery themes: receiving clinical care and psychological recovery, obtaining clinical care with no recovery benefit, recovering without clinical intervention, and not recovering or experiencing clinical care (Harvey, 1996). Each recovery and resilient outcome perspective is unique for each trauma survivor. A group of research authors will highlight education about trauma resiliency to grasp a better understanding.

Research by Corzine et al. (2017) used the variable generating activity (VGA) method to establish axioms about trauma resiliency. The VGA approach included an Israeli expert panel to produce a conceptual definition of trauma resiliency. In their study, the authors recruited educated individuals on trauma and resiliency who then established a selection of proper axioms to explain trauma resiliency formats for survey purposes. The first phase included a selection of experts, while phase two specifically selected a dozen first-phase experts involved in the trauma resiliency field. Phase three of the study involved interviewing the expert panel, and phase four

involved videoing the data analysis. The final phase examined the axioms for survey completion. (Corzine et al., 2017). The expert panel compared findings of the top resilient axiom statements to resilient factors that support the individual, community, and other related issues, such as culture. Also, the researchers found that trauma survivors who effectively managed life after a difficult situation initiated a sense of purpose, were more connected, and discovered personal characteristics showing more resiliency afterward (Corzine et al., 2017). Various researchers have explored coping strategies and personality traits.

The concept of hardiness employs a variety of personality traits. Adjusting to stressful situations in positive ways of learning can help SOSL outcomes (Bartone & Homish, 2020). A study completed by Bartone and Homish (2020) administered a questionnaire to 357 U.S. soldiers in Afghanistan after a one-year deployment to identify resiliency, coping strategies, psychological hardiness, and depression after combat. Results indicated that low hardiness correlated with avoidance coping strategies such that low hardiness was recognized as a way to escape coping. Thus, higher hardiness values indicate a problem-focused approach where low values can be associated with avoidance coping strategies generating a negative outcome such as PTSD. Results indicated low hardiness avoidance coping and combat exposure to be affiliated with depression. Bartone and Homish (2020) posited that commitment, control, and challenge influenced the hardy–resilient coping style; thus, positive hardiness is important regarding SOSL growth.

Results from Bartone and Homish (2020) indicate that low hardiness points an individual towards depression and escaping from issues causing maladaptive approaches. Researchers and educators found a strong correlation between resilient trauma principles between individuals, the community, and other related issues (Corzine et al., 2017). Improving one’s health may come in



many forms; Aaron Antonovsky found a sense of coherence in discovering meaning from life's stressors (Antonovsky, 1996).

### **Sense of Coherence**

Çam and Demirkol (2019) explained the sense of coherence (SOC) as improving one's mental and physical health by finding meaning from an existing situation through control and management, regardless of what may come. Additionally, their study reviewed the literature on PTG and SOC and pointed to findings that believing in oneself, taking action in one's life, life, and using proper resources could predict an outcome of PTG (2019). More research is needed concerning SOC and PTG. However, the correlation between SOC and PTG by Lindström and Eriksson (2006) and Eriksson (2016) could support the stressful aftermath of SOSL.

There is significance in helping SOSL evaluate mechanisms for growth after loss. Sarenmalm et al. (2013) conducted a longitudinal regression analysis of postmenopausal women ( $n = 131$ ) diagnosed with breast cancer to measure SOC to stressful events. Measures included SOC, daily coping assessment, and quality of life to evaluate descriptive statistics. Results indicated that women with strong SOC had fewer difficulties with stressful events by employing coping approaches, such as practicing distraction methods, relaxation, and redefining present situations. However, women with reduced SOC experienced more distress, were less receptive to the circumstance, and did not utilize coping strategies during stressful times (Sarenmalm et al., 2013). The correlation between SOC and a stressful event detected a significant predictor of distress ( $\beta = -0.04$ ;  $p = 0.019$ ). Additionally, significant SOC and bothersome events, e.g., additional chemotherapy, caused stressful events to appear more substantial for women with low SOC ( $r = -0.29$ ;  $p \leq 0.05$ ). From the findings, it is reasonable to assume that having a SOSL utilize the proper coping strategy would allow for a more robust SOC.

## Translation of PTG

Incorporating a positive outlook after a crisis can sometimes be difficult. However, when individuals report new life views and apply renewed goals toward positive life changes, it can be seen as growth (Tedeschi & Calhoun, 1996). Trauma for SOSL presents adversities to life situations, such as feelings of abandonment, stigma, and emotional transformations (Drapeau et al., 2019). Drapeau et al. (2019) studied the PTG of bereaved adult survivors of suicide. Their study enlisted male and female participants to answer online quantitative questionnaires. Participants completed instruments, such as the neuroticism, extraversion, and openness to new experiences five-factor inventory (NEO-FFI), which assesses five personality domains, and the inventory of attitudes toward seeking mental health services (IASMHS), which assesses attitudes towards seeking out mental health services. Primary variables (e.g., help-seeking behavior) were investigated to see if they were positive predictors of PTG. The researchers found that time since loss, problem-focused coping, and perceived closeness were variables used to predict PTG. Results indicated perceived closeness ( $\beta = .10$ ), time since loss ( $\beta = .13$ ), and problem-focused coping ( $\beta = .41$ ) showed positive factors contributing to PTG (Drapeau et al., 2019). During the final phase of the mourning process, a reconstruction of the survivor's inner self, personal connections, personal strength, appreciation of life, and in-depth spiritual development could be found (Drapeau et al., 2019). While there is academic research on PTG, other researchers are skeptical regarding PTG as a mechanism to overcome crises. Some researchers have argued that PTG is not a necessary element of life stressors to overcome a crisis. For example, academic literature about stress-related growth by Aldwin and Levenson (2004) strongly suggested that PTG shows no qualitative difference other than stressors from a rapid onset. An earlier study by Aldwin et al. (1996) found that 10% of university graduates reported no long-term effects from

major stress-related life disruptions, while 20% indicated a positive increase in long-term social support, spirituality, and coping strategies. Still, the participants reported both negative and positive outcomes. Nevertheless, the author's stance on PTG only inventories positive effects, not contrasting views (Aldwin et al., 1996). Therefore, understanding SOSL's meaning from such a traumatic event is critical.

### **Making Meaning**

Making meaning out of a loss demonstrates strength and endurance. Pritchard et al. (2018) explored meaning-making in surviving partners of suicide. The research showed that various categories met with grief and struggle but were exposed by making meaning of the loss. For example, psychological distress, lack of understanding, missing the deceased, and coping were characteristics of survivors trying to make sense of loss during the grief process. Participants in their exploration study were suicide survivors from 50 support group forums. Researchers used qualitative analysis to review the posts from spouses, fiancées, and partners of suicide loss, then categorize themes, such as negative affect and missing the deceased. The negative affect responses (90%) included psychological distress, guilt, depression, and emptiness, while missing the deceased (54%) was the third most common theme of suicide loss (Pritchard et al., 2018).

SOSL often implements meaning after traumatic events. In a mixed top-down/bottom-up methodology conducted by Davis et al. (2007), authors reported a positive relationship between meaning-making and PTG. Davis et al. (2007) conducted a qualitative study with structured interviews of relatives from 52 families of deceased workers from the Westray mine explosion. Additionally, two assessments were applied to measure depression and psychological well-being. The overall clusters identified central differences. Those in the rebuilt self and no

meaning/growth cluster gained emotional stability while also seeing death as having no purpose. However, the minimal threat/minimal growth cluster identified no meaning of the loss as they recognized that bad things simply happen. Furthermore, the results suggested that a person not facing a severe crisis may also not face the same hurdles as those that do and consequently do not experience PTG (Davis et al., 2007). Although not all participants in the preceding study had personal growth from a traumatic event, the following study reported other positive growth methods, such as coping strategies.

Understanding psychologically positive shifts after trauma can be affected by other factors contributing to such a change. For example, Shaw et al. (2005) performed a systematic literature review to find relationships between PTG, spirituality, and religion. Their study found that spiritual and religious beliefs can form or deepen after traumatic events. In the literature, they discovered that such themes as positive religious coping, religious openness, willingness to face factual questions, involvement in religious practice, and intrinsic faithfulness were strongly connected to PTG, see Tedeschi and Calhoun (1996); Koenig et al., (1998); Calhoun et al., (2000) and Shaw et al. (2005). The SOSL has different avenues to maneuver when working through the grieving process. Thus, finding meaning can become difficult spiritually, emotionally, and physically. Adapting to the change can take many pathways, but eventually, the SOSL must learn how to live as an individual again.

### **Individual Adaptation**

Characteristically, PTG is manifested through an increased demonstration of personal strength, transformed life views, and enhanced personal relationships. Pritchard et al. (2018) presented. A significant contribution to an individual's adaptation in recovering from grief. To better understand meaning-making during the process of traumatic death, the authors offered

written accounts from partners of suicide loss. Participants were recruited from the Alliance of Hope online support forum, with 117 posts from 50 suicide loss survivors selected. A quantitative measure, meaning of loss codebook (MLC), utilized themes on the grief forum, consisting of 30 positive and negative categories. They identified various categories in the MLC, with negative affect (90%) as an initial response in forums. However, identity transformation (32%) and personal growth (10%) were prevalent feelings after the suicide. The categories of spirituality (30%), memories (44%), and expressing emotions (6%) were presented about the deceased. Incorporating the loss as part of the future journey was essential in the readjustment to a new reality in life (Pritchard et al., 2018).

A SOSL adapts to life after loss differently, and it is crucial to view the aspects of focus. Therefore, salutogenic is an approach to showing gratitude, self-efficacy, hardiness, empathy, and humor to adapt to life after suicide (Eriksson & Lindström, 2005). Overall, the systematic review of salutogenic research found conflict resolution and health promotion helpful. Eriksson and Lindström (2005) identify a sense of coherence to manage stimuli attacks. For example, a SOSL could apply SOC (e.g., meaning, manageability, and comprehension) to the loss when their internal and external environments change. Aligning SOSL with resources will aid in reasonability and identification with oneself.

### **Individual Impression**

The foundation of learning who one is after a traumatic experience can be daunting. Aldwin and Levenson (2004) focused on the development and process of growth. They completed a prospective study on adult PTG developmental issues. The dialogue involved how or why changes occur in trauma experiences. Their perspective shows no evidence directly pointing to the traumatic event changing outcomes. However, the way individuals cope with an

event did indicate change. Nevertheless, after an incident, highly stressful events were pivotal for PTG (Aldwin & Levenson, 2004).

Growth after an emotionally seismic event can be complex, ambiguous, and worthwhile. Tedeschi & Calhoun (1996) developed the theory that growth can develop from traumatic events. Various studies found development in five specific areas in male and female participants, including a quantitative study comparing PTG from trauma and without trauma cases. Tedeschi & Calhoun (1996) found that individuals who experienced trauma had higher PTG scores than those who had not experienced trauma. Bartone and Homish (2020) found high hardiness correlated with commitment, control, and positive coping strategies, which can help a SOSL during SC, bereavement, and the PTG process. Further, Drapeau et al. (2019) found perceived closeness ( $\beta = .10$ ), time since loss ( $\beta = .13$ ), and problem-focused coping ( $\beta = .41$ ) as positive factors contributing to PTG. Therefore, understanding that a reconstruction of a SOSL begins after loss and taking positive approaches will help in the changing process through time and commitment. Applying appropriate concepts and strategies can change the PTG outcome of a SOSL. Salutogenic is crucial for the well-being of a SOSL's spiritual change, suicide bereavement, and posttraumatic growth. While mourning, a SOSL may find solace in religious faith to find they are not alone in the process.

### **Religiosity in Trauma Survivors**

Suicide, viewed as a forbidden death in many cultures, can restrain one's discernment about their current beliefs. Modifying religious beliefs can result from a traumatic experience whereby there is a change of intensity in beliefs, activities, and practices (ter Kuile & Ehring, 2014). The study by ter Kuile and Ehring (2014) included 227 participants that completed data via web-based analysis. The five measures used included quantitative instruments such as the

clinician-administered PTSD Scale, brief religious coping scale (RCOPE), world assumptions scale (WAS), the impact of events scale-revised, changes in religiosity (CRS), and the family and environment religiosity questionnaire. Two scenarios emerged after such a traumatic event; some survivors' beliefs increased while others decreased their religiosity. Their analysis found a significant relationship between strong religious beliefs and fewer PTSD symptoms (ter Kuile & Ehring, 2014).

Grief comes in various forms. According to Spencer-Thomas (2018), a juxtaposition of aligning loss and repairing oneself emerges when traumatic grief is involved. Spirituality is explained in many ways, including transcendent dimensions (Elkins et al., 1988) or extraordinary events, e.g., the supernatural (Wuthnow, 2001). Jahn and Spencer-Thomas (2018) extensively studied the continuing bonds with the deceased through spiritual experiences after suicide loss. During a study of 1301 suicide-bereaved individuals, the authors explained experiences and descriptions of continued bonds with the deceased while examining themes in the data. They utilized questionnaires that applied both quantitative and qualitative open-ended questions. The analysis was to inform researchers about the connections of bonds through the grief process and any complications experienced by participants. The study aimed to understand the spiritual experiences and meaning-making of those bereaved by suicide. Nine themes emerged from the data collected, including, but not limited to, finding comfort, connection and communication, and the impact of and on their religious framework and spirituality. They found that the spiritual experiences were overall positive regarding making meaning of the loss and that continuing bonds with the deceased gave more insight when working through the grief process. Overall, individuals bereaved by suicide found comfort in continuing bonds with the deceased and

processed meaning-making through religious or spiritual experiences, which benefited the survivor (Jahn & Spencer-Thomas, 2018).

Similarly, Krynska et al. (2017) found that many survivors remained steadfast in their religious connection. In a previous Krynska et al. (2014) study, the authors randomly selected 250 online cemetery memorials. This deductive thematic aimed to explore suicide loss survivors' frequent reference to personal transcendental beliefs. The study revealed ten subthemes related to spiritual or religious dedications concerning God's will; however, some mourners expressed conflict with God's will. Memorials were written three years after their loss. Fifteen memorials expressed gratitude for peace after the death, specifically clarifying their loved one being in heaven with God. Family members and others who loved the deceased were the primary authors of the memorials. While some gravitated towards religious and spiritual consolation, others did not find solace in religious affiliation (Krynska et al., 2014).

Gravitating towards a higher power can assist survivors of homicide, while some do not find comfort in religion. For instance, Parappully et al. (2002) studied 16 parents who experienced a positive outcome after the traumatic loss of their murdered child. The authors included questions to address positive thinking, differing feelings, and behavior change. The interviews provided an in-depth understanding of any change in the parents' thoughts, feelings, and behavior after the murders. For example, signs of transformation in feelings were described through abilities to experience pleasure and an increased sense of optimism. There were thirteen themes of trauma transformation found, including, but not limited to, cognitive-emotional processing, spirituality, and social support. The authors recognized that survivors attempted to incorporate God, believed in an afterlife, found gratitude, performed prayers, and established spiritual rituals as part of the growth process (Parappully et al., 2002).



Grieving is a complex process, and each mourner processes grief differently. During an extensive review of literature, Wortmann and Park (2008) found that some griever's connection to religious backgrounds did not always show a safeguard for the bereaved. Their review found that relationships dependent on multiple variables, including religion and spirituality, showed varying effects over time and through different pathways. They established various categories of religion and spirituality measurements (e.g., beliefs). While out of the 73 empirical articles that examined the context of religion and spirituality of bereavement, fifteen measured beliefs of religiousness and relationship to adjustment. These were inconsistent. However, studies that had no relationship between adjustment and bereavement included conjugal bereaved individuals (Parkes, 1971, 1975; Parkes & Brown, 1972; Purisman & Maoz, 1977). Mixed outcomes were shown from different research designs, and the measures used for the studies also indicated various outcomes (Wortmann and Park, 2008).

### **Health and Wellness Impact of Religiosity**

Religious and spiritual beliefs benefit one's state of mind. For instance, Hood et al. (2018) observed that religiosity and spiritual beliefs are linked to positive physical and mental health. Correlations indicate that positive psychological and health behaviors support good health outcomes (Hood et al., 2018). In addition, Talseth and Gilje (2017) used a critical interpretive method to understand responses from suicide survivors in close relationships with the deceased to help nurses explain how to support their healing process. The authors articulated that suicide loss burdens many survivors with feelings of stigma, grief, and the overarching question of 'why.' Survivors have shifted into a journey of calmness as a liberating and healing approach influencing overall health. Further recognition in the healing process for suicide survivors was recognized when survivors began to experience radical changes in transformative ways, thus

finding meaning after loss (Talseth & Giljie, 2017). Hood et al. (2018) stated that religiosity is designed to stimulate the joining of people and utilizes social unity to strengthen support.

Religiosity is a topic that continues to surround the bereaved. The overview of previous articles highlights the fluctuation of religious and spiritual changes for SOSL (ter Kuile & Ehring, 2014). It has been shown that some pull closer to a higher power (Jahn & Spencer-Thomas, 2018); others found a heavier burden when affiliated with a religion. Other evidence shows that the SOSL's journey can eventually lead to liberation from suicide loss (Talseth & Giljie, 2017). The feeling of being delivered from the guilt and shame of death by suicide brings about physical, psychological, and emotional well-being.

### **Summary**

This chapter began with historical background about suicide. Literature was provided to understand the theoretical framework of PHSC by Johnson and Zitzmann (2020) and a synthesis of the task-based mourning model by Worden (2018). While suicidology is the study of suicide, interpreting what suicide involves takes specific consideration and motivation. Suicide is the tenth leading cause of death in the U.S. (American Association of Suicidology, 2020), and there is much more to discover regarding self-murder. Additionally, survivors who experience spiritual change, bereavement, and post-traumatic growth can support others in each stage (Campbell et al., 2004; Oulanova et al., 2014; Ruocco et al., 2021). This study aimed to comprehend the outcome of SOSL through the bereavement process of suicide, understanding spiritual changes, and positive pathways for growth. Although an in-depth description of trauma and the brain is beyond this study's scope, it is relevant to understand each role during the grief process after suicide. Anthropology might be a link to help understand who, why, and how suicide completion

happens, but overall researching and learning from lived experiences will have a significant impact.

An analysis of the history of suicide helped to explain the complexity of self-murder. Several studies provided evidence of the intricacies that follow suicide loss, such as shame, loneliness, and stigma (McKay & Tighe, 2014). Suicidology, the academic study of suicide, has increased prevention, intervention, and postvention help for suicide loss survivors (American Association of Suicidology, 2020; Cerel et al., 2014; Drapeau & McIntosh, 2020; World Health Organization, 2020). The bereavement process for suicide survivors is more complex than other losses (de Groot et al., 2006; Feigelman et al., 2009). Despite the additional complications, studies have shown survivors growing and making meaning from such a traumatic loss (Pritchard et al., 2018), thus, improving survivors' response to the suicide death. The literature review concluded with themes of posttraumatic growth, suicide survivorship, and religiosity in trauma survivors. Using specific coping strategies and religious approaches assists suicide survivors' growth.

This study's framework incorporated knowledge behind the PHSC theory and task-based mourning model (Johnson & Zitzmann, 2020; Worden, 2018). The PHSC theory draws upon three processing sections: disintegrating, reckoning, and reintegration. The task-based mourning model includes four tasks: realization of working through grief, the functionality of internal and external, spirituality, and remembrance. Worden's mourning model envelopes PHSC by recognizing the beginning stages of incorporating the loss and joining it with life's journey. See Tables L1–L8 in Appendix L for further examination of how the interview questions were developed to align with the theoretical foundation and research questions.

This dissertation emphasizes literature about suicide loss survivorship, SC, bereavement, and PTG. To further understand the lived experiences of SOSL living through death by suicide, the author will interview SOSL. The methodology utilized in this process is discussed in the next chapter. Specifically, the third chapter emphasizes the approach taken with participants, consider the ethical standards of the study, and address concerns in the process. Chapter Four presents an analysis of the data collection for the study. While Chapter Five gives an overall understanding of the research found from the lived experience of SOSL in terms of SC, bereavement, and PTG after loss.

## **Chapter Three: Methods**

### **Overview**

The nature of this study is to examine the lived experiences of spouses of suicide loss (SOSL) regarding the spiritual change (SC), suicide bereavement, and posttraumatic growth (PTG) in widow(er)s up to ten years post-loss. Spiritual change is associated with how individuals "understand, approach, and experience" a profound change in beliefs (Pargament, 2006, p. 21). According to Holm et al. (2019), the bedrock of bereavement finds mourning to maintain societal and intrapsychic positions in one's life. PTG encapsulates five domains: personal strength, spiritual growth, gratitude for life, new possibilities, and connection to others (Calhoun et al., 2010; Drapeau et al., 2019).

Utilizing a qualitative approach provides an extensive analysis of SOSL through in-depth examinations. Hepner et al. (2015) clarified that qualitative methods reflect one's experiences. Matua and Van der Wal (2015) described phenomenology as an approach to exploring a person's everyday experience. The following research study aims to explore and understand lived experiences of SOSLs' SC, the process of bereavement, and PTG in the ten years following the loss. The literature review in the preceding chapter highlighted significant aspects of each developmental process while incorporating a theoretical framework of PHSC theory and Worden's task-based mourning model. The following chapter will review the research method by examining a) design, b) research questions, c) setting, d) participants, e) procedures, f) the researcher's role, g) data collection, h) interviews, i) data analysis, and j) credibility, transferability, and dependability. Lastly, the chapter will conclude with a discussion on ethical considerations and a chapter summary.

### **Research Design**

The research utilizes a hermeneutic phenomenological design, also described as interpretative phenomenological analysis (IPA) (Neubauer et al., 2019). According to Neubauer et al. (2019), the IPA design permits participants to reveal their lived experiences with suicide loss more efficiently. Wertz (2005) stated that IPA is a way of unveiling the concealed meanings of one's experience. Therefore, the research will be able to attend to the individual's experience of the phenomenon. Developing a broader and deeper understanding of SOSLs' lived experiences about SC, suicide bereavement, and PTG is imperative to account for individual perspectives.

### **Methodology Overview**

Hepner et al. (2015) explained qualitative research as an interactive process that incorporates a reflective and open method for a subjective instead of objective reaction to participant responses and assists in understanding one's experiences. The methodology explained by Mills and Birks (2014) clarified that the researcher's applicable positions are to decide specifics, clarify the researcher's position, and identify how the researcher reflects on the study. A quantitative approach is not applicable for the study because of the numerical measurements to describe of the data (O'Leary, 2007). Therefore, applying a descriptive and in-depth explanatory approach through qualitative methods will best highlight the data needed to represent lived experiences of SOSL. The researcher chooses the participants, research questions, data collection, data analysis, and study reporting incorporated into the methodology (Mills & Birks, 2014). Boadu (2021) also highlighted that the qualitative approach identifies different experiences from various perspectives of the same or similar phenomenon. Comprehending an in-depth discernment of SOSL's lived experience, it is pertinent for the research to utilize a qualitative rather than a quantitative approach.

Volunteer sampling was initially employed. Informed consent was obtained through direct messaging, while participants answered inclusion questions via a DocuSign form (Appendix D). After the informed consent (Appendix N) is obtained, a date and time for a one-on-one interview was scheduled, adhering to the interview protocol. Pseudonyms were assigned to all participants to protect participant confidentiality. All interviews were transcribed during the interview using the Zoom transcription feature. Results are presented in Chapter Four.

### **Rationale for a Phenomenological Design**

Interpretive phenomenological analysis involves examining lived experiences and employs a comprehensive approach, which is why it was chosen for learning and interpreting SOSL's lived experience with SC, suicide bereavement, and PTG. An IPA approach permits the practice of an in-depth analysis. This approach will be critical in helping to understand a fuller picture of the SOSL's process through SC, suicide bereavement, and PTG. Analyzing the lived experiences of SOSL will help to understand better how participants shifted from grief to a growth process after their loss.

Although other qualitative designs, such as grounded theory, case study, and participatory action research (PAR), are available, IPA was chosen because it permits a deep examination of lived experiences. For example, grounded theory is not an applicable fit for this study because it does not represent participants' stories and compares concepts that emerge from data prior to a literature review (Nathaniel, 2021). Case study research calls upon configurational content. Because the information being sought in the following study will not have a fixed technique, case study approach is not pertinent for the subsequent research (Given, 2008). PAR was also not chosen as a design as it utilizes a community approach permitting various participants to participate in the research process (Kelly, 2005). The PAR approach is action-oriented and

reflects on a particular aspect (Kelly, 2005). However, this research discusses participants' lived experiences, focusing on identifying ways for SOSL to move positively through SC and bereavement into PTG. The following section highlights the method applied to acquire specific information.

### **Rationale for an IPA**

Understanding the IPA design is fundamental. Furthermore, the phenomenological design enables the researcher to experience the phenomenon uniquely and subjectively. The interpretive method advances the hermeneutic realm by directing thought to expand the researcher's understanding and reflection (Given, 2008). Van Manen (1997) reflects upon the lived experience that he calls human science research and asks about all the possible unchanged aspects of the experience. Applying this specific design will aid the researcher in alternating between interpretation and description when necessary. Accordingly, the methods used will incorporate a double hermeneutic approach. This approach holds the researcher's reflexivity to embody contextual information, increasing meaning-making for the researcher and those being researched (Mills et al., 2010).

### **Hermeneutics**

Interpretation is an integral part of understanding the phenomenon; therefore, revealing the lived experiences of SOSL is paramount to the overall consideration of helping others through distinct strategies. Hermeneutics is the understanding that a complete cognizance of one's thoughts and intentions occurs through a continuous loop of context in expressive form (Given, 2008). Van Manen (2017) highlights the lived experience as a meaningful experience connected to one's inner self, conscious strength, and spiritual memoir. Therefore, sculpting the meaning and illuminating the interpretation of thought (Kögler, 2011). Pietkiewicz and Smith



(2014) identified idiography as an individual's perspective by examining each illustration and further exploring individual cases to produce meaning for the researcher's focus. Therefore, a phenomenological approach will best capture the perspective of the SOSL's lived experiences of SC, suicide bereavement, and PTG.

Previous researchers have also explored lived experiences using the IPA design to investigate the experiences of SOSL. For example, Ford (2016) conducted a study to describe resiliency among widows who lost their spouses to suicide. Similarly, Tzeng (2010) studied the lived experiences of those in the Taiwanese culture who lost a family member to suicide, while Begley and Quayle (2007) completed an IPA study to understand lived experiences of adults bereaved by suicide. Although this researcher found only a few articles using IPA as it relates to suicide loss, there is a long and fruitful history of countless researchers utilizing IPA and other qualitative designs to explore lived experiences (e.g., Hunt et al., 2019; Peters et al., 2016; Talseth & Gilje, 2017).

### **Research Questions**

The following questions guide the research towards its goal of understanding the lived experiences of SOSL's spiritual change, bereavement, and PTG.

RQ1: How do SOSL experience the suicide bereavement process, spiritual change, and posttraumatic growth?

RQ2: How do SOSL interpret the suicide bereavement process, spiritual change, and posttraumatic growth?

### **Setting**

The researcher plans to recruit participants online; thus, there will not be a specific location for the interview process. However, the researcher plans to meet with participants using Zoom.

Upon utilizing the interpretative phenomenological design, the researcher will plan 60–90 minutes of individualized interview time in a comfortable setting of the participant's choosing. The convenience of Zoom will allow participants in different states to participate in the study and for the researcher to transcribe the information. Furthermore, if additional time is needed, the interviews could be extended until they are complete, or an additional interview if the participant needs or requests additional time. Participants will be notified of their rights as participants and steps to protect their confidentiality using pseudonyms instead of the participants' actual names.

### **Participants and Sample Selection**

The proposed study's general population comprises individuals who had lost a spouse to suicide. The target population includes spouses of those who died by suicide (SOSL), specifically in the U.S. The sample will consist of 12–15 individual spouses who lost a spouse by suicide within the last ten years. While 12–15 is considered adequate for a qualitative sample, Cresswell (1998) recommends five to twenty-five interviews for a phenomenological study. To this end, to ensure a robust sample, achieve data saturation, and account for attrition, 25 individuals will be recruited for the study.

### **Recruitment and Sampling**

To recruit participants, the researcher utilized social media volunteer sampling. The researcher sought out Facebook groups specifically for those who have suffered a spouse's loss from suicide with a time period within ten years, but after one year of the bereavement process.

The researcher contacted the moderators of the suicide support pages within the Facebook community to receive permission to recruit participants (See Appendix A). Recruiting participants from this medium allowed potential participants to understand that the researcher was also a survivor of suicide. A flyer was posted on the suicide loss groups to recruit survivors

(Appendix I) once approved by a moderator. During recruitment, potential participants was made aware of the one-on-one Zoom interview. Participants were sent an email for contact purposes. Along with a DocuSign of the informed consent (Appendix N). Once the interview was scheduled, the researcher also sent the inclusion questions through DocuSign which included demographic questions (e.g., their gender, ethnicity, age, location, and marital status) before and after the death of their spouse (see Appendix D).

To further evaluate the inclusion criteria, it was pertinent that the researcher highlights the importance of growth. The growth process for an individual dealing with loss could exist through transformation and change over time. Posttraumatic growth evolves from a painful experience after a traumatic event (Calhoun et al., 2010), such as suicide loss. Eventually, the survivor can view the development of change through different areas of life lessons. However, the meaning of growth for this particular study looks like some improvement in the survivor's capacity to perform and adapt to the changes in their new life status.

As an alternate recruitment plan, the researcher utilized snowball sampling of widows and widowers who fit the inclusion criteria (e.g., Appendix D) Since the researcher is an SOSL widow, she asked other widows if they know of someone who may fit the research criteria. If so, the widow or widower can give the researcher's information to the participant to participate in the study. Given (2008) explains snowball sampling as informants appointing participants that meet research eligibility criteria.

As a third recruitment plan, the researcher strategized employing an interview service that helped align researchers and participants to the study (e.g., user interviews). This approach included signing up on [userinterviews.com](https://www.userinterviews.com) to retrieve target sources for participants (2022). User

interviews were an addendum to build a panel of individuals for the specific criteria the researcher is looking for if the other two recruitment plans do not pull enough participants.

The researcher considered several sampling approaches for the study. Jupp (2006) identified volunteer sampling as an approach that uses participants who agree to answer questions on a delicate topic, for example, spousal suicide loss. Lavrakas (2008) evaluated self-selected sampling as a volunteer design; however, Salkind (2010) brought attention to volunteer bias since it poses threats to the research's external validity. Compared to a random purposive technique that allows the data acquired from a specific population, such as SOSL, the researcher relied on volunteer sampling for particular sample (Lavrakas, 2008).

Volunteer sampling enhances the research due to the participant's commitment to the studied phenomenon (Sharma, 2017). Snowball sampling will be used for a small pool of participants if there is not enough volunteer recruitment. Given (2008) expressed that snowball sampling identifies other potential participants that would be available to participate through SOSL. An initial batch of data sources, says Given (2008), is the foundation for discovering additional participants, such as colleagues or associates who know of a SOSL. Although these other methods are viable options, this researcher will use volunteer, possibly snowball sampling through an interview service to ensure that the participants share a passion for the subject. The researcher conducted field tests on suicide loss widows before interviewing further participants. The field tests help to modify and clarify the interview process. In the recruitment for the field test, the researcher pursued suicide loss widows. The participants were given a DocuSign link for documents needing approval for the field test study. The researcher provided identical copies to participants. The documents included the confidentiality, inclusion, participant, and consent

forms. The field study participants who used pseudonyms (Jane or 143118) were also informed that it is imperative to review the transcript to check that all data are correct.

### **Procedures**

Before data collection, the researcher obtained permission from the Facebook group moderators to recruit participants. The researcher obtained the approval of Liberty University's Institutional Review Board (IRB). Once IRB approval was obtained (Appendix B), the researcher began data collection. To recruit participants, the researcher posted recruitment flyers (Appendix I) on the Facebook suicide loss group pages to ask for volunteers. Possible participants were asked to message the researcher through Facebook messenger to ensure that they meet the researcher's inclusion criteria (Appendix D). The direct message enabled the researcher to acquire an email address to send potential participants forms via DocuSign, such as informed consent (Appendix N), a participation letter (Appendix H), and confidentiality of personal information forms (Appendix C) as well as demographic questions.

Demographic information were used for the purpose of data collection on participants. Once the paperwork was received by the researcher and the interview was scheduled, the researcher conducted the interview via Zoom. All interviews were audio and video recorded. Once complete, all interviews were transcribed by the researcher using the transcription feature on Zoom, and then sent to the participants for member checking. Given (2008) highlights the importance of member checking by the participant to reproduce their life story and changes through the process.

### **Researcher's Role**

As the role of a human instrument, the researcher must be cautiously aware of their experiences before conducting the study so as not to influence the discovery process. Therefore,

understanding the researcher's personal and historical positionality regarding SC, suicide bereavement, and PTG is imperative, as it may have contributed to researcher bias. Peredaryenko and Krauss (2013) identified that a human instrument could locate an unusual or peculiar response when exploring a comprehensive understanding of the phenomenon. Furthermore, Scheurich (1994) determined that a researcher's history can emulate a participant's attitude and values, limiting or constraining the findings and familiarity. However, Rennie (1994) and Schneider (1999) found that when the researcher has experience with the phenomenon, it allows the researcher to have a more profound knowledge that could forge an in-depth connection and closeness to the participants.

To mitigate bias, the researcher took notes and kept a journal of the process. Flick (2018) stated that maintaining a journal shows best practices for detailing data collection. Given (2008) also suggested taking memos and recording notes that reflect what the researcher learns through the data. Memos and notes give credibility and trustworthiness to the research while establishing a record of the researcher's real-time thought process. Also important is to use best practices in the transcription of audio and video recordings. Flick (2018) described the importance of social interaction during the data recording, where it is imperative to ensure devices pick up all of the interaction between the participant and researcher. Although memos and note-taking are creative methods, it is vital to minimize bias and allow participants to review all recorded information about their lived experiences.

The process of interviewing participants face-to-face involves live communication. This communication can affect data gathering because there is no time delay; therefore, the interviewer and interviewee must interact directly and instantaneously (Opdenakker, 2006). Opdenakker (2006) notes the importance of taking notes during the process, even when tape

recording is an additional data collection method. A disadvantage to conducting interviews through video recording is that the interviewer can view the interviewee's situation (Opdenakker, 2006). The researcher must not be biased against the participant for not feeling comfortable answering some of the questions. To prevent bias, the researcher must have compassion for the nature of the topic and allow the interviewee to check all transcripts and notes for accuracy (Given, 2008).

Data collection can also be affected through time consumption of preparation, interviewing, and transcription (Opdenakker, 2006). The interview process takes time for the researcher and the participant; if the participant cancels, more time will be needed to reschedule or find another participant. It will be imperative for the researcher not to prejudge a participant who must reschedule or cancel.

### **Data Collection**

Once all approvals from Liberty IRB and site authorizations were obtained, the researcher posted a recruitment flyer on the Facebook group pages. The flyer directed potential participants to contact the researcher through Facebook messenger. The researcher then sent the researcher's contact information, including phone numbers and email, to the possible participants. When the researcher emails the possible participants, the informed consent form was emailed to them using DocuSign. An informed consent (Appendix N) form was created for each participant to read over and sign before moving forward with the investigation. Essential information on the form included the study's purpose, how their information would be used, and whether they would receive compensation for their participation (Laurie & Jensen, 2017). Laurie and Jensen (2017) highlighted the importance of explaining confidentiality and covering basic questions on consent forms. Obtaining informed consent was required to maintain ethical

standards in research. Heppner et al. (2015) stated that the researcher has a professional, moral obligation as the investigator to be responsible for informed consent.

Once the researcher received the signed informed consent, an appropriate time was individually arranged for an interview at the participant's convenience; the interview schedule was managed through email. Bryman (2015) identified qualitative interviewing as a less structured method that reflects the interviewee's ideas and viewpoint; thus, going off-script is encouraged to gain relevant information regarding the significance of the SOSL lived experiences. Therefore, the process of notetaking is vital for the researcher. Additionally, it was beneficial to capture all audio and video information via recording. The researcher secured verbal authorization from the participants to be audio and visually recorded prior to the interview, and written authorization will also be included in the informed consent.

After scheduling the interviews with the participants, the researcher sent DocuSign forms to be signed by the SOSL. Once signed and the interview scheduled, the researcher conducted a one-on-one discussion via Zoom. The Zoom interview was audio and video recorded so that the researcher could transcribe the interview after the interview. Transcription is essential for the interview to be dialogued correctly in the word-by-word format. The researcher then sent the transcription to the participants for member checking. Once the participants approved the transcription, the researcher began the data analysis process. The researcher thoroughly explained the data analysis in the subsequent section. Understanding the phenomena of suicide, considering the concept of saturation, and how it works with a qualitative study will aid in the research study process. Hennink et al. (2016) highlighted that an iterative process allows the researcher to identify data concepts, structure, and points. Utilizing a saturation approach illustrates a need for a deductive sampling of participants to highlight a more robust



and valid application for the sample (Hennink et al., 2016). To improve the study, saturation of data analysis will determine how many interviews are necessary for the reliability and validity of content through repetition, developing a richer understanding of the material (Hennink et al., 2016).

The researcher assigned pseudonyms to protect identity and confidentiality instead of using participants' names. All electronic versions on laptop and desktop of researcher owned devices were protected with passwords. The information was backed up on an iCloud drive folder. All notes, memos, and participant data will be in a locked safe for three years, only accessible to the researcher. After three years, the researcher will destroy all material data by shredding paper copies of data records and using erasure software to destroy electronic data files.

### **Interviews**

Interviews are the singular data source when conducting an interpretive phenomenological study. Qualitative interviews involve a partnership between the interviewer and the interviewee to understand the respondent's lived experiences (Kelly, 2010). Mooney (2014) identified that participants must be informed about their involvement and protected by the researcher's ethical standards. Salutogenesis is a concept that focuses on the human being's health and well-being (Mooney, 2014). Hence, under the umbrella of salutogenesis is, one's health, comprehension, and coping develop a sense of coherence, harmonizing each experience positively. Thus, it was imperative to concentrate on the whole individual during the interview process because discussing their loss could bring up painful memories (Kelly, 2010). When preparing the interview, Gill et al. (2008) recommend moving from general to more specific questions before advancing to detailed questions.

Utilizing the one-to-one approach for individual interviews to collect data allowed participants to communicate their views. Green and Thorogood (2018) argued the significance of language as a fundamental interview technique to produce specific information about the phenomenon. Van Manen (2014) applied the who, what, where, when, and how of interviewing for phenomenology. These aspects of interviewing are essential, including where the setting will take place. So that participants feel more open about sharing their experiences honestly, the interviews will take place in the participant's home over a Zoom meeting. It is also essential to keep notes about the individual's background and story during the interview process. Thus, Kvale (2007) identified the importance of a working journal to help the interviewer keep track of the journey throughout the interview.

Van Manen (2014) highlighted that a personal experience is more effortless to talk about than to write about; further, any effective interview takes time and focus to explore an experience holistically. He also posited that language could sometimes get in the way when interviewing on specific topics; therefore, it can be helpful for the researcher to share their own experience to illustrate a commonality with the phenomenon (2014). It is vital to have the patience to explore the whole phenomena rather than a straightforward interpretation, quick story, or generalization of the experience. He described that remaining silent but attentive during the storytelling is crucial to understanding the whole story. Therefore, the researcher must consider not asking too many questions but allow the story to naturally unravel, taking care to note the experiential material and listen to the particulars of the experience (Van Manen, 2014).

Designing an individual interview protocol is critical to maintaining consistency and rigor within the interview process. Castillo-Montoya (2016) presented an interview protocol refinement phase to help develop and harmonize the interview process. The four-phase process

assisted the researcher in creating a congruent research approach supported by a systematic framework of a qualitative study (Castillo-Montoya, 2016). The researcher has attached the protocol for the study in Appendix E and the data collection management analysis in Appendix J. The protocol gives the testimonies credibility and consistency as part of a well-established data collection plan. Rubin and Rubin (2005) clarified that protocols have an advantage by providing a guide for the interview discussion. Therefore, developing a systematic approach for an in-depth interview is crucial. The protocol assisted the researcher in extracting details about the phenomenon of SOSL and provided a way to stay centered for each interview for researcher.

To adequately manage the research questions and methodical foundations, Harrell and Bradley (2009) identified that protocols are a necessary part of research to clarify and identify questions, ensure interviews are consistent, prioritize the research questions, and keep the research structured throughout all interviews. Rubin and Rubin (2005) suggested that it is reasonable to prepare a protocol as a formal written narrative of the questions to be presented in a way that is not concrete but a document to follow for all interviewees.

Additionally, to ensure that interview questions adequately addressed the theoretical foundations of the study and provide data to answer the research questions, the researcher has constructed an interview matrix (see Appendix G). A three-person expert panel with field-appropriate terminal degrees reviewed the interview questions to ensure trustworthiness and credibility (see Appendix F). The interview questions aligned with the problem statement and the research's purpose. The semi-structured interviews lasted 60–90 minutes per participant. It was imperative to achieve sufficient data to answer the research questions and to reach data saturation. Given (2008) explained that data saturation is obtained when no new information will further explain the phenomenon. When there are no gaps, and the theory shows to be robust, the

data can confirm saturation. When the interview was complete, the researcher clarified questions, reviewed any missing information with the participant, transcribed the data, and then sent it to the participant for member checking (Given, 2008). After member checking was performed, the researcher began data analysis.

### **Data Analysis**

This proposal explored the lived experiences of SOSL's SC, suicide bereavement, and PTG within the last ten years in the U.S. Van Manen (1997) distinguished that hermeneutic phenomenology and writing formulation are not independent. Furthermore, Van Manen (1997) characterized phenomenological research as a concept of revelation and clarification while capturing descriptive and interpretive paths describing lived experiences.

Accordingly, this section identifies the data analysis procedures with a concise rationale. It is crucial to ensure that the analysis procedures are aligned with the research design. The researcher used Max Van Manen's approach to explore an in-depth understanding of the participants' lived experiences. Van Manen (1997) structured a methodical human science approach to phenomenon research that included six activities: a) turning to a phenomenon which seriously interests us and commits us to the world; b) investigating an experience as we live it rather than as we conceptualize it; c) reflecting on the essential themes which characterize the phenomenon; d) describing the phenomenon through the art of writing and rewriting; e) maintaining a strong and oriented pedagogical relation to the phenomenon; [and] f) balancing the research context by considering parts and whole. (pp. 30–31)

To properly analyze the data from the interviews in this proposed study, the Van Manen approach was utilized. These six research activities helped the researcher focus on structure for data analysis. The researcher followed the guidelines of Van Manen's analysis to draw upon and

receive insight into the lived experiences of SOSL and their SC, suicide bereavement, and PTG journey. Though the analysis process reflects a semi-guided structure, Van Manen (1997) stated that the process is not a set of procedures. Still, a nonlinear approach uses inventiveness and stimulation of insight.

### **Turning to the Nature of Lived Experience**

The researcher committed to being thoughtful of the participant's experiences while taking a complete view of their experiences—questions formulated for the study interested the researcher because the researcher has lived experience. However, the following questions also provide crucial information about the suicide survivor population. Van Manen (1997) explained that doing phenomenological research is questioning something and questioning what the nature of something is honestly like; it is to reflect on the nature and existence of the questions. Put more plainly, it is essential to stay mindful of the research questions and be fair-minded about the lived experiences of SOSL (Van Manen, 1997).

### **Investigating Experience as We Live it Rather Than as We Conceptualize It**

Van Manen (1997) posited the importance of the lifeworld, through lived experiences, as a starting point for research. Thus, the researcher's attention has a relatable situation to the phenomenon. To stimulate an in-depth understanding of the phenomenon, the researcher conducted semi-structured interviews after receiving written consent from the participants. This investigation technique kept the researcher focused and committed to understanding the SOSLs lived experiences.

To achieve this step, the researcher utilized the interview responses of the 12 to 15 SOSLs to understand the survivor's perspective. Gadamer (1975) stated, "the art of questioning is that of

being able to go on asking questions" (p. 330). Not only is the researcher conducting an investigation, but the interviewee becomes a co-investigator (Van Manen, 1997).

The data of SOSL's lived experiences extracted what happens throughout the process of SC, suicide bereavement, and PTG. Van Manen explained the necessity to collect data to "gather other people's experiences because they allow us to become more experienced ourselves." (1997, p. 62). Drawing upon other SOSL's lived experiences brings a richness of critical information to the phenomenological study. As Van Manen (1997) elucidated, it is significant to highlight that some people find the exercise of writing burdensome or complex. Therefore, using semi-structured interviews will eliminate the arduous writing task for participants. Additionally, recording the lived experience and staying close to the phenomena by asking specific questions about events is crucial. The researcher utilized Zoom recording and transcription while the interviews are conducted and use those transcripts for data analysis.

### **Hermeneutic Phenomenological Reflection**

Van Manen (1997) conveyed that observation maintains a hermeneutic vigilance required to be a participating spectator. The researcher must be realistic and tentative to comprehend the lived experiences. During this process, the researcher looked for emerging themes. However, after the transcription, the researcher applied themes. The inductive and deductive analysis processes were utilized throughout the coding procedure.

Inductive coding allows the researcher to permit themes to emerge from the data (Bingham & Witkowsky, 2021). A ground-up approach explains the inductive method of data analysis. It is taking the path to make meaning of the data, developing themes, supporting findings, and expressing the results through ideas. The inductive coding process draws out the data, which speaks to the researcher. However, deductive analysis is a method that starts with

predetermined codes or theories (Bingham & Witkowsky, 2021) such as research questions or preceding frameworks. Taking the approach of organizing the data into categories that align with the purpose of the research is critical to the deductive process. Starting with a framework can assist the researcher by looking at an initial set of codes to see what fits with the research data. Using the PHSC and Worden's mourning tasks is an example of using deductive coding to align the researcher's ideas with prior conceptual frameworks. The inductive and deductive methods will be utilized for coding SOSL SC, suicide bereavement, and PTG.

To report data, the researcher used NVivo, a computer-assisted qualitative data analysis software (Zamawe, 2015). The NVivo software assisted the researcher in branching off themes or nodes, as the software calls them. The nodes were transferred into specific files as a way of helping with coding (Zamawe, 2015). The software helped to analyze and aid in comparing data; however, computer-generated data analysis sometimes overlooked information. Therefore, the researcher read and re-read the data multiple times continuously. Themes helped the researcher to clarify, be open to, discover, and interpret the dialogue (Van Manen, 1997). The researcher hand coded all interviews several times by highlighting statements significant to the research questions. The collaborative conversation reflected the interviewee's experience, enabling the researcher to draw upon identifiable themes (Van Manen, 1997).

However, it was essential to hand-code data and assign tags to relevant themes. Basit (2003) clarified that codes systematically illustrate ideas through data investigation. The critical role of analyzing the lived experiences included examining the raw data and collating it into groupings that could be more readily understandable. Therefore, connecting categories that give a straightforward idea about the collected information on the phenomenon emphasizes a more focused meaning (Seidel & Kelle, 1995; Basit, 2003). Seidel and Kelle (1995) declared that

analyzing the phenomena reveals patterns, differences, commonalities, and structures to assist coding. At the same time, Basit (2003) identified hand coding as a scheme to aid the researcher as a way to cross-compare data, ask questions, and develop ways to order the themes. It is imperative to clarify that the software is only a tool aiding theme building, not the most significant source on which to rely.

### **Describing the Phenomenon in the Art of Writing**

Van Manen (1997) described silence as an essential quality for a phenomenological researcher. It might seem uncomfortable, but putting words in a space does not always qualify them as necessary. The process of epistemological silence, Van Manen explained, is the indescribable material and inexpressible experiences. At the same time, ontological silence is a way to return to silence (Van Manen, 1997). An expression of ontological silence is when one becomes astounded by the story and realizes the truth through written expression. Put more plainly; it is the essence of writing about the sensitivities of the SOSLs' lived experiences by not just describing but authoring an explanation of the nature of changes a spouse goes through after the suicide. Van Manen (1997) describes the whisper of writing, which can be done through reflection and meditation of the information. The objective is to help the reader relate to the phenomena.

### **Maintaining a Strong and Orientated Relation to the Phenomenon**

Three areas of educational experience include: utilizing various forms of discipline-based research, abstraction from material without losing contact with the lifeworld, and failing to see erosion (Van Manen, 1997). It was necessary to help participants understand how essential this work is to the future of other SOSLs' SC, suicide bereavement, and PTG journey. The findings will let participants know that their suffering in this phenomenon will not be in vain. Instead, it



will help illuminate an understanding of how they have processed the loss to help encourage new SOSL to move forward. The researcher narrated the lived experiences of SOSL in terms of SC, bereavement, and PTG through written text. The researcher allowed the participants to read through the transcript material about their lived experiences confirm accuracy about the text. The rich data will be available to any participant if they want a copy of the work.

### **Balancing the Research**

One of the challenges with human science research involves the possible side effects, such as the distressing reactions that come with bringing up past experiences, especially traumatic experiences. Van Manen (1997) highlighted psychological, emotional, and possible lingering effects on those being studied. Stressing the analytical process of reconstructing anecdotes or life stories by the researcher must be carefully done to only bring to light the themes and not descriptions of interviews (Van Manen, 1997). In completing this task, the researcher utilized the eidetic reduction approach, where listening respectfully to the participant's experience was essential. To counteract the adverse reactions, the researcher arranged free counseling sessions for the participants, if needed, after the interview.

Van Manen's (1997) method brought a hermeneutical approach to the research, helping the researcher to gain insight into SOSL's lived experiences regarding SC bereavement and PTG. Data analysis included a description and reflection of the phenomenon through semi-structured interviews, notes, memos, hand-coding, and Nvivo software. While the analysis process did not follow a specific systematic approach, an investigation of the data through reflection, balance, and descriptions as a way to reveal themes or subthemes of the lived experience (Van Manen, 1997) was necessary. To analyze the data correctly, the researcher set aside any bias or prior

experience with the phenomenon. This unbiased goal was administered by an observational approach to understand what transpires with the SOSL (Daly, 2007).

### **Trustworthiness**

A qualitative study needs to have trustworthiness to ensure its validity. Connelly (2016) described trustworthiness as the confidence to certify the distinction of a study. Guba and Lincoln (Connelly, 2016) assessed specific criteria to focus on during qualitative research, including "credibility, dependability, confirmability, transferability, and authenticity" (pp. 435–436). These characteristics are necessary to decipher information to acknowledge transparency during discussions. Guba and Lincoln (Connelly, 2016) highlighted five areas to increase credibility, including continuous observation, collaboration with peers, reflective journals, peer-debriefing, and checking with others in the field of study. Grounding the findings in thorough trustworthiness is vital by using exact quotations from participants and identifying authentic themes.

The researcher utilized transcripts from video interviews to promote transparency and validity. Using the transcripts will ensure the data collection's credibility, dependability, and authenticity. It was imperative to know that all portions of information are spoken with honesty, integrity, and morality so that the study is fair. The researcher explored other questions to set apart any contradictions or vagueness in the interview. Flick (2018) stated that it is acceptable in the interview process to contend and inquire about participants' stories during questioning to verify credibility through transparency. Therefore, the researcher checked and questioned the participants' stories to properly achieve trustworthiness.

### **Credibility**

Qualitative research must have a quality of trust, integrity, and dependability. Connelly (2016) emphasized the importance of engagement to have internal validity. Therefore, survivors

will not feel rushed through the interview. The researcher accommodated the participant if prolonged engagement on a subject is needed. Daly (2007) posited that qualitative research is a process of establishing relationships; therefore, sharing with participants findings that have already been learned validates their experience. The researcher must build relationships with participants to gain confidence, trust, and openness. Becoming acquainted with participants involves an interpretive process. As Van Manen (1997) and Daly (2007) stated, the investigation relationship becomes a partnership, making the researcher and participant collaborators optimize the experience of SOSL's SC, suicide bereavement, and PTG processes.

It is also necessary to ensure proper data collection and management and to follow an analysis plan throughout the research process (see Appendix E and Appendix J). To check reliability, the vitality of member checking, highlighting peer debriefing with participants and colleagues, reexamining interview protocol, and participant responses will be checked as a form of credibility. Thus, openness between the researcher and participant is critical to gaining a profound and rich description as a way to engage the SOSL's lived experience deeply. Given (2008) specified types of reflexivity where the researcher clarifies the researcher-participant relationship as one that becomes a partnership to edify the meaning-making of the researched phenomenon.

The researcher must develop an open relationship with the participant to encounter open expression and elicit the narrative truth. Given (2008) stated that employing a counselor or therapist posture is a way to create a successful interview that deals with highly sensitive and private information shared by participants. Therefore, observation of the survivor is a necessary component. Daly (2007) highlighted the significance of body presence in relationships with participants by underlining that physical sight is a vital behavioral cue in the relationship.

Permitting the participants to member-check the information is crucial to the credibility and validity of the study.

Additionally, allowing the participants to member-check their interviews enables verification of any misinterpreted information and allows them to clarify their responses (Van Manen, 1997; Daly, 2007). Threats in the process of reflexivity involve biases from the researcher's own lived experiences. The subjectivity of understanding such biases through examining the researcher's values and expectations could have unexpected results if not examined or handled thoroughly through the validation process of research (Daly, 2007).

### **Dependability and Confirmability**

It was imperative to ensure the research had stable data, which was indispensable to the study's outcome. Dependability shows consistent and repeated evidence; therefore, the researcher had to be conscious of changes and track evolving content (Given, 2008). Thus, maintaining a written and auditable log of the process was necessary. The researcher hand wrote notes on paper and dictated notes on electronic devices (e.g., phone voice memos) when highlighting ideas that arose. Given (2008) also stated that dependability accounts for environmental factors, infrastructure elements supporting relevant methodical structure, and addressing the various factors in the research situations. Therefore, going over detailed notes, recordings, and any other miscellaneous information was applicable for dependability.

Utilizing techniques to address dependability incorporates debriefing with peers where experienced qualitative researchers and mentors in the suicidology field can help review data (Given, 2008). Collaboration with individuals with more experience brings transparency and validity to the completion of the study. Therefore, precise alignment with the problem statement, research questions, and research design are imperative for a proper qualitative study. To achieve dependability, the researcher was diligent with notes, memos, and transcripts. To do this, the

researcher was meticulous with documentation and check with peer support throughout the process, including the researcher's doctoral committee.

Confirmability is the ability to be objective throughout the study. Given (2008) insightfully explained confirmability as a combination of reliability and objectivity. Providing evidence is a way the researcher can restrain their own biases. The researcher looked for themes throughout the analytical process to interpret the participant's perspectives with ample evidence. Given (2008) emphasized that the precision of evidence the researcher finds must correlate with the participant's interpretation of the data, results, and conclusion. Further, Given stated, "results of the study are based on the research purpose and not altered due to researcher bias" (2008, para. 3). The researcher can achieve confirmability through themes or meaning-making to make sure interpretations of information are consistent with their discernment of the story.

Additionally, consistency through detailed notes and memos is crucial for qualitative research (Connelly, 2016). To be consistent with research protocols, the researcher allowed an independent reviewer to follow auditing agreements necessary to verify the research procedure and facts of the information (Given, 2008). Connelly (2016) identified having a peer cross-examine the information as an appropriate method of analyzing data. In eliminating possible threats due to researcher bias, the auditing process of an independent reviewer was a critical approach for the study. This auditing allowed future researchers to replicate the methodology.

### **Transferability**

Applying generalizability to another setting describes transferability. Given (2008) clarified transferability as a method where the researcher's selection of participants somehow depicts a whole population. It is pertinent to gather deep rich descriptive stories about participants when they are transparent about their experiences. In keeping with Given (2008),

there are fundamental considerations to increase transferability for the qualitative researcher: "(a) how closely the participants are linked to the context being studied, and (b) the contextual boundaries of the findings" (para. 3). The researcher must entail a thick description with a purposeful account of the story, participant's information, and researcher design (Given, 2008).

The researcher can be a threat to transferability because of their own bias. For the researcher to be authentic, it is imperative to extenuate a realistic image with detailed descriptions of the phenomenon. Incorporating deeper meaning will intensify the reader's attraction and interpretation of the information (Connelly, 2016). It is central for data within the study to be measured by exploring the lived experience and not through the researcher's analytic view. In applying the integral and ethical standards, the researcher validated and confirmed the narrative by having the participants review the information, for instance, member checking. The researcher has attached the interview protocol that will be followed throughout the process in Appendix E.

The following study could be applied practically in various fields. Fields of interest include the clinical element of helping survivors of suicide death work through the loss and help to improve mental stability. Further, the study may assist with educating about suicide and suicide loss through supporting the prevention, intervention, and postvention areas. The range of information learned in the following analysis could help emergency workers direct survivors in the aftermath by providing resource information needed for assistance. It could also aid clergy in comprehending the process of suicide loss and a guide to help survivors in the healing process. The future ambition for this research gives endless possibilities for the survivor, the researcher, the professional supporters, and the community.

### **Ethical Considerations**

The researcher adhered to the established ethical guidelines. In addition to the online consent being given to the participants, the researcher also included a self-care webpage, crisis hotline number, and a local counseling resource (Appendix K) and assured the participant that all information provided to them was confidential. The researcher fully respected the participants' ideas, thoughts, discussion, and background. Heppner et al. (2015) identified five codes of ethics that guide human rights protection. Additionally, Roth and Unger (2018) clarified the ethical complexity of the qualitative study, signifying human relational details. The DHHS Office of Human Research Protections oversees laws that protect human subjects in research studies. The Belmont Report was produced by the office and written by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1978). The National Research Act report (Pub. L. 93–348) identified three basic principles for ethical research: a) respect for persons, b) beneficence, and c) justice (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). Therefore, the researcher must adhere to the following information about the three identifiable standards of U.S. law as it applies to human subjects and the research field.

Respect for persons is the first principle, which includes participants being treated autonomously, and individuals with limited autonomy are entitled to be protected (National Commission for the protection of Human Subjects of Biomedical and Behavioral Research, 1978). Regarding respect, Resnick (2018) clarified informed consent as an approach to promote trust through honest and open communication among researchers and participants. Before accepting participants, the researcher contacted the Institutional Review Board (IRB) to obtain permission to collect data for the study. After IRB approval, the researcher advised participants through written and verbal informed consent and have SOSL sign the form before collecting any

data. Further, it was clarified that the interviews would be taped and transcribed. The researcher advised participants of the audio and video recording to allow them to use their best judgment in deciding whether to enter the study. In advising the participants, the researcher will protect the subjects' confidentiality and autonomy and minimize any risk to participants (Resnick, 2018). The informed consent highlights that the participants are not being coerced into the study. The researcher will ask participants to sign the consent form to respect their autonomy of choice.

To address the risks and benefits of the study, Resnick (2018) addressed the second principle, the possible hazards of past experiences. The second principle is beneficence. Beneficence means the researcher is to treat individuals ethically and assembles the experience valuable for the individual (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). This study engaged with a vulnerable population that has endured traumatic experiences; thus, the researcher used pseudonyms to protect the participant's confidentiality and privacy and to reduce other possible conflicts (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). Since participants could experience distress when recalling past and recent trauma; the researcher advised participants of possible recurring trauma, and provided contact information for a counselor after the interview, and reminded them of the choice of withdrawing from the study at any time.

The third Belmont principle is justice. The principle of justice is a way to ensure that participants are being treated equally (National Commission for the protection of Human Subjects of Biomedical and Behavioral Research, 1978). The participants did not receive any financial benefit from the study. However, the researcher provided free counseling opportunities. Stephen Woodard, the associate pastor at the researcher's local church, received his master's



degree in counseling and bachelor's degree in ministry (Appendix K). Granholm and Svedmark (2018) concluded that vulnerability in qualitative research could be a stressor for participants and the researcher. Therefore, it is essential to be aware of emotionally challenging processes throughout the research, which can be overwhelming and require assistance in coping.

This study involves human participants; thus, the researcher considered their privacy by safeguarding files and passwords to protect confidential information. The participant's information and any data backups of the data is secured with password-protected files, which the researcher will store in a lockbox for three years. After three years, all data will be permanently erased and destroyed. Further, all paper documents were shredded to protect any possible identifiable information.

The hidden concerns within the study included researcher bias, recruiting SOSL, informed consent, and protecting the participants and the data. The researcher has lived experience paralleling the participants. An expert panel to review interview questions is crucial to purify and refine the content. Therefore, the researcher had individuals with terminal degrees review the interview questions. The expert panel's biographies are detailed in Appendix F. It is necessary to review interview questions to mitigate recall bias because it can be challenging for participants to remember past events over time (Stone & Litcher-Kelly, 2006). Further, Oswald and Grosjean (2004) described confirmation bias as information searched, interpreted, and remembered methodically obstructing the research to support the researcher's views. To avert both biases in the research, the researcher had three individuals with terminal degrees review the interview questions.

Oswald and Grosjean stated, "information in such a way that the corroboration of a hypothesis becomes likely, independent of its truth, they show a confirmation bias" (2004, p. 93).

The researcher continued to search, have participants member check and recheck information, and evaluate all data to mitigate these biases. Additionally, the researcher openly explored and carefully reviewed all viewpoints while not assuming the evidence supports the research questions.

### **IRB Approval**

Before beginning the research, Liberty University's IRB approval was essential. The IRB is a body of members that administers the rights and welfare of human research subjects through an affiliated institution. Further, the IRB reviews protocols and confirms research approvals or any request changes before a study begins (Protection, Committee on the Role of Institutional Review Boards in Health Services Research Data Privacy Division of Health Care Services, & Committee on the Role of Institutional Review Boards in Health Services Research Data Privacy Protection, 2000). Gaining approval from the IRB (Appendix B) was imperative and acquiring informed consent and a participation letter (Appendix H and Appendix N) from each participant is mandated before the study begins.

### **Summary**

Unquestionably, considerable work is entangled in framing and formulating a qualitative phenomenological research study. The following qualitative phenomenological study investigated how SOSL process SC, suicide bereavement, and PTG. For eligibility, each participant must have been at least eighteen years of age, married to their spouse during the suicide, live within the U.S., and be within ten years post-loss, but after one year of loss. While exploring the phenomenon of SOSL, it is imperative to be compassionate and sympathetic when approaching survivors. As a survivor, the researcher understands that each step in the process is necessary for healing. Keeping a close watch on mannerisms and ethical procedures when

working with a vulnerable group is pertinent. Although the participants may view themselves as healed or growing, it is still essential for the researcher to be grounded in wisdom, strength, commitment, and prayer throughout the process.

The revelation of how SOSL processes through SC, suicide bereavement, and PTG may portray what factors played a part in the growth process. Therefore, the information becomes a catalyst in understanding how to aid other suicide survivors throughout the process of healing from a suicide death. The following research may help survivors' healthcare providers, educators, researchers interested in suicidology, and individuals, families, and local communities dealing with suicide loss. The subsequent chapters will display the findings and provide a conclusion to this interpretive phenomenological study.

## Chapter Four: Findings

### Overview

Qualitative research utilizes a detailed description and explores participants' real-life experiences. This proposed qualitative phenomenological study aimed to investigate the lived experiences of spouses of suicide loss living in the U.S. regarding the spiritual change, the process of suicide bereavement, and PTG within ten years post-loss. The analysis used Van Manen's thematic method as an empirical and reflective approach. Van Manen stated that the German word "Erlebnisse," or lived experience, is to acknowledge the facts of what it means to be human. Moreover, "lebenserfahrungen" is an inclusive description of the authentic experience (1997, p. 177). The following information will account for fifteen SOSLs' processes through S.C., bereavement, and PTG by interpreting their life experiences.

During data collection and analysis, there were minor changes from what was originally proposed. Initially, the researcher proposed using Zoom for the transcription process. However, the researcher changed software and used Dovetail to transcribe the data. In Chapter Three, the researcher stated that NVivo would be adapted as an online tool for the coding process; however, through the first part of the analysis process, the researcher changed using MAXQDA as the online tool to aid in coding and analysis. The following changes will be noted in the data analysis process below.

The researcher interviewed fifteen participants through Zoom using semi-structured interviews to gather information to answer the research questions of how SOSLs experienced and interpreted their suicide bereavement process, S.C. and PTG:

RQ1: How do SOSL experience the suicide bereavement process, spiritual change, and posttraumatic growth?

RQ2: How do SOSL interpret the suicide bereavement process, spiritual change, and posttraumatic growth?

In summary, Chapter Four will reiterate the purpose, problem statements, methodology, research questions, and phenomenon. Furthermore, this chapter will present the results of data analysis, including demographic information, the findings of the data from the SOSL study, and an overview of the content description. The sections in Chapter Four include descriptive findings, data analysis procedure, results, and a chapter summary.

### **Descriptive Statistics of Participants and Data**

In phenomenological studies, revealing the experience and giving meaning to one's understanding of the phenomenon is vital. Therefore, displaying a detailed description is essential. At the inception of recruitment, eighteen women initiated contact about participation. Seventeen of those widows completed all documents necessary for the study. Sixteen scheduled interviews with, and fifteen widows completed the interview process. All women were interviewed using audio and video recording on Zoom.

Each survivor's story is unique, and a description of the participants will be vital to the results. An overview in Table 3 describes the interview summary. Table 1 provides information regarding each participant's gender, ethnicity, age, region of the United States, marital status, and level of education. Table 1 includes the pseudonym used for each participant. All participants were female, with an average age of 42 (60%). As the Table shows, the women's ethnicity is broken down, showing one African/Black (7%), ten European/White (67%), three Hispanic/Latino (20%), and one Multiple Ethnic (7%) of the total population of SOSL. While three were in the age range of 31–40 (20%), nine were 41–50 (60%), two were 51–60 (14%), and one was 61+ (7%). Three participants indicated they were married, ten were widowed, and two

women were single. The region where the women reside includes seven Southwest (47%), one in Midwest (7%), five in the Southeast (34%), one Northeast (7%), and one in the Northwest (7%). The education level of each woman at the time of the interview is as followings: one some high school (7%), one high school graduate (7%), seven with college (47%), two with a baccalaureate (14%), three postgraduate (20%), and one postdoctorate (7%) education.

Furthermore, Table 2 highlights information on the death of the spouse of the SOSLs. This information includes how the participant learned about the death of their spouse, whether their loved one was a service or non-service member, the number of children cared for by the SOSLs, and the number of years since the death of their loved one. Table 2 identifies each participant's information; seven women found their husband's bodies (47%), six were told (40%), and two witnessed the suicide (14%). The service area relates to if the spouse was in the military, although some wives were also. The information below identifies the husband's relation to service. Nine were service members (60%), and six were civilians (40%). Three women identified as not having children (20%), and twelve had children (80%). The average number of years since the loss was approximately six.

**Table 1***Demographics of SOSL*

Pseudonym	Gender	Ethnicity	Age	Region	M.S.	Education
Pamela	Female	African/Black	51–60	SW	W	College
Josephine	Female	European/White	41–50	MW	W	Post-doc.
Lily	Female	Hispanic/Latino	31–40	SW	M	Baccalaur.
Sammy	Female	European/White	31–40	SW	W	College
Sophia	Female	European/White	41–50	SW	W	High School
Julie	Female	European/White	41–50	SE	W	College
Stella	Female	European/White	41–50	SW	W	College
Alyssa	Female	European/White	31–40	SE	W	Post-grad.
Macy	Female	Hispanic/Latino	41–50	SW	W	Baccalaur.
Annalise	Female	European/White	51–60	SW	W	College
Alice	Female	Multiple Ethnic	41–50	SE	M	College
Remi	Female	Hispanic/Latino	41–50	NE	S	Some H.S.
Alivia	Female	European/White	61+	SE	W	College
Steph	Female	European/White	41–50	SE	M	Post-grad.
Bethany	Female	European/White	41–50	NW	S	Post-grad.

*Note.* Demographic summary including pseudonym, gender, ethnicity, age range, region of U.S. living (e.g., Southwest, Northeast), marital status (e.g., widow, married, single), and education level.

**Table 2**

*Participant Information*

Participant	DOS	Service	Children	YSD
Pamela	Found	Military	No	2.5
Josephine	Told	Military	Yes	7
Lily	Told	Military	Yes	6
Sammy	Found	Military	Yes	3
Sophia	Found	Civilian	Yes	9
Julie	Told	Civilian	No	6
Stella	Told	Civilian	Yes	6
Alyssa	Found	Civilian	Yes	2
Macy	Witness	Military	Yes	5
Annalise	Found	Civilian	Yes	3
Alice	Found	Military	Yes	8
Remi	Told	Civilian	Yes	9.5
Alivia	Told	Military	No	7
Steph	Found	Military	Yes	4
Bethany	Witness	Military	Yes	8

*Note.* Participant information includes participant number, death of a spouse, service or non-service member, children, and years since death.



**Table 3***Interview Summary*

Identifier	Length of Interview	Total # of Pages
001	73	25
002	54	21
003	70	24
004	41	13
005	81	39
006	51	21
007	64	23
008	65	23
009	53	17
010	80	29
011	81	28
012	65	19
013	72	25
014	59	23
015	88	28
Average	66.5 Minutes	23.9 Pages
Total	997 Minutes	358 Pages

*Note.* Interview summary data, including participant identifiers, length of interviews in minutes, and the number of pages.

**Pamela**

Pamela was a bright, autonomous, and ambitious woman; her heart broke when she found the man she loved deceased. Pre-bereavement, Pamela saw herself as confident, independent, and secure. However, all of that would change on one shocking day. She knew the spunky, fun-loving husband was gone instantly, and she had no one else. Feeling disheartened and alone, she knew she did not want to stay in that state of shock after her devastating loss.

Upon the interview, Pamela was initially reluctant to be open and vulnerable because trust came hard after her husband's suicide. The researcher recognized her hesitation but accepted the reality of how many suicide widows feel. Throughout the interview, Pamela described the process through her mourning and where she is today. Pamela acknowledged her hesitation at the end of our conversation but conceded that her feelings of trusting the researcher by the end were voiced.

### **Josephine**

Josephine's pre-worldview was described as a happy-go-lucky person who loved caring for her children. However, her world would abruptly change when she was told about her husband's death. Josephine felt her future was taken from her and did not know why. Josephine encountered the idea that she had missed something in their marriage. She was now left to take care of everything for her family, but Josephine did not realize the secondary losses after her husband's suicide.

Josephine described herself as having a solid faith background but struggled with questions and other symptoms after the suicide loss. With her strength in the Lord and her persistence to not give up, Josephine pushed on from the shame and guilty feelings. Taking many years later, she stated that her life has begun to find balance and see a new life's journey from a renewed standpoint.

### **Lily**

Lily was relaxed and open to a tough conversation about her deceased husband. Being in the military, Lily was devastated when she was told that her husband had died by suicide. She had described how she had reached out to others, but her voice was discounted and disregarded as over-concerned.

Several years have passed since the loss of her husband; Lily spoke that losing a spouse by suicide is like the ultimate rejection and divorce at the same time. Many other suicide widows have talked about this type of analogy. Because of Lily's inner strength and faith, she is now happily remarried, enjoying her new husband and children.

### **Sammy**

During the interview, Sammy identified the dysfunctional aspect she had endured during the last few years of her marriage. Posttraumatic stress is a disorder that many soldiers endure after the war. Sammy was straightforward and open about her marriage and her feelings. Finding her husband's body was shocking. However, what came next was the wave of emotions survivors were left to handle.

Growing up with a religious background, Sammy was left with questions and doubts. The impact of suicide left her with many unknowns; however, through therapy, she began to learn she had a voice and realized that her emotions had value. Many individuals do not have support, but Sammy was grateful for the substantial assistance from her family and finances.

### **Sophia**

Sophia described herself as naive about her religion because she was taught that things would end well if someone took the right path. However, after finding her husband's suicide, her worldview changed drastically. Learning more about Sophia, it was evident that she expressed a fighting spirit. Although she had her struggles after his death, Sophia would ultimately overcome those with her inner strength not to give up. She credits her strength to her kids.

Struck by the overcoming emotions of suicide, Sophia acknowledged that she is more guarded than previously. However, Sophia explained that she is more blunt and selective with those in her life because of her loss. Her tolerance for things or people in her life has changed

dramatically, but she places people of significant value close to her. Sophia is now ambivalent about God but finds faith in the goodness of people.

### **Julie**

Pre-suicide of her spouse, Julie found herself to be more optimistic. However, after finding out about her husband's suicide, Julie's life transformed. Julie described herself as closed off, cynical, and more pessimistic of the world. Numbness and shock overwhelmed her for an extended period after her husband's suicide. Julie finds herself having a different life viewpoint than she once had, including becoming more guarded.

Julie identifies that she gets straight to the point and sees life as brief, so she views the only way to live as honestly. Like many suicide widows, Julie identified how much she hated the phrase, "you are so strong," cringing at the sound of those words. She did not have a belief before his death but acknowledges she has a lot less since his suicide.

### **Stella**

Stella stated that most people are good and that most things are fair. Post worldview, she felt pretty much the same; however, Stella clarified that she does not take what people have to say too seriously. After being told about her husband's death, Stella felt relief for him before any anger set upon her.

Nevertheless, once she accepted the reality of her loss, Stella admitted to keeping him alive. In doing so, Stella identified suicide prevention work and advocated in the mental health field. Throughout the process of her loss, Stella recognizes her confidence and appreciation for others more now than she did before. Stella credits her hard work and continuing with therapy through the years as her positive growth.

**Alyssa**

Although life wholly changed for Alyssa after she found her husband, she found positive growth years later. Pre-worldview was chaotic and stressful; post-worldview, she says that even though more is on her, Alyssa knows how to be present in the moment. Unlike many widows, Alyssa identified that she had a strong support group after her loss.

Alyssa leaned on the little faith she had throughout the process. Despite her husband's death, Alyssa finds herself confident, brave, and strong. She stated that she and the family attend church more often. Alyssa expressed that new and old relationships are treasures in her life. as invaluable. Therapy, Alyssa said, is how she was able to grow and develop inner strength.

**Macy**

Macy was open and vulnerable in the conversation. Christian worldviews began to get examined after witnessing the suicide of her husband. Macy did all she could to save him. Guilt-stricken and feeling like a failure, Macy quickly realized the physical loss of her husband. Emotionally and physically, Macy would never feel the same again. However, her strong beliefs in God kept her going, but questions surrounded her thoughts as they pertained to suicide.

Macy finds it hard to trust others and doubts people keeping their promises. Staying dedicated and close to her family, Macy discovered that relationships are about quality over quantity. Throughout the process, Macy has found boundaries while being more vocal about her feelings. Macy identified that her belief in God is even stronger now and that He has helped to get her to where she is today.

**Annalise**

Annalise was a vibrant and outspoken woman with a spirit that exuded her life's changes. Finding her love dead at his own hands left Annalise changed for life. She stated that this one

event impacted her life dramatically, changing her view of the world and herself while questioning everything she thought to be true. Annalise does not care, per se, about the things she once did.

While Annalise described what she went through and her changes as metaphors, one thing she could not understand was comprehending suicide. Annalise was left in disbelief, but that is what changed her whole life to see the value of humans differently. Cherishing those in her life much more, Annalise has prioritized specific relationships than she once did.

### **Alice**

Alice described her pre-worldview as having more trust, confidence, safety, and security. Her belief in God was tested after finding her husband had suicide; she was left to shock and numbness. Like many suicide widows, she felt betrayed and a loss of trust. Alice expressed that her values changed and has discerned that she is in constant recovery.

However, during the interview, Alice identified her patience and compassion for people more now. Finding it harder to be happy, Alice volunteers for suicide prevention to help other widows as a peer mentor and allows others to laugh again after loss. Alice has found a deeper connection with her family and a more profound relationship with God, whom she credits to her growth.

### **Remi**

Remi received the news of her husband's death over the phone. Shocked and angered, she felt his selfish act did not consider her and the kids. Remi expressed that their relationship was stressful and demanding most of the time. After his death, Remi said she focused entirely on raising the kids and giving them the best life possible.

After Remi had already sacrificed so much for her husband, she said she would not blame herself for his actions. Although a religious person, Remi said she does not attend church regularly. However, she stated that God had nothing to do with his choices. Remi expressed that she did not know how other people get through such a tragedy without God.

### **Alivia**

Alivia was effortless to talk with and understand her perspective of her loss. She recalled herself as a person that saw the glass half full. Nevertheless, she was lost and physiologically unwell after being notified about her husband's death. After the news, she felt time stop and living in a surreal world. Her husband's suicide was too much to comprehend.

Alivia finds she is more understanding and does not care what others think. The view of the world has become more evident. Alivia finds herself better assured and identifies that her priorities have transformed. She finds a power bigger than us, which generates energy for her positive growth. Alivia's spirituality has been a big part of her growth. She is thankful that a more helpful view and understanding of the world have been given to her since the death of her husband.

### **Steph**

Steph began the interview with a cheerful persona. She identified that her pre-worldview was engulfed with being a Christian and seeing the glass full. Nevertheless, after finding her husband after his suicide, her mindset changed. It became more challenging to trust, found herself anxious and in a dangerous world.

Although she still struggles with trust, it became apparent that Steph felt more protective of herself in relationships. Steph began to push herself in challenging areas and tussled to accept that she could do it alone. However, Steph's close relationship with the Lord made her more

resilient than she had ever recognized. Crediting God to all of the positive growth, she also admits that therapy assisted her with the knowledge to move forward.

### **Bethany**

Witnessing the suicide of her husband, Bethany found herself overwhelmed, shocked, angry, and relieved. After watching her husband battle with PTS for years, she felt numb watching him end his life. However, after Bethany lived through a catastrophic event, her spouse dying by suicide, she understood that getting stuck in trauma was real.

Bethany was pleased to do the work to reclaim herself back after such a devastating tragedy. In doing so, she returned to school, where she learned mental clarity. Bethany began to discover boundaries and found reassurance in her decisions. Bethany continued to find her faith in God but studied other healing practices to understand death better. Bethany departed with learning to give one's self grace and love, something she had to learn for herself.

## **Results**

In the following section, the researcher explains the resulting themes and how the data were interpreted. There will be tables and figures throughout the results section. Details for each participant interview provide insight into how themes were formed and direct quotes of significant experiences. The researcher aligns themes to the research questions guiding the study through Van Manen's analysis process. The summary and interpretation of interview data describe the SOSL, SC, suicide bereavement, and PTG. The researcher provides the participant's experiences and interpretive data that contributed to the research questions. The themes that emerged from the data align with the research questions, and participants' reflective statements contributed to the themes.



This qualitative interpretative phenomenological study explored the lived experiences of SOSL, SC, suicide bereavement, and the PTG process. The researcher developed two research questions to guide the answer to the problem statement. The theoretical lens for the study included two theories. First, Johnson and Zitzmann's (2020) PHSC theory, which highlights the spiritual change phases that mourners of homicide experience, and Worden's mourning tasks model (2018) were relevant in interpreting the experiences SOSLs within this study; Worden identifies four tasks that concern the mourning process for individuals grieving a loss.

Although Van Manen (1997) does not use the traditional inductive-deductive investigation process, this novice researcher thought applying an inductive and deductive approach would be advantageous for a successful hermeneutic description. The results of the research questions are presented in the material below. Before examining the resulting themes from the analysis, it is vital to understand the analysis process used. The following explains how the researcher applied Van Manen's data analysis process to this study.

### **Data Analysis Procedures**

The researcher used deductive coding to analyze data to ensure a theoretical lens from previous theories. Deductive coding is usually utilized as an organizational or prior theory tool (Bingham & Witkowsky, 2022). In contrast, inductive coding allows concepts to emerge throughout the development of codes and themes (Bingham & Witkowsky, 2022). The researcher used a purposeful approach looking for experiences that aligned with the research questions. Data preparation and analysis involved data transcription and member checking. Coding, categorizing, theming, and reporting were all a part of the analysis process. Van Manen's approach to the analysis process was utilized: a) turning to a phenomenon that seriously interests us and commits us to the world; b) investigating an experience as we live it rather than

as we conceptualize it; c) reflecting on the essential themes which characterize the phenomenon; d) describing the phenomenon through the art of writing and rewriting; e) maintaining a strong and oriented pedagogical relation to the phenomenon; [and] f) balancing the research context by considering parts and whole (pp. 30–31).

The thematic analysis process used included the inductive and deductive methods. Following the interviews, the researcher used inductive coding to highlight and explore SOSLs' lived experiences. Diving deeply into the material of a phenomenological qualitative study is crucial. Van Manen (1997) emphasizes the significance of establishing objectivity and subjectivity in human science to stay true to the object and to be capable of discerning the full richness in its maximum depth. Therefore, taking an inductive approach allowed this researcher to become conscious of the description of SOSL lived experience through emotional sensitivity while also approaching the process deductively from Johnson and Zitzmann's (2020) PHSC theory and Worden's (2018) mourning model. Themes emerged, and minor themes were reflected as additional factors during coding, categorizing, and developing themes from SOSL's lived experience.

### **Turning to the Nature of the Lived Experience**

After committing to the interview, the participants signed the consent form. The researcher explained the process and their background. Once the interview began, the researcher listened thoughtfully to hear each participant's experience. Van Manen stated that "lived experience is the starting point and end point of phenomenological research." (1997, p. 36). Van Manen emphasized that lived experience is breathing out one's truth. The questions provided crucial aspects about the SOSL experience through the survivor's lens, underscoring the nature of

their lived experience of losing their spouse to suicide. It was essential to be mindful of each person's vulnerability and exude compassion when listening to their experience.

### **Investigating Experience as We Live it Rather Than as We Conceptualize it**

Van Manen explained that reflecting on the nature of the survivor's story through questions is essential for expression (1997). The researcher was mindful of the research questions and probing questions. A military program called Homebase helped three women through posttraumatic stress months or years after the suicide. Seven of the fifteen SOSLs found their husbands, six were told about the suicide, and two women witnessed the suicide. Five women proceeded with CPR while waiting for emergency medical service. All participants incurred trauma and grief before, after finding, or witnessing the death. Accordingly, being interviewed by a fellow SOSL was indispensable. The nature of the researcher's experience gave the advantage of feeling depth and intensity. The researcher felt raw emotion during the in-depth interview.

### **Hermeneutic Phenomenological Reflection**

The researcher conducted the interview questions and probing questions throughout the investigative process. The researcher stopped to check for breaks when the participant was noticeably teary. It was critical to be realistic about the heaviness of the topic and the vulnerabilities of memories. Throughout the interview, emotions arose, and the researcher and survivor sat speechless. It was vital to ask if the participant could continue; all took a moment, then resumed.

Transcription was through a qualitative online tool called Dovetail. Dovetail's clear picture of the video and transcription helped the researcher to clean data accurately. Printing transcripts permitted a line-by-line analysis, which the researcher did this five times. All five

times, inductive coding was used to find similarities. First, the researcher underlined pertinent details in the transcripts. During the subsequent four readings, the researcher highlighted in color arrangement for each interview question. As the researcher went through all fifteen transcripts line-by-line, notes were made, highlighting and underlining revealed codes and categories, and themes emerged (Appendices Q and R).

Data were downloaded into MAXQDA, aiding the researcher in organizing data. The researcher assigned colors and organized them into topics. MAXQDA allowed visualization of the line-by-line similarities. However, in Chapter Three, the researcher noted using NVivo. The reality of cost and clarity yielded MAXQDA as a better option for a qualitative online visual analysis and mapping tool. MAXQDA's Logbook created an audit trail to be used when evaluating data. Basit (2003) highlighted the importance of analyzing lived experiences by investigating raw data while placing them into groups to help understand and connect categories. Further, Basit (2003) says that hand coding allows the researcher to cross-compare, ask questions and broaden ideas to realize themes.

### **Hermeneutic Phenomenological Writing**

The hermeneutic approach to phenomenology heightens a distinct picture of close observation and direct experience. Van Manen (1997) expresses ways the power of silence is shown in the language of writing. First, he presents literal silence; for example, the researcher observes needed breaks. When some SOSL would describe the event, there was no need to delve deeper. Van Manen described the unspeakable silence and explained ontological silence or returning to silence (1997). The researcher returned to silence, listening to the strength and courage of the women.

The interview process was vital to the illustration. The researcher reflected upon the interview for interpretation and clarification. A transparent narrative allowed the researcher to visualize through the SOSL lens. Continued data analysis revealed commonalities through highlighting, notes, and memos. The subsequent report will accurately reflect the themes that emerged from the data. Van Manen (1997) elaborated on the thoughtful step in art writing, explaining that writing unites. Reflection of all fifteen SOSL displays the researcher's thorough preparation and reflects the sensitivity of the phenomena. A deep connection with the work through the art of description and interpretation was vital for the researcher.

### **Maintaining a Strong and Oriented Relation**

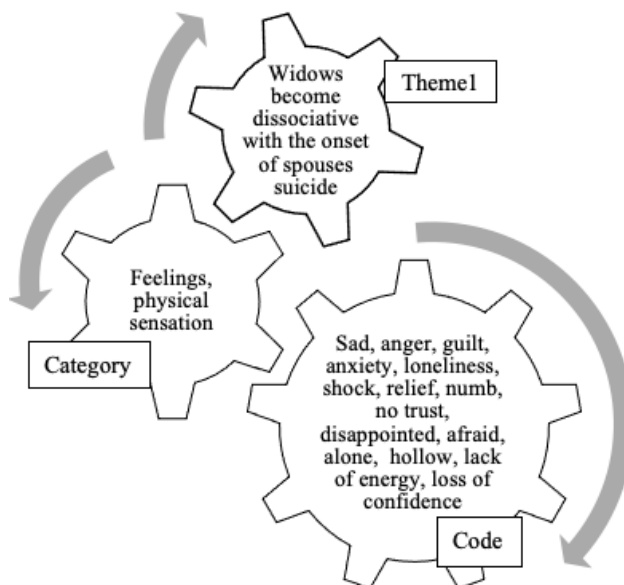
In this step, Van Manen (1997) states that the phenomenological researcher should remain focused on research questions. Familiarization with data through color-coding, underlining, and memoing kept the researcher fixed on similarities and differences in the data. The researcher's process in developing the codes, categories, and themes was segmenting each experience and interpretation. In doing so, the researcher utilized the weight of things in life or pressures SOSL had to endure during their experience. On the other hand, dismantling their interpretation, the researcher adapted a technique of sorting through the mental reactivity or stress of their experience.

Themes began to develop, clarifying the SOSLs SC, bereavement, and PTG processes. When the researcher continued analyzing the codes and categories, themes emerged. The codes that surfaced included but were not limited to sad, anger, guilt, shock, hollowness, and lack of energy; further analysis developed categories into feelings and physical sensations. The development of theme one includes Widows Becoming Dissociative with the Onset of a Spouse's

Suicide. Figure 4 shows a model the researcher developed for research question one (RQ1), theme one.

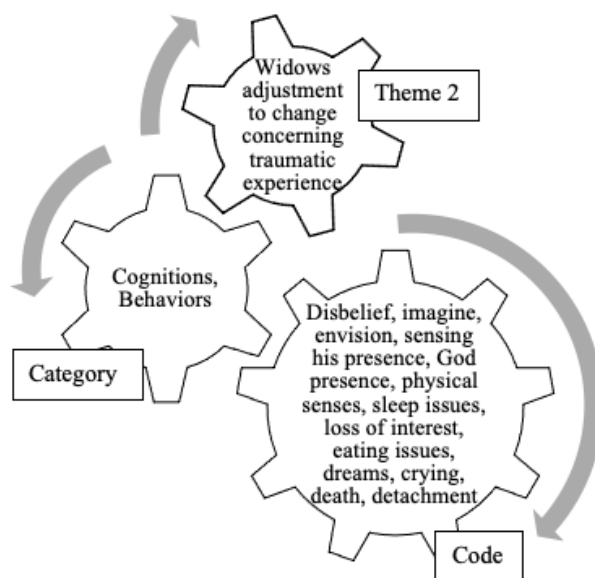
**Figure 4**

*Dissociative After Suicide Loss*



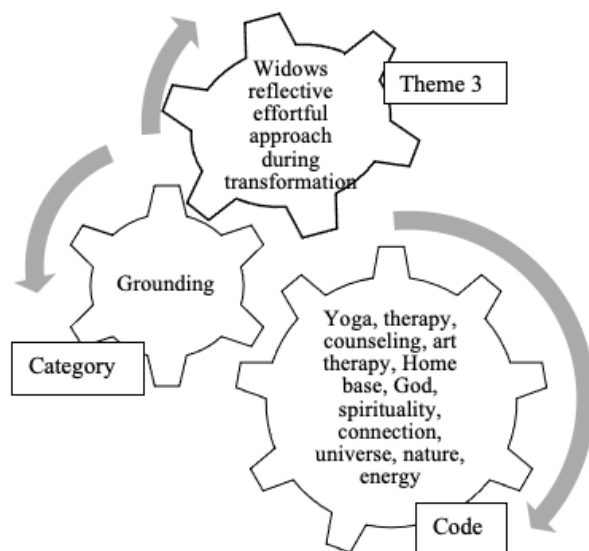
*Note.* The figure shows the steps utilized during theme development as the researcher coded, categorized, and themed the data for RQ1.

Figure 5 illustrates the researcher's steps for developing theme two for RQ1. The similar codes that emerged encompassed but were not limited to disbelief, imagining, sensing his presence, physical sensations, loss of interest, eating issues, crying, and detachment. Through that process, categories were created, including cognitions and behaviors. The overall theme was the Widow's Adjustment to Change concerning Traumatic Experiences.

**Figure 5***Adjusting to Change After Trauma*

*Note.* The figure shows the steps utilized during theme development as the researcher coded, categorized, and themed the data for RQ1.

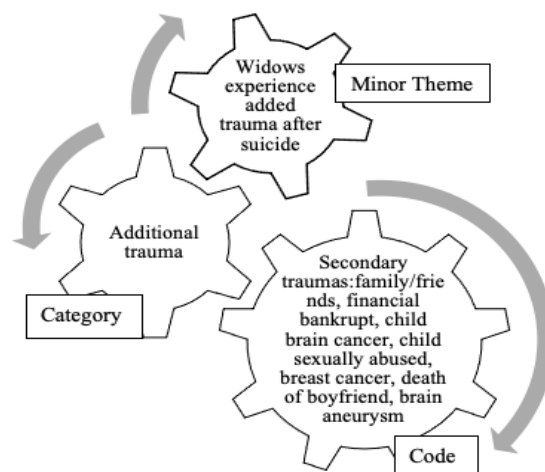
Further maturation of themes included how the SOSL would root themselves in constructing change. Figure 6 shows the functionality of coding, categorizing, and theming in this step of the widow's experience. Some codes that materialized included but were not limited to art therapy, counseling, God, spirituality, and connection. The overall category that emerged was grounding. At the same time, the developed theme was the Widow's Reflective Effortful, Approach during Transformation.

**Figure 6***A Reflective Approach During Transformation*

*Note.* The steps utilized during theme development as the researcher coded, categorized, and themed the data for RQ1.

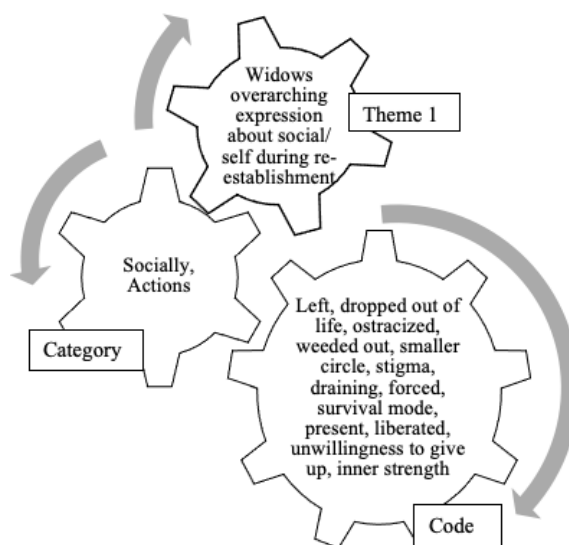
One minor theme emerged when analyzing the data for the first research question. While not all widows experienced further trauma after the suicide, it is pertinent to recognize that some did. The codes included financial bankruptcy, a child developing brain cancer, a child sexually abused by family, breast cancer, the death of a boyfriend, and brain surgeries from a brain aneurysm. The category is additional trauma. The minor theme formed as Widows Experienced added Trauma after Suicide Loss. Figure 7 highlights the model developed for the creation of this minor theme.



**Figure 7***Additional Trauma After Suicide*

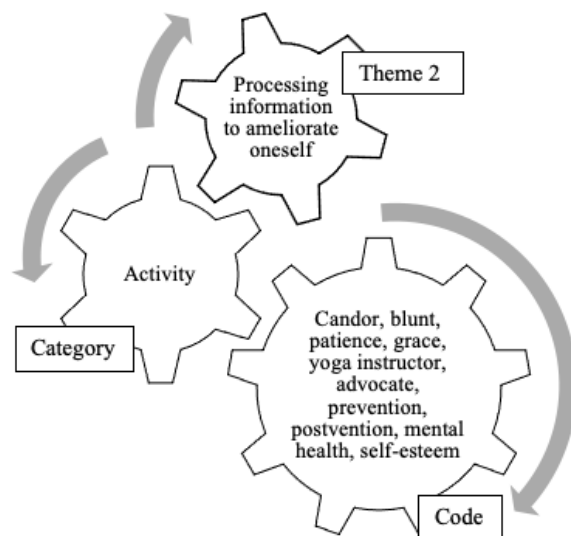
*Note.* The figure shows the steps utilized during theme development as the researcher coded, categorized and a minor theme in the data for RQ1.

The development of themes for RQ2 resulted in the same process as RQ1; however, utilizing the stress factor highlighted in the dismantling process of each research question. The following will accentuate theme development for RQ2. The researcher followed similarities of codes for theme one, which notably included ostracized, dropping out of life, stigma, smaller circle, draining, survival mode, present, liberated, unwillingness to give up, and inner strength. The underlying categories included social and actions. Theme one, RQ2, development incorporated the Widow's Overarching Expression about Social/Self during Re-establishment. Figure 8 shows the model developed for theme one.

**Figure 8***Expression of Self During Re-establishment*

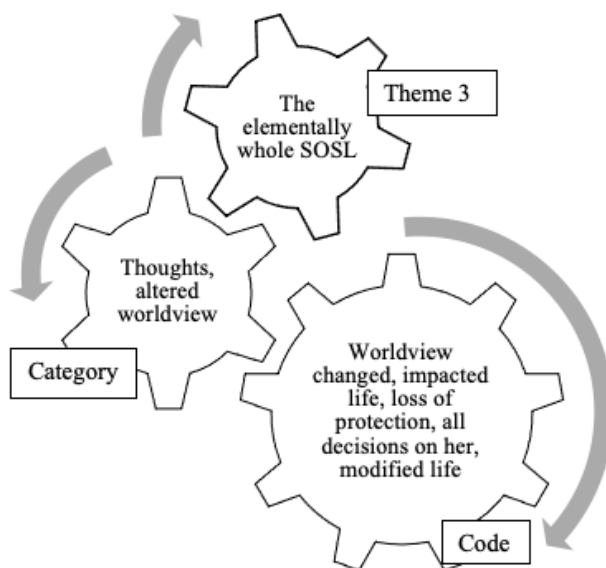
*Note.* The figure shows the steps utilized during theme development as the researcher coded, categorized, and themed the data for RQ2.

The researcher utilized inductive coding and allowed the data to reveal codes for theme two. The codes contained candor, bluntness, patience, advocacy, postvention, prevention, and self-esteem. The category that emerged was activity. Data analysis resulted in the theme of Processing Information to Ameliorate Oneself. Figure 9 portrays the model of the development for theme two.

**Figure 9***Process of Enhancing Self*

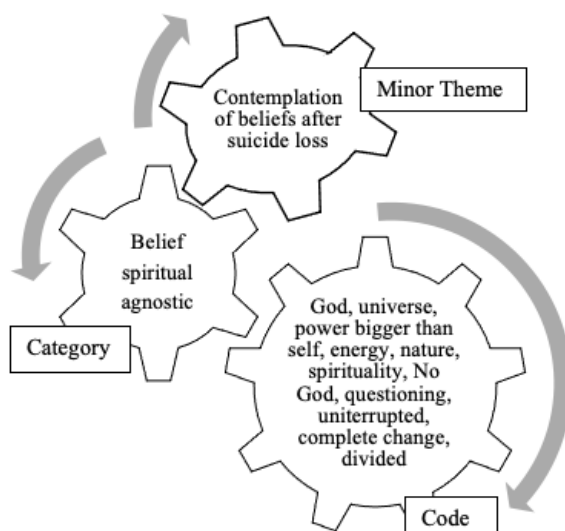
*Note.* The figure shows the steps utilized during theme development as the researcher coded, categorized, and themed the data for RQ2.

Figure 10 highlights the data analysis process in the development of theme three for RQ 2. The emerging codes included worldview change, impacted life, loss of protection, and decision all on her. The categories included thoughts and altered worldviews. Consequentially, theme three that developed is The Elementally Whole SOSL.

**Figure 10***New Fundamental Self*

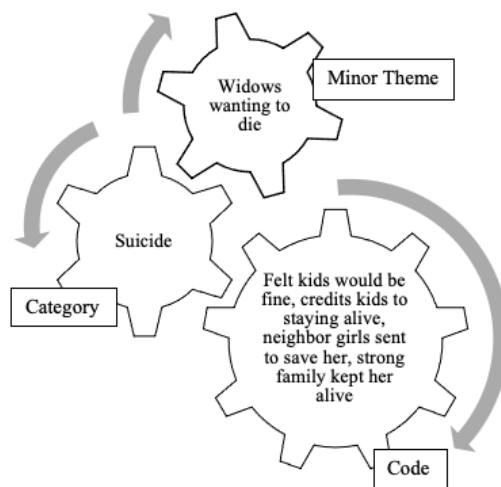
*Note.* The figure shows the steps utilized during theme development as the researcher coded, categorized, and themed the data for RQ2.

The researcher noticed a minor theme during the analysis of RQ2, which highlighted the differing effect of spiritual change. It is important to note that not all participants had a drastic change in beliefs, but many identified the difficulty in the aftermath of their spouse's suicide. The codes that emerged included God, the universe, power bigger than self, questioning, division, and a complete alteration. The researcher developed categories from the codes that arose, including belief, spiritual, and agnostic. At the same time, the minor theme that developed included Contemplation of Beliefs after Loss.

**Figure 11***Spiritual Change After Suicide*

*Note.* The figure shows the steps utilized during theme development as the researcher coded, categorized, and created a minor theme in the data for RQ2.

A second minor theme for RQ2 revealed some women wanting to die. While not every participant felt the need to die, some did. One participant identified wanting to be with her husband and felt the kids would be fine without her. Other codes included staying alive for the kids, neighbor girls saving her, and having a strong family that kept her alive. The resulting category for these themes was suicide. At the same time, the minor theme was Widows Wanting to Die.

**Figure 12***Death After Suicide Loss*

*Note.* The figure shows the steps utilized during theme development as the researcher coded, categorized, and created a minor theme in the data for RQ2.

### **Balancing the Research Context by Considering Parts and Whole**

The researcher immersed in the data gave insight into theme development. In this careful process, Van Manen explained that analytical writing is an in-depth conversational interview interpreting a reconstruction of one's life story. Further, declaring that thematically emerging themes elaborate on essential aspects of the phenomena subdividing further the themes (1990). Emerging pieces helped in the developmental stages of coding, categorizing, and creating themes.

The researcher described how the SOSL process. Theme one for RQ began the grief process after initially finding or witnessing the death of their spouse. Theme two highlighted moving towards growth during the SC and bereavement process. Although it is not realized within the widow, post-traumatic growth occurs during these stages. Finally, theme three

indicated the period where the SOSL started to transform and grow from the lived experience and began to embark on life's new journey. The arrows identify the forward motion the SOSL takes in the PTG process. The minor themes inside the circle indicated that some women experienced additional trauma during their journey.

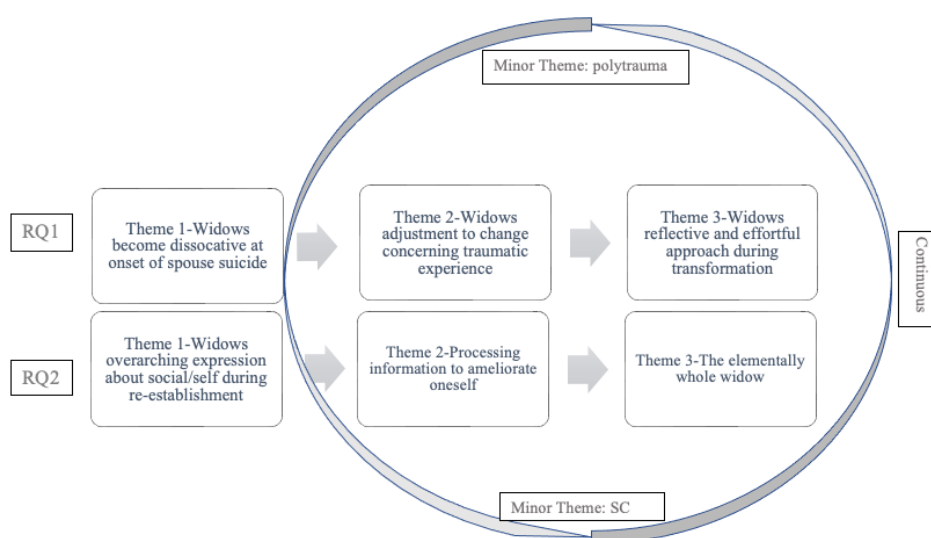
Additionally, some of the SOSLs experienced spiritual changes throughout the process. The circle around themes two and three designated the continuous motion around these particular themes. The widows specified that something might trigger them back a step, but the forward arrows demonstrate that they did not remain in the earlier steps of their journey. Participants learned to move through the bereavement process even when experiencing additional traumas, spirituality, or faith. Moving forward showed improved self-understanding of the process, such as coping and developing themselves when feelings or behaviors arose. This process also exhibits immobilization that the widow grounds herself and moves through the consequence of returning back to theme two. Figure 13 illustrates this process.

The researcher continued to analyze the data in parts to comprehend the SOSL viewpoint. The researcher reviewed the data five times to identify codes (See Appendix Q & R) for the codebook for RQ1 and Appendix R for the RQ2 codebook. The researcher simplified pressure and stress to understand the weight of things SOSL went through and the mental reactivity to the pressure. Therefore, developing categories from the codes. This sectioning out of categories helped to develop themes. Reviewing the data permitted the researcher to be conscious of not overlooking material. A deep connection with the data was essential to the narrative description, so the researcher could fully understand the participants' experiences (Van Manen, 1997). To avoid overlooking pertinent codes and categories, the researcher used a repetitive approach to reading all transcripts five times. The researcher emailed each participant

to permit member checking. While only five responded to the email, the researcher allowed all participants five months to respond. Additionally, the researcher sent all data analysis material to the advising chair to oversee documents. As a novice researcher, reviewing the material is quintessential before presenting the results.

**Figure 13**

*Theme Diagram*



*Note.* The model shows the forward process SSSL experience. The circle around themes two and three indicates the cyclical motion that happened to the SSSL.

### Results of Research Question 1

Research question 1 asked how SSSLs experience the suicide bereavement process, SC, and PTG. The researcher found characteristics that gave root to the outcome of SSSL SC, suicide bereavement, and the PTG process from the data provided by the participants. Breaking down how to comprehend the experience, the researcher split the description into five defining



categories: feelings, physical sensations, cognitions, behaviors, and grounding. These categories helped to develop the succeeding themes for research question one (RQ1).

Two research questions guided this study. The first question addressed SOSL's lived experience of SC, suicide bereavement, and PTG. Interview questions 1-6, 10, 16-19, and 24 helped answer RQ1. Participants were encouraged to talk willingly about their experience of their spouse's suicide. The researcher identified three themes and a minor theme answering research question one. The themes for RQ1 are as follows:

1. Widows Become Dissociative at the Onset of a Spouse's Suicide.
2. Widows Adjustment to Change Concerning the Traumatic Experience.
3. Widows' Reflective and Effortful Approach During Transformation.
4. Minor Theme: Experiencing Additional Trauma After Loss.

### **Theme 1: Widows Become Dissociative at the Onset of a Spouse's Suicide**

Lanius et al. (2012) described dissociation as disrupting identity, reality, consciousness, and control, causing modified perceptions of self and the outside surroundings. Caulfield et al. indicated two symptomatic categories: compartmentalization and detachment (2022), and further described a divided mental and unconscious decision-making process, where detachment identifies separation. Calati et al. (2017) illustrated that these symptoms could contribute to multiple disorders, including PTSD. Each of the participants revealed factors that affected them in a dissociative way. The following details will highlight personal experiences of SOSL's feelings, thoughts, and physical sensations after the suicide.

In the PHSC theory stage one, disintegrating, Johnson and Zitzmann (2020) recognize a state of losing one's sense of identity and purpose. The following quotes succinctly capture the initial reaction to their husband's suicide. Pamela said, "shock, the obvious, right." Josephine

stated, "Well, I think, like most people, it's just shocking. Like you don't even really believe it."

Nonetheless, a complex combination of feelings, thoughts, and pain is associated with losing one's spouse to suicide. Annalise explains it as,

[A] tremendous amount of pain, physical pain, emotional pain. Because I know what the facts are, right? I'm looking at it right now. But not being able to absorb it and comprehend it in a way that you can take one step forward, right? It's kind of like you're almost frozen in that state. That's how it was for me. I was frozen in that state of pain. Disbelief.

Pressure involves feelings—often anxious or frightening or explained as the weight of things in life where our body reacts in certain situations (Morin, 2015). Subsequently, phenomenological studies involve homogeneity; the participating widows experienced similar reactions during the initial response to their husband's suicide. Although their experienced feelings included a multitude of similarities, some codes revealed stimulated feelings of relief, unfairness, distrust, and betrayal. There was an overarching expression of anger, rage, confusion, shock, relief, denial, numbness, and surrealism. Bethany expresses her initial thoughts after witnessing her husband's suicide,

I want to say I always feel bad saying this, but no, I don't. I honestly don't. I felt a huge relief and felt that pretty instantly, like immediately after I had no idea what was going on. And, I was super pissed, was super pissed at him when he died...I was super frustrated and confused and overwhelmed and all those things. But probably the next day, I just felt like I want to say thank you, Lord. Like this struggle is relieved from me. Like this is not my battle anymore. I can let go of that. So, the initial was anger and shock and then mostly relief.

Sophia explained, "so there was a part that felt so guilty because I was relieved." While Bethany and Sophia were not the only ones to feel relief, a few other SOSLs mentioned the same sensation for themselves, him, or both. Alice illustrated her feelings of distrust and betrayal associated with the suicide: "I don't trust anybody; the closest person to me did this. [He] betrayed me." Alice explained her feeling of ultimate rejection and divorce in the same description as her loss to suicide as divorce and death all in one.

Understanding how the SOSL expressed their physical sensations during or after learning of the death is fundamental to comprehending their story. Van der Kolk (2014) notes that people go into paralyzed fear, highlighting that trauma puts the mind and body in a consistently aroused state. It is essential to help the participant stay calm and focused when asking about past traumatic experiences. The experience of losing a spouse to suicide is all-encompassing. Alice explains,

I remember very much physical sensations, feeling, you know, very, very ill. Physically ill and sick to my stomach. I had stomach issues, shaking nerves, heightened awareness, extremely heightened awareness...it almost felt like time [had] stopped. Time was shifted. I had extreme sleep issues. Waking up every day to the reality of it was very traumatizing.

Experiencing such trauma brings on an entire body experience. A traumatic scene, visualization, or discovery of a spouse's suicide leaves a trail of devastation. Alice's description illustrates some of Worden's (2018) grief reactions during her experience: feeling nothing is real, eating issues, and being physically sick. The illustration of narratives in their story highlighted how or why there was a reaction of disassociation to the traumatic event. The heaviness of the material put them in a vulnerable state with the researcher; therefore, it was vital for the

researcher to recognize the physical and non-verbal cues during the Zoom meeting. For example, when their body would shift, or the widow would begin to cry, stating the feeling of body sensations or anxiety rising and needing a moment. The physical and non-verbal cues align with RQ1 theme one. Steph explains her new sensations since the suicide,

I do still see things where I'm more hesitant...I worry and have a lot more anxiety. I don't think I really even knew what anxiety was like until after he died. And I was experiencing that like feeling you're about to be pushed off the cliff. You know, that feeling in your stomach, like someone's standing there about to push you off. I didn't know that feeling, you know, or that feeling of anxiety. I had to have a therapist tell me what that was. Oh, that's anxiety, and now I have a higher level of anxiety, stress, or worry that I didn't have before.

Other sensations reported by SOSLs were cloudiness, hollowness, nausea, numbness, and lack of energy. These also align with Worden's grief reactions (2018). While seven had found their husband, two witnessed the death, and another person told the remaining six participants about the suicide. Although each situation is distinct in comparison, the similarities of the experience are overwhelmingly parallel. The tension floods the bodily system throughout the journey.

For example, Alyssa described her initial thoughts and feelings in a way that highlighted the initial shock but then explained it as "so cloudy that sometimes I like to try to remember, and I don't really know exactly what was happening." Julie described it as "panic, numbness, just survival mode." Sophia also explains a numbness that she never felt before; "there's a numbness that I've never had before that." Sophia further explains how her trauma has caused her to lose

energy because pre-loss, she was more energetic and social, but explains socialization can become "a very draining [and] very exhausting process."

Alice presents her sensation as "an out-of-body experience." Alice's pre-worldview was defined as more carefree, outgoing, and energized. She says she must be intentional and work harder to achieve those same actions now. Annalise explains the experience as an instant annihilation of everything in her life. Annalise further illustrates it as "acid in her veins."

## **Theme 2: Widows Adjustment to Change Concerning Traumatic Experiences**

Theme two illustrates Worden's (2018) grief tasks by accepting the reality of loss and processing the pain of grief. These stages displayed the work of moving through the grief process. However, all processes did not align, indicating mutability. Some widows understood their conscious endeavor to apprehend the unusual sensations. Alayarian (2018) explains cognitive impenetrability as how a person experiences behaviors and the way one experiences themselves. The individual's psychological universe is characterized as an introspective venture of feelings and memories and is continuous in time. Pamela's cognitive perspective addressed a sense of her husband after his death. She verbalized,

I honestly believe I felt my husband's presence; it was about 4 days after four or five days after he died. I felt like he was holding me down on the bed enough to get my attention, [but] not in a threatening, harmful way or anything like that, to say I'm still around watching you. When I talk to most people about it, I kind of get that look like she's crazy. I don't care whether you believe it or not. I believe it.

The mental action of examination, using knowledge and individual senses, illuminates the process of understanding the SOSL cognitions. A more profound intuition of thoughts relating to the widow's reasonings demonstrates the SOSL consciousness throughout their

experience as an essential step in their development. Here, an account of the story reveals their perception—the description of the anecdote gives a picture of their feelings, thoughts, and sensations set in memory. The thoughts may occur suddenly, and the experience for many SOSLs is complex, and many experiences varied throughout the data. Macy expounded upon a moment in her late husband's car when she feels something,

Whenever I'm having a really bad day...I feel like somebody's pushing; there's nobody in the car. It's pushing the back end, and you know, like, kind of feel it in the back. I don't know. I've [been] like, is that really? I can't, you know, it's those things that logically don't make sense. So, I try to be more of a logical person...then it happens whenever I'm having like a really stressful day, and I get those kinda nudges in the back seat, and it just happens when I'm driving his car... and it never happened when I drove my car.

Data revealed several situations where some SOSLs would feel their spouse's presence, smells would present, or unexplained events would happen. Root and Exline (2014) illustrated continued bonds as healthy among socially heterogeneous people who understand daily coping skills. Further, Mäkiköksi et al. (2021) declared that women more often convey unexplained experiences. While some women would identify these situations as Godwinks, others could not explain the activity. Unlike others, Lily could not and did not want any supernatural things in her and her child's life. Therefore, Lily would purposely say outwardly, "I don't care. I don't wanna know." She says he is probably not at peace, and she is not interested in speaking with him if that stuff is real. While some felt the supernatural, others had outward expressions. Annalise began to describe her behavioral experience as opposite from who she was before the death,

And that was also when I decided I'm gonna regrow my soul. And that's also when I decided I'm gonna do exactly the opposite of everything I've ever done in my life. I started wailing and screaming and crying in public. And I'm a reserved person. You know, I did everything opposite.

Annalise further described her analogy about how his suicide was like acid in her veins. The annihilation in her life overwhelmed everything she knew to be true. She described the universe disproving her belief that she had control of everything. Behaviors come in numerous forms; while Annalise's outpouring was public in a sense, other SOSLs struggled with other issues. Eating, sleeping, and finding interest in what once existed were quickly altered. However, these explain Worden's task one and task two (e.g., accepting the loss and processing pain) as a way of working through their grief. Remi explained her battle with sleep and depression. At the same time, Alice described her tussle with sleep. Alice stated, "I had extreme sleep issues."

The SOSL adjustment to change identified how their behavior and cognitions varied after the suicide throughout their mourning process. Some expressed external behavior triggered by the trauma, thus realizing new or unknown reactors performed, for example, outward screaming. In addition, the internal behavior, for instance, not sleeping, began to pique other health concerns. Here, the SOSL began acknowledging that this life experience could go one of two ways. Thus, to abstain from the path of least resistance, they identified a necessity for transformation in their outcome.

### **Theme 3: Widows Reflective Effortful Approach During Transformation**

Worden's tasks three and four (i.e., adjusting to a world without disease and embarking on the new journey) describe the SOSL modification in their life's journey. Worden identifies three specific positions in the adjustment stage: external, internal, and spiritual (2018). While

theme three highlights their exertion to transform, it is also essential to highlight the new life journey for these women. The researcher describes the SOSL approach as grounding or becoming aware of maladaptive views and transforming them into a mindful, emotional, and collaborative approach to alter the outcome. Fisher (2011) states that the accolade of trauma is moving on from it. In doing the work, SOSLs show their effortful reflective direction to continue. Annalise stated her approach,

I threw myself into this topic [suicide] as if it were a project at work, right? I set myself goals and activities. I picked up meditation. I picked up yoga, [and] I went to group counseling. I went to individual counseling. Everything that you would ever read, anything anybody with authority telling you what to do, I did all of them. A hundred percent of everything I could find. Because I was on a mission not to let this destroy me.

Annalise further described how diverse her worldview had changed because of her husband's suicide. She was once a non-believer but now views something bigger than us. She admits to making a complete one-hundred-and-eighty-degree shift in life. Moreover, Annalise said the universe, nature, organisms, and energy are all connected somehow, "even if that is through God." This new development has grounded her and given her a new perspective on life, others, and herself. Alivia is not religious but believes in positive thinking and collective prayer, summing it up as a power bigger than us.

While several techniques were identified as instruments to help through the traumatic experience, several widows relied on faith. Remi stated, "I feel that God helped me and gave me this strength to continue." Overall, the women had changed thought patterns and altered their worldview perspective from before the suicide. Some of the women identified changed worldviews, including but not limited to religion, spirituality, and embodiment. Csordas (1994)



described embodiment as an inner connection of the body that involves a sense of identity.

Pamela realized during her art therapy that her husband did not do this as an act to hurt her,

It's like the moment I started to get this [understand husband suicide], and I was in art therapy when all of that hit me at once. And, I'm just sitting there I went oh, my God! [I said that] really loud and it just suddenly hit [me].

Some women identified suicide support groups, small groups, and therapy as a way of assistance. Julie said, "I'm a big believer in therapy." When identifying strength and mental clarity, Alyssa says, "I relate this to my therapy," as she explains having thoughts of self-blame and questioning why this happened. When recognizing her shift in grieving and embarking on a new life's journey, Annalise describes her new sense of self as "now feeling safe with or without somebody." Furthermore, Annalise says she "picked up meditation, yoga, and group counseling."

### **Minor Theme: Widows Experienced Added Trauma After Suicide**

The DSM-5 criteria for sudden or premature trauma includes the unexpected death of a loved one (APA, 2013). Contractor et al. (2018) found poorer mental and physical health in individuals who experience multiple potentially traumatizing events; however, few studies have been related to one being polytraumatized. Moreover, the researcher found no studies relating to polytrauma in SOSL. However, from the participant interviews, several indicated having been additionally traumatized following the suicide of their spouse. For example, Lily explained her additional trauma after the suicide,

I think it was after the two-year mark I had [been], I was diagnosed with a brain aneurysm...it two and a half years of procedures and two main big surgeries for that to be cleared...the first big surgery was open brain surgery.

Sammy explained having to go through breast cancer treatments alone and the unsettled feeling that the kids did not have another parent. Also, Sammy learned of sexual abuse happening to her daughter. Julie does not have children but experienced additional trauma several years after her husband's suicide. Finally deciding to move forward, she reveals that her boyfriend of two years tragically died in an accident. "The second was not suicide, but doesn't make it [grieving] any easier," said Julie. While some polytrauma has to do with health issues or death, one widow describes loss in her life after the suicide. Josephine emphasized her additional trauma since her loss,

I think people don't really realize all the secondary losses that you have. You know, I had to go back to work, and I started out part-time [at first]...our world was so disrupted because he was the primary breadwinner, and we depended on that. And so, our world really abruptly changed in that department.

Josephine explained that life changed in multiple ways for her and the kids. She toiled with understanding where she stood in friend groups, the acceptance as a solo parent, and now had to make all the decisions for her family. Many SOSLs identified similar struggles after the suicide. Additionally, abusive trauma was seen in various Lived experiences. Lily stated, "therapy was significantly different because I had to process a lot of trauma [from] before and after the death." Five widows experienced dysfunctional and traumatic relationships when their husbands were alive, including dealing with abuse, PTSD, and addiction. Sammy stated, "[he] definitely isolated me from family and friends." She added that he had severe PTSD, and alcoholism, as a result, was abusive. Four other widows also identified with similar behavior from their late spouse.

The outlook of compounded complex trauma with added trauma may have intensified the SOSL process. The researcher learned of these six additional traumatic events after the suicide. Including financial bankruptcy, a child getting brain cancer, receiving news of her child's sexual abuse, the death of a boyfriend, getting breast cancer, and another having multiple surgeries after a brain aneurysm. The data revealed that each SOSL stepped forward, putting forth effort in doing the arduous work to learn and grow after suicide and polytrauma.

### **Results of Research Question 2**

Research question two asked how SOSL interpreted the suicide bereavement process, SC, and PTG. The researcher found codes and categories from SOSL SC, suicide bereavement, and the PTG process from the fifteen widows interviewed. These themes came from these categories: social aspect, actions, activity, and thoughts evoked by poignant correspondence with the participant. The approach flowed through various mindsets, but it is fundamental to highlight the patterns of perception, criticism, and the reactive state of mind when explaining their story.

There were two research questions that guided this study. The second question addressed SOSL's lived interpretation of SC, suicide bereavement, and PTG. Questions 7–9, 14 and 15, and 20–23 aided the researcher to answer RQ2. Participants were urged to willingly speak about the lived experience of the spouse's suicide. The researcher identified three themes and two minor themes when answering research question two. The themes for research question 2 (RQ2) are as follows:

1. Widows' Expression about Social/Self during Re-establishment.
2. Processing Information to Ameliorate Oneself.
3. The Elementally Whole Widow.
4. Contemplation of Beliefs after Suicide Loss

## 5. Widows Wanted to Die.

### **Theme 1: Widows Overarching Self During Re-establishment**

The impact of support after suicide loss deviates from what one knew previously. Pitman et al. (2017) report receiving less support from family and friends for those bereaved by suicide than for other sudden death causalities. Quantitative and qualitative studies have shown perceived stigma, rejection, shame, and social awkwardness in social and professional functioning as factors (Pitman et al., 2014; Pitman et al., 2017). The following will illustrate the SOSL social interactions and self-actions during the re-establishment process. Theme one corresponds with Worden's task of accepting the reality of his death. Annalise explains her social observation after her husband's suicide,

So, a lot of people got weeded out, and then many, even family members, got weeded out. I'm not even engaging with them anymore. The ones that I've had that I would consider friends, those relationships all withered and died...I used to be a people pleaser...I don't give a care about any of that anymore.

Weeding out or leaving one's life is prevalent for a SOSL. The social discomfort over suicide was found by Azorina et al. (2019) to be the idea of why relationships became uneasy. Julie described her encounter, "...now that I've weeded out. Not on my own, I guess. You know the way the universe weeded out certain people for me." Sometimes a suicide widow will hear a reference to getting a new phone book, alluding to the fact that people who were once in their lives will fall away or depart. While some women have other ways of receiving support, many SOSLs deem these secondary losses as one abandonment after another. The realization of the process is hurtful and heartbreaking. The growth after this loss (e.g., family and friends) improves the widow's compassion for the relationships left to flourish. That said, Alyssa

disclosed how she had received much support and was very thankful for those people. It seems to be a rarity to hear a suicide loss story where friends or family remain in the survivor's life after the death.

After analyzing these fifteen SOSLs, the overall data implies rejection, abandonment, or desertion during the grieving process. Furthermore, the social aspect of suicide loss also transforms the survivor in other ways. Josephine stated that with the added secondary losses of family and friends, her family's life "abruptly changed in that department." For example, some women felt ostracized or left out because they no longer fit into one group, such as married family life. Equally challenging is the stigma that engulfs society about suicide leaving the SOSL feeling blamed, despised, and shameful (Pitman et al., 2014). Many interviewed SOSLs spoke regarding eliminating the stigma attached to the word and act of suicide.

It is important to note that while many things happen simultaneously, the SOSL also forms significant and genuine relationships. A few widows identified minimizing their circles or involvement in smaller crowds. As family and friends begin to slip away, it prompts the SOSL to wonder if the separation of relationships is the cause of the suicide, themselves, or other factors relating to the death. A more profound development of deep understanding shows the richness in the relationships that endure throughout their SC, grief, and growth process. Lily expressed,

I feel like my circle is even smaller. I appreciate [it], I do feel like I'm a much better mother, daughter, friend, and even partner just because I've loved and lost, and I know how it feels, and I don't wanna go through that again. So, it almost gives me a deeper understanding of what I have...it's [on] a different level [that] I feel.

The validation of love and support the SOSL receives after the suicide brought change for each widow. They all felt more profound love and respect for those who remained. The widows

uncovered a greater appreciation for those who endured with them in darkness. The shrinking of circles or size of relationship groups revealed a substantial recognition for family members or friends after the suicide. Macy elucidated that "quality over quantity" is most important to her. Sophia illustrated her "draw to smaller crowds now."

They admitted to changing social groups and recognizing their inner selves transformed—an immeasurability of the relationships they now detected. Having a healthier understanding of others was recognized. Some found they did not react so quickly to others and gave other people more grace. However, being more protective or guarded against getting hurt by others was revealed. After their knowledge of how relationships can change following a complex traumatic loss, some found it more challenging to trust, be more open, and be affectionate with those close to them.

Although analyzing their actions reveals a newfound freedom, that outlook did not come quickly. Several of the widows identified the first several years living in survival mode. Julie stated, "Just survival mode, really." In the same way, others referenced this same action as part of the process. Sammy said, "just kind of survival mode, dealing with family and friends." It took learning to make decisions alone, finding authentic relationships, inner strength, and forgiveness to accept the changes happening around them quickly. Sophia explains her devotion to others today,

I'm more guarded with the people that I can't [and] that I don't feel safe with...I'm definitely more affectionate. I'm, it's weird, you would think that I would be less vulnerable, but I'm more vulnerable, which means that I'm less apt to let someone in. There [is] probably five relationships...are the people that I'm very safe with.

Stepping forward can be laborious when all one can notice is despair. However, Steph became more fixated on how the Lord could use her experience since her loss, "I can see where the Lord really uses it to help you be able to connect in a deeper way with people." Several SOSLs proclaimed their relationship with God as an action that supported moving them forward. Alice said, "it's just now me and my relationship with God." Lily considered her confidence as an unwillingness to give up. Either way, inner strength and mental clarity are challenging after facing a spouse's suicide.

## **Theme 2: Processing Information to Ameliorate Oneself**

Posttraumatic growth transpires after an individual suffers a traumatic experience. Tedeschi and Moore (2021) define PTG as positive changes occurring after exposure to trauma where shaping and modification are created. Enhancing oneself is arduous, but the SOSL overcame and thrived as difficulties arose. Theme two conveys Worden's tasks as SOSL processed the pain of loss and started adjusting to the world without the deceased. In doing so, several widows underscored their transition as an activity of change. Community or self-work was present when finding their voice, individuality, and service after the loss. Alice spoke from her perspective about the steps she took to help,

I'm a big advocate for mental health awareness to help with just, you know, destigmatizing the conversation surrounding it [suicide]. You know, it's important that we talk about these issues. It's important that we understand [that] death by suicide is a terrible thing. So is a heart attack...so is cancer, [but] these things we talk about.

To understand the activities behind growing positively, the SOSL overcame challenging issues. Learning to find their new self while grieving and working through spiritual or religious changes is taxing. In doing so, many women found a directness about themselves. Julie

highlights that she does not deal with "BS anymore and says time is too short, not to be honest." Several other widows identified with a new openness. Pamela called it her "candor." Sophia stated she is "now more blunt."

In pursuing growth, the SOSL materialized as a way to ameliorate themselves. Throughout the process, the women spoke of prevention and postvention suicide vocabulary. They said this one event had permitted open conversation about mental health. They learned how to be advocates for themselves, their children, and public health issues. One SOSL said she needed to learn how to laugh again. She became a laugh yoga instructor to assist others in remembering how to giggle again. Bethany emphasized her action step toward transition, "You know, I haven't really sat down to like condense my post-traumatic journey. It's there. I can see it in the things, but I don't think I have the words for it yet. I think [also] I'm still on the journey."

Bethany further identified her struggle in life, understanding what grace truly is. She stated, "I finally understood that grace was all-encompassing love no matter what." She said that after forty years, she could not believe she did not know the true meaning of grace. It was as if a lightbulb went off to tell her to give herself unending love. Remi celebrated her relentless love for her children and adores serving them. However, Remi asserted that she is still very angry with his decision and does not understand killing himself. The activity of forgiveness can be challenging for some SOSLs.

### **Theme 3: The Elementally Whole Widow**

Theme three corresponds with Worden's task four, enduring connection and embarking on life's journey. At the same time, stage three of PHSC identifies a renewal state. Recognition came from moving forward and making meaning from the loss. The SOSL action-focused



movement determined the reconstruction of self. Some SOSLs identified the process as forced, yet others recognized imperfections and realized the method was transformative. The commonality included a changed worldview and impacted life change. The consequence of change came from suicide. In the realization of her tremendous loss, Annalise made a complete change to her life,

I used to be really composed...I was the boss...the kind of person who could go fix other people's problems...But that [change] decision I made was pretty early on when I said, Annalise, this is not it. You are totally wrong. You've wasted years of your life trying to control everything. You clearly are wrong.

While Annalise worked to remedy all she witnessed wrong with her life, other SOSLs found freedom in their voice to speak openly. Pamela stated, "I've been liberated by it [the suicide]. I'm simply saying it's put me on a course where [I say] bring it on. I don't care." After living through one of the most catastrophic experiences, the data presented a more direct verbalization. Annalise described her suicide loss as an annihilation. However, she later said, "I really rebuilt myself." Pamela reflects on her new journey in life after her loss,

And now, because of the worst possible thing in my life, I have found that purpose, that mission, and it is the most fulfilling thing that I've ever done...so I would say to pay it forward, do the work...it's the difference between night and day. It really is.

The afterthought of losing a spouse to suicide usually does not convey the possibility of positive growth afterward. Tedeschi and Moore (2021) highlight that trauma also challenges what someone assumes to be accurate, such as one's core beliefs. Core beliefs can include a sense of security, control, and life's path. Therefore, revising their beliefs was a way to rebuild all that was disrupted. Some women regarded therapy or counseling as a tremendous effort in their

growth—community and learning to live with their grief. Peer mentorship yielded helping someone else. The challenge of overcoming all they faced caused an enormous change, altering thoughts and worldviews to embark on a new journey in life.

The widespread post-worldview changed their perspective. While some changed their outlook on religious or spiritual practices, others realized they could impact the world through their voice; several found inner strength. Nevertheless, SOSLs continued forward, facing obstacles yet discovering more confidence. Stella explained her difficulty in comprehending the grieving process until she had to,

I had always heard that there's no right way to process grief and that you can't judge somebody based on how they grieve. But I never understood that until I was in the middle of it and realized I wasn't doing what other people thought I should be doing because I was just focused on maintaining the kid's normal life, maintaining my job, and things like that. So, my understanding of grief now is I'm a lot more sympathetic when I know that somebody has lost someone.

The researcher found that the execution of growth involved feelings, thoughts, actions, and adaptability. The significance of positive growth is an influential part of SOSLs becoming elementally whole. Maturing, learning, and changing is never a complete structure, but the path to change shows the incorporation of new techniques helping to transform and learn about oneself. The progressive nature of integrating their loss into growth reveals overcoming adversity, implying they are making meaning from their loss.

### **Minor Theme 1: Contemplation of Beliefs After Suicide Loss**

In stage two of PHSC, Johnson and Zitzmann (2020) identify reckoning as one reexamination of belief. Minor theme one shows how some widows shifted in their belief system

or completely disregarded it. There was an overarching questioning throughout the bereavement process. While some settled on their beliefs, others discovered they had less belief or spirituality than before the death. Josephine proclaimed her faith as strong but admitted that the unfolding of her beliefs came up against some very challenging questions,

So, I'm a believer, and my faith is very crucial to just everyday life. There was just a time where, like, I had to ask some really hard questions of like, do I really believe what I believe and just kind of the rubber meets the road, you know, having to flesh out your faith fully in a way that I'd never done before. And, it was really, a really hard time for me those first couple of years of just kind of finding my footing and grounding, I guess.

On the other hand, Stella displayed skepticism about religion and spirituality after her loss. Stella said, "I'll reason my way out of it. I almost think it is a way of not setting my hopes up [and] to stay as realistic as possible." She admits that initially, she was hopeful, but not believing has made it easier for her to accept the permanence of his death. Julie also identified having less belief after his suicide. Some spouses found comfort in feeling his presence; it turned others off and did not want any connection, while some had dreams or nightmares about their late spouse.

Perhaps to soothe the overwhelming pressure and stress, SOSL found a way to reduce overpowering feelings. Subsequently, some women discovered solace in God others related more to a spiritual sense, such as the universe, energy, or something bigger than themselves. The data presented SOSLs grounded themselves in spiritual or religious practice; however, as mentioned, a few found they had more questions after the suicide or could only relate to facts over faith.

Sammy stated, "I think I just have a lot of questions." Whereas Stella explained that she

considers religious discussions to weaken statements, and she needed facts and research as her belief system.

Although different techniques adjusted attention away from their traumatic experience, SOSL refocused on the present moment for comfort. Eight found God as their connection by building a stronger relationship with Him. Four of the SOSLs identified a power bigger or universal spiritual unification as a way to focus. One SOSL found herself with lots of questions. One originated in Christianity but found herself ambivalent about faith; one SOSL noted no faith or spirituality. A couple said if they had any belief that it is now less than it was before. Nonetheless, all chose to ground themselves via therapy, nature, yoga, faith, or spirituality, as each learned approaches to somehow release the pressure over time.

### **Minor Theme 2: Widows Wanting to Die**

The bereavement of suicide was found to show increased psychological distress, depression, anxiety, guilt, and signs of trauma (McMenamy et al., 2008). Other studies have shown that suicide ideation is ten times more likely for suicide loss survivors (Mitchell et al., 2005). The following reports were found in the data of SOSL wanting to also die after the suicide. Steph gives a detailed account of wanting to die to be with her spouse,

I spent like the first eight months after [his] death [thinking] I wanted to die. I had post-traumatic anorexia. So, I think in my mind I was like, not going to eat. I don't wanna be here. I was believing all kinds of lies. It was really hard, you know, to fight through that. And it took about eight months for those feelings to like totally go away. But I would say the first four to six months, like I really wanted to die.

A few other widows felt similar in the desire to die. Julie explains her very dark state of mind exclaiming, "I didn't wanna live; I didn't want to do anything. I was in a lot of pain

emotionally and physically.” Julie expressed that these feelings took a toll on her for many years. However, she believes her husband sent a few young neighbor girls to save her during her dark times. Sophia admits her strength to stay alive came from being a mom. At the same time, a couple of others admitted to an identical expression.

It is essential to understand that the behavior after suicide is a concern during SOSLs experience. Other studies have also discovered suicide survivors with suicide ideation after suicide (Mitchell et al., 2005). Crosby and Sacks (2002) found that individuals who know someone that died by suicide are at an increased rate (2.9 times) of making a suicidal plan and are 3.7 times more likely to make a suicide attempt. However, each woman went through very different situations in their marriage and after the suicide. The outcome of a complex and traumatic experience has varying outcomes. Therefore, it is essential to note that different behaviors can transpire after suicide. Some behaviors included eating or sleeping issues, crying, losing interest, detachment, dreaming of the spouse, and wanting to die.

### **Summary of Findings**

Initially, the participants became dissociative after learning about, seeing, or witnessing their spouse's suicide. The data revealed that processing the grief, working through spiritual changes, and finding a way through the growth encompassed numerous activities; however, the participants had inner strength or found internal resilience. These women faced unthinkable circumstances, including additional trauma, feelings of wanting to die, and uncertainty of beliefs (i.e., minor themes). However, the significant themes underlined the processes directly after the suicide to the present day. While their pre-suicide worldview focused on certainty, the future, and some apprehension, their post-suicide worldview displays transformation. Nevertheless, understanding their changes and growth became a rigorous but continuous process.

The first theme for research question one leads to their dissociative behavior after the suicide. Their feelings, thoughts, and sensations corresponded to the codes revealed throughout the data: sadness, guilt, anxiety, shock, numbness, fear, and loss of confidence, to name a few. The data then revealed theme two, where the SOSL cognitions and behaviors category highlighted their adjustment to change after trauma. During this stage, they begin accepting the loss and processing the pain as per Worden's tasks. The SOSL began to grow and embark on life's new journey. They incorporated techniques such as counseling, art therapy, God, and spirituality to help throughout the SC, bereavement, and PTG processes. The process of adjusting to the world without the deceased and learning to transform themselves positively was seen throughout theme three.

Research question two was the interpretation of their SC, suicide bereavement, and PTG process. Theme one accentuated the process of accepting death and understanding the social actions around them. Here, the SOSL began to recognize reestablishing themselves and their relationships. In this process, they were actively in survival mode; friends and family were departing, yet they also found the inner strength not to give up. Theme two identified their activity in processing the pain and adjusting to the world, as Worden described. They began finding their voice by speaking up about mental health, learning to help in prevention or postvention efforts, and becoming advocates.

Theme three showed the SOSL following through as discovering the elementally whole person. In this theme, a comprehensive approach was taken toward their new life's journey. There was a manifestation of a changed worldview, how to move through their grief, love deeply, and embark on a new journey. The PHSC found this as the reckoning stage. One widow stated that death is not something to fear but is just the next part of the journey. The knowledge

and proficiencies of these incredible women demonstrate positive stories after a complex traumatic event.

### **Summary**

Chapter Four explains data collection and the analysis process used after the data was collected to answer the research questions. The researcher utilized Van Manen's thematic method as a reflective and empirical approach. The researcher used a line-by-line technique throughout the data of all fifteen transcripts five times. MAXQDA was also used as a software tool to aid the researcher with coding details and a thorough data analysis process. The inductive and deductive coding reveal codes and categories and develop themes.

Fifteen SOSLs of various backgrounds and demographics participated in this study. Each participant shared personal details of their experience through SC, suicide bereavement, and PTG. The unique experiences helped the researcher collect data through a semi-structured interview process. Each woman expressed processing their grief, religious or non-religious beliefs, and the factors that participated in their growth process. It has been humbling for the researcher to listen and observe the essential aspects of their development thus far. Two research questions guided this study:

RQ1: How do SOSL experience the suicide bereavement process, spiritual change, and posttraumatic growth?

RQ2: How do SOSL interpret the suicide bereavement process, spiritual change, and posttraumatic growth?

The interpretative phenomenological analysis (IPA) process answered the 23 questions and probing questions of the 15 participants during their individual semi-structured Zoom interviews. Van Manen's (1997) approach helped the researcher to reflect on the nature of the

SOSL story, interpret and describe the story through deep connection, remain focused on the questions, and allow revelation and clarification of the lived experiences. The development of three themes and a minor theme emanated from RQ1. Three themes and two minor themes resulted from RQ2.

Van Manen's (1997) structured, methodical approach to data analysis brought richness and organization to this qualitative study. Given (2008) identified reflexivity as the participant-researcher relationship to edify the meaning-making of the phenomenon. The researcher found clear evidence associated with the participant's interpretation to achieve reliable and objective results. Given (2008) said reliability, objectivity, and confirmability combine to provide evidence and restrain researcher bias. Chapter Four demonstrated a variety of themes through the deductive and inductive methods through participants' descriptions. Additionally, quotations illustrate the SOSL experience and interpretation of SC, suicide bereavement, and PTG as the themes presented reinforced their lived experiences.

The imbricative nature of coding and categorizing helped theme outcomes from replies to the interview questions. While each theme demonstrated growth, the widows began a new life journey. The data also disclosed the continuous process when working through themes two and three. Figure 13 illustrates the theme diagram related to the cyclical process of working through the process. Worden's mourning tasks (Worden, 2018) and the PHSC theory (Zitzmann & Johnson, 2020) were theoretical models utilized in the deductive process while initiating an inductive approach to expose codes throughout the data. Furthermore, Chapter Five will present the study's summary, conclusions, implications, and future research recommendations.



## **Chapter Five: Conclusions**

### **Overview**

The purpose of this qualitative phenomenological study is to explore the lived experiences of spouses of suicide loss (SOSL) living in the U.S. regarding their spiritual change (SC), the process of suicide bereavement, and posttraumatic growth (PTG) within ten years post-loss. The importance of the study was to grasp a better understanding of the process of SOSL after the suicide death of a spouse by conducting a qualitative phenomenological study incorporating the method of semi-structured interviews with fifteen SOSLs. The study contributed to the reader's support of the topic to aid in gaining knowledge and comprehension about the process how a SOSL perseveres through and how society, clinicians, educators, and stakeholders can assist in the aftereffects of a suicide loss. The following chapter consists of an overview, summary of findings, discussion, implications of findings, implications for the study, an outline of delimitations and limitations, and future recommended research. The chapter will be devoted to a concise summary of the study.

### **Summary of Findings**

Many different experiences were illustrated through the data, yet all fifteen SOSLs participating in this study were authentic and receptive. It was an honor to share intimate details of their lives during this study, causing vulnerability and exposure to trauma. Each woman was open and honest, allowing for essential data. Many women emphasized feeling at ease speaking with another SOSL, allowing a profound and engaged conversation. The findings of each of the research questions corresponded with and served to captivate the SOSL experiences and interpretations of their lived anecdotes.

## Results for Research Question One

The first research question highlighted the experience of the suicide bereavement process, SC, and PTG. The researcher found numerous elements in the data to answer the first research question. During the inductive process, commonalities emerged from the fifteen SOSLs. It gave way to a greater understanding of the SOSLs' SC, bereavement, and PTG processes. The study reveals the painful and heartbreaking reality of suicide aftermath. It is imperative to bring awareness about how this impacts suicide loss survivors.

A thorough inductive and deductive analysis hybrid approach revealed the germane development of themes. The deductive method uses a top-down approach (Bingham & Witkowsky, 2022), where the researcher analyzes the PHSC (Johnson & Zitzmann, 2020) and Worden's mourning tasks (Worden, 2018). A thorough investigation applying the inductive approach worked to observe commonalities and similarities of characteristics in the coding, categorizing, and theme development (Bingham & Witkowsky, 2022).

The researcher analyzed the transcripts of each participant and coded the data with keywords, phrases, and meaningful units of information. From these codes, the researcher coalesced them into specific categories during theme development. Subsequent categories included, *feelings*, *physical sensations*, *cognitions*, *behaviors*, and *grounding* techniques. While one minor theme included *additional trauma* that plagued some widows. Three themes were developed:

1. Widows become dissociative with the onset of their spouse's suicide.
2. Widows adjustment to change concerning the experience.
3. Widows reflective effortful approach during transformation.

An in-depth examination of each question line-by-line noted that the SOSL pre-suicide worldview identified more security, advanced planning, and shared responsibility. Nevertheless, similarities adjoined security, distrust, and a carefree lifestyle were detected after the loss.

### **Theme 1: Widows Dissociative With a Spouse's Suicide**

*For all these things, I weep; tears flow down my cheeks. No one is here to comfort me; any who might encourage me are far away. My children have no future, for the enemy has conquered us.* Lamentations 1:16, NLT.

Theme one developed from the initial reactions and categories formed. SOSLs noted *feelings* of shock, cloudiness, numbness, disbelief, and fictitiousness. The PHSC theory (Johnson & Zitzmann, 2020) theory identified the first stage as disintegrating, related to the participant's sense of identity and purpose. Van der Kolk (2014) identified the body's reaction to fight, flight, or freeze in reaction to trauma, corresponding to existing literature (Fink & Galea, 2015). Theme one supports PHSC theory significantly because the typical feeling of disengagement happens when the individual learns of the murder. The SOSL dissociation modified their self and cognition of their surroundings. The creation of theme one identified categories of feelings and physical sensations. The theme coincides with Worden's mourning tasks (Worden, 2018) when typical grief reactors are described and working towards accepting the reality of the loss. Seven women found their spouses, two witnessed the suicide, and six participants were told of their spouses' death.

To cite an instance, Bethany explained her position at home, "we all witnessed his death." Steph described going home to find her husband dead by his own hand. Annalise identified finding him but was shocked at the sight of it being suicide. "It didn't ever cross my mind that suicide was a thing," said Annalise. Stella felt "his lightness when they first told" about her

husband's suicide. While many initial reactions were physical and mental sensations existing literature by Mitchell et al. (2004) shows an increased risk of complicated grief. Theme one supports the PHSC theory by highlighting similar emotional battles and mental detachment.

## **Theme 2: Widows Adjustment to Change Concerning Traumatic Experiences**

*For everything, there is a season, a time for every activity under heaven. Ecclesiastes 3:1, NLT.*

The participants started noticing unhealthy attitudes and manners, therefore, desired to change their outcome theme two developed from this data. One of the converging characteristics noted in the data was the participants' self-awareness. Two categories matured from the codes, including *cognitions* and *behaviors*. The PHSC theory (Johnson & Zitzmann, 2020) identifies reckoning as a cognitive process; therefore, supporting RQ1, theme two through identifying similar conduct with homicide and suicide survivors. Several SOSLs began recognizing detrimental situations, such as sudden outbursts at the register or crying in public. Spillane et al.'s (2017) research juxtaposes similar suicide health effects to the participants including psychological and physical. The participants noticed wanting to change their outcome. They displayed escalating posttraumatic stress (PTS) symptomology. Data exposed feelings of supernatural senses that either came as a surprise or were discouraged by the participant.

For example, Lily explained her ambivalence and deliberate avoidance of the supernatural and would say out loud, "I don't wanna know." Alyssa said if someone told her he was next to her she would leave the room, "[it is not] cause I don't wanna be near him" she thought it would be too much. While theme two, widows' adjustment to change concerning traumatic experience, for RQ1, took a toll on SOSL, there also came a revelation where Worden's tasks of accepting the reality of loss and processing the pain of grief encouraged the

women to accept and process the pain of their loss. Therefore, the SOSLs began learning to adjust to changes concerning their traumatic experience. One example includes Annalise deciding to regrow her soul when deciding she did not want this to destroy her life. “And that was also when I decided I’m gonna regrow my soul,” said Annalise.

### **Theme 3: Widows Reflective Effortful Approach During Transformation**

*And you will know the truth, and the truth will set you free.* John 8:32, NLT.

In conjunction with the SOSLs’ consciousness, inner strength was identified when theme two was revealed as learning to reestablish oneself. It was identified that the SOSL's inner strength had changed their life by having a new outlook. Although these women already expressed their ethical values, some acknowledged a diverse post-suicide worldview afterward. Therefore, altering their post-suicide worldview perspective, the women incorporated *grounding* techniques. Life for the SOSL had a different outlook, where a cyclical course prevails throughout the process, including Worden's mourning tasks: accepting the reality of the loss, processing the pain of grief, adjusting to a world without the deceased, and embarking on new life with enduring connection with deceased (2018). Worden’s theory supported theme three when the participants worked through task two (processing the pain of grief) and task three (adjusting to a world without a husband).

Further, Sandford et al. (2016) found it changed emotions over time with the implementation of therapy. We know that therapy helps in the outcome of a loss. Therefore, therapy was essential for several of the widow’s processes. Steph explained that home base and exposure therapy helped her. Alyssa says, “therapy is more thought-provoking and gets you thinking about it.” Learning to grow and cultivate a mindset through the pain has been imperative to their PTG. The new viewpoint included disinterest in others' thinking and

detaching from many past relationships. One spouse identified the process as a complete one-hundred-and-eighty-degree turn during self-reflection. Annalise states, “I did a 180,” rebuilding myself from that type A personality.

### **Minor Theme: Widows Experienced Added Trauma After Suicide**

The overarching *added trauma* after the suicide for five participants was evident within the data. This number does not include those SOSLs that also experienced secondary trauma, including loss of family and friends. There was trauma identified in five widows before the spouse's death which involved dysfunctional relationships and addiction. Sophia explained that her relationship before the suicide was “tumultuous,” and he was “an addict [to] alcohol.” Several widows had to change or get new jobs, make all decisions concerning the family, and raise the children alone. Complex compounded trauma can give root to adverse outcomes (D’Andrea et al., 2011; Van der Kolk, 2014); however, the widows in the study overcame the possible damaging effects from their lived experience.

### **Results for Research Question Two**

It is imperative to bring awareness and postvention efforts for others who may lose a loved one to suicide. Therefore, the development of themes throughout the analysis included a meticulous process utilizing the inductive and deductive approaches. A deductive method is a top-down approach considering previous theories, the PHSC (Johnson & Zitzmann, 2020), and Worden’s mourning tasks (Worden, 2018). A thorough analysis of each theory and all data observe commonalities and similarities of parts in the coding and categorizing to create themes. The following results show the interpretation of SOSL in their suicide bereavement, SC, and PTG process.

The coupling of inductive and deductive analysis approaches was utilized to develop three themes. The analysis of specific categories during theme development includes social actions, activity, thoughts, altered worldview, beliefs, spiritual, agnostic, and suicide. Three themes developed from the data to answer the second research question:

1. Widows overarching expression about social interactions and self during re-establishment.
2. Processing information to ameliorate oneself
3. The elementally whole widow.

An in-depth line-by-line examination of each question revealed that the SOSLs' pre-suicide worldview was identified as different from the post-suicide worldview. Nevertheless, all participants experienced convergence, similar environmental conditions, and divergence, a division or separation, as they moved through SC, bereavement, and PTG.

### **Theme 1: Widows Overarching Expression About Social Interactions and Self During Re-establishment**

*Don't be selfish; don't try to impress others. Be humble, thinking of others as better than yourselves. Don't look out only for your own interests, but take an interest in others, too.*  
Philippians 2:3-4, NLT.

When viewing the data through the lens of the theoretical foundations, the data revealed adjustments in the participants' lives. The PHSC theory (Johnson & Zitzmann, 2020) supports RQ2 theme two by the survivor taking action. In the study by Terhorst and Mitchell (2012) where females utilized and sought more social support than males. The researcher for this study also found it advantageous to present findings of adjustment and a re-establishment process for the SOSLs. Unfortunately, evidence of other losses after suicide, for example, relationships (i.e.,

Gilewski et al., 1991), adds to the SOSL's grief process. The *social* interaction and *actions* of widows are expressed in the following summary. Because of the feeling of abandonment, many feel hurt and eventually understand the catastrophic effects of destruction on relationships. PTG after a suicide can initiate a greater appreciation for those who remain. While the aftereffects extend legitimate hardship to a suicide death, many widows also develop newfound freedom about themselves. Such independence allows the widow to feel free in speech, decision-making, campaigning for others, and authenticating relationships while building self-assurance. The process is not straightforward per se but essential for growth after suicide loss.

To illustrate, Steph clarified that she is now quicker to protect herself from being hurt. Remi stated, "I got blamed for someone else decision." Remi described how people ostracized and blamed her, but she moved forward with love for those around her. Alice described how she has more empathy and compassion for people. Existing literature Campbell et al. (2004) highlighted the importance of assistance directly after loss to help accompany the suicide survivor with guidance, resources, and healing.

## **Theme 2: Processing Information to Ameliorate Oneself**

*Your word is a lamp to guide my feet and a light for my path.* Psalms 119:105, NLT.

In theme two, the alignment with Worden's (2018) task two, processing the pain of grief, and task three, adjusting to the world without the deceased, becomes apparent, and stage three aligns with PHSC theory (Johnson & Zitzmann, 2020). Through processing the pain and adjusting to the world without the deceased, many widows encounter difficulty but feel liberated. However, the process persists throughout life's continuity. In this theme, women-initiated advocacy for their beliefs, such as destigmatizing mental health and suicide. The women would do all this while grieving their husbands' loss, but the message's authority indicated its



significance. It became a process of improving themselves by recognizing the change within and around them. They celebrated with admiration for family or friends who stayed; they declared love to surround them, forgiveness, found ways to laugh and enclosed relentless strength in motherhood. The continuous reevaluation process to ameliorate themselves exhibits high value and character building as they processed SC, bereavement, and PTG throughout their lives.

For instance, Pamela's activity, "I'm gonna help remove the negative stigma," shows her ambitions to help in the mental health field. When highlighting the advocating journey, Josephine states, "I'm stronger 'cause the Lord had to meet me in some serious depths of questions and doubts." Josephine notices the difference but recognizes that this change could come from any traumatic experience. Existing literature Aldwin and Levenson (2004) compare the possibility of PTG after trauma as a way to cope. Alice identifies her PTG journey as one where advocacy, prevention, and postvention have yielded her process. Alice admits that the power within her from God gives her strength and confidence to do speeches, advocate, and not fear. Theme two supported PHSC theory (2020) by identifying oneself in the world and generating the drive to move forward.

### **Theme 3: The Elementally Whole Widow**

*But forget all that—it is nothing compared to what I am going to do. For I am about to do something new. See, I have already begun!* Isaiah 43:18a, NLT.

Worden's task four represents the survivor embarking on life's journey, and stage three of PHSC identifies the renewal state. Although the process was and continues to be arduous, the widows realize the reconstruction and transformative nature of their lives continue to go through. It was agreed upon that such change would not have come without suicide. Alivia says that she would not eliminate what she went through because there is an understanding that she previously

could not comprehend. The realness of this change gave a new perspective that can only be realized by the widows' thoughts and altered perspective. The data support the PHSC theory (Johnson & Zitzmann, 2020) and Worden's mourning (Worden, 2018) task four, having a mindset of embarking on a new life. Theme three supports each theory because this is where the widows' *altered* worldviews changed, modified to life, and altered thoughts since the death. The rebuilding or recreating of oneself was recognized during the process; however, during the interview, many women realized how different their lives were from the disruption of their spouse's suicide. Previous literature by Smith et al. (2011) identified bereavement work and how inner emotions produced growth. The change matured and restructured many aspects of how they perceive and live today. These SOSLs took the suicide and made meaning from a horrific event, yet discovered a new self—the elementally whole widow as in theme three.

One way to be elementally whole was to accept help, learn approaches to work through triggers and apply self-care throughout life. Bethany illustrated that she is learning how to ask for help. Bethany said, “I had to learn how to accept help as much as I hated [to].” Macy learned the importance of placing the oxygen mask on herself before helping others. Macy says she is a role model to her kids, and they watch what she does. Thus it is essential to remind herself of her self-care. Macy also stated, “God believed for me” when she struggled to escape situations after the suicide. Annalise described her loss, “It is such a gift...thankful for this gift,” but says that the exchange for human life is not the right way to obtain a new appreciation of life. Alice asks herself, “who are you now?” Existing literature by Drapeau et al. (2019) compares findings in the present study shown through positive factors contributing to PTG, such as coping, time since loss, and perceived closeness.

### **Minor Theme 1: Contemplation of Beliefs After Suicide Loss**

During the observation of SOSL, minor theme one for RQ2 arose, revealing a mulling over any belief system. After the suicide, several widows were ambivalent, had questions, or disregarded any belief, religion, spiritual, or agnostic views. After the tumultuous suffering of death, SOSL goes through doubt and opposing views regarding the possibility of an afterlife. Adjusting to life after suicide loss brings challenging questions, and religious or spiritual beliefs are symptomatic of that. However, the results identified eight SOSLs found God as their connection; four identified a power bigger than self, one realized she had many more questions, one was ambivalent about her beliefs in God, and one did not recognize faith or spirituality at all.

For example, Annalise said, "I went from zero spirituality to super spiritual." Steph explains that the Lord helped her, He has a purpose, and her walk with God is vigorous. Although Sophia is ambivalent about her belief in Christ, she states, "I do think God can work in any way he possibly wants to, if he wants to." However, Stella acknowledged no belief and did not want religion to participate in discussions. Because she felt it weakens the statement. Annalise recognized a connection to life, saying, "even if that one is God, the whole will still exist; it gives me comfort." While some perspectives aligned with Burke and Neimeyer's (2014) spiritual anguish and displeasure with God. Several widows found Exile et al. (2012) research of questioning God's authority during their traumatic experience. However, most widows align with the literature from Vandercreek and Mottram (2009), finding a stronger connection with Christ. This minor theme aligned with Johnson and Zitzmann's (2020) PHSC theory by connecting through God or with the spiritual realm.

## **Minor Theme 2: Widows Wanting to Die**

A minor theme evolved through the qualitative process regarding afterthoughts of death. Several studies have found suicide ideation or death after a loss by suicide (Crosby & Sacks, 2002; Mitchell et al., 2005). There is an increased risk of suicide after a loss of suicide (Mitchell et al., 2005). While not all SOSLs indicated wanting to die. It was roughly thirty percent of the SOSLs desire to die or not live any longer after the husband's suicide. When the SOSL felt similarly to their husband, either through wanting to feel what it was like to die, posttraumatic stress, or depression, it was identified that they finally understood what the husband might have felt. The outcome of suicide has varying effects on those left afterward, including death. Through the help, determination, and love of others, the participants in this study are here to tell their lived experiences.

For instance, Steph explained her desire to die and felt her adult kids would be fine. Steph says, "I wanted to die," and "I really, really wanted to die." Alice identifies her family saved her, "having that strong family value kept me alive at times...I didn't wanna be." Macy uttered that her kids helped keep her together. At the same time, Sophia credits her kids with keeping her alive and going also. Song et al. (2015) emphasized the increased risk of suicidal thoughts compared to those without suicide exposure. Minor theme two supports the PHSC theory (Johnson & Zitzmann, 2020) through disconnection and living in a state of shock.

## **Summary**

Overall, the women have undergone processing SC, suicide bereavement, and PTG. During RQ1 theme one, the SOSL becomes dissociative during the initial viewing, learning, or witnessing of the suicide. As they began to work toward the second theme, adjustment to change concerning traumatic experience, it was evident that adjustment to change was necessary to

address the traumatic experience moving forward. Further, the third theme, widows reflective and effortful approach during transformation, identified the women beginning a process of reflection and effort to transform when moving forward by realizing they did not want to dwell in their loss. However, a minor theme was present when six women experienced additional trauma. Some women do not address additional traumatic experiences, but during the interview, six identified secondary trauma after the initial suicide.

Furthermore, RQ2 identified themes where the SOSL began to reestablish, ameliorate self, and become elementally whole. To move forward, each woman continued to process their pain to improve themselves by becoming more boisterous and supportive. Finding oneself was shown to help others and process their grief simultaneously. Throughout their PTG, the revelation of elemental whole or a simple but powerful self was revealed. Each woman identified the process as a continuous practice, but learning not to get stuck in one was the real win. The continuous process is illustrated in Figure 13, theme diagram. The arduous process of their lived experiences does not come without painful hurts, struggles, acceptance, freedom, independence, and appreciation. Life is not without hardships, including additional trauma or questions about beliefs. However, these women have shown fortitude and perseverance through one of the most complex life experiences a person must endure.

## **Discussion**

The convergence of inductive and deductive analysis methods combined themes one through three with a minor theme for RQ1. Furthermore, RQ2 revealed three themes and two minor themes. There was also a process of separating and dividing categories to expand themes. The results from this study are consistent with earlier empirical literature, indicating substantiation with other quantitative and qualitative evidence-based results. Themes were

reflected and congruent with themes throughout the literature. A SOSL experiences myriad symptoms, from losing a spouse to suicide ranging from emotional to physical. Studying SOSLs shows the closeness to the deceased; studies have shown a higher rate of blame, shame, and suicide ideation (Jordan, 2017; Mitchell et al., 2009; Spillane et al., 2017). The following will highlight the theoretical, empirical, and practical implications of SOSLs' SC, suicide bereavement, and PTG journey.

### **Results of Theoretical Literature**

It is essential to highlight the theoretical models utilized during this study. Previous theoretical models incorporate Worden's mourning tasks (Worden, 2018) and post-homicide spiritual change (PHSC) theory (Johnson & Zitzmann, 2021). The researcher used each theory to guide the research study to advance the literature. Worden's mourning model guided the research by identifying specific tasks that Worden found applicable to the grieving process (2018; Yousuf-Abramsom, 2020). The four tasks represent steps in moving forward, accepting the reality of the loss, processing the pain of grief, adjusting to the world without the deceased, and finding an enduring connection to embark on a new life's journey for individuals mourning the loss of a loved one. The results shown in PHSC (Johnson & Zitzmann, 2021) suggested stages of spiritual change, disintegrating or living in a state of shock, reckoning or living in a state of stagnation, and recreating and reintegrating the self or living in a state of renewal, for the survivors of homicide deaths. From the initial loss of a loved one, the theory offers three stages of spiritual change that survivors move through.

A most recent study that utilized Worden's mourning tasks by Khosravi (2021) identified six mediators affecting the tasks. Khosravi (2021) found the first key role to be kinship to the deceased. Secondly, quality of closeness, including depth of love; in this regard, the SOSL would

have been the closest to the deceased, so conflict or ambivalence affects the survivor's well-being. Thirdly, how the deceased died; suicide can be regarded as extreme devastation. While the fourth quality of mourning reaction. For example, if the survivor has unresolved grief. A fifth variable includes the survivor's personality, where grief reactions increase with maladaptive coping and negative cognition styles, and preexisting trauma, but not limited to these (Eisma et al., 2020). The sixth mediator involves emotional and social support of the survivor; the sixth mediator demonstrates SOSL loss of support throughout the bereavement process (Gilewski et al., 1991). The final mediator found included concurrent stress and loss, such as financial loss, substance use, and further abandonment. The results are congruent with the findings in this present study on SOSL SC, suicide bereavement, and PTG.

The results are similar to the PHSC theory by Johnson and Zitzmann (2021). However, this theory has only been utilized by the authors that produced it, possibly because it was just established in 2020. The authors have presented two other research studies since PHSC's inception. The results show similar findings to this qualitative phenomenological study on SOSL SC, suicide bereavement, and PTG, the discovery of nonlinear healing. Johnson and Zitzmann (2021) explain the process as an ebb and flow in stage one such that it is a fluid action. Like the cyclical motion, SOSL identity through both research question's themes two and three. Johnson and Zitzmann (2021) explain that participants begin to rebuild their faith in stage two, including challenging their spiritual beliefs to seek understanding. SOSL similarly rebuilt their understanding of the loss and themselves found in RQ1 theme two and theme three. In RQ2, theme two shows the activity SOSL began to ameliorate self. During stage three in PHSC, participants began to escape dominant thinking by making meaning from the trauma, therefore,

pursuing a higher sense of purpose. The final stage is similar to findings in RQ3 theme three, the elementally whole widow.

### **Results of Empirical Literature**

The findings are congruent with the existing literature. For example, Mitchell et al. (2005) found survivors of suicide at an increased risk (i.e., 10x) of suicide ideation. Mitchell et al.'s (2005) study is congruent with this because Mitchell and colleagues present the self as dissociative after losing their spouse to suicide. The present study highlights the effect of dissociation in the initial stage of suicide loss. Carmassi et al. (2013) found that survivors of suicide increased disbelief over what happened. Josephine states, "I think it was just sad and fearful and just disbelief and lack of understanding" when she describes her initial reactions. Levi-Belz and Gilo (2020) uncovered self-forgiveness as a big supporter of development for suicide survivors. In the identification of introspection, Pamela says, "You know I do a lot of self-reflection." A longitudinal study by De Groot and Kollen (2013) found mutual support decreased psychological effects. Feigelman et al. (2008) found greater stigmatization from family. Alyssa explains how her in-laws have departed from their life. Alyssa says, "I feel like he would just like literally shake his parents and say these are your grandkids." The presented data show that the widows experience more loss after the suicide, including in-laws, friends, and acquaintances.

Bell and colleagues (2012) discovered a change in belief, revealing a commonality with this study of SOSL changing, questioning, or losing their faith system. While Johnson and Zitzmann (2020) studied homicide survivors' spiritual change after losing a loved one to murder, they paralleled the findings in this SOSL study. The results of previous literature further corroborated findings of a changed belief system, loss of support, and increased disbelief



surrounding suicide. Sophia explains she had a strong belief in God before, but since she has seen the worst of the worst Christians. She is now uncomfortable saying biblical faith and questions it all; however, she stated, “I haven’t given up on God, but I can’t say I have belief in God.” In comparison, prior studies (i.e., PHSC) present a period of disconnection by the loss yet demonstrate ways of learning to grow (i.e., PTG) from suicide. These findings are corroborated by this study based on previously gathered evidence-based studies.

### **Extenuation of Literature**

This study was driven by understanding SOSLs’ SC, suicide bereavement, and PTG. Existing theories and findings regarding suicide survivorship will add to the literature. The study has confirmed that suicide survivors endure complex physiological, psychological, and somatic symptoms following a suicide. Furthermore, several studies corroborate these findings (Bailey et al., 1999; Jordan, 2001; Spillane et al., 2017). Attention given to SOSL shows limited studies in the literature on spousal suicide. Additionally, the researcher highlighted one minor theme for this study, the risk of suicidality after direct exposure to suicide (Song et al., 2015; Jordan, 2008; Runeson & Asberg, 2003), affirming similar findings. Discoveries in the present study underscored the various dimensions throughout the process of SC, bereavement, and PTG for SOSL; nonetheless, familiar strategies were utilized during their process (Jahn & Spencer-Thomas, 2018), postvention, peer intervention (Campbell et al., 2004), clinical reference, and therapy (Andriessen et al., 2019). The disturbance of beliefs, stages of bereavement, and the impact of positive growth after a suicide were aspects analyzed to advance the study of SOSL.

The study supported the phenomena and added new findings to the existing literature. Throughout the study, it underscored the growth process as cyclical. Thus recommending, stakeholders learn from SOSL on best practices in helping to find their elementally whole selves

after suicide. While one widow would find themselves in theme three, elementally whole, something may trigger an emotion or reaction, setting her back to adjusting to the traumatic experience again. Bethany described her mourning process, “I like [to] blame him [which] brings me back to accepting (task 1) it and then having [to] adjusting (task 3) to the world without him [again].” Regardless of the situation, each widow began to readjust by focusing on belief in God, therapy, self-reflection, or through meditation, for example. As shown above, the findings in this study also support and add to previous literature.

### **Implications**

*For I can do everything through Christ, who gives me strength.* Philippians 4:13, NLT.

#### **Theoretical Implications**

In this research study, SOSL described their experience of SC, bereavement, and the PTG process. The data reinforce the existing literature on PHSC theory (Johnson & Zitzmann, 2020) and Worden’s mourning model (Worden, 2018); Worden's mourning tasks were interwoven throughout this study, revealing themes. SOSL highlighted the mourning process as cyclical, more fluid than distinct steps. The tasks by Worden and the SOSL confirmed that there is a process in moving forward. A projected outcome of analytic observation contains widows' uncertainty surrounding spiritual or religious beliefs after the onset of the traumatic experience. The researcher found widows wavered in their faith and perplexed by the suicide, and many took a deep dive into questioning God in their darkness. Alice explains her questioning her faith but replies, "my faith...got some scars on it... I'm repairing it now, but strong in my faith." Ter Kuile and Ehring (2014) uncovered varied results of increase and decrease concernin religiosity. Josephine also identifies with having questions but dove into reading books and scripture to answer them. Questioning faith and spirituality is based on understanding their logical point of

view. The widows wondered if there was truth or if what they thought they knew was all fake.

Jahn and Spencer-Thomas (2018) found participants in an open-ended questionnaire to find comfort and connection through religious experiences.

The study's design explored necessary activities such as understanding if SC is a concept after loss, does suicide bereavement look different, and whether PTG can happen after a spouse's suicide. The in-depth interview processes and the data confirmed that these women found different perspectives after the suicide. When answering various interview questions originating from the RQs the participants provided a description and examples of their lived experience. Annalise explains, "All I knew is that what I've been doing was an illusion. And I needed to start from scratch." It is the stigma that is placed on suicide that pins restrictions on how the survivor heals. The outcome of PHSC corroborated similarities for SOSLs' mixed emotions, not understanding, and questioning prior beliefs (Johnson & Zitzmann, 2020).

Beyond and outside the range of circumstances, SOSLs are less likely to seek out continuous relationships with their in-laws after their in-law's departure. Further, SOSLs are more likely to find greater appreciation in close relationships with those who stay during trying seasons. The participants in the study found they are more compassionate towards other human beings than the pre-suicide worldview. Alice says, "I just have more empathy and compassion for people." The widows found forgiveness for themselves or their late husbands. Stella said, "I forgive him for, you know, his final act and thinking it was his best option." Within the findings from the detailed analysis of the fifteen interviews, new themes developed, including widows' adjustment to change concerning traumatic experience, widows' reflective effortful approach during transformation, widows' expression of reestablished self, widows ameliorating self, and becoming elementally whole. The newly found additions to the literature are seen through the

widows building upon their inner strengths, identifying their confidence, learning to accept their emotions, and being open to talking about suicide or mental health, giving strength to push through their loss.

### **Empirical Implications**

The empirical implication expounds upon previous research concerning suicide survivors. In the study, the researcher knew that each participant had lost their spouse within the last ten years to suicide; however, through the interview process, the researcher observed different approaches to their SC, bereavement process, and PTG journey. One observation and surprise included the scattered feelings with SC. While several widows believed in God's pre-suicide worldview, the post-suicide worldview brought doubt. Diverse perspectives delivered participants' connection or disconnection to faith or spirituality. The researcher was surprised about the scattered range of differences within the area of spiritual changes. For example, one woman identified as an atheist with no belief, yet after the suicide, she sensed and felt the spiritual realm around her. Based on the data from Johnson and Zitzmann (2020), stage two identified participants as being eternally stuck when trying to make sense of the murder spiritually. Another observable implication is the realization of growth. While many grievors realize the complex healing process, accentuating the opportunity to grow can illuminate a distinct outlook. Identifying with Worden's task four, the mindset of embarking on life's new journey and PHSC theory (Johnson & Zitzmann, 2020), stage three to recreate significance in life.

Careful analysis and consideration of the widows' descriptions of their lived experiences were used to develop other concepts that would benefit other SOSLs. One future implication would be to improve church personnel about how to improve communication with suicide

survivors. Other future implications include educating community members about the outcome SOSL experiences after a suicide death. A call to implement proper tools and strategies around assisting SOSL would enhance a more personal, loving approach to the survivor. Therefore, it possibly mitigates self-harm and psychological and physical hardships for the survivor, enhancing the survivor's social presence of peer support to reduce feeling alone or abandoned.

### **Practical Implications**

There were three practical implications from this study related to the practice of assisting SOSLs through their journey of SC, bereavement, and PTG. One practical implication from these findings shows clinicians may benefit from a detailed description of how SOSL processes SC and bereavement to aid clients as they move towards PTG. This study found an initial dissociative behavior where survivors blame themselves, feel guilt, question the act of killing themselves, and have other psychological and physiological issues from suicide such as anxiety, depression, sleeplessness, and suicide ideation. After the suicide, participants embarked on a new life journey by reconstructing a unique path. Therefore, delivering accurate information to clinicians and medical professionals could aid SOSL with PTG. For example, some participants entered a program called home base, an intensive program for military members to receive a thorough approach to healing invisible wounds. Another practical approach would be to design a peer-support suicide survivor group locally that can aid emergency workers and clinicians in comforting suicide survivors during the onset of loss.

A second practical implication may encompass strategies or interventions through counseling. Several approaches are used in counseling to assist SOSLs. However, working specifically with suicide death, grief, and trauma survivors of this magnitude should only be examined by trained professionals. The researcher would recommend disseminating knowledge

to stakeholders and professionals; various postvention training workshops support community knowledge (e.g., schools) as well as for behavioral specialist therapists; for example, the American Foundation for Suicide Prevention (AFSP) offers a multitude of information for those who want to advance knowledge in suicide prevention, intervention, and postvention (AFSP, 2022). Another plausible strategy would be to sit in a suicide support group to understand better what survivors feel, think, and experience. It is vital to bring awareness to the subject of suicide loss as a way to advance familiarity and policies by further helping other SOSLs grow after complex trauma.

The current study complements the book *Silent Grief* by Lukus and Seiden (2007) by describing that responding exerts effort, forgetting is not an option, strange feelings exist (e.g., suicidal thoughts), and mourning is crucial. Earlier studies also present evidence that intervention aimed at communication helps the survivor comprehend, rationalize, and put things into perspective (Bell et al., 2012). Further, Jordan (2008) reflected on the difference in suicide loss compared to other modes of death; however, some researchers have rejected this idea (Sveen & Walby, 2008), but those with lived experience would disagree. Therefore, instructing an understanding of suicide prevention, intervention, and postvention would be beneficial to school districts to teach facts about suicide and suicide loss to teachers and administration. Existing qualitative and quantitative empirical research has shown mixed consequences of suicide loss.

### **Christian Implications**

Building upon a Biblical framework for this study, the researcher set forth the understanding of God's existence to make sense of knowledge and moral decisions. Through understanding God's truth, the researcher has been able to make meaning from traumatic experiences and grow after unrelenting trauma. Therefore, it is essential to note the unexpected

outcome that several participants did not lean on God in such desperate moments. It would be recommended for counselors and ministers in the faith to learn an in-depth understanding of the aftereffects of suicide loss, specifically concerning the loss of a spouse by this medium. The author would recommend suicide webinars or certifications for those who work directly in the field of grief healing. Embracing the world through the lens of Jesus means loving one another (2 John 1:6). As one widow stated, it was a time to renew her mind, as stated in Romans 12:2. In contrast, another widow identified “regrowing her soul.” The researcher was captivated by each SOSL's experience concerning God's existence; however, one neglected his presence, and two questioned His omnipresence. However, as demonstrated through the data of this study, the weight of a spouse's loss brings complex questions, including doubts, ambivalence, and skepticism. Through various traumas, the researcher has drawn closer to Christ as a way to find hope again. It is with faith that the researcher affirms that this study may give hope to other SOSLs.

### **Delimitations and Limitations**

Roberts and Hyatt (2019) describe delimitations as the researcher narrowing the scope of a study. This intentional approach limits the trustworthiness of the study. A comprehensive exploration of SOSLs lived experiences resulted in a rich understanding of the phenomena. Therefore, a sufficient sample size is imperative. Creswell (1998) stated that five to twenty-five interviews aid in a robust sample and account for attrition. Although Chapter Three stated that 25 individuals would be recruited, 18 were recruited, and 15 participants completed interviews.

The study included only SOSL who lost a spouse within the last ten years; this limited the sample to widows over age 18 who were married at the time of death. In the U.S., 18 constitutes an adult, thus legally able to marry. The inclusion criteria (Appendix D) contain the range of

restrictions for this study, including living in the U.S. and participants' willingness to open dialogue about their lived experience. Certain boundaries in the study included samples of SOSL within the U.S. to narrow the scope of participants. Participants had to be outside the widow of one year of loss because the first year may present complex grief. This study looked for individuals moving towards PTG. The suicide death had to be within ten years to understand the first ten years after the loss. Since marriage constitutes a spouse, marriage was essential at the time.

There was no set time for the study. The participants scheduled a Zoom meeting with the researcher. Because of the nature of the study, participants needed to be past the first year of loss. There were 47% who found the body, 40% told of the death, and 14% witnessed the suicide.

Limitations included the study's particular features that may affect the outcome or the ability to generalize findings (Roberts & Hyatt, 2019). Limitations were beyond the control of the researcher. Potential limitations included participant honesty. Participants' articulating their experience is an assumption of the IPA methodology (Smith & Osborne, 2003). Since all interviews were conducted online, it needed complete experience distinction compacted to face-to-face, where nonverbal cues are only shown through a screen. Therefore, forms of communication needed to be recovered when understanding their experience. The sampling method included online recruitment and snowball recruitment. Thus, when snowballing occurred, many participants' husbands were related somehow to military service. Additionally, the researcher's personal experience could have reduced objectivity (Smith & Osborne, 2003).

### **Strengths and Weaknesses of the Study**

This research study has a variety of strengths and weaknesses. The study's weakness involves the researcher's background and connection to the phenomena, which influenced data



collection. The researcher identified this weakness at the beginning of the study. Moustakas (1994) pinpoints qualitative interviews, member checking, and memo or journaling to delineate personal bias. To mitigate bias, the researcher sent the transcripts to each participant for member checking. The overseeing professor, Dr. Hester, was sent all data to review the results. The researcher studied data with notes and memos five times for accuracy and understanding to gain deeper insight into the SOSL experience. Oswald and Grosjean (2004) identify member checking and rechecking of information to eliminate bias. Reviewing data and deciding if data saturation has been obtained is essential. Fusch and Ness (2015) specify that data saturation is achieved when replication of information in the study has been reached, thus not obtaining new information.

The time constraint for the research is a weakness of the study design. The timeframe was short; therefore, producing a more comprehensive longitudinal study over time would be applicable. Moustakas (1994) identifies that more prolonged periods of study would give high levels of validity to identify trends in development. The lack of previous studies directly related to spouses and suicide loss presents a weakness of visual content, thus, limiting transferability and generalizability.

Furthermore, sampling occurred by recruiting private Facebook suicide loss groups, and the second method included snowball sampling. However, only some recruits reached out from online recruitment. The snowball samples usually resulted in military spouses. The researcher is also a prior military spouse, presenting a weakness to the study. Further, the subjectivity of participant collection was challenged by only receiving women participants. The intent was to have widows and widowers participate in the study. The researcher discovered the lack of different gender viewpoints as a possible weakness because the experience is only from a

woman's perspective. The researcher considered that men are less likely to speak openly about their loss. Bennett et al. (2003) discovered widower deficiency of masculinity and that women were more social and open to speaking to others regarding widowhood. Additionally, Umberson et al. (1992) found that widowers handled their loss much worse than women. Terhorst and Mitchell (2012) found positive appraisal for women compared to their male counterparts.

The strengths of the study show that the researcher followed the research questions. The researcher also analyzed Van Manen's (2014) approach to give rich descriptions throughout the text. The study aligns with the original design of the methodology. The researcher stayed within the confined of the inclusion criteria when recruiting the sample population. The researcher allowed an expert panel to review research questions to hinder any bias from the researcher. Stone and Litcher-Kelly (2006) say that it can be challenging for participants to recall information; however, because of participants' vulnerability, the researcher told the participants about free counseling, self-care, online material, and a suicide crisis hotline as resources (see Appendix K).

The strengths of the IPA approach benefit additional research by providing detailed descriptions of the lived experiences of SOSL SC, suicide bereavement, and PTG. Participants' unique perspective concentrates on the study's phenomena to benefit phenomenological research. Understanding a complete interpretation and description of SOSL lived experience allowed information to emerge from the data. Therefore, the advantages of this study will assist in gaining new insight into the actions and determination of the participants in this study.

### **Recommendations for Future Research**

This qualitative phenomenological study aimed to explore SOSLs' SC, suicide bereavement, and PTG journey. Further research is needed on this topic to extend the research

findings and the existing literature. The following recommendations guide future research on SOSL, especially for widows and widowers. The succeeding proposals would foster a deeper understanding of the factors contributing to the SC, bereavement, and PTG of SOSL. It is imperative to further research in this area by recommending specific approaches to learn more about suicide, suicide, and related topics.

### **Replication of Study with Widowers**

An evidence-based research design would give a systematic and transparent replication of the following study validly and efficiently (Given, 2008). The study has identified the lived experiences of widows after a spouse's suicide. However, Bennett et al. (2003) demonstrate that men cope worse with their social establishment during widowhood. Replicating this study's focus on the male perspective is beneficial because men are not known to be as vulnerable with their emotions compared to women. McCall-Hasenfeld et al. (2014) presented evidence of varying somatic issues comparing men and women with interpersonal trauma. Each person experiences loss differently, having random perspectives of personal and social realism. The benefit of replication may also provide corroboration or contradiction to the findings of this study. Future research should examine widowers' lived experience after a spouse's suicide

### **Personality Type and Religiosity**

This researcher recommends an evaluation concerning PTG of SOSL personality type and religious beliefs. Understanding personality types and religiosity to understand how portrays positive growth. The observation of personality could help understand the PTG journey. Calhoun and Tedeschi (2004) found that activity level and positive emotions play vital roles in the outcome of positive growth. A reflection on the targeted community of suicide survivors warrants closer examination for survivors who exhibit more psychological and physical effects in

a longitudinal qualitative study after a suicide death. Studies have been completed by Wolchik et al. (2009) to support predictors of PTG in adults. Utilizing a heuristic research approach would help discover the meaning and essence of human experience while understanding individual personnel would better understand PTG.

### **Evaluation of Diverse Population**

It would be valuable to produce a quantitative study with a more diverse population of SOSLs; for example, comparing SOSLs in the U.S. to other countries to compare how they process SC, bereavement, and PTG, such as in Asian countries. A comparative design seeks relationship between variables after an event (Given, 2008). Therefore, a causal-comparative design would seek to find a relationship between variables (Brewer & Kubn, 2010). A suicide aftermath is experienced differently across the globe. Differing influences are widespread such as religion, culture, and civilization. Though limiting factors could affect outcomes thus, testing other theories is viable (Brewer & Kubn, 2010); however, when using this approach, the researcher must establish that the independent variable caused the change in the dependent. The WHO (2021) reported that 77% of suicides across the globe occur in low- to middle-class income countries. Future research is fundamental to help implement crisis response in small regions worldwide. Research in other parts of the world would contribute to advancing the understanding of suicide differences among humanity worldwide.

### **A Mixed Measure Approach for Support for Specific Populations**

Suicidality is a broad topic. There is evidence that suicide is a worldwide public health issue. WHO (2021) reports highlight that suicide kills more than 700,000 people yearly. A quasi-experimental design strives to establish an association between dependent and independent variables to provide a high level of evidence, also noticed as a gold standard in federally

sponsored research (Given, 2008). Performing a test of causal recommendations with a demographic and diverse cultural background could advance the literature's familiarity with distinct cultures, demographics, and geographic regions to find the best modality to aid in suicide crises. Future research is fundamental as a way to respond to postvention measures worldwide.

### **Final Summary**

This section sought to provide the findings from this study about the explored research questions. This study better explains SOSL SC, suicide bereavement, and the PTG journey. Summarizing this chapter was accomplished by assessing results from previous existing literature. The resulting themes were organized according to the experience and interpretation of participants' lived experiences. Finally, this chapter discusses an overall understanding of themes, research implications, delimitations, limitations, and future recommendations to advance research on suicide further. The following section will summarize the full context of the current study.

The preceding study emerged from the desire to understand the process of SC, suicide bereavement, and PTG in SOSL within ten years of loss. The actions of each step were imperative to the establishment of the current study. Therefore, developing a historical and social context, the purpose, research questions, rationale, and operational definitions were given to prepare for this study. The significance of the study aimed to advance the literature by describing the problem statement and allowing the reader to understand its relevance to the researcher.

In Chapter Two, a comprehensive literature review of existing research was conducted. The researcher used two theoretical frameworks, PHSC and Worden's mourning tasks, as a guide. There was an extensive literature review to define the study of suicide, understand

spiritual change, recognize trauma and effects of trauma, bereavement due to suicide, to distinguish postvention and PTG.

In brief, Chapter Three provided an overview of the research design—a summary of interpretative phenomenological analysis. The researcher gave an overview of the methodology and rationale for a phenomenological design. Specifically addressing research questions, the setting for the study, and the sample of participants selected. A description of procedures, the researcher's role, data collection, interviews, and analysis. Van Manen (1997) suggested phenomenological research as an insightful description to offer plausible insights into the explication of a phenomenon. The researcher aimed to maintain trustworthiness, credibility, dependability, and confirmability while ending with ethical considerations.

Before beginning the next chapter, the researcher waited for approval from the institutional review board. Once approved, the researcher recruited SOSL through private Facebook suicide loss groups and snowball sampling. The participants contacted the researcher through FB messenger, text, and email. Potential participants were asked to read the consent form through DocuSign and sign it before proceeding. Once signed, the demographic questionnaire and confidentiality document were signed before scheduling the Zoom interview. After the 60 to 90-minute interview, the researcher transcribed and meticulously analyzed the data.

Equally important, Chapter Four gave an overview of all fifteen participants. Based on the idea of research question one asked to explore the SOSL experience of SC, suicide bereavement, and PTG. The participants described a dissociative experience at the onset of suicide. The widows began to adjust to the traumatic experience by understanding that they did not want to be stuck. It was revealed through their experience that they initiated a reflection of

their experience as a way to transform their lives. In response to question two, the SOSL interpretation of their lived experience, they found their social and personal lives needed rebuilding after experiencing additional trauma from relationships; other factors included reevaluation of self. The researcher noticed SOSL ameliorating oneself and finally renewing the self to involve the loss but moving forward and recognizing a new self.

The Co-researchers shared profound anecdotes about their experiences that showed strength and courage. The findings gave significant insight and additions to understanding a SOSL experience through SC, suicide bereavement, and PTG. Many widows identified therapy as a source of help, while others learned to lean on God, learned grace, and opened their eyes to life they would not have been aware of without this traumatic experience. Some widows felt grateful for the gift of seeing humans differently but hated that they had to learn about this freeing life in this way. More takeaways included that time does not heal all wounds, self-care is essential, positive growth is therapy, learning to process the grief, and appreciating those that stay through the tough seasons of life. The results produced significant strength in the name of research.

Chapter Five integrated the overall findings of the study. The final chapter reviewed findings, implications, delimitations, limitations, and recommendations for future research. Lastly, this qualitative interpretative phenomenological study fills the gap identified by Jahn and Spencer-Thomas (2018), Entilli et al. (2021), and Levi-Belz, (2019) by exploring the lived experiences of SOSL, specifically their SC, the process of suicide bereavement, and PTG within ten years post-loss. The researcher desires to create an awareness surrounding SOSL to ignite further research to help clinicians, ministries, and stakeholders provide comprehensive help to postvention efforts in the future.

*For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you hope and a future. Jeremiah 29:11*



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## **Appendix A.**

### **Recruitment**

Date: October 4, 2022

Recipient: Facebook Moderator

Dear: Facebook Moderator

As a graduate student in the School of Behavioral Sciences at Liberty University. As part of my doctoral degree requirement, I am conducting a qualitative research study under the supervision of Dr. Bridgett Hester to explore lived experiences of Spouses of Suicide Loss (SOSL), spiritual change (SC), suicide bereavement, and posttraumatic growth (PTG). The research aims to understand the lived experiences of SOSL's SC, suicide bereavement, and PTG within ten-year post-loss in the United States. I am writing to invite eligible participants to join my study.

Participants must be you must be eighteen years old or older, married at time of spouse's suicide, one year after loss, experienced spouse's death within last ten years, live in the United States, and be willing to have open communication about spouse's suicide. Participants, if willing, will be asked to complete a semi-structured open-ended individual interview through a Zoom call and check over transcribed information for accuracy. It should take approximately 60-90 minutes to complete the interview and ten minutes to read over the transcribed interview. Participation will be completely anonymous, and no personal, identifying information will be collected.

To participate, please contact me at [aguin@liberty.edu](mailto:aguin@liberty.edu) or direct message me on Facebook messenger for more information.

A consent document will be given to you before the time of the interview. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview. After you have read the consent form, please click the <https://app.docusign.com/home> to proceed to the DocuSign forms. Doing so will indicate that you have read the consent information and would like to take part in the survey.

Sincerely,

Amanda Guin  
Doctoral Candidate and Lead Investigator  
[aguin@liberty.edu](mailto:aguin@liberty.edu)

## Appendix B

### LU IRB

October 21, 2022

Amanda Guin  
Bridgette Hester

Re: IRB Exemption - IRB-FY21-22-1054 EXPLORING LIVED EXPERIENCES OF SUICIDE SURVIVING SPOUSES: AN INTERPRETIVE PHENOMENOLOGICAL QUALITATIVE STUDY

Dear Amanda Guin, Bridgette Hester,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

**Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB.** Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.



If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,

**G. Michele Baker, MA, CIP**

*Administrative Chair of Institutional Research*

**Research Ethics Office**

**Appendix C**  
**Confidentiality Agreement**

During this study the researcher will:

1. Maintain all confidentiality and will not disclose any information to any person.
2. Secure confidential information and will not present unauthorized copies, sale, loan, use, or elimination.
3. Destroy all information after the three-year period (As an obligation to the participant).
4. Commit to not violate the following confidential agreement.

The subsequent signature acknowledges that the researcher has read and agrees to adhere to the terms of this agreement.

Researcher Signature:

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## **Appendix D**

### **Inclusion Criteria**

#### **To participate in this study, you:**

1. Are at least 18 years old.
2. Were married to your spouse at the time of their suicide.
3. At least one year after loss.
4. Have experienced the death of your spouse by suicide within 10 years.
5. Currently live in the United States.
6. Are willing to openly discuss the loss of your spouse to suicide.

#### **You may not participate in this study if you:**

7. Are not at least 18 years old.
8. Were not married to your spouse at the time of their suicide.
9. Have not experienced the death of your spouse by suicide within the last 10 years.
10. Do not currently live in the United States.
11. Are not willing to openly discuss the loss of your spouse to suicide.

## **Appendix E**

### **Interview Protocol**

#### **Introduction**

The novice researcher is looking to complete her Community Care EdD with a cognate in Traumatology Counseling through Liberty University. The purpose of this research is to gain a better understanding of the various outcomes, including spiritual change, bereavement, and posttraumatic growth after spousal suicide loss.

#### **Participant Invitation**

The researcher will initially locate the moderator of groups on Facebook (FB) directly related to suicide loss. Once getting approval, the researcher will post an offer to participate in a study about spousal loss by suicide. The invitation will be posted on private suicide loss FB groups inviting spouses who have lost a husband or wife to self-inflicted death within the last ten years. Once individuals for the following study are chosen from many FB groups, they will be directed to message the researcher. The participant will be given a brief explanation about the study, the purpose, and how the study will benefit the community, including survivors, doctors, counselors, and so on. After the participant agrees to proceed, they will be given the ground rules for the process.

Interviewer: Amanda Guin – Primary researcher

Interviewee: \_\_\_\_\_ -- Suicide Surviving Spouse

## Ground Rules

*Location:* The proposed area for the study will be the participant's home. This setting will allow for comfort and a relaxed environment. The researcher will also set up Zoom or Facetime meetings between the researcher and participant at the chosen location.

*Time:* The researcher will recommend a time for the participant to feel comfortable speaking about their suicide loss. The survivor needs to consent with the time and location setting to feel they get open-up and go in-depth about their feelings, emotions, and reactions about their loss. There will not be a specific allotment of time because of the subject's sensitivity; therefore, allowing the participant the freedom to be open about their experience.

*Materials:* The document includes interviews, demographics, and eligibility questions for the researcher. The interviewer will have a notepad to keep notes, including an audio/video device for recording; this could include a phone or computer for video recording.

*Type of Reporting:* In staying consistent, the researcher will keep a notepad when listening to the participant's lived experience. However, the researcher will use audio and/or video to record the sessions. The recording will allow the researcher to review the sessions to ensure nothing was missed, record-keeping stays accurate, and all information is documented.

## Interview Overview

*Purpose:* This qualitative study aims to explore lived experiences of suicide surviving spouses through an interpretive phenomenological approach. The exploration of spouses of suicide loss (SOSL) will include understanding their spiritual change, suicide bereavement, and posttraumatic growth processes within ten years after the loss.

*Forms:* Consent and ethical considerations will be adhered to throughout the study. The researcher will have the participants sign a consent acknowledging their choice to participate. The researcher will explain the authorization and any ethical considerations, such as nondisclosure of names or anything identifiable of the participant. The researcher will have the participants sign forms authorizing agreed-upon terms.

*Length:* The interview time will stay consistent with 1–1.5 hours of information. If the participant needs more, the researcher will allow more time or schedule another meeting for whatever reason.

*Interview Process:* First, the researcher will explain who they are and what they are doing. For example, describe the researcher as a student working on a Doctorate at Liberty University and why the researcher chose the topic. The researcher will address with the participant that open conversation will be permissible. The researcher will prepare the audio and video recording while explaining each step in the process to the participant. Once all devices are set up correctly, the researcher will begin asking the first question. If necessary, the researcher will use one or two probing questions and thoughtful listening and note-taking when possible. The researcher will be opened to listening to the participant's concerns and ensure that pausing or stopping will be applied when necessary. After the researcher begins with one question and probing questions, the following questions following down the list will be practiced until complete or if a break is needed. The researcher will inquire about questions, concerns or add any comments. Once all the questions have been completed, the researcher will check to see how the participant is doing. At this point, the researcher can advise if counseling or other services are necessary and give resources if needed.

*Sharing:* The researcher will advise the participant that a study summary will be available upon completion.

*Maintaining Confidentiality:* All participants will be given pseudonyms before the interview begins. Upon being given an alias, the participant's information will stay private for the study. The transcripts, audio, and video recordings will be on a USB hard drive and saved to a personal, password-protected computer in the researcher's office, accessible only to the researcher.

## **Appendix F**

### **Expert Panel**

**Dr. Carla Stumpf Patton, Ed.D., LMHC, NCC, FT, CCTP**, serves as the Senior Director of Suicide Postvention Programs at the Tragedy Assistance Program for Survivors (TAPS), where she oversees programs and services provided to military families after a suicide loss. As a subject matter expert in the areas of grief, trauma, and suicide prevention, intervention, and postvention, Dr. Stumpf Patton consults with civilian providers and military leaders in providing effective outreach and clinical care to military personnel, veterans, and military families. She is a registered ASIST trainer in suicide first aid and is trained in Psychological Autopsy Investigations and Crisis Response Planning. Dr. Stumpf Patton holds a B.S. in Psychology, an M.A. in Clinical Mental Health Counseling and School Guidance Counseling, and a Doctor of Education in Counseling Psychology. Her dissertation research focused on military families bereaved by suicide and was a key contributor in the development of the TAPS Suicide Prevention Model™. Dr. Stumpf Patton is a Licensed Mental Health Counselor, a Certified Fellow Thanatologist, a National Certified Counselor, a Certified Clinical Trauma Professional, a Florida Qualified Supervisor, and a counseling educator in higher academia. She is the surviving spouse of Sergeant Richard Stumpf, an Active-Duty U.S. Marine Corps Drill Instructor and Gulf War Era Combat Veteran who died by suicide in 1994, several days before their only child was born. She is remarried to a retired U.S. Marine, who was also a suicide survivor widower, with whom she shares five children.

**Dr. Monique Link** earned her Bachelor's in Social Work with a concentration in Children and Families, while also minoring in Spanish, in 2003 from the University of North Carolina at Wilmington. In 2006, she earned her Master's in Social Work with a concentration in



Children and Families from East Carolina University (in only one year). Finally, Monique became “Dr. Link” in 2013, earning her Doctorate in Clinical Psychology from the Adler School of Professional Psychology with dual concentrations in Trauma and Children & Adolescents. Dr. Link has worked extensively with youth and adolescents and their families in a variety of settings including schools, outpatient centers, residential facilities, and community agencies. Her work has led to the advocacy of “the best interest of youth” who are additionally connected with the Court System, the Department of Juvenile Justice, and the Department of Social Services. Dr. Link’s professional skills and expertise include assessment, diagnosis, treatment, and psycho-education of a broad range of disabilities and disorders. She also facilitates training focused on research-based approaches to help parents/guardians and school staff navigate these experiences. When not working, Dr. Link enjoys spending time in nature through various outdoor activities and volunteering in her youth and evangelism ministries at church.

**Dr. Scott Schuler** earned his undergrad in business at Catawba College, MBA at Indiana Wesleyan University, and a PhD in Christian Counseling, and completed the School of Biblical Studies in Kiev, Ukraine. His commitment to godly excellence has driven his successful twenty-eight-year professional career as a commercial property manager. He draws on his 30 years of walking with Jesus in his blogs, books, classes and seminars, which flow out of the wisdom and authority of years spent studying God’s Word. Complimenting his regimented discipline and attention to detail, Scott has been seasoned through the cultural experiences of more than forty countries, lived as a missionary in Russia and Ukraine, and served in five other countries in various capacities. Scott is the first to admit that his credentials should not be measured by what he knows, but by *Who* he knows – Jesus. He is a husband, father, professional, and leader in his church. He resides in Raleigh, NC, with his wife, Lory, and their two children.

## Appendix G

### Interview Question Matrix

Interview questions	Relation to theory	Addressing RQ
1. Can you please describe your worldview pre and post bereavement?	Worden's mourning model to help interpret the process of bereavement.	R1: Helping to understand SOSL steps in the bereavement process.
2. Can you explain how your view of the mourning process changed since your loss?		
3. How would you describe your initial thoughts and feelings post-loss?	Worden's mourning model helps interpret the process of bereavement. The beginning of the mourning process includes shutting down, numbness, and withdrawing	R1: Helping to understand SOSL steps in the bereavement process.
4. Could you describe your initial emotions and reactions when learning of the suicide?		
5. Worden explains that grief is the description of a survivor's reactions; did you recognize a different reaction in this loss compared to others		

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6. Could you please describe

your tasks or stages of  
bereavement since your  
spouse died? (Attached is  
Worden's mourning tasks)  
3 months, 6 months, 1 year, 5  
years, and Now?

PHSC and Worden's  
mourning model are  
processes working through  
SC and bereavement, so it is  
important to understand each  
of the processes.

R1: Helping to understand  
SOSL process of SC,  
bereavement outcome of PTG  
to understand the changes  
they noticed in themselves  
since their loss.

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Interview Question	Relation to Theory	Addressing RQ
7. How would you describe what your relationship is to others in your life since the death of your spouse?	PHSC and Worden's mourning model highlight a	R <sub>2</sub> : Helping to understand the SOSL process towards PTG after the loss and how SC and bereavement have been incorporated.
8. How does this experience impact current relationships (e.g., family, friends) today?	stage where the bereaved begin to see the light or have a rebirth of life in a different	
9. Have you noticed a positive progression of your feelings towards family or friends since your loss?	way.	
10. Can you explain if you feel a new inner strength (e.g., training mind for mental clarity or enormous mind power) that was not identified before your spouse's death?	PHSC and Worden's mourning model highlight a	R <sub>1</sub> : Helping to understand the SOSL process towards PTG after the loss and how SC and bereavement have been incorporated.
11. If so, has that inner strength changed your life?	stage of rebuilding or reconstruction of life after loss. Concerning PTG, the	
12. If they answer none: Have you considered inner strength as an option?	authors describe growth as a vulnerability with a stronger outcome.	
13. Could you describe what you believe may have hindered that from happening?		

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14. Could you describe your spiritual or religious beliefs before your loss?	PHSC theory through understanding prior beliefs to help understand where SOSL is after the loss.	R <sub>2</sub> : Is addressed because it will help get an understanding of where SOSL was in the spiritual journey before the loss.
15. Did you believe in a particular faith or sense of spirituality?		
16. Please describe your experience with religiosity or spiritual changes since the death of your spouse.	The theory of PHSC because of the phases one goes through after murder (suicide), such as losing identity, trying to make spiritual sense, and creating a new self	R <sub>1</sub> : Is addressed because it will help get an understanding of where SOSL are or have been in the changes of their spirituality.
17. How has religion or spirituality impacted your mourning process?		

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Interview Question	Relation to Theory	Addressing RQ
18. Can you explain your bereavement process through religious or spiritual changes?	PHSC identifies stage two as the process of reexamining one's beliefs and trying to make meaning of the event.	R <sub>1</sub> : Is addressed through the different perspectives of spiritual diversity.
19. Could you describe how faith looks different since your spouse's death?		
20. Do you now notice or sense a new or different connection (spiritual or otherwise) to your spouse?	PHSC theory by	
21. Could you describe what that has looked like for you?	understanding what has brought the survivor through the loss journey; for example, some people feel they have a spiritual connection through ways of remembering the deceased.	R <sub>2</sub> : Is addressed because it will help get an understanding of SOSL faith or nonfaith approach on their journey.
For example, spiritual, ghostly, unexplained sounds or personal connections (i.e., touch)?		
22. How have you felt more linked to your spouse since the death?		
23. Is there anything additional that you would like to share about your spiritual change, bereavement, or posttraumatic growth journey that I failed to ask you today?	This question relates to the theories to grasp an understanding of an in-depth description in conclusion to all topics SC, bereavement, and PTG or overlooked.	R <sub>1,2</sub> : Addresses each topic of the SOSL journey through the last ten years post-loss.

## **Appendix H**

### **Participant Invitation Letter**

Dear Suicide Loss Survivor,

I am a graduate student in the School of Behavioral Sciences at Liberty University. As part of my doctoral degree requirement, I am conducting a qualitative research study under the supervision of Dr. Bridgett Hester to explore lived experiences of Spouses of Suicide Loss (SOSL), spiritual change (SC), process of suicide bereavement, and posttraumatic growth (PTG). The research aims to understand the lived experiences of SOSL's SC, suicide bereavement, and PTG within ten-year post-loss in the United States. In accordance with protocol, I am writing to invite you to join my study.

In order for participants to meet criteria the following must be met:

- Must be at least 18 years old
- Were married at time of spouse's suicide
- It has to be at least one year after spouse's death
- Experienced the death of a spouse within last ten years
- Live within the U.S
- Willingness to be open about loss of spouse to suicide.

If you are willing to participate in my study, you will be asked to do the following:

- Complete a demographic questionnaire which will take approximately five minutes
- Participate in a semi-structured open-ended individual interview through a face-to-face interview or Zoom meeting, which may take approximately 60-90 minutes. The interview will be audio and video recorded.
- Speak openly about your lived experience on audio and/or video recording
- Participant will be willing to review interview transcripts (10 minutes).

Names and other identifying information will be requested from you as part of this study, but the information will remain confidential.

To participate, please contact me to schedule an interview.

The consent document is contained in the DocuSign link that will be emailed. The consent documents contain additional information about my research. If you choose to participate, you will need to type your name and date into the form and submit it. Once I receive your signed consent, I will send you a demographic questionnaire.

Sincerely,

Amanda Guin

Doctoral Candidate

(919) 538-7415 [aguin@liberty.edu](mailto:aguin@liberty.edu)/[aguin217@gmail.com](mailto:aguin217@gmail.com)



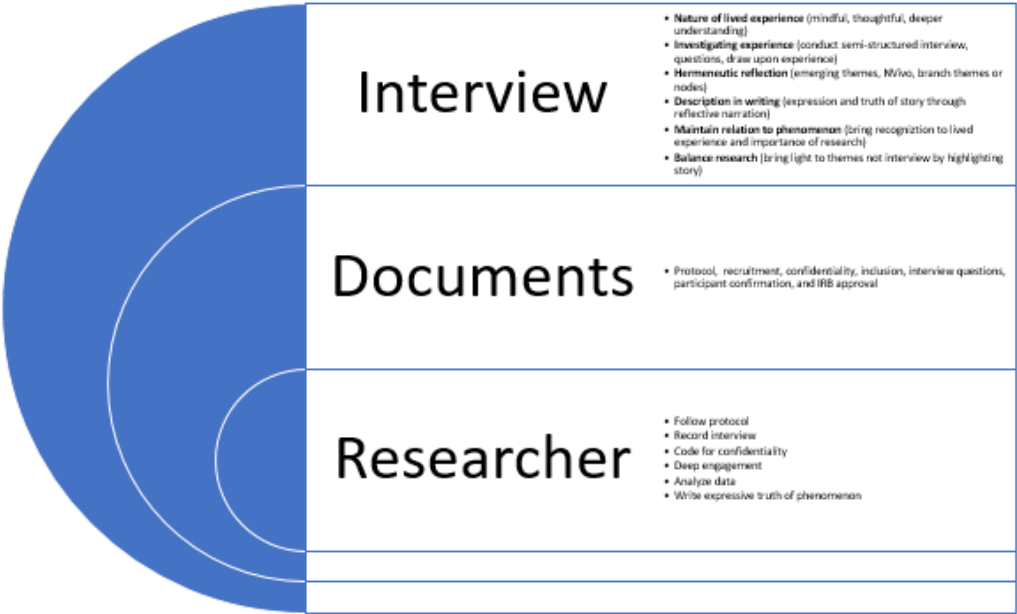
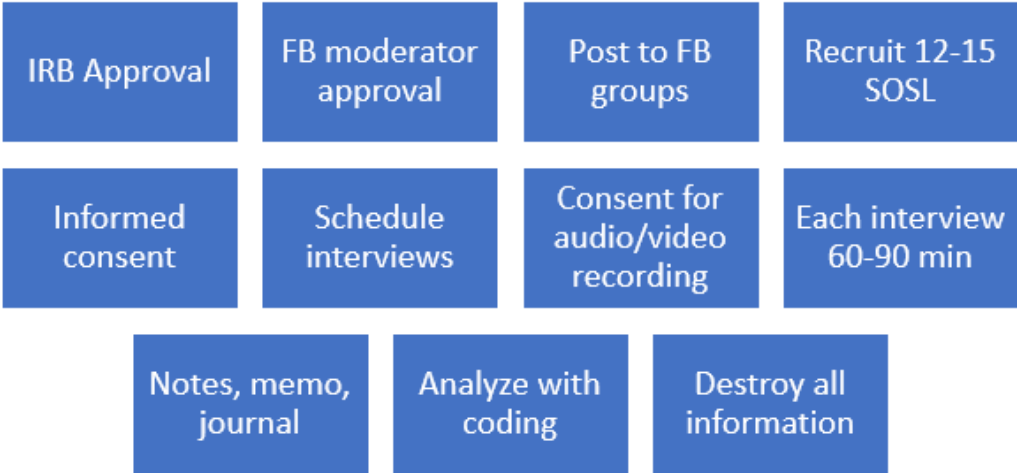
## **Appendix I**

### **FB Recruitment**

ATTENTION FACEBOOK FRIENDS: I am conducting research as part of the requirements for a Doctor of Education degree at Liberty University. The purpose of my research is to better understand how spouses of suicide loss experience spiritual change, the process of suicide bereavement, and the posttraumatic journey. To participate, you must be at least 18 years old, married at time of spouse's suicide, have to be at least one year after loss, have experienced the death within last ten years, live within the U.S. and be open to communicate about your loss process. Participants will first be asked to complete a demographic questionnaire (5minutes), be interviewed either in person or on a Zoom call (60-90 mins) and review transcription (10 mins) of interview. The interview will be audio- and audio-and video-recorded, and participants will be able to review their interview transcripts. If you would like to participate and meet the study criteria, please direct message me for more information. A consent document will be emailed through DocuSign before interview takes place, and you will need to sign and return it to me before completing the demographic survey. Thank you for your time.

Appendix J

Data Collection, Management, and Analysis



## **Appendix K**

### **Free Counseling**

To provide for the vulnerable population of suicide loss survivors, the researcher has arranged two free counseling sessions if the participant needs a professional to talk with. Stephen Woodard, the associate pastor at North Raleigh Christian Church, has offered to speak with any participant needing up to two counseling sessions. Mr. Woodard has his undergraduate degree in Ministry and a Master's degree in Counseling.

Please provide valid information for the researcher to help any participant get in contact with Mr. Woodard.

Participant name and date of sessions:

---

### **Self-Care**

Website:

<https://samaritanshope.org/resources/the-importance-of-self-care-for-suicide-loss-survivors/>

Suicide Crisis Hotline Phone Number: 1-800-273-TALK (8255)

Suicide Crisis Text Number: 988

## Appendix L

### Literature Theme Summary Tables

Table L1

#### *Suicidology Summary*

Author(s) (Year)	Purpose	Reason/Method	Outcome/Aim
Berman et al. (2021)	Giving specific name to research of suicide	Acknowledging the study of suicide	Applying a name to a professional researcher of suicide
Lee (2016)	Understanding suicidology; through various professionals	To grasp the reason why professionals should have a definitive name	To give terminology to a specific profession
Andriessen (2006); Gvion and Apter (2012); Maris et al. (2000)	Defining suicide	To understand the intentional behavior of individuals suicidal	To give a nomenclature word meaning
AAS (2020); Cerel et al. (2014); Drapeau & McIntosh (2020); WHO (2020)	To give statistical data to the issue of suicide	Highlighting the issues surrounding suicide	Bringing awareness to help in prevention, intervention, and postvention effort
Aguirre & Slater (2010); Case & Deaton (2015); Drapeau & McIntosh (2020)	To understand the additional risk of suicide	Bringing awareness about the compounding effects of suicide	To help in various areas of an immense public health issue

Table L2

*Spiritual Change Overview*

Author(s) (Year)	Purpose	Reason/Method	Outcome/Aim
Revonsuo (2017)	Understanding the foundations of consciousness	To clarify how consciousness is perceived	Better understanding of functionality
Bester & Müller (2017)	Research workplace spirituality	Postfoundational	Express spirituality freely and not from religious perspective
Vandecreek & Mottram (2009)	Explore personal religion, function of religion, and religious community after suicide loss	Qualitative descriptive analysis	75% found positive outcome with God, stronger connection after death
Burke & Neimeyer (2014)	Compare focus group of spiritual distress after homicide	Qualitative comparison study	Spiritual anguish, displeased with support, some believe God killed loved one
Exile et al. (2012)	Measure if anger at God is acceptable during suffering	Exploratory quantitative: Belief in God, religiosity, anger toward	Okay to ask God questions, but not question His authority.

Table L3

*Trauma Overview*

Author(s) (Year)	Purpose	Reason/Method	Outcome/Aim
Van Der Kolk (2014)	Understanding what trauma does to the body	Understand how trauma relates to SOSL	Clarify the bodies fight, flight, or freeze reaction to trauma Women and men had varying correlations of interpersonal trauma to somatic symptoms, depression, and substance use
McCall-Hasenfeld et al. (2014)	Measuring somatic issues in different genders with interpersonal trauma	Qualitative, cross-sectional study	Interaction and distance from a traumatic event can be associated with psychopathological disorders
Fink and Galea (2015)	Predisposing factors and trauma characteristics that cause psychopathology	Epidemiological, life course approach	92% rape victims presented PTS; 74% nonsexual assault presented psychopathically symptoms
Foa and Street (2001)	To measure the difference of trauma in women rape and nonsexual assault victims	Qualitative and quantitative measure assessment of victims	Two main themes: psychological and physical outcome for health concerns when bereaved by suicide
Spillane et al. (2017)	Understand health effects of suicide bereavement	Exploratory qualitative study	

Table L4

*Suicide Bereavement Summary*

Author(s) (Year)	Purpose	Reason/Method	Outcome/Aim
Mitchell et al. (2004)	Measure stress during the acute stage of suicide bereavement	Exploratory cross-sectional pilot study	SOSL found to have highest risk of CG
Spillane et al. (2017)	Physical and psychosomatic health outcome of suicide bereaved	Systematic review comparing suicide bereaved family members	Elevated risk for health outcomes including depression, stress, and anxiety
De Groot et al. (2013)	Measure first degree relative suicide loss course outcome 8-10yrs after	Randomized cohort study that included general physician, family CBT therapy, and CG	Females higher in depression, but overall course of time helped with recovery
Song et al. (2015)	Find association between suicide ideation and exposure to suicide in social relationships	Cross-sectional design	Increased risk of suicidal thoughts compared to no exposure
Sandford et al. (2016)	Measure implications for individual therapy for suicide survivors	Online survey	The implementation of therapy changed emotions over time

Table L5

*Overview of Suicide Survivor*

Author(s) (Year)	Purpose	Reason/Method	Outcome/Aim
Gilewski et al. (1991)	Measure depression and bereavement	Interview and measurement scales (BSI)	Suicide loss had less support over natural cause of death spouses
Feigelman et al. (2009)	Comparative study suicide loss and natural death	3 months of following bereavement by psychiatrist and general health by self-report	Suicide loss was found in worse health compared to natural death
Wittouck et al. (2014)	Measure CBT psychoeducation compared to non-CBT group	Semi-structured interview	More support was shown in survivors who received CBT with psychoeducation
Terhorst and Mitchell (2012)	Measure ways of coping strategies between genders	Questionnaires to learn who identifies at survivor, learn coping, preferred identity.	Females sought and utilized more social support and positive appraisal over males
Mitchell et al. (2009)	Comparison study of suicide survivors' depression, anxiety, and quality of life	Cross-sectional study to compare psychiatric symptoms and quality of life	Close relationships with deceased had increased anxiety and depression



Table L6

*Postvention Summary*

Author(s) (Year)	Purpose	Reason/Method	Outcome/Aim
Jordan (2017)	To find if there is an increased risk of those bereaved by suicide	Review of empirical evidence	Exposed or affected by suicide increases risk of suicidality
Campbell et al. (2004)	Actively be present directly after suicide loss	Pilot program to send specialized team member to scene of suicide	Helps accompany survivor with resources, guidance, healing
Aguirre and Slater (2010)	Compare active and traditional postvention models	Review approaches in postvention efforts for survivors	Active approach was most successful for survivors to receive proper care
Andriessen et al. (2019)	Measure effectiveness of intervention for those bereaved by suicide	Systematic review using PRISMA guidelines	Education or therapy support after 8-10 weeks was found more effective
Smith et al. (2011)	Understand the process of posttraumatic growth	Interpretive phenomenological analysis (IPA)	Inner emotions were disguised but bereavement work produced growth.

Table L7

*Posttraumatic Growth Summary*

Author(s) (Year)	Purpose	Reason/Method	Outcome/Aim
Tedeschi and Calhoun (1996)	Measure PTG in trauma and no trauma participants	Quantitative PTGI	Individuals with trauma had higher PTG scores
Sarenmalm et al. (2013)	Evaluate postmenopausal women after breast cancer stressful event	Measure SOC to stressful events	Stressful event is a predictor of distress ( $\beta = -0.04$ ; $p = 0.019$ )
Drapeau et al. (2019)	Study of bereaved adult survivors of suicide PTG	Online quantitative questionnaire of men and women	Positive factors that contributed to PTG: problem-focused coping, time since loss, perceived closeness
Eriksson and Lindström (2005)	Explain and clarify concepts of salutogenic theory sense of coherence	Systematic review of ongoing projects of salutogenic research	Can be implemented in conflict resolution and health promotion
Aldwin and Levenson (2004)	Developmental perspective on growth experiences after trauma	Explore and investigate different literature on growth	PTG is possible after trauma, yet understanding proper ways to cope is pivotal

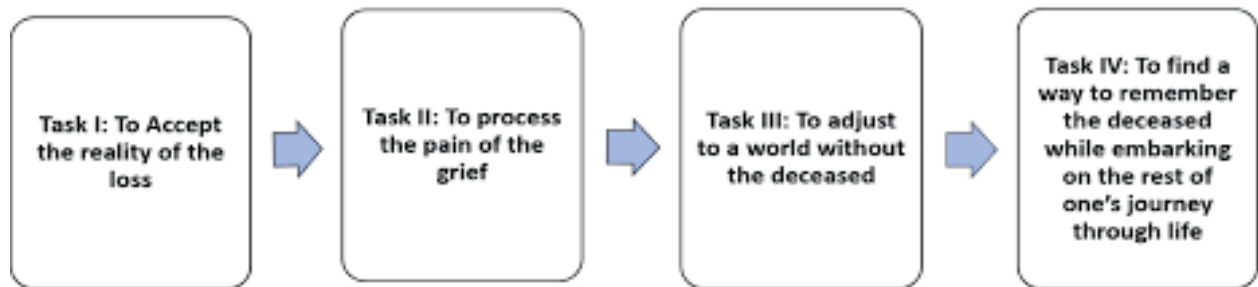
Table L8

*Religiosity Summary*

Author(s) (Year)	Purpose	Reason/Method	Outcome/Aim
ter Kuile and Ehring (2014)	To test predictors of changes in direction and intensity of religious beliefs	Quantitative measures: Brief RCOPE, CRS	Varied some individuals were shown to increase while others decreased religiosity
Jahn and Spencer-Thomas (2018)	Understand survivors of suicide bereaved experiences and meaning-making	Online recruitment Qualitative analysis with open-ended questions	Find comfort and connection with deceased through religious experiences
Krysinska et al. (2014)	To explore how suicide survivors reference their spiritual/religious beliefs in online memorials	Analyze online memorials of survivors of suicide	14 themes found in analysis, 10 related to spiritual/religious in (14%) memorials
Wortmann and Park's (2008)	To review spiritual/religious adjustment literature following bereavement	Review of quantitative studies	Variation depending on design and measures used
Talseth and Giljie (2017)	Understanding burdensomeness of suicide survivorship	Critical interpretive synthesis	Evidence to help nurses be informed about suicide survivors' journey of burden to liberation

## Appendix M

### Worden's Mourning Tasks



*Note.* Worden's mourning tasks of bereaved individuals is not linear, but fluid.

## Appendix N.

### Informed Consent

**Title of the Project: EXPLORING LIVED EXPERIENCES OF SUICIDE SURVIVING SPOUSES: AN INTERPRETIVE PHENOMENOLOGICAL QUALITATIVE STUDY**

**Principal Investigator:** Amanda Guin, Liberty University EdD. candidate

**Co-investigator(s):** Dr. Bridgette Hester, Liberty University Adjunct Dissertation Chair

#### Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years old or older, married at time of spouse's suicide, at least one year out in loss, have experienced spouse's death within last ten years, live in the United States, and be willing to have open communication about spouse's suicide. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

#### What is the study about and why is it being done?

The purpose of the study is to explore the lived experiences of spouses of suicide loss (SOSL) spiritual change (SC), the process of suicide bereavement, and posttraumatic growth (PTG) in suicide survivors within ten years post-loss in the United States. The researcher hopes that the findings will inform other survivors, clinicians, and the community a better

understanding of the above processes to aid in prevention, intervention, and postvention care for suicide survivors.

### **What will happen if you take part in this study?**

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

1. Complete a demographic questionnaire (5 minutes)
2. Participate in a semi-structured open-ended individual interview either in person or via Zoom meeting, which may take approximately 60-90 minutes. You will be asked to
3. Speak openly about your lived experience.
4. Participant will have the opportunity to review their transcripts. This will take approximately 10 minutes.

### **How could you or others benefit from this study?**

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include help to bring awareness about the SC, bereavement process, and PTG after spousal suicide loss. The information in the study will provide information to other survivors, clinicians, and the community as a way to better understand the above processes to aid in the areas of prevention, intervention, and postvention care for suicide survivors.

### **What risks might you experience from being in this study?**

The risks involved in this study are minimal, meaning they are equal to the risks you would encounter in everyday life. However, risks include possible unpleasantness of remembering trauma, recurring feelings of the grief process, and recalling distressing feelings. There is a possibility of psychological and other mental health symptoms to arise. If, at any time, you feel uncomfortable and choose to stop participating in the study, you have the right to do so. Additionally, if you are triggering feelings or emotions and need to speak to a counselor, you can call 1-800-273-TALK (8255) for the national toll-free crisis hotline which is available 24/7. Also, the researcher will be providing free counseling from Pastor Woodard if you need a free

counseling session. There are also suicide survivor support groups available in each state. The American Association of Suicidology provides groups on their website at [www.suicidology.org](http://www.suicidology.org) under the tab “suicide loss support.”

#### **How will personal information be protected?**

The records of this study will be kept private.

Research records will be stored securely, and only the researcher will have access to the records.

Published reports will not include any information that will make it possible to identify a subject.

- Participant responses will be kept confidential using pseudonyms. Interviews will be conducted in the individual’s home where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and hard copy data will be stored in a locked cabinet. After three years, all electronic records will be deleted, and hard copy data will be shredded
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

#### **How will you be compensated for being part of the study?**

Participants will not be compensated for participating in this study.

#### **What are the costs to you to be part of the study?**

To participate in the research, you will not bear a financial cost. It will require time out of the participants day for the interview process.

#### **Is study participation voluntary?**

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 questions or withdraw at any time without affecting those relationships.

**What should you do if you decide 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 will be destroyed immediately and will not be included in this study.

**Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study is Amanda Guin. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact Amanda Guin at [aguin@liberty.edu](mailto:aguin@liberty.edu). You may also contact the researcher's faculty sponsor, Dr. Bridgette Hester at [bhester14@liberty.edu](mailto:bhester14@liberty.edu).

**Whom do you contact if you have questions about your rights as a research participant?**

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., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty*



*researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

<b>Your Consent</b>
---------------------

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

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

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

---

Printed Subject Name

---

Signature & Date

## Appendix O

### Field Test

Researcher:

I've turned on the transcript. Okay. So, I'm just going to go over what it is to participate that you're over 18, you were married to your spouse at the time of the suicide. You experienced the death of your spouse within the last 10 years. You currently still live in the United States, and you're willing to discuss any of this suicide loss. You are female, your ethnicity, background African American or black. Okay. Your age range between 18 to 30, 31 to 40 41 to

Jane:

41 to 50.

Researcher:

That's you're younger than me.

Jane:

I wish I could say something different.

Researcher:

Okay. And what region of the United States? You're in the southeast. And you're currently widowed still?

Jane:

Yeah. Yeah, that hasn't changed.

Researcher:

Okay. I'm going to go over the first question, and I want to know if you can please describe your worldview pre-loss and post-loss your bereavement. What are your views,

attitudes, or ideas of the world around you before your loss. And then, if you can give me an idea of what it was, what it's been like since your loss.

Jane:

I think that my work was very much a. I hate to use the word fairytale, but it kind of had that, that thought process of, if you do the things, you know you're supposed to do. So you go to school, you finish school, you move on, you go to college, the person that you want to marry and you get married and have kids like, you know, the house and picket fence and dog and cat whole bit, like, I think, I think it was very much an idealistic view of if you can you too can have this world and, and I think it was, it was sold to me pretty, pretty well. If you do these things, then this is how it will be. And I think that post-loss, I had never really lost anybody extremely close to me, like somebody I saw regularly.

Jane:

So, every day or even every week that I had a tight relationship with, I had family members that passed that was older. And they pass from age and, you know, things that you expect it. So, I think I, I just had a, a more idealistic view because of that. And so post-loss, I think that it's been more so of a, you know, life is real. It is. It is real. And some things are just not in our control, and it doesn't matter how much you do what you're supposed to do, the order that you do, fan, or how much you try to make a life for yourself a certain way. Certain elements are outside your control, and you will also have to deal with your day-to-day doing. And so that, that I think has been the biggest change for me.

Researcher:

Thank you. Okay. Second, how would you describe your initial thoughts and feelings post-loss? Like, can you describe maybe those initial emotions and reactions?

Jane:

I think very confused and extremely just disconnected from my space and the world around me because there was a lot of not really understanding how you got some way. So, so I think there were a lot of feelings of disconnect and then just questioning the space in terms of how much of what you really know and believe is true just from that aspect. So I think that's, those were my initial thoughts.

Researcher:

So, during the post-loss of those emotions, did you work through any, I guess, stages of grief that you could recognize that? Well, I guess maybe not. Cause I was going to try and compare it to other losses, but you said you didn't really have any losses before that.

Jane:

Yeah, I mean, there were, but it was things like, like I said, older family members, so it was more expected. I think it was a little bit different from a day-to-day person in your age range, sudden, like that type of loss I think was very different. I, I haven't had an uncle pass away from medical issues, but it was things we knew about. And you had time to say goodbye, and they weren't people I saw every day or was extremely close to. So, it was just a little bit,

Jane:

A little bit different, I think, but in terms of stages of grief, I think, you know, the denial piece in terms of just waking up and being like, is this a dream? Like, is this, are we, is this really happening in AR or is he going to come back home? Or, like, I think that I initially had some of that. Like somebody waking me up like this isn't really what it is. And, and first-year anger and that took a lot longer. I, I think, you know, we learn about the stages of grief in the medical field. And I, I think when you hear it because you're taught it, you think that it's supposed to be this

systemic process that happens this way every time. And I feel like what I found with this is it doesn't really work that way. It's kind of all over the place and he may feel this way today and here to get in the back here. And it's not how they teach it to you.

Researcher:

Right. I didn't use those many different mourning and grief models. And the one that I used was Worden's tasks. So, he doesn't say anything is like, linear kind of explains it as is like trying to, you know, each task is something a step. And it doesn't mean it's not, you're not going to go back to that task, but it's just one that you're probably going to work through. So that's going to lead me to my next question describing any stages of your bereavement since your spouse passed, maybe three months or six months. With Worden's model, I'm going to show you, his tasks. So, the first task is accepting the reality of loss. Hold on, let me try to figure out how I'm supposed to share my screen. Let's see, screen share here this. Okay. Can you see the difference between the three or four tasks? So, his first task is accepting the reality of loss, the process of the pain, adjusting to the world without him, and then to find a way to remember. So, seeing this kind of task, not that it's linear, it's more fluid. Can you describe maybe like your three months, your six months, your year, and where you are now, like how that process may be looked? I know you said anger was one of them.

Jane:

I mean, I think, I think that the, of the reality of the loss, I don't really know. I can't pinpoint at what point I honestly accepted the space and truly accepted it; yes, I recognized that it wasn't, that it was really early, but to truly like accept the space. It probably was later. I mean, I, I don't know. I feel like that first year, there was a lot of space for not really accepting that this was where we were. So maybe at a year in processing the pain of the grief, that is an ongoing process.

Right. You know, I feel like that's a continuing process. I mean, I think I tried to start early. I started going to groups within the first month, and I started counseling myself within the first month.

Jane:

So, I think I was very cognizant that I needed to process the grief and that I needed help because it was hard to accept. So, I think that has been an ongoing process. And even still, to this day, it's ongoing and processing that pain, adjusting to the world without the deceased. That took a lot more time. And to be honest, it's funny, I have said that these last two years because we were so isolated from other people, I think it has been the most that I really like learning to completely do my sales and adjust. And when I say myself, not without help from my parents have always been very helpful. But even that, like the fact that, okay, I must work in a pandemic because of the type of job I do. How does that look when you don't have a spouse?

Jane:

And what does that look like for your kids, but that there's not another person to help? And so, really going through this type of high-stress situation without a spouse has given me a better space of knowing how to adjust as a truly adjusted single parent. So, I think that happened within the last two years, like it happened within the last two years, which I guess would have been here four and five, and then finding a way to remember. I, I, I honestly think I did this backward because I think I do. I think because my children were so little, I started with task number four-day one, and I remember going to a group and saying some of the stuff I was doing. And I remember the person leading the group saying like, how did you think to get memory blankets made or to record, you know, your kids talking about memories when they're so little because you want to make sure there's something for them to feel when they get older.

Jane:

And it was because in my mind because they were so young and I knew they wouldn't remember him at all, probably in five years, I went into, how do I let them know who this person was? That was my first thought like my first thought wasn't about me. My first thought was, how do I make sure that they know who this person was? And that they understand that their father loved them and cared about them. And remember Amy type of members, they had it. I started it very early as my childhood would talk about, you know, their father like taping what they were saying, or, you know, that type of stuff and getting memory blankets made from like his clothes so that they would have something. And, you know, trying to make sure that I had pictures or videos on a thumb drive.

Jane:

Like that was my initial thought, what do we do on the birthday? What did we do on Christmas? You know, I started there, and in retrospect, because I just had this conversation this morning because it's approaching my husband's birthday. And in retrospect, I think that in doing it backward, I've almost created a space for me that now when I'm angry about it and don't want to do those things, my kids are so enamored and doing them because I've set them up to do that. Like it's like, oh, it's the birthday. So, are we going to get the cupcakes? And we're going, and I am now in a different place of trying to figure out what that means for me. I create that space.

Researcher:

Aaron's death and birthday. We're just Monday.

Jane:

And post

Researcher:

And I've always done that same thing, you know? And they were like, we're going to see them. Are we going to have a birthday there? And this year, I was like, no, I don't know. I was just like, I'm in a different space, you know? And I feel like maybe this year we don't have to do the birthday cake every year or must let off the balloons every year. Cause we always did the balloons, the cake, the go visit him and everything. So

Jane:

Right. Like even, even this, I'll be honest. Like that was why I had the conversation this morning. Cause I was like, I really wanted to do this, but I didn't realize that it was only going to be two days before like the birthday. And I am because I've had to have a conversation with my children about what we are doing on the cake. I was like, I just don't know. I don't know how I feel right now. Like I just, I don't know. I feel like I don't, I don't know how much I am, you know, I'm trying to, to keep their memories what they are, but also preserve me

Jane:

Spirit, and it's a fine line. And I put everything into preserving their memories for all these years because I needed them to feel like they had something, and I put myself on the back burner. And now, like I said, I think a lot of it had to do with the isolation over the past two years and, and, you know, health issues in my family in general with other people, like really thinking about how to do I fit in this space. And now it's kinda like, I don't know that I want to keep setting myself back year after year either. I don't, I don't know how to navigate that space. So yeah, I totally think I did for. First, it was like day one, like, literally, I started making recordings within that first couple of weeks of them, and that's where my mind went. How do I make sure my children know what this person was like? That was my first thought. It wasn't anything else.

Researcher:



And now you're just kind of in a different space in the past, and it's, I understand entirely. Okay, let me stop that or pass them morning tasks. We've realized that. Oh, so as you, is there anything like your life journey through your own six years? Correct? Years. Could you wait, let me see. Okay. So I'm gonna skip over the, we went through all the mourning tasks and then, so have you noticed anything in your view now that you're six years out about your view of life today? Like any optimism or positive opportunities that have come after your loss. Like

Jane:

Yeah. I mean, I, I think so. I think I know it's only been, like I said, recent, probably within the last year and a half. I think I now am a little bit more like life is really short and the, there is some aspects of that that I must, I have to own my space and I can't, and everybody does individually have to own their space. We can't allow other how other people have moved. And this goes beyond even just, you know, the death piece of things, but we can't allow what happens in other people's space to completely cause us to stop. I think I have become more optimistic from the standpoint of I really think I care a lot less. What other people think for a very long time, especially in the beginning, I cared a lot about what people think about my situation and think about me as a widow and how I became a widow.

Jane:

Like I cared so much about what the parents at my kid's school would think or what, you know when I go back to the homecoming or to events on campus, and people ask, oh, well, what happened to your husband? Like this whole, I don't know what, what, how that's gonna look or what the people will say. Are they gonna look at me and be like, oh my gosh, we felt like I didn't want people to feel sorry? No, I just don't care as much. I genuinely don't care as much because I am trying to see the world from the standpoint that I can make it what I need it to be for my kids

and me and not stop or become stagnant in a space. Even like going back to school, I've now looked into going back to school at this point. And for a while, it was like how I couldn't go back to school because I didn't have help. And it's like, okay, people do it all the time. So, stop making excuses based off your circumstances. And I think I'm getting to that place.

Researcher:

Well, that's awesome. What are you going back to school for?

Jane:

I'm currently looking at going between either my master's in public health or my Ph.D. in nursing. I have not decided which would be more advantageous to my career goals because both of those things are encompassed in what I currently do in the work I'm currently doing. And so just trying to figure out which one is, is the right path for what I want to do. Long-term is where I'm stuck. Like I've looked into both programs and I just, which one am I'm more passionate about moving towards? That's what I'm trying to decide.

Researcher:

Congratulations. How would you describe your relationship to others in your life since the death of your spouse? For instance, like friends and family, how has the loss impacted your current relationships?

Jane:

I think I think my relationships with my friends are positive because I have known my primary friend group since we were in elementary school. So, we all knew each other before we had kids, were married, and were even adults. So that relationship has stayed pretty much the same because we've gone through these spaces together. But what has changed is we all got married around the same time and had kids around the same time. And what I did notice,

especially, you know, in the beginning, and when we would do things as a family, you know, I'm the only one there without a spouse, and their kids would have made references to, to them about, you know, oh, you know, what happened to their dad? Or where is their dad, or why don't they have, you know, so I think that the interesting dynamics are that we all had been relationships all around beer in very close proximity to each other?

Jane:

So, we all were single around the same time, and then all were married around the same time. And now I'm the only single one. And so that part has been interesting when it comes to bull group dynamics; when we've done things with everybody, like the kids and the spouses, it's not as much of an issue when it's just us because we've always been friends since before, but, but I do feel different in that space. My relationship with my family, I feel, I feel like it's the same for the most part. I mean, especially my primary, like my parents and my sister, because we've always had the same relationship.

Jane:

What I think is different is that my parents don't talk about my husband at all. So, if it's not in a negative or a positive way, they just don't; it's almost like I was never married, but they just have these grandchildren here. I've always been single with children. And so that's what I think is interesting, like on his birthday or on holiday, like they don't ever, or even my wedding anniversary, like they don't acknowledge that space. And I've had to wonder, like, for parents, I'm sure it was very difficult to see their child go through this process. And so, for them, I don't really know what their feelings are around it because it's not a conversation I've ever had with them. They've never said how they felt about it. They never voiced that they've never been positive or negative, like even how they felt about what happened.

Jane:

And so, but that's, that's the type of family I grew up in that like very loving and very supportive, but you don't talk about certain things, very detailed. I mean, you, you just, you, don't, there's certain things you don't talk about. And so, I didn't. I never expected them to have a conversation with me about how they felt about it. So, it doesn't seem particularly odd to me because I just think that's how I was raised. You know, what happens in your house stays in your house? Like it's, it was a very, that's just how I was always raised. So, I don't think they would ever have a big heart-to-heart about, well, how do you feel about this? What are your feelings around it like that wouldn't occur? So, I think that relationship has stayed the same. It's just that in dealing with other widows and other survivors of suicide and hearing how, like some of their family interactions have been with their immediate family or, maybe, their parents might be a part of these memory spaces and things with their children. Like my parents are not part of me, the kids and me mostly. So that part, you know, is, I guess, a thing that some people have, and some don't, and then I don't really have a huge relationship with his family. And, and it's not out of, like, from a negative perspective because of anything happening. It's just not really there.

Jane:

I don't know,

Researcher:

Hold on to me, but I mean, it's not a, it's not a very deep relationship, and yeah.

Jane:

Right. I'll get a tear. Right. And I think, I don't know how common that is. Cause I was never divorced or, or headed or any other, you know, space in which the families would be that with. But I would also ensure to think in general that the person would be the go-between and

that space is now not here. So it just gets lost in translation to some extent. I want there, you know? Cause I think about it from the other perspective, if something would have happened to me, knowing how my parents are about my kids, if something would have happened to me, how would they have dealt with if he was raised by himself? And I don't know, because I don't know how receptive that that's not your child that's I don't know what that situation would have looked like. And so, I can't pass any judgment on it the opposite way because I can see how it's different when it's not your child. And we weren't married with not like this was a 20-year marriage where our families were embedded for all this time and, you know, doing all these things completely together with the in-laws like it wasn't. I can see how it's different.

Researcher:

Yeah. But you still, I mean, I know I would like them to be involved in the grandkids' lives, but it's difficult. I think for them to see the kids, I guess.

Jane:

That's what I've been told. As his brother said in the beginning, it's hard for me to see his kids and me; I have my own feelings about that because I have to see his kids every day. So, I can have my own feelings about that, but I have to respect other people's grief processes. And I can't force how I deal in my face on someone else.

Researcher:

Yes.

Jane:

And if it is hard for another person to deal and our space because it is hard, they are still trying to come to terms with certain aspects of things. I can't do anything about that. I can feel it. I can assume how one might feel 20 years from now, there's never a relationship, and they have

to think back on that themselves. But I don't get to put my feelings in that space. So, I don't know.

Researcher:

I know I'm with you. Sorry. Next, can you explain if you feel a new interstate that you didn't feel or identify before your loss?

Jane:

I think that it'll be considered manners. It was the kid who always wanted to be married. Like that was like a thing. Like I wanted to be married. I wanted to have this family. I want it to be a thing for me, like being a wife and a mom, and like the Susie homemaker space. It was legitimately like very traditional, very you whatever thought process. So over me, I think the inner strength that has made me extremely content is being by my field. I don't think it was wrong for me to have that view before, but I currently do not feel like that's a need that I have at all anymore. And so, so I, I feel like there is a level of inner strength with that because I wouldn't be not comfortable by myself. I don't think I was.

Jane:

I mean, even growing up in, in mind because I wasn't married until my thirties. And so, even in dating in my twenties and teenage years, like I was always in long-term relationships. And so this is the longest period of time, but I have not been in a relationship, and I am fine with that. And that would never be something I would have ever thought of because I really enjoyed and wanted companionship. And I, I value that, and I don't value it now, so it's not that, but I have become content in myself, and there's a part of me that wishes. I was continuing myself when I was 20. Like I wish that I would have had that view at 20 because I may have you traveled differently or just, just taken a different path at that point in time. But the fact that it's

happened now, I think I have been able to grow in a way that I don't think I did when I was younger,

Researcher:

Very similar. I would always been in long-term relationships. And so, this has been my longest singlehood, I guess you'd call, but you know, so apparent at the same time. So, I can definitely feel you. I didn't do all my traveling, and now I'm fine. I'm content. And I have the inner strength to say, I can do this. So, I'm so proud of you. I mean, I know it's been hard, so hard, such a hard process.

Jane:

I mean, I, and I see, you know, this stuff, when you put your phone, I'm proud of us. Like I think we are doing the best we can like I do. I, I think that it takes a lot to,

Jane:

To move forward in these spaces to move forward as mothers, as women, as widows as whatever the faith, maybe I don't, I mean, you've been very, I know you were before, especially like outspoken with the tap stuff. I mean, like, so I think you kind of take an even, even going back to school anyway, like you have taken your, the circumstances and turned it into like a whole like, but it's bigger than a venue. I think that's what's important. Like figuring out how to navigate the space without getting stagnant. Yeah. That has been the biggest, that's been the biggest thing trying to not get stagnant.

Researcher:

Yes. And that's a lot of what this research is trying to understand is that so many widows, definite some grow from this. Some are just stagnant or going through post-traumatic stress on a very dark and deep level. So, you know, just trying to understand the processes that we all go

through and the changes and what differentiates, you know, yours from mine, why you're still, maybe there and why are seen, you know, something out of it. So, we all figure it out. Okay. The next question is going to be, can you describe your spiritual or religious beliefs before you lost? Did you have any particular sense of spirituality, faith, or anything else?

Jane:

I mean, I think that I've always grew, grew up Christian. The church is very traditional, like Christianity, small family churches. They're not big, not very big at all. Very much, very, very small. And just in terms of my own personal spirituality, I do think that I, I was more. I guess everything happens for a reason. And if it's, you know, God's plan, and that's how it will be. And trying to find faith in that space before you because I think that was how I grew up. Like that was, was how we were, we were taught very much. Like you, you're never going to get more put on you than you can bear. And everything happens in Bible. Right? But that's yes. It's that, it's that a lot of it is, I guess, almost the Southern preaching rhetoric of, you know, when it's too much, just pray about it, and it'll all get better.

Jane:

And, like, I think that it was very much that rhetoric that I heard growing up and very much what my thought process was. And I think when you haven't really had a lot of hardship, because I remember being in church and even as a young adult and being like, oh, well, I don't even know what they're talking about when they're like, oh, you know, I know that you've had a lot, a lot of rain in your life. They like to say that with it, you know? And if you haven't just wait, and it's common, but have faith that it'll get better, and I'd be like, oh, everything seems pretty good. Like I've gone to school. Like I'm not there yet. So, I must be doing something right. Like, because I think that that was how it was for you. You if you pray about it, it will get better.



Jane:

And we all have hard times, but prayer will fix them. And it's not that it doesn't fix it. But I also think as I got older, there was an element of God giving us some, some, some realm of self-accountability, and I've gotten to do more than just pray. There's some element of action. And you also have to take to get out of these spaces. It's not just praying about it. It does not just have faith, and it'll go away. Like there, there is an element of actual work and forward movement at all. It's one of the things I would explain, because even when it came down to medicine, there were people that were, you know, I don't want to take my blood pressure medicine and just pray. And I'm like, well, do we not think that the things that we, you know, that God is in you, the people in the medical field, some of it is knowledge to help you like everything.

Jane:

It isn't just as simple as, and I hate to say it that way, but as simple as just pray about it, and it will go away; we have to take action. We have to be accountable in some element of this space. So, I think that's what changed. Like I was, I w I don't feel that same way. Like I very feel like I am a part of this space, just as much as my spiritual feelings. Like, I also have some accountability in this, in this space. I also have to get up every morning, do what I need, and go to therapy. If that's helpful, you know, there's a lot of rhetoric around therapy sometimes in the same religious spaces and things of that. Like, these are not bad things; they can call exist, and you can believe in medication and therapy. Like all of those things can be a part of your space. And I think that's the growth per se, that, that I've, I've been more, I guess, thoughtful about like, it's, it's not so black and white, right. There is more to spirituality and religion than just having faith; it'll get better pray about it, and it will get better.

Researcher:

So, can you explain your bereavement process through, your religious or your spiritual beliefs? Like, how does your faith look now? Does it look different than it did pre?

Jane:

I do. I think it looks different from some of what I just said. I mean, I, I, that, I don't know that post-loss, I feel like just faith alone was enough, you know, because I think that I had been within the marriage process and where we were in, in, in that space. And you know, this is a positive space moving in the right direction. So I think to have something like suicide that is so abrupt. In this particular situation, it wasn't a space where, you know, he was already on medication or being seen, or like this, this was a long-term thing for us back and forth. I think it, it does change how you feel about faith. Because I, as I said earlier, the idea of how much is real and how much does true in your day-to-day.

Jane:

Life has been a true struggle for me since, like, when somebody says, oh, I'll be there for you, or I'll be you. I don't know that I could believe that. And I think that plays a lot, even in a religious space; when you're talking about faith, it is hard to believe wholeheartedly in if I have faith that something is going to work out. If I have faith that something is, is, is the way it's supposed to be. That really is a thing because I've had that before. And it is not what I thought it was. So it, it is a struggle from that standpoint. It's hard for me to come to terms with feeling like when I, in those spaces, that my feelings are as true and genuine and my whole heart in it, the same way it was before.

Researcher:

Have you noticed a sense or a different, or a new, I guess, connection to your spouse, spiritual or otherwise since, since his death? And can you describe maybe how that might look like? So

Jane:

Instead of, have I noticed a new connection to,

Researcher:

Or anything that you can

Jane:

Maybe expand? You froze. Okay. There you go. I was like, it was in front. I was like, wait, stop. Okay. Say it one more time.

Researcher:

Okay. So, have you felt linked maybe even more to your spouse than you had previously?

Jane:

No, I haven't. I think there was a period where I did, I guess, probably maybe around that third year. I think that, honestly, in the last year and a half or so, it, it feels less weight because I think that I've come to a place of more. As my children are getting older and they are without their father, it is becoming harder for me to understand the whole thought process behind all of this. And so, I think my connection is waning more cause I, I, I questioned more what the true nature of the space was.

Researcher:

Is there any additional information that you want to share about your spirits? It changes your brief mint, or the grow afterward; as of that, I might not have touched on.

Jane:

No, I do think, I guess just, you know, as you said earlier, different people handle this space very differently. I think it's as cliché as I felt like the terminology, you know, all the songs that they make, the whole, what doesn't kill you, makes you stronger space. Like, I think for me personally, being a person who didn't have a lot of hardship growing up, did it, you know, have a lot of loss growing up. Didn't have a lot of struggles growing up that. As I said earlier, having this whole idealistic view of the world, I do think that this situation has made me a more independent person from that aspect and a more realistic person. And I don't know that I'm, that's not a strength. I want it to gain in this way at all, by any stretch of the imagination.

Jane:

Like, that's not what I would have. I wouldn't have wanted to have earned those stripes this way. Still, I think it took something tragic for me to really understand the real world in a different way to understand some of the things that I had seen, even in the medical field, when I would, you know, see people with different issues or concerns. And it's, it's, it took this space to allow me to empathize differently, to understand differently how people get in spaces that they, it is to understand differently how, you know, where the anger and pain come from for some people like it, it took this space to do that, go to groups and hear so many different stories and how people dealt with them and how different families deal with that. Like to really have a lot more empathy, compassion, and concern even in my work. And I think that that part I couldn't have been able to do to have, have felt that way without actually being in this particular process.

Researcher:

That's all my questions. So really appreciate your time and the Navy. Oh, I did want to ask, as one of my inclusion questions, about your academic background,

Jane:

Highest

Researcher:

Level,

Jane:

A master's degree.

Researcher:

Okay. Quit recording.

## **Appendix P**

### **Field Test 2**

Researcher:

Just so you know, as we go through the process, I'm recording, and this is just for field testing, but your name will not be used. None of your information will be directly used. It's just for me to analyze the data before going into the study. Okay. Alright. So, the first question is going to be, can you please describe your world view pre and post-bereavement? How did you kind of see the world before your husband passed?

Shana:

Oh, wow. Like that's a, that's a really open question.

Researcher:

Yes.

Shana:

And as you very well know, so worldview, I think I, I had always kind of looked at it. Let me think. Let me think about this for a second.

Researcher:

No problem.

Shana:

So, my background is I'm also military. So, my world view on death. I mean, I had lost several people before, but my worldview is that that happens to somebody else. So, I think when it, the reality of that hitting my doorstep, that it, it, it was humbling in a lot of ways and scary and

a lot of, a lot of ways. So, I think it brought it home and was put on my front doorstep if that makes any sense.

Researcher:

Yes, it definitely does. So, you try and accept the reality of your death may have looked different after your husband's loss compared to your pre-loss.

Shana:

Yes. I mean, I had lost, I mean, I had lost my dad maybe ten years prior, so, but it was, it was a different type of loss, and that sadness was much different than the loss of my husband at that time. And then losing friends. It, it, it seemed, even though that it, it, it seemed like the grief did not last as long as it did with my husband, we had a future, you know, that we were planning and not that I wasn't with my dad, but, you know, he had his own life. I had my, I mean, we were separate from each other and also with my friends, you know, that I had lost through military service.

Researcher:

Okay.

Shana:

I'm not sure if I answered it.

Researcher:

It's, to me, it's just a change of perspective, kind of. Then, the different losses that you've been through. Okay. Now, can you explain how your view of your mourning process changed since your loss? So let me explain a little

Researcher:

The mourning as in sadness or morning as in I get up.

Researcher:

So with my dissertation, I'll share a little bit; I am using Worden's grief tasks. Hold on, let me try to figure it out on this. Can you see this screen?

Shana:

You know, me get it put on my glasses. Yeah.

Researcher:

He kind of has four tasks that we move through or what he kind of understands as mourning. So the first task is the realization and accepting of the reality of loss. The second task that process is processing ourselves through the pain of loss. The third task is to adjust to the world without your husband. And then the fourth task is he is as a way to find like no TAPS kind of does the whole remembrance thing. So the final is, you know, how are you going to remember and how you're going to embark on the rest of your life's journey without your husband?

Shana:

Okay.

Researcher:

With that being said, how would you explain how your view of this mourning process changed since or through throughout your loss.

Shana:

Changed from,

Researcher:

I guess if you're like comparing maybe your dad's loss to your husband's loss, like, has it changed from year one to year 10? So not really your dad's loss. I'm sorry. So, kind of like



through the years, so, oh yeah. I'm year seven. So, year one to where you are, year seven. How does, how has this kind of tasks changed?

Shana:

Well, I would say much like all the stages of grief. I think that it's not. When I look at this, it doesn't seem like one step happened in the next step, and then it's, it was, it's all cumulative and it all happens all at the same time.

Researcher:

Right? Yeah. So, I don't agree with just grief and mourning as in like linear steps,

Shana:

Right. They,

Researcher:

They kind of ebb and flow. It's very fluid, but I do agree that there are processes that we go through, and we might fall back on some, but there are still like steps that we take away. Are there certain steps where maybe it was harder to accept the reality? Kind of at the beginning, I know for myself at the beginning. It was really hard to accept death. So, in those processes or through the years, have you been able to kind of correlate events in your life where you're like, okay, I'm not accepting this now, where am I going?

Shana:

I think I'm okay. I think I got what I got, where you're going from this. So, I think it's, it, it almost, it almost resets for me. My husband's birthdays in January, you know, February comes along, and then he and his is late January and then, and then he passed mid-March so it's. Then my birthday's right before his, so I can say that for me, I almost have this reset almost every, almost every year that I, it, you know, you where I take a couple of steps back and look at, okay,

he's gone yet another year, and we're living a life yet another year. If I'm looking at this, I know it's, it is, it's kind of fluid along the line, but, you know, I think I asked these questions myself.

I'm like, okay, how am I doing this year?

Shana:

How do I process where I'm going? And, and then where am I going this next year? So, it's almost like a planning meeting in my own head as I go between January and March and just dealing with, okay, how are we, how are we as a family moving forward? And what are we doing this year to make any, to make any forward movement? Are we traveling, or are we, are we singing happy birthday? Like we did last year? Or are we putting, you know, remembrance, you know, doing those things of remembrance this year, because there are years that, that we have created a tradition and then the next year of honoring him and the next year, we're like, we're not feeling it. So, I think it, it, I'm not sure if that answers your answers, your question, but it seems like for me, like, it's almost like a reset during that moment, I think because mine is it's like within 67 days that I'm able to do that, but I know other people it's like it's January and August. So, it, they may, it may be a little bit different for somebody else.

Researcher:

Yeah. That's, I mean, we're all different. Oh, right. The third question is how would you describe your initial thoughts and feelings? Post loss?

Shana:

Oh, shock, like shock and anger like that. Those were the those are two that, you know, and probably still to this day, that those things, that, those two words still reiterate, like, as I go back like I can, I can visibly, I mean, I can still look back and go yeah. Shock and anger. They like those, and those two were almost simultaneous for me.

Researcher:

I agree. I

Shana:

Agree.

Researcher:

Could you describe your initial emotions and reactions when learning? We know that suicide, once you, just did. So with the mourning process of Worden's tasks that I just showed you, Worden explains that grief is the description of a survivor's reactions. Did you recognize a different reaction in this loss compared to other losses, which is kind of what you talked about at the beginning?

Shana:

Yes. To kind of, kind of look at it again. Yes. Other losses seemed less sharp. I would be an explanation that I would, ER, you know, to be able to describe that it, it, it really, it just cut me to the core. I think a lot of it was that you feel in, in, in suicide. I think is that you know, I lost my dad to cancer, and he was 77 years old. I, you know, it was expected that that's what would happen in his life. And when you deal with suicide, is that it, it, it, it kind of borderlines on betrayal. And I say this to people, you know, when we're talking about suicide, is it, you know, I feel like I lost my husband and got divorced the same day because that betrayal was as deep as a divorce. I, in my worldview of it, like, like you didn't tell me, like, you didn't, you didn't share with me the, you know, the issues that you were having. So, I think, you know, that that is kind of an extra thing that I think when for suicide survivors specifically.

Researcher:

Okay. Now, could you please explain your tasks or stages of bereavement since your spouse died? Like, as I was showing you how he went through the reality of it, have you been able to process the reality? Have you seen yourself kind of process the reality of death maybe in a time? Or is this something you continue to go back on every year during the anniversary? Have you noticed?

Researcher:

The question again,

Researcher:

Describing the stages of your bereavement, like in three months, a six-month period, one year, or five years. Can you explain maybe the stages or processes that you went through, have gone through, or even maybe continue to go through since the loss?

Shana:

Certainly, I know, I know people that probably knew me early on, and I'm not sure if you've like when I first went to showed up at a, at a taps event, like I was like, okay, all these people are around me are, are pretty happy. Like, like they're grieving, but, you know, they're like happy to have each other. And I was in a point where I was still pissed off.

Shana:

And you know, that was my, probably, first taps event. So, I mean, my pissed-off stage lasted about three and a half years. Like I was still tipped. And then I had a kind of a powwow with, oh, I forget her first name. Rucco somebody from Kim Rucco. Yes. And I remember her, you know, having, cause I was like, I, I was like, he cannot be my hero. I'm still pissed off at him. You know, I, I was not in the hero stage at that, at that moment. I think as the years have gone on, you know, four or 5, 6, 7 is that I really came to an understanding that it, it was more

like cancer in his world. Is that really? I don't; in some situations, I don't feel like he had; he just wanted the pain to end. And I think I have soft; I don't know, softened to the idea of being less bitter. I have my moments and I think I kind of backed backpedal at, at, at times, on being ticked. But as those stages have come on, I've kind of softened to the idea and softened to like, you know, he didn't grow up in a great, loving home. Like I did. He didn't have those supportive entities, not that some of my, some of my childhood wasn't, it was not overly supportive, but compared to his,

Shana:

He didn't have; he didn't have that. So as the years have gone by, I've gone those different stages.

Researcher:

Okay, good. So, have you found yourself being able to, maybe in year seven, that's you in now, like ways to embark on your own journey of life? Where at the beginning, you may not have.

Shana:

Yes. And, and sometimes, you know, I think my own journey of life at this point is it's still somebody else's meaning my kids when I retired from the military, that's when it was two years before he died. So, I was like, I'm going to take this. I'm going to take this time. I just want to be a stay-at-home mom because I had been full-time for 20 years and 21 years military. So that two years have turned into nine years, nine years of being an at-home mom so far. And I'm just at that cusp that I am, you know, I feel like I don't necessarily need to be there for my kids every day so that I can begin to find my own journey outside of motherhood, so to speak. So, yes.

Researcher:

Okay. Question. How would you describe what your relationship is to others in your life since the death of your spouse?

Shana:

That is, what is a double edge sword on that one? He like, yes, it is. So, I would sit with, with family, even that's a double-edged sword. There are some people that don't even want to talk about the situation that don't even want to address that his name or who he was. And the other ones are like, you know, right by my side. So, I, I think it's kind of a 50, 50 split on whether people exited and people came in and those relationships that I find either if they weren't good if they weren't, I'm going to say fantastic before he passed, then those are the ones that went by the wayside. If the people that had a, we had a positive trajectory, like those are the people that may have, they may have plateaued, but they've ebbed and flowed out of my life in the last seven years. And then the other ones, other people, new people, I've just skyrocketed, you know, I've got to meet a lot of, a lot of people with similar loss that I have a more common, deeper bond than I did with any other friends that I had prior to.

Researcher:

Yeah, definitely. So how do you think this experience has impacted your current relationships that have actually stuck in your life? The ones you say haven't kind of Ebbed and flowed, but have they been consistent?

Shana:

You know, I think obviously it has impacted me, but I think people that know friends or me that know me, and I don't know whether you probably had said, I'd probably have said this a couple of times, is that tell your story because you never know who needs to hear it. And I think

the world often times kind of gives a, give their own timeline to bereavement that, oh, you should be over it. Like you need to where the, you know, you need to wear the black the first year. I mean, that's, but oh, after year after year two, three, or you should start, you shouldn't start dating before year one, you know, year three, you should be over it by now. So I think, I think just me telling my story and the challenges of, of, you know, moving forward through grief kind of probably has kind of softened them in a degree that they're able to look at others with a more empathetic, you know, with an, a more empathetic view of, of wow. Okay. Wow. That a widow or widower, it takes a while.

Researcher:

I agree. So, I'm writing a question. Sorry. Do you think your perception of the relationships that you're speaking of have impacted you to open up more about your story?

Shana:

With

Shana:

Suicide?

Shana:

Yes, yes. Yes. So, you know, I've been asked that question, you know, specifically about suicide. I've been asked that question several times, and there's a certain point that as my kids grow older, I'm a little bit more, more open about it. I think I felt like when they were younger that maybe I needed to protect them from other people, judgment other people's ideas about suicide or, you know, I mean, I've had people, I've had people just avoid me one. I don't know whether it's because of death or because of two or whether it's because of suicide. I don't know. I'm like they're lost, but I think just those relationships definitely change.

Researcher:

Do you think maybe that's where the commonality of a suicide loss survivors?

Shana:

Well, I think anybody with anybody that has lost, like we have lost that. I think when you lose a spouse, whether it be, you know, to, you know, to burn pits or to a cancer or a, you know, a motorcycle accident, I think you always have a bond that you have lost. However, I think that bond takes an, a different understanding when you're, when you have, when you're talking about suicide, because you're like, oh, they really do get it. You know, I have had friends that they're curious about, and they want to know like, you know, like, did you know, or did you not know? It's like, there's, even though they've lost, they still don't understand suicide. They, you know, and I think to myself, okay, I was ticked off for almost three and a half, four years. I can't expect them to get it in a short period of time. So, I think it, that, that bond or that, that understanding is, is definitely, it, it is different than if you don't want to say just lost, but I don't mean to, you know, underrate any anybody's loss. Still, I just feel like it; it is different. It is. It's an understanding at a different level.

Researcher:

That's more complex.

Shana:

Yes.

Researcher:

Okay. Have you noticed any past up progressions of the feelings or emotions towards family or friends since your loss? Have you maybe had a stronger relationship because of your suicide loss?



Shana:

I mean, I, one comes to mind. I mean, I have; I have several family members, and all of them. Yes. Like I think that they tend, they tend to be a little bit more understanding as the years have, or since, since he's passed, but I have a family member that, you know, at, at the time of my husband's death, she was suicidal herself and unbeknownst to me until subsequent months or a year or so after that, I did, I really know about that. And that relationship like has, has evolved over, you know, a period of time that she is kind of leaned on me, I think, to understand like, oh crap, like I can't do this because this is what, you know, this is like, if you know, I don't know how to say that. Like, say that again.

Researcher:

Maybe the consequences of the death.

Shana:

Yeah. She began to understand, and it kind of encouraged her to, to seek, to seek help where before I think she was resistant to it. So, so much to the point, I know it's been seven years, she's a nurse, and she's going back for her to be kind of a nurse in counseling, in bereavement. So, I think her, her, her story, my story obviously, and losing, I mean, her uncle has changed her trajectory of life, but I think we have, we'd have a deeper, we have a deeper knowledge and understanding of each other.

Researcher:

Since the loss,

Shana:

Since the loss. Yes.

Researcher:

Can you explain if you feel any kind of inner strength could be,

Researcher:

Say that again? What was the question?

Researcher:

If you feel an inner strength that was maybe not identified before your spouse has loss maybe a mental clarity, specific, like mind, power over situations that you are going through compared to what you had before the loss, like, do you find that there has been more positive thoughts where you can be able to give yourself strength and uplift yourself over what possibly had before?

Shana:

So, I don't know whether I've always, I think I've always been very positive for me. It's like, I've, I felt like I had always started out positive. Like I've always been very, very optimistic, which sometimes that's where I feel like, oh, you know, his depression is just like, oh, it's just, okay. You know, not necessarily like it's almost as setbacks. My positivity was almost a setback at that point. Cause I might've blinded me to, to go, oh, like he's better than he, you know, then he really is. It's okay. You know, he's just having a bad day. I'm not really visualizing and seeing what the reality was, which beyond that, I think I started out positive when I got negative for about three years. And now you get what you get, you know, I think my positivity and my spark is, has, has come back many years. I'm not sure if that answered your question.

Researcher:

It does. I mean, I feel like you went kind of, even though the ebbs and flows of the inner strength that you've had. Do you maybe find that inner strength you have now? Do you think it's stronger after the suicide loss than before?

Shana:

I, yes. I mean, I think I'm. I've always been that okay. That, that person that took the challenges as they came like, okay, put this on the table, this is what we're gonna, and that's kind of how I don't know whether it made me any stronger. It made me stronger. And in some ways, but not in others, I guess it. It made me stronger in a voice for my kids because I was before. I didn't really, not that I was shy about it, but I was less, less inclined to speak up on their behalf. And now I'm like, okay, you know, for, for example, like grandparents don't call like before I'd be like, Hmm, okay. That's just them now. I'm like, screw you. Like, if you don't want to be part of our life, we're, you know, you're welcome to call anytime you want, if you want if you want to be part of our life, but if you don't, we're okay. So, in that respect, yes.

Researcher:

Yeah, I would. So, my next question was going to be, has an inner strength changed your life? So, I feel like it has because you're now more of an advocate for your kids.

Shana:

Yeah. And maybe even an advocate for myself because before I, I was more like, I want to please people I want, I want the peace, and now I'm okay with not, not that, not to say that, that my intentional, my intention is to make people uncomfortable. But my intention is not, is not to make you comfortable if you're being if you're if you're not being kind to me or if not being kind to my kids like it's not my job to go. Oh, it's okay. And let, let them just get away with what people get away with as opposed to no, like I have feelings, my kids have feelings, and this is how we feel. And if you can't, if you can't align with that, we're okay without you.

Researcher:

Yeah. And we'd said that when we came home from Colorado, actually Ashlyn,

Shana:

We're going to have to talk.

Researcher:

Okay. So the next question is, could you describe what you believe may have hindered?

Well, I guess you did have inner strength, so I'm not scratching off those questions. Could you describe your spiritual or religious beliefs before your loss?

Shana:

Now that changed.

Shana:

I was always, I grew up Catholic and basically was, you know, told to sit up straight, sit in the pew, be quiet and listen to some guy in Latin and not. And if you follow these words and if you do this, you do this, and you do this, then you will get in, you know, you will, you will get miraculously in heaven. And it was very, at that point in time, I prior to his death, I was not going to church. I didn't want to hear about it. I didn't; I acknowledged a higher power, and my husband, who was not, I going to say, staunch, but he had always had a faith under him, Southern Baptist and just growing up, and his mom and his stepdad, his, his stepdad was a preacher. So, so it was him. That would be like, Andrea yearly. You need to, you know, we need to go to church. We need to get the kids in church, and not until after his death that I relied on a higher power—like that changed for me. Like I didn't get baptized until after he died.

Researcher:

Okay. So do you believe in a particular faith or spirituality?

Shana:

Yeah. I mean Christianity, yes. I mean, I, I, I always acknowledged a higher power throughout, throughout my life. I always knew; I always felt like there was a higher power. Still, it wasn't until after his death that I began, that that acknowledgment turned into a relationship with a higher power to understand, you know, to have, you know, daily conversations as opposed to going to church on Sunday and hoping that the, that the priest can, you know, can, can, can relay my understanding can relay that. And I began to understand that Christianity was different. I mean, even though Catholicism is based on Christianity, I, I, I, I looked at Christianity much differently than what I had in the past.

Researcher:

So that pretty much describes your experience with religion. Cause that, that was going to be a nice question. Was describing your experience with your religion since the death of your spouse. You gravitated more towards the higher power and found Christianity over.

Shana:

Yeah. I never veered away from that. Like it, it almost was immediate, and it was almost immediately turning to that. I just remember, you know, when, the day that my husband passed, like I remember in its, I mean, I still know this song is like, it, like, it was like, it was like on replay up in my mind one song. It's the. I don't. I don't know who, I don't even know who sings it at this moment, but it's, it is well with my soul and, and we sang it at a hit, you know, we had it played at his Memorial, and it was, and I think it was through that song that my, my faith changed.

Researcher:

Okay. How has your religion impacted your mourning process? I believe? Or do you feel like that's impacted the process of your morning and greet?

Shana:

Yes. Yeah. Yeah, because I rely on, you know, certain scriptures that, that I would replay in my mind through, you know, the first couple of years, you know, that I would, you know, you know, God is close to the brokenhearted, you know, you know that I go, okay, you know, you can't leave me now type thing. So I think yes and no. And other ones that you, that you, that you cling to certain that I cling to certain scriptures throughout that to kind of guide me through different stages of grief as I was reading the Bible.

Researcher:

So did those references maybe help you not feel so alone after your loss?

Shana:

Sure. Yes. That and, oh gosh, what's that? It's a Danny Gokey song. Oh, it's not. It's not replaying in my mind right now. Huh?

Researcher:

He has a lot of good songs.

Shana:

I will have to think about it. I'm not that good at it. I'm not good at replaying music in my mind on the fly.

Researcher:

Is there any description that you can explain the impact or description of your Christianity that impacted your morning process? Like, is it just the Bible references that you would go to the songs? Did you have a mentor or something during that time to help your kind of,

Shana:

It was, and I think I told them one of my friends was recent.

Shana:

Yes. I went, you know, after he passed, I, you know, you, I think the first six months that I not unhealthily, but I just didn't leave the house very often. Not unless I had to. And the other times I did this, there's a local radio station, but the one I can equate it to on a national level was Caleb radio, which is kind of like a Christian radio. So, there was there's I just did like a 30-day challenge where I just listened to all Christian music. I didn't. I was like, okay, this is the only thing that's making me feel better at this moment. And I don't know whether it was because of popular songs or mainstream songs. Either one reminds me of the past or reminds me of it reminded when it when they came on, reminded me of when this happened or when this happened. I found that Christian rock or music at that point was the only thing that's comfort was of comfort because it didn't make me remember anything I had. And you know, how music sets you back in a period of time. And you know, for me, during that time, I relied on Christian music because it was new and filled a void of listening to music but filled in a positive way. You know, it wasn't heavy metal, you know,

Researcher:

Your soul with a deeper meaning

Shana:

It didn't, didn't it? And it allowed me to. It didn't allow me to go to reflection. It didn't lie. It didn't allow me to go to the reflection of the past. It allowed me to reflect in the moment because it was new. I mean, I was music that I hadn't I had, so my morning routine or my morning probably relied on a lot of Christian music.

Researcher:

Can you describe how your faith looks different since your spouse's death? Which I guess we kind of went over that since you said changed.

Shana:

Yeah.

Researcher:

It sounds like, with dialysis on, you were following rules and regulations were with Christianity. Did you feel freer to have a relationship with God?

Shana:

Yeah, absolutely. I think that definitely changed kind of it goes back to, is it, it kind of opened the door for me to rely on him because I feel like, you know, no one else was around town. I live 18 hours away from my family. So, I did not have family dropping in like two weeks after he passed. It was me and the kids that's it. And it stayed that way for a good while they would call. But I relied on my faith and having a relationship with him instead of a relationship with the family to talk things through.

Researcher:

Okay. Do you now notice or sense a new or different connection to your spouse like, spiritually or otherwise?

Shana:

That is still, you know, how I think some people is like, oh, I talked to him, or you see a God wink here, or, you know, I don't know whether I necessarily see that a bunch, and I don't really talk to him a bunch. And I think it just depends on is that I'm not as bitter as I was, but I just haven't come to that point where we're having a conversation yet. And that may seem really crazy at seven years, you know? But I think that relationship for me has been more of an



understanding and kind of putting myself in his shoes in that day, in that moment, in that time, and the pain that he must have felt. So, I would say I'm more empathetic than I was at any point in time previously, but that answer it, if not reiterate it and ask me again.

Researcher:

Could you describe what your connection, any connection now with your late husband, looks like? For example, you said that you don't really talk to him or have conversations with him. Do you feel like a personal connection? Maybe if you're still in the same house or any kind of, I don't know, I wouldn't say God winks, but maybe like touches or feelings.

Shana:

Yeah, absolutely. And I, and I, I laugh at this because there's two, there's probably two things. I don't know whether I told you the story about the cat that tell you story about the cat. So, my husband hated cats, hated them. So, I think I see him come back in this cat, and my daughter wanted a cat for the longest time. So, before he passed, she had gone to this scholastic book fair and got a poster of this white cat. And she said, okay, mom, dad's not here anymore. Can I have a cat now? And I said, hey if one shows up on our front doorstep, I'll consider it. You know where this is going. Okay. So, it was year two of his passing on his birthday. I'm sitting at the dining room table, I never sit there for morning breakfast, but it was. It was his birthday. And I looked over, and the blinds were just up, and I look out, and what do I see, a really pretty white cat? And it matched exactly what my daughter had had on this Scholastic book fair thing. On his birthday, there are times that I look at that cat and have, even though it seems kind of crazy, like w like, did he come back as a cat? I, the reality of it is no, he did not come back, but there is a connection with that darn cat. And if that cat did not, if it decided to run away one day, we would all be very sad.

Shana:

So, I mean, I think that there is a connection with some things that are physically, that physically, that he left behind. You know, there are times that what's, that.

Researcher:

Do you have a spiritual connection with that cat? Now

Shana:

It is, it is. I don't know whether it's a spiritual connection, but

Researcher:

Sometimes it feels odd, but I feel like the same way with my dog. So, I was just like,

Shana:

I don't know whether it's just a spiritual connection, but she definitely has changed our, you know, we were definitely dog people before. Now, this pretty white cat is, you know, she is just lovable, but, and, and kind of like him in ways, but, you know, I don't think the cat is reincarnated. I've never. I'm not on that. I'm not on that, but it is. It is a reminder that he has a sense of humor. That's what I think of him as in my husband, is that okay? Like, I, that's kind of how I felt. So, it makes me laugh when I see that cat because I think when that cat lays up on his truck, I laugh because he would not, he would not have that. Let me tell you.

Researcher:

That's a good story.

Shana:

Good story. I'm not sure whether that, hopefully, it answered you.

Researcher:

How have you felt more connected, or have you felt more connected or linked to your spouse since his death

Shana:

Linked? Have I felt connected to him?

Researcher:

Right. Is there any kind of feeling of connection with him remembering him? Are there like, specifically, maybe, ways in which you feel more linked or connected to him through different ways of remembering him or things that you and the kids tend to do? Anything like that?

Shana:

So, he, yeah. I mean, yes. It's kind of like. It's kind of like the story with the cat. It's like, he is linked to some physical things, obviously that either he disliked in the cat or liked, you know, meaning the things that he enjoyed and like his red truck or so I think we feel, or, you know, sometimes during, and it's not every year, but he loved Smarties. I hate them but loved them, those little candies. And we will go out and put little Smarties on when he passed. It was the red buds—We're blooming here, where the redbud is a tree. And so, during the month of March, you know, sometimes you might see Smarties hanging off a redbud at our house and the neighbors kind of look. So, I mean, we do, we feel connected, and the kids feel connected in that, in that sense, you know, his he's not here physically, but the things that he either liked or disliked are here for us to have a connection with.

Researcher:

Very good.

Shana:

Not sure if that answers your question.

Researcher:

Yes. Okay. Is there anything else that you might want to share? This is really the end of the interview, but is there anything else that you might want to share about your spiritual changes, any of your suicide bereavement process that you've encountered, or your post-traumatic growth journey that I may have?

Shana:

Hmm. That is kind of an, I mean, there's always words of wisdom thing to put out there. I can just say that. I think as we, whether it's suicide loss, any loss, is that be willing to tell your story? And it, I, I think that is how we are going to as suicide survivors or survivors of suicide loss, that we are going to begin to break through the, for other people, understanding what, why suicide happens and why it's okay to have a conversation about it. I've had multiple conversations with people about the terminology in which we use them in today's verbiage of referring to suicide. The word committed drives me crazy. And I think that is a big influencer of how society, even though the words we use, can influence the next generation. So, you know, I think the word committed, committed suicide, and that terminology is not, is not benefiting us in the world that we live in. And I don't necessarily am a woke. No, but there's a kinder, gentler way of referring to it so that people are more willing to have and reach out to those struggling people.

Shana:

And not necessarily just close the door on them. Not sure if that makes any sense, but I think you get what I'm talking about,

Researcher:

Courage has a lot to do with it. So that's honestly, this is, that was the whole interview.

Shana:

That was why that, that was right at an hour. Cause I was late coming on.

Researcher:

So yeah, I mean, I figured it usually takes between 60 and 90 minutes, but so the spiritual processes of changes, obviously, that's what I'm trying to go over. People's bereavement process through suicide can sometimes look different than other losses and post-traumatic growth journeys and people just how it looks obviously from one survivor to the next. So

Shana:

I don't know how you're all going to put that together.

Researcher:

I said, I neither.

Shana:

Grabbed your fingers. I think you're going to be doing fine.

Researcher:

Thank you. Thanks for your interview. I'm going to stop recording.

## Appendix Q

### Research Question 1 Codebook

Questions	Code	Category	Theme
1-6, 10,16–19, 24	Everything changed, lost confidence, numbness, constant recovery, all decisions on her, anger, anxiety, shock, denial, fear, disappointment, afraid, alone, robbed, sadness, overwhelmed, no trust, different than other losses, continuous process of tasks, hollow, anxiety, lack of energy	Feelings, Physical sensation	Widows become dissociative at the onset of a spouse's suicide.
1-6, 10,16–19, 24	Disbelief, imagining, envisioning, felt presence, logic, facts, God presence, physical sensations, sleep issues, loss of interest, eating issues, dreams, crying, detachment	Cognitions Behaviors	Widows adjustment to change concerning the traumatic experience.
1-6, 10,16–19, 24	Therapy, counseling, yoga, staying busy, mentoring, religion, spirituality, art therapy, connection, the universe, nature, energy	Grounding	Widows reflective and effortful approach during transformation.
1-6, 10,16–19, 24	Secondary trauma, bankruptcy, cancer, death, abuse, aneurysm	Additional trauma	<u>Minor Theme:</u> Experiencing additional trauma after loss.

## Appendix R

### Research Question 2 Codebook

Questions	Code	Category	Theme
7-9, 14, 15, 20-23	Left, dropped out of life, ostracized, weeded out, smaller circle, stigma, draining, liberated, forced, survival mode, unwillingness to give up, inner strength, “its okay not to be okay”	Socially Actions	Widows overarching expression about social/self during re-establishment
7-9, 14, 15, 20-23	Candor, blunt, patience, grace, cherish, deeper connection, advocate, prevention, postvention, self-esteem, grateful, independent, protective, compassionate	Activity	Processing information to ameliorate oneself.
7-9, 14, 15, 20-23	Changed worldview, impacted life, decisions on one, modified life, strong, confident, autonomy, self-supportive, brave, knowledge, community	Thoughts Altered worldview	The elementally whole widow.
7-9, 14, 15, 20-23	God, universe, power bigger than us, energy nature, spirituality, no God, questions, divided	Belief Spiritual Agnostic	<u>Minor Theme:</u> Contemplation of beliefs after suicide loss
7-9, 14, 15, 20-23	Kids kept alive, wanted to be with him, girls sent to keep alive	Suicide	<u>Minor Theme:</u> Widows wanted to die