

**Suicide in Black Adolescents: How Does the Relationship and Attachment Styles Impact  
the Grieving Experience of Non-Custodial Black Grandmothers**

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A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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### **Abstract**

The purpose of this descriptive phenomenological study was to gain insight into the relationship and grief experiences of the non-custodial Black/African American grandmother(s) who have lost a grandchild by suicide. The theories guiding this study are attachment theory, psychosocial stages of development, and grief and loss. The central research questions are used to explore the attachment and relationship between the Black grandmother(s) and grandchild(ren) and whether suicide changes the grieving experience. Participants were selected through purposeful sampling. The sample size for this study includes six Black women between the ages of 48-65 who are non-custodial grandmothers and have experienced grief from the suicide of a grandchild. Data was retrieved through structured and unstructured interviews via an online setting utilizing Zoom video conferencing. The study aimed to contribute to the research on the impact of suicide and attachment between Black grandmothers and their grandchildren and insight into the Black grandmothers' grief.

*KEYWORDS: suicide, grief/grieving, Black/African American grandmothers, attachment theory, psychosocial stages of human development, grief and loss theory, grandchild(ren), relationship*

### **Dedication**

I dedicate this writing to my parents, the late James Wilbert Walton and Mildred T. Eggleston Walton. To my beloved late husband, Charles Edward Carter, Sr., the one God made for me. My children have had my back throughout this journey, my son: R'Wayne M. Walton; my daughters: Ronique N. Walton, Markeisha M. Walton, and De'Andra M. Oliver (Theron, Sr.). My Grandchildren: Austin, Marqueis, Raquan, Aaliyah, Adrian, Azion, Trevon, Kylik, Treshawn, TeAhra, and Theron, Jr., Ikarion, Ray, Zuri, Vorisica, Marvell, and Mejaryne.

This Dissertation is written in memory of my grandson, Charles E. Carter, III., another young soul gone too soon.

### **Acknowledgments**

*“Trust in the LORD with all your heart and lean not on your own understanding.*

*In all your ways acknowledge Him.” Proverbs 3:5-6*

First, I would like to give all the honor and praise to my Lord and Savior Jesus Christ for the wonderful things He has done in my life. Thank you, Lord, for your grace and mercy!

I want to thank all my professors who have played a role in my journey while pursuing my educational goals. I want to thank my Chair, Dr. Frances Sanford, for her insight, guidance, and patience throughout this journey. Most of all, your spiritual support and always being available to listen and offer feedback kept me moving forward. I want to thank Dr. Holly Johnson for her support and insight throughout this process. I would like to thank my fellow doctoral classmates for their encouragement and support during this time. Each of you was what I needed to complete this journey and a big reason for my success as well. Most of all I want to thank my children and grandchildren for your sacrifices and for those who encouraged me to accomplish my dream. Thanks, to my Beloved Charles, for never doubting me, I know you are here in spirit, but I wish you were here with me in the flesh.

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**List of Abbreviations**

Acute Stress Disorder (ASD)

American Community Survey (ACS)

American Foundation for Suicide Prevention (AFSP)

American Psychological Association (APA)

Attachment Theory (AT)

Beck Depression Inventory-II (BDI-II)

Center for Disease Control (CDC)

Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR™)

Grief and Loss Theory (GL)

National Institute of Mental Health (NIMH)

Office of the Chief Medical Examiner's (OCME)

Psychosocial Stages of Human Development (PSHD)

Post-Traumatic Stress Disorder (PTSD)

World Health Organization (WHO)

## **Chapter One: Introduction**

### **Overview**

Approximately 800,000 suicide deaths occur yearly worldwide (Azorina et al., 2019; Lee et al., 2017; del Carpio et al., 2021). Suicide has been identified as the third leading cause of death in the United States and currently is the second leading cause of death in Black adolescents. This chapter provides a brief overview of grandparenthood and suicide in youths in the United States and attempts to identify the gap in the literature this study aims to fill.

This chapter introduces the study, the background surrounding the phenomenon, the theoretical framework, the problem statement, the situation to self, the purpose statement, the significance of the study, and the research questions to formulate this study. This chapter will also define key terms and abbreviations needed to understand this study. The conclusion of the chapter will be a summary.

### **Background**

The family structure has many exchangeable elements and responsibilities and has been studied from many theoretical frameworks to acquire a more logical understanding of historical and current experiences. Grandparents are a central part of the life cycle because of their firsthand experiences and influence on others (Scheinmann, 2016). Historically, Black grandmothers have been and are still considered the matriarchs of their families and communities (Stephens, 2020). In many communities, grandparents' involvement in the lives and raising of their grandchildren is provisional when parents are not available. Grandparents provide many services to the family unit and care for their grandchildren while maintaining meaningful relationships. The roles are often played differently within each relationship due to the increasing

societal changes and grandparents living longer, and grandparents have become more popular with caring for their grandchildren (Condon et al., 2020; Kelly et al., 2021; Xu et al., 2020). Most grandparents provide relationships that benefit the grandchildren, parents, and grandparents (Di Gessa, Bordone, 2019; 2020).

Historically, biblical teachings have identified grandparents as authority figures within the family and with biblical responsibilities. Grandparents were appointed to teach their grandchildren of God's grace and mercy (Romans 10:17), invest in their grandchildren (Proverbs 13:22), and pronounce blessings over their lives (Genesis 48:9). Scripture also references the grandmother's role in the edification of their family and history. Scripture speaks of Sarah, Rebekah, Naomi, Ruth, and others and their role as grandmothers.

According to the United States Census Bureau (2019), there currently are 70 million grandparents living in America. According to the American Community Survey (ACS) on African Americans, approximately 1,046,759 between the ages of 30-60+ have grandchildren under the age of 18 (U.S. Census Bureau, 2021). The ACS study identified 399,858 Black grandparents as primary caregivers/custodial for their grandchildren, compared to 646,901 Black grandparents who identified as non-primary caregivers/non-custodial caregivers.

## **Trauma**

Trauma refers to the psychological and emotional response to an event or experience that an individual may find very distressing or disturbing (APA, 2022; NIMH, 2021; and WHO, 2021). These experiences associated with trauma caused by suicide induce strong feelings and are long-lasting (Kaplow et al., 2014). There are many meanings and definitions that have been clinically associated with suicide. Theorists have defined suicide as being "a traumatic event"

(Levi-Belz, 2017) due to its suddenness and unexpectancy, “intentional act of self-injury leading to one’s death” (Andriessen, 2006; APA, 2022), and even “the outcome of a tragic and pessimistic view of one’s life” (Kaplan, 2021; Runcan, 2020). Suicide, as we know it, is complex, a multifactorial phenomenon (Hjelmeland & Knizek, 2020) and is the second leading cause of death in youth between the ages of 10 and 19 and 7.9 % of high schoolers (grades 9-12) (Doyle et al., 2021). Statista (statista.com), in 2020, cited that the death rate due to suicide among adolescents in the United States has reached an all-time high.

Historically, the Bible has cited incidences of known suicides. Seven adults “*hastily*” ended their lives. Scripture according to King James Bible within the Old Testament (Hebrew scripture), states there were six who committed suicide: Abimelech (Judges 9:54); Samson (Judges 16:28-30); King Saul and his Armor-Bearer (1 Samuel 31:4-6); Ahithophel (2 Samuel 17:23 and Zimri (1 Kings 16:18). In the New Testament (Christian scripture), Judas Iscariot (Matthew 27:5) committed suicide after betraying Jesus. The scriptures do not identify suicide as being committed by children.

Nevertheless, scripture does not say it is okay to commit suicide, nor does it condone it. The views regarding suicide have changed across denominations and with the interpretation of scripture from within a cultural context. Suicide is still considered a traumatic, sudden, and often violent, intentional self-injury that leads to one’s death (Levi-Belz, 2017; Hawton & van Heeringen, 2009; Kaplan, 2021; Runcan, 2020). However, most Christians continue to view suicide as being a sin, not being of God, and a lack of faith (Bregman, 2013).

Research shows that over the years suicide has continued to emerge as a public health concern with approximately 800,000 deaths committed each year from suicidal acts (Andriessen

et al., 2019). Research has focused on suicide rates that were biased in that the research did not include data on Black youth (CDC, 2017). However, the current studies that include Black Youth acknowledge the increase in suicide rates among Black adolescents at an early age (Lindsey et al., 2019; Price & Khubchandani, 2019; Opara et al., 2020). These studies have found that Black children between the ages of 5 and 12 are at a higher risk of suicide than White youth, with little research identifying why (Talley et al., 2021). As a means of connection to this study, a critical link between the suicide of a grandchild and a grandmother is that of survivorship. Grandmothers are survivors of suicide.

Research supports the findings that survivors of suicide include grandparents (Andriessen & Krysinaka, 2012; Hamdan et al., 2020). Shneidman's (1973) findings indicate that approximately six individuals are affected by the death of one person. However, research has continued to investigate the overall impact of suicide, finding that there is an inability to gauge a specific number when identifying suicide survivors (Cereal et al., 2019;2022). Within the Black/African American culture, suicide has always been identified with a stigma attached to it that often leaves survivors not willing or accessible to services that will aid in their grief process. The research currently has a great deal of information or studies that explore grief, bereavement, mourning (Whitley & Fuller-Thompson, 2017; Di Gessa et al., 2019), and the role of custodial grandparents' relationship (Jamieson et al., 2018; Lewis et al., 2018; Mueller & Elder, 2003 & Bangerter & Waldron, 2014). However, research lacks the experiences of Black grandparents when grandchildren commit suicide and whether their role and relationship with the grandchild affect their grief (Tourjeman et al., 2015; Dransart, 2017; Zhang & Jia, 2018).

### **Theoretical Framework**



Many theoretical perspectives are available that structure research and interpret data on attachment across the life cycle of an individual, and the grief and loss, caused by a trauma-related event such as the suicide of a grandchild. Bowlby and Ainsworth's attachment theory (AT), Erikson's psychosocial stages of human development (PSHD), and Elisabeth Kubler-Ross's grief and loss (GL) will provide the foundation for this study. John Bowlby and Mary Ainsworth's work with attachment styles was the guiding factor in establishing relationships through early childhood experiences with parents and children. The bonds formed during this period significantly affected their social, intimate, and work relationships later in life. Later, Hazan and Shaver (1987) extended attachment theory to focus on adults. Hazan and Shaver continued to evolve Bowlby's four main attachment styles: secure, anxious-preoccupied, avoidant-dismissive, and fearful-avoidant in adult relationships.

Along with the contributions of Erik Erikson's Psychosocial Human Development Theory, which is based on Bowlby's findings on attachment throughout a person's life and not just during their childhood years. Erikson (1968), although he agreed with Bowlby that early relationships were critical in human development, also felt that Bowlby's AT was narrowly focused. Erikson deemed that including other meaningful relationships with family members, caregivers, and social relationships was just as crucial. Erikson's work highlights the importance of social relationships in the formation of personality and growth within each developmental stage. Erikson coined his eight stages of human basic conflict as trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. role confusion, intimacy vs. isolation, generativity vs. stagnation, and ego integrity vs. despair (Palombo et al., 2009). This study focused on the stages of identity vs. role confusion and generativity vs. stagnation. Identity vs. role confusion highlights the area of concern regarding children ages 12-18 (Perry &

Pauletti, 2011) who are prone to commit suicide (Ho et al., 2020), whereas generativity and stagnation offer insight into the attachment and emotional experiences of grandparents ages 40 – 65 as a response to their loss.

Grief and loss (GL) are universal experiences; at some point in our lives, we will lose someone or something we love dearly. Kubler-Ross, a Swiss American psychiatrist, is popularly known for her work concerning death and dying. Kubler-Ross (1969) identified five stages that individuals go through when they are experiencing a terminal illness or the death of a loved one. Kubler-Ross coined the stages as the “Five Stages of Grief.” The stages are denial, anger, bargaining, depression, and acceptance (1969). Kubler-Ross’s work historically and culturally changed the shift in conversations on death and dying, allowing the support needs of the patients, their families, and caregivers to be included (Tyrell et al. (2023). Through her works, with Kessler (2005) dying individuals were given a voice (Tyrell et al., 2023), offering a distant pattern of how grief is experienced.

### **Situation to Self**

The motivation for conducting this qualitative study originates from the loss of a grandson to suicide. Helping children and adults work through difficult seasons in their lives as a mental health therapist has its rewards and difficult days. However, when faced with the challenges from a personal perspective, one can see firsthand the lack of conversations and resources available, especially as it pertains to the Black community when a grandchild dies from suicide. Parents, grandparents, and other family members are challenged with understanding what appears to have become an epidemic and emerging trend of deaths among youths. It is crucial to ascertain whether the dynamics of family relations are exclusive to certain family members or are

inclusive of all family members. Understanding this aspect holds vital importance in addressing and understanding the grief experiences of the Black non-custodial grandmother's loss.

This study is guided by ontological assumptions using the actual words of the grandmothers. The gathering of information was obtained by interviewing Black grandmothers for insight into their relationship with their grandchild before death and their grief since the loss of the grandchild. Creswell and Poth (2018) found that it is beneficial and helpful to the process if the researcher reports the firsthand experiences of the participants.

The paradigm from which this research is that of the constructivist perspective. The constructivist perspective allowed the researcher the freedom to gain knowledge and understand the meaning that each individual attaches to their behaviors. It integrates the experiences of individuals and accesses their reality through communication, experiences, and shared meaning. Information was collected through interviews and conversations with the participants. The researcher used structured, unstructured, open-ended questioning approaches, techniques, and interventions to suit best the requirements and purpose of the study (Creswell & Poth, 2018). This approach allows the researcher to gain insight into the grief and loss process (Kubler-Ross, 1969).

### **Statement of Problem**

According to Labuhn et al. (2021) findings, suicide rates among Black youth have reached an all-time high, exceeding the rates of White youth. There have been extensive studies that report suicide rates in adolescents and factors that are prevalent in White individuals in comparison to Blacks, and other ethnic groups (Barnes, 2006; Gilrane-McGarry & O'Grady, 2012; Youngblut et al., 2015; Tourjeman et al., 2014). Limited research and studies suggest the

need for further studies to address suicidal behaviors and the suicide epidemic among African American youth (Price & Khubchandani, 2019; Bridge et al., 2018). Studies have been conducted on grandparents' experiences with the death of a grandchild through life-limiting conditions (stillbirth, miscarriages, neonatal death) and deaths of grandchildren by other means than suicide, such as a life-limiting condition (homicides, car accidents, substance abuse/misuse) or natural causes (Youngblut et al., 2015; Nehari et al., 2007). Sadly, discussions surrounding the impact of the suicide of Black youths and the experiences Black grandmothers endure continue to go understudied.

Research supports and recognizes the need to address ethnic minorities and elderly suicide survivors (Pitman et al., 2018; Pinto et al., 2020). Researchers Rivart et al. (2021) findings indicate that how Black people experience the loss of a loved one from suicide is currently unknown. Also, researchers acknowledge future studies are needed to educate those who collaborate with Black people on the importance of understanding cultural practices, for there are no universal expressions or behaviors (Collins et al., 2021). Acknowledging there is a need for more research offering insight and understanding of Black grandparents' experiences with the trauma-related loss of a grandchild by suicide.

### **Purpose Statement**

The increasing number of suicides being committed in the Black/African American community among the youth and the after-effects are topics of concern that need to be discussed. The purpose of this phenomenological study is to understand whether the emotional attachment of the non-custodial Black grandmother to her grandchild changes the grieving experience. The Black community lacks discussions on death caused by suicide. For that purpose, this study aims to start a discussion concerning what non-custodial Black grandmothers

experience dealing with the suicide of a grandchild. This study aims to offer insight and understanding of these Black grandmothers' lived experiences.

The early theories of Bowlby's attachment theory, Erikson's psychosocial stages of development, and Kubler-Ross's grief and loss can aid in understanding the experiences of Black grandmothers' suicide grief. Attachment theory found that early experiences of attachment between an infant and caregivers were essential in the formation and maintaining of relationships and emotional attachment across one's lifespan (Bowlby, 1969; 1982; Bretherton, 1992; Ainsworth et al., 1978; Fraley & Shaver, 2000). Erikson's psychosocial stages of development found that individuals move through a series of phases throughout their lifespan, facing their own set of challenges and opportunities for growth (1958; 1968).

Grief and loss are also significant due to the complexity of suicide and the difficulty the survivors will experience from the feelings of guilt, shame, anger, and even confusion, along with the stigma, discrimination, and social isolation that comes with it (Kubler-Ross, 1969; Kubler-Ross & Kessler, 2005). These theoretical frameworks provide an understanding of the lived experiences of Black grandmothers' emotional, psychological, and social impact of the loss. The results from this study may offer insight into the experiences, support needs, and interventions required when supporting those coping with such a loss (Currier et al., 2006).

### **Significance of Study**

Each year statistics report the rise in suicide among the youth between the ages of 10-24 and the overflow of suicide survivors. Currently, there is limited research on the effects of suicide, how grandparents, specifically Black grandmothers(s), make meaning of their loss, and whether the relationship is critical to the grieving process. This research study aims to understand

better how Black grandmothers describe their experiences with the loss of a grandchild whose life has ended by suicide. This study also looks to know whether the relationship between the grandmother and grandchild plays a role in their grief experiences.

The illusion that suicide is not happening in the Black community or that it does not affect the dynamics of the family or change the way they continue afterward can be classified as a myth (Barnes, 2006). Research supports the need for recognizing and addressing the needs of ethnic minorities, the elderly, and lower socio-economic suicide survivors (Pitman et al., 2018; Rivart et al., 2021; Pinto et al., 2020). Rivart et al., in support of Pitman and others, imply ethnic minority groups' experiences when a loved one dies from suicide are currently unknown. The studies discussed were stated as being of a homogenous group that failed to identify differences among a specific group, namely Asians and Black people.

This study aims to contribute to previous research centering around the Black/African American women who are non-custodial grandmothers' and their relationship and experiences with the bereavement of a grandchild from suicide. Researchers Shields, Kavanagh, and Russo (2017) found that it was important when studying bereavement and grief from suicide to acknowledge the feelings, meaning-making, and social context of the bereaved. This study can further educate those who collaborate with Blacks on the importance of understanding their cultural practices (Collins et al., 2021). This will contribute to the assumption that there are no universal expressions or behaviors that exist for those bereaved by suicide.

### **Research Questions**

Qualitative phenomenological research seeks to understand and describe lived experiences through the sharing of lived experiences of the phenomenon by the participant. The research

questions were chosen to offer the opportunity for the participants, Black/African American grandmothers to describe their experiences with grief, their relationships with their grandchild before death, and whether or how suicide contributed to their grieving.

**RQ1:** What was the nature of the relationship between the grandmother and her grandchild before suicide? Grandmothers will be allowed to share their relationship and talk about their grandchild and their relationship.

**RQ2:** How does suicide impact the grieving experiences of Black grandmothers? Grandmothers will share their experiences of grief and whether the grandchild dying from suicide changes how they grieve.

### Definitions

The following terms are essential to this study.

1. *Attachment Theory*- Proposes that infants were born with a need to form close emotional relationships with their caregiver(s), and this bond was to occur during the first six months of the child's life and evolves over the person's lifespan. The primary goal of this attachment system is to protect the individual from potential harm and to regulate negative emotions (Lai & Carr, 2018; Pietromonoco et al., 2013).
2. *Attachment Styles*- Refers to the way one forms and maintains relationships with others. John Bowlby (1969) identifies three distinct attachment styles: secure, anxious/ambivalent, and avoidant central to survival.
3. *Beck Depression Inventory-II* -A widely used 21-item self-report inventory measuring the severity of depression in adolescents and adults (Beck et al., 1996). The BDI-II is a self-administered test requiring individual reports based on two weeks. The test even though is widely used is not a diagnostic tool for depression.
4. *Bereavement*- The experience associated with losing a loved one (Shear, 2015) or the loss of a loved one is a social experience where relationship beliefs and expectations change with time (Sajan et al., 2021).
5. *Generativity*- Stage of life between ages 40-65 where an individual focuses on completing tasks that preserve humanity and culture while aiding the next generation to create a legacy that will live on (Wang et al., 2022).
6. *Grief/Grieving*- A natural reaction to death or loss that entails an emotional response to that loss, such as thoughts, beliefs, and behaviors (Franklin & Fong, 2011). Grief is the reaction to bereavement (Shear, 2015).



7. *Non-custodial grandmother* – a grandmother who is not the primary caregiver or has legal responsibility for the grandchild (Hayslip & Fruhauf, 2017; Cox et al., 2001).
8. *Psychosocial Human Development Theory*—The theoretical framework developed by Erik Erikson explains how individuals develop throughout their life span. According to Erikson, human development occurs in stages. He coined these stages as crises or challenges, better known as Erikson’s stages of psychosocial development (Erikson, 1959)
9. *Psychological Trauma*—Psychological and emotional response to an event or experience disturbing or distressing an individual. The effects may be long-lasting impacting one’s thoughts, feelings, behaviors, and well-being (APA, 2022).
10. *Stagnation*- The inability to find meaning and purpose in life and often seen as being unable to find meaning or purpose in their life as a contributor to others or society (Erikson, 1959; McLeod, 2018).
11. *Suicide*-When someone uses direct violence towards themselves with the intent to end their life and die because of their actions (Andriessen, 2006). An international social and public health issue (Lee et al., 2017).
12. *Suicide Loss Survivor*- Includes most often kinship proximity (the family who live near), those who have a close psychological association with or attachment whether related or not, and those affected by the suicide (Hanschmidt et al., 2016).

### Summary

This chapter introduces a qualitative research study, on the experiences of Black grandmothers' relationships before and after their grandchild(ren) dies by suicide. The chapter begins with statistical facts surrounding suicide worldwide, particularly highlighting the elevated rates among Black adolescents in the United States. It outlines the historical significance of Black grandmothers as familial matriarchs, addressing a notable gap in research concerning their grief experiences is highlighted. Acknowledging grandmothers as suicide survivors. Also delving into the emotional and psychological responses that such a traumatic event produces while sharing the historical aspects of suicide as noted within scripture.

The Theoretical Framework for this study incorporates attachment theory, psychosocial stages of human development, and grief and loss theories as the foundation. The researcher's motivation, which stems from the loss of a grandson to suicide, adds a poignant aspect to the study. The statement of the problem underscores limited studies that address the impact of suicide on Black youth and the experiences of Black grandmothers as suicide survivors. The purpose statement seeks to understand how the emotional attachment of non-custodial grandmothers to their grandchildren influences their grieving experience. Acknowledging this as a means of initiating discussions within the Black community about suicide.

The significance of the study underscores the limited research on suicide's impact on Black grandparents, stressing the need to recognize and address their unique needs in the realm of suicide survivorship. The Research Questions aim to unravel the dynamics of relationships before suicide and understand how the act influences the grieving experiences of Black grandmothers. The chapter ends with a list of definitions that are key to the understanding of the proposed study.

## **Chapter Two: Literature Review**

### **Overview**

The information collected for the current study was to understand the experience of grieving in Black non-custodial grandmothers due to the suicide of a grandchild and the role the relationship with their grandchild played in their grief. For this study, grandparents are the biological parents or stepparents of a child's mother or father, and a grandchild is the biological or adopted child of one's biological or adopted child. The study uses Black and African Americans to represent the studied population. The literature provides evidence of the need to raise awareness concerning the effects of suicide on Black non-custodial grandmothers when a grandchild dies of suicide and if the relationship between the grandchild and grandmothers is a significant factor in how bereavement and grieving are processed.

Numerous studies provide the foundation to examine the emotional relationships between grandparents and grandchildren. However, attachment theory, psychosocial stages of human development theory, and grief and loss are the theoretical frameworks for this study. This chapter identifies the theoretical framework for the study, identifies related literature reviewed, and summarizes the chapter.

### **Theoretical Framework**

#### **Attachment Theory**

Many theorists have contributed to the how, when, and why attachments are formed, with the most influential being John Bowlby. During the 1940s and 1950s, John Bowlby, a British psychologist and psychoanalyst, began researching the instinctual and biological responses between an infant and a caregiver. Bowlby (1969) focused on the significance of initial

relationships and their impact on an individual's life and future relationships. Something that Bowlby defined as "a lasting psychological connectedness between human beings" (p. 194, 1969). As Bowlby continued his research, he later transformed the definition of attachment as "any form of behavior that results in a person attaining or maintaining proximity to some other individual that they considered better able to cope with the world (Bowlby, 1982, p. 26).

Bowlby's concentration on early relationships as a critical component to later developmental and psychological functioning provides a deeper understanding of separation and attachments. His findings indicated that attachments occurred during infancy and early childhood relationships. These experiences with their mother initiated the basis for which the child developed and formed relationships with others throughout their lifespan (MacDonald, 2001; Scott et al., 2016; Diamond et al., 2016; Coard, 2022; Fitton, 2012). Bowlby's work is key to identifying the "attachment behavioral system" that identifies the innate behaviors that infants and caregivers have, allowing them to sustain proximity (Mikulincer & Shaver, 2012).

Bowlby's works, as recorded in "Attachment Theory" by Simply Psychology: A Concise Overview of Attachment Theory and its Applications, are centered on their experiences, whether they are secure or insecure, indicating that children develop an internal attachment style. They acknowledge that the attachment styles formed in infancy continue to develop throughout childhood and increase well into adulthood (Fitton, 2012). Attributing these needs as basic human needs necessary for survival, well-being, and healthy development by latching on to individuals (attachment figures) they view as strong, wise, and protective entities (Bowlby, 1969; Lai & Carr, 2018).

Bowlby (1969) identified three attachment styles: secure, anxious/ambivalent, and avoidant. Bowlby proposes that within secure attachment, the individual can see others and

themselves positively, be supportive and helpful, and interact. Individuals who present as being anxious/ambivalent, there is an inability to manage stress; the individual may withdraw from others, resist help, and be more likely to display aggression and anti-social behaviors. Avoidant individuals lack self-confidence and will stick closely to their parents, distance themselves from their peers, and exhibit embellished emotional responses. These attachment behaviors were proved to be central to the survival of the infant physically and psychologically (Fitton, 2012; Ainsworth et al., 1978).

Mary Ainsworth, a Canadian American development psychologist and student of Bowlby, was critical in the advancement of the attachment theory based on Bowlby's concepts during the 1970s and 1980s. In 1978, Ainsworth, and colleagues, Blehar, Waters, and Wall worked in a laboratory setting to develop the Strange Situation experiment. Their study focused on individual separation experiences between infant-parent-stranger attachment (Levy et al., 2011). The study focused on the behaviors of each child and documented the different emotions observed during play and separation. Mary Ainsworth's work supported Bowlby's finding regarding the different attachment styles. Later, in the mid-1980s, Mary Min and Judith Solomon, expanding on Ainsworth's work, collaborated and identified a fourth attachment style labeled disorganized /disoriented (Main & Solomon, 1990). Disorganized/disoriented individuals lack the development of appropriate coping skills and are aggressive when facing separation anxiety. Min and Solomon described the individual as exhibiting aggressive and disruptive behaviors, being prone to social isolation, and considering others a threat.

Victoria A. Fitton (2012) found that further research was needed to include the distinct types of attachments across an individual's lifespan (children, adolescents, and adulthood). Upon further exploring the nature of these relationships, Fitton offered insight into understanding one's

sense of security and the encouragement of self-assurance and competence with social exchanges. Supporting Bowlby's and other findings that include relationships with grandparents and others if their parents are not available as significant (Mikulincer & Shaver, 2007).

Establishing that the emotional relationship between the care-seeking and caregiver guides the attachment and transfers across relationships and generations (Mikulincer & Shaver, 2007).

Bowlby's research on attachment theory offered insight into the impact of separation endured through the death or absence of a loved one on an individual's emotional and psychological well-being. Bowlby (1980; 1982) proposed grief as a natural response to loss characterized by feelings of sadness, yearning, and searching behavior. His findings indicated that the intensity and duration of grief are influenced by the strength of the attachment between the person grieving and the person lost (1982). Though Bowlby considered grief a natural and necessary response to the loss of a loved one, he also found it to be a complex process that evolves through stages. Bowlby's (1982) stages of grief are shock, protest or yearning and searching, disorganization and despair, and reorganization.

As attachment theory continued to evolve, it was deemed an essential aspect of relationships dealing with death. Researchers proposed that when someone loses a loved one to death, their attachment system is triggered, which is similar to what a child will display when their primary caregiver or close relationship is not present for them (Clinton et al., 2005; Lai & Carr, 2018). Clinton and associates reiterate that mourning is simply a natural reaction or component of the attachment structure. Sharing the importance felt by survivors in maintaining the secure bond with those they love while acknowledging they are no longer physically available. It allows those who grieve to adjust and pursue their new reality. A reality that does not include their loved ones.

### **Psychosocial Stages of Human Development**

Erik Erikson, a psychologist, and psychoanalyst was critical of Bowlby's work emphasizing the role of the mother in attachment and suggested that attachment is shaped not only by the experiences of the mother and child relationships but by their peers and other adults. Erik Erikson's (1950, 1968) eight stages of psychosocial development have proved vital in understanding a person's psychosocial development across their lifespan. Erikson presented the framework for understanding that the relationships formed early in life contribute to healthy adult aging.

His theory proposes that one must complete the eight life stages to grow and develop as a person. Erikson identified features of human development that were observable. Erikson's theory consists of eight psychosocial crises or challenges that one must resolve to move to the next stage of development. Erikson coined his age-related stages of psychosocial development as follows: trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. role confusion, intimacy vs. isolation, generativity vs. stagnation, and ego integrity vs. despair.

Erikson coined the term generativity to identify the stage of life between ages 40-65 where an individual's focus has changed to completing tasks that preserve humanity and culture while aiding the next generation as a means of creating a legacy (Wang et al., 2022) that will continue. Erikson's stage of generativity versus stagnation involves grandparents' desire to take care of, nurture, protect, and pass their knowledge and experiences on to the younger generation (Condone et al., 2020). It is also a period of psychological maturity and well-being for middle adulthood and old age (Hofer et al., 2016). Slater (2003) felt this stage was representative of the first significant conflict of adulthood. When one successfully experiences generativity (middle

adulthood), they are considered ready to face the challenges they endured over their life span. It is here where they make meaning and decide whether they have lived a life worth living (Villar, 2012). According to Bowlby and associates, this results from a secure attachment style.

Stagnation occurs when one presents with an insecure attachment style. Individuals are concerned with security in their relationships and struggle with self-esteem (Ein-Dor et al., 2010; Mikulincer et al., 2003). On the other hand, stagnation is present when an individual presents as being detached from others, self-absorbed, and failing to contribute to the development of the next generation (Wong et al., 2016). It impacts how they function in later life. It often is identified as one who is experiencing a mid-life crisis, which leads to feelings of hopelessness that induce symptoms of depression.

### **Grief and Loss**

The journey of grief is different for everyone (Orford, 2020). In 1969, Elisabeth Kubler-Ross authored a book on death and dying, written to help people who were terminally ill deal with their diagnosis. She later modified the definition of grief as a reaction to death, and it can happen anytime one's reality is not what is expected or desires it to be. The experiences of grief, according to Kubler-Ross and Kessler (2005), are labeled as stages: denial, anger, bargaining, depression, and acceptance. Kubler later worked alongside Kessler (2005), which resulted in the release of the book, *On Grief and Grieving*, modeled after her original work, *On Death and Dying* (1969).

Kubler-Ross found denial to be the first stage of grief, and often, one presents as being shocked and having difficulty with believing that the death has occurred, leaving the individual feeling confused, fearful, avoidant, or even elated. During this stage, denial was considered a



protective factor for processing loss (Kubler-Ross, 1969, p. 10). For the individual to move through the stages, they must first accept what has happened and start working through them.

In the second stage, anger produces feelings of frustration and anxiety. Though anger can be directed in many ways, often as a response to one's loss, it is an emotion or experience that Kubler-Ross argued served to help cope with the loss (p. 11-12). The findings indicated anger as a strength and a bridge that allows continued connections with that person.

The third stage is referred to as bargaining. Bargaining occurs when one struggles to make sense of the event or even reaches out to others to tell their story. It is here where it is often an attempt to restore life to how it was before the loved one died or bargain for the survivor's life over theirs (p.20).

The fourth stage of depression is the profound sadness felt and a natural expression of the loss. Individuals may present with feeling overwhelmed, helpless, hostile, and other emotional and behavioral responses. It is here where the individual presents with empty feelings and a depressive state that seems to last forever (p. 20). Here, Kubler-Ross and Kessler consider it a haven to help one avoid experiencing too much pain to adapt and a necessary step to healing (p. 21).

Finally, acceptance is when the individual comes to terms and acknowledges the death and learns to live without their loved one, yet not forgetting them. These stages allow one to understand what they are going through, and their response is considered normal. These stages did not have a linear path. Once the initial experience of the shock of disbelief has settled in, this often leads to anger, followed by bargaining over the loss, ending with feelings of depression.

### **Related Literature**

The literature reviewed focuses on the impact of suicide, the grandparent/grandchild(ren) relationships, and whether death by suicide determines the bereavement and grief process. This literature offers insight into the increase in suicide among Black youth, the limited research on the effects of suicide, and how this affects the grieving process in grandparents, specifically Black grandmothers. It identifies the lack of research on how grandmothers make meaning of their loss and whether the relationship with their grandchild is vital to the grieving process.

### **Grandparenthood**

Historically, grandparents have been identified as essential individuals in the lives of their grandchildren (Chancler, Webb & Miller, 2017). According to scripture, all members of the family have roles that are separate from other family members. The Bible identifies through scripture the role of the husbands (Ephesians 5:23), wives (Ephesians 5:22), children (Exodus 20:12,) and even grandparents. The Bible uses specific words to recognize grandparents, such as elders, ancestors, children's children, father's father, son's son, and providing them with responsibilities. Psalm 78:4-8 describes the role of grandparents as essential in telling their children and upcoming generations about the glories of God, so they forget not His works and obey His commandments (King James Study Bible). Scripture distinctively references grandparents' and grandmothers' role in edifying their family and history.

In Genesis chapter 25, an account is given of Abraham and Sarah as grandparents. Abraham and Sarah were grandparents through their son Isaac and his wife Rebekah. Naomi, Ruth's mother-in-law, supported and helped her with the upbringing of Obed, who became King David's grandfather (Ruth 4:17-22). Scripture also speaks of Lois, Timothy's grandmother (2 Timothy 1:5), his mother, Eunice, and Maacah, the grandmother of King Asa of Judah (1 King 15). The Gospels provide detailed lineage of Adam and Eve. The role historically bestowed on

grandparents has been that of one who not only actively presided within the family but was very influential in the rearing, upbringing, and transmission of values and beliefs across generations.

The transition from a parent into a grandparent is a major and challenging milestone in life that affects those involved (Maijala et al., 2013; Taubaman-Ben-Ari et al., 2014). Buchanan and Rotkirich (2018) eloquently identified grandparents as "guardians of all our tomorrow." Kivnick (1982a, 1982b) found five dimensions that appear to be an inclusive meaning of who and what grandparents are: centrality, valued elder, immortality through family membership, reinvolvement with their past, and indulgence. His findings indicated that centrality relates to the value of being a grandparent and the feelings and behaviors experienced. Valued elders refer to the passing on their knowledge to their generational offspring. Immortality to family membership refers to a sense of responsibility, continuity, and immortality, knowing family lineage will continue. Reinvolvement with one's past allows the grandparents to relive their earlier life experiences and share those experiences. Indulgence provides an opportunity for the grandparents to nurture, provide protection, and offer support to the grandchild and family unit (Lewis et al., 2018; Di Gessa et al., 2019; 2020). They highlight grandparenthood as a limited social role for older individuals.

Even though grandparenthood is a shared experience, numerous studies have found its positive impact on not only the grandchild but the grandparents (Griggs et al., 2010; Di Gessa et al., 2016; Hayslip et al., 2017; Condone et al. 2020). However, other researchers project the negative impact of being grandparents due to having to become the caregivers and raise their grandchildren (Kelly et al., 2021; Wang et al., 2020). However, the negative impact associated with being grandparents has been associated with custodial grandparents and is reported to exist across cultural settings (Hayslip et al., 2017; Boon-Nania et al., 2021). Hayslip and Maiden's

(2021) findings show that the challenges faced by grandparents during caregiving as a disruption in their life plans, normalcy, uncertainty about their future, and other financial and social insecurities (Lent & Otto, 2018; Xu et al., 2020; Pandey et al., 2018).

The grandparents who self-reported the demands associated with raising a grandchild(ren) as overwhelming shared feelings of depression, anxiety, health, and well-being issues, but more importantly, it affected their relationship with their grandchildren. Research supports that raising grandchildren can affect the mental health and physical health of grandparents due to the grandparent's focus being on the needs of the grandchild placed above their own (Di Gessa et al., 2016). Hayslip and Maiden (2022) found that even though grandparents often faced many challenges, they could identify appropriate coping skills and resources.

Condone et al. (2020) studied first-time Australian grandparents and identified a "strong interrelationship between attachment and grandparents' role satisfaction." Lewis et al. (2018) shared that those grandparents from the Yup'ik community contributed their role as grandparents to their well-being and satisfaction with life overall. Jamieson (1998) identified maternal grandmothers as a position of prominence in affluent Euro-American cultures. He also found that grandmothers were identified as being the primary caregivers and support systems for their children and grandchildren. Jamieson (1998) credited the changes associated with attitudes in relationships to children within the family due to post-war privileged circumstances and the cultural prominence of personal relationships.

Most often, grandmothers assist with the upbringing of their grandchildren (Lent & Otto 2018). Grandparents who supply such care form a deep connection within the family (Youngblut et al., 2015); however, that does not negate the relationship of those who can only grandparent

from a distance (Hayslip & Fruhauf, 2017 & Cox et al., 2001). Grandparent involvement in grandchildren's lives has been studied across generations, cultures, and countries (Jamieson et al., 2018; Lewis et al., 2018; Whitley & Fuller-Thomson, 2017; Kelley et al, 2013; Kelley 2021; Majjala et al., 2013).

Backhouse & Graham (2013) conducted a qualitative methodology study to explore the meaning grandparents attach to their role of raising their grandchildren and the lack of support from and lack of programs to support their role from grandparents as parents through appropriate measures to support their grief, programs, and other services. The study shared the need for an in-depth understanding of grandparents' experiences in their role as parents and its impact on their identity. Backhouse & Graham found that there were many emotional experiences grandparents experience being a parent to grandchildren on top of a lack of resources and recognition by support services.

"Children's children are the crown of old men,  
and the glory of children are their fathers" (Proverbs 17:6)

This passage of scripture emphasizes the value of family relationships and their intergenerational connections. Indicating that grandparents have a special bond with their grandchildren. Other scriptures in the Bible recognize grandparents as being older and a source of wisdom and guidance for their grandchildren (Proverbs 16:31; Psalm 103:17). Grandparents and grandchildren are essential players in one another's lives (Mueller & Elder, 2003). They found the family's well-being and its members' success across generations. Their study found that grandparents are a source of unconditional love for their grandchild and often get this affection in return. Additionally, their study shows that grandparents experienced the joy of love at seeing

their grandchildren grow and seeing a part of themselves that will continue to exist even when they are gone. More importantly, grandparents see each grandchild as a unique individual.

Ron and Mavis Pirola (2006) described the unique attributes of grandparents' role and existence as someone who always has time for each grandchild; they look beyond the outer frame of their grandchildren and see their beauty within—stating that grandparents and grandchildren help each other learn. Grandparents have been identified as the grandchildren's significant others. Grandparents' relationships with their children often serve as a positive trait for positive relationships within the family (Akhtar et al., 2017) and across generations. The unique characteristics and relationships of grandparents affect each family member, and the poignant state helps shape the emotional world in which the grandchild lives (Akhtar et al., 2017).

Bangerter and Waldron (2014) found that the relationship between grandparents and grandchildren offers stability and support within the family dynamics for the grandchild and the grandparents. It is reported that Black grandparents, while caring for their grandchildren, often delay in addressing their needs to support the needs of their grandchildren (Whitley & Fuller-Thomson, 2017). Di Gessa, Bordone, and Arpino (2019) agree that the relationship associated with grandparenthood benefits the grandchild and positively affects grandmothers central to their well-being in later life.

The household setup influences or affects the dynamics of these relationships and their role in the grandchild's life. In the household where parents maintain the house and grandparents live, they usually help out with the children. Grandparents are an essential piece of the family network. Liang and associates (2021) point out in their study regarding the Chinese family's interwoven dynamics that co-parenting activities are relational to the family's environmental

status. Chinese grandparents are known as being part of the trilogy of normalcy in most Asian families. The dynamics of this relationship rely heavily on the role of the mother and grandmother or grandparents as primary caregivers.

Liang et al., (2021) findings indicate that the focus or belief of the Chinese culture places the family's well-being above the grandparents' needs (Goh & Kuczynski, 2010). The study highlights the relationship between adult children as a critical feature in the intergenerational cohesion of the family. Studies have been conducted on intergenerational relations to countries and cultures in England (Leeson, 2018), Scotland (Jamieson et al., 2018), and the United States (Bates et al., 2018).

Due to societal and economic changes, grandparents' roles have changed, and many grandparents are no longer taking on the role of custodial grandparent. Though some grandparents are more actively involved in their grandchildren's lives than others (Meyers & Kandic, 2017), some are less involved but have found that the relationship with their grandchildren is fulfilling due to modern technology (Bangerter & Waldron, 2014). Grandparents are now assisting with caring for their grandchildren and enjoying their time with them (Di Gessa et al., 2020). Bangerter and Waldron found that non-custodial grandparents found it a plus due to maintaining a relationship with their grandchildren and reported being able to communicate with their grandchildren using texting, social media, and emails as satisfying. Grandparents even reported that communication with their grandchildren was meaningful and described it as intense. The distance has offered the opportunity for the grandparents and grandchildren to spend extended periods with one another when they visit.

### **Black/African American Grandmothers**

"When I call to remembrance the unfeigned faith that is in thee, which dwelt first in thy grandmother Lois, and thy mother Eunice' and I am persuaded that in thee also."

2 Timothy 1:5

African American grandmothers have played a crucial role in the family structure and community for generations, as supported by several peer-reviewed studies. Grandmothers were referred to as the "backbone" and "matriarch" of the African American family; their presence and guidance have been invaluable in shaping the lives of their grandchildren (Stephens, 2020). In many African American households, grandmothers remain primary caregivers, providing emotional and financial support to their grandchildren. Research indicates African American grandmothers experience unique challenges and stressors when raising grandchildren, such as navigating legal systems, managing chronic health conditions, and dealing with grief and loss (Samuel et al., 2017). Despite these challenges, grandmothers continue to provide their grandchildren with a stable and supportive environment.

Grandmothers have also played a critical role in preserving African American cultural heritage, passing down stories, traditions, and values from generation to generation. According to a study by Greenfield et al. (2008), Black grandmothers serve as cultural brokers who teach their grandchildren about their history, spirituality, and values. This cultural knowledge transmission helps strengthen the Black community and ensure its survival.

Black grandmothers have actively participated in their communities, speaking up for social justice and fighting against discrimination and inequality. Sales and Koblinsky (2006), found grandmothers to be involved in community-based organizations and political activism. Others including Parrish and Parrish (2009) acknowledge grandmothers collective strength and



voice as being essential in the civil rights movement, which they highlighted in their book "The African American Grandmother: A Legacy of Strength."

Black grandmothers have played a significant role in shaping the lives of their grandchildren and contributing to the overall well-being of the African American community. Grandmothers' love, wisdom, and strength have been a source of inspiration and guidance, and their legacy will be experienced across generations (Greenfield & Marks, 2008). According to the American Community Survey (ACS) report, approximately 6.3 million African American grandparents are living in America (U. S. Census Bureau, 2021). Furthermore, the U.S. Census Bureau findings indicate that approximately 1,046,759 people aged 30-60+ have grandchildren under 18. The study shares that in the U.S., 399,858 African American grandparents were responsible for the care of grandchildren under the age of 18, and 646,901 were not responsible for the care of grandchildren. These findings indicate that more African American grandparents are not primary caregivers or consider themselves to be non-custodial grandparents. It is worth noting that this study represents those individuals who self-identified as African American with the survey and did not include individuals who were documented as mixed race or did not identify with any racial or ethnic group.

In conclusion, Black/ African American grandmothers play a significant role in shaping their grandchildren's lives and futures while contributing to the overall well-being of their community. Their love, wisdom, and strength have been a source of inspiration and guidance, and their legacy will continue to be felt for generations to come. Research has found that the relationship between grandparents and their grandchildren has an especially positive impact on grandmothers that is central to their well-being (Whitley & Fuller-Thompson, 2017).

### **Adolescence**

One of the stages of development relevant to this study and grounded in the works of Bowlby is Erikson's stage of identity vs. role confusion. During this period of growth, children and adults are noted to face challenges in life that are relational to this study. Children between the ages of 12 and 19 are formally identified as adolescents, according to current researchers (Jakimowicz et al., 2021; Broderick & Blewitt, 2020). During this period, their body and brains will endure many changes that challenge their understanding of who they are and their decision-making, among other things. Erikson found that this was a significant stage of development, for it is during this stage that children explore their values and beliefs and identify goals to pursue in adulthood. The transition in this stage prepares them for their adult roles.

To better understand this stage, it is essential to understand the mindset of those who are at an elevated risk of suicide. This study needs to identify and gain insight into the at-risk population of young adolescents. Adolescence is composed of three stages:

- Early adolescence, which includes the ages of children eight to fourteen.
- Middle adolescence- which includes ages fifteen to seventeen.
- Late adolescence- which includes ages eighteen to twenty-one/twenty-four.

Adolescence typically occurs between twelve and eighteen (Perry & Pauletti, 2011). However, WHO indicates it occurs from the ages of ten to twenty-four, and during this period, they face various developmental challenges (Perry & Pauletti, 2011; Sheftall et al., 2016). During this period, they face many essential school-age and biological transitions associated with development. Adolescence/puberty is commonly recognized as sexual maturation in children, and they will endure a range of emotional, behavioral, and social changes (Broderick & Blewitt, 2020).

This transition is attributed to the changes within the brain and the body. Research supports the hypothalamus production of gonadotropin, which releases the hormone (GnRH), which will stimulate the pituitary glands, causing the movement in the reproduction axis, leading to the pituitary releasing follicle-stimulating hormones (FSH) and luteinizing hormones (LH) that circulate within the bloodstream and stimulating the endocrine gland causing an increase in hormone production. The increase in hormone production causes an increase in the production of masculinizing hormones (testosterone) and feminizing hormones (estrogen) (Broderick & Blewitt, 2020), resulting in their release in males and females but at different rates. Testosterone is released at a higher rate in males, and estrogen is released at higher rates in females. Causing the release of other hormones produces changes within children that cause the occurrence of primary and secondary sexual characteristics.

Due to gender differences, puberty begins for boys around the ages of nine to thirteen, where they will witness the growth of the testes and scrotal sac, pubic hair, growth spurt, growth of the penis, change in voice, spermache, facial and underarm hair, and changes in sweat and oil-producing glands. Puberty begins in females between the ages of 8 and 14. During this period, they will witness the growth of pubic hair, formation of breasts, growth spurt, menarche, hair under their arms, and changes in the production of sweat and oil glands. With each of the changes, the adolescent brain begins to reorganize, allowing the teen brain to be open to new experiences and learning opportunities (Byrne et al., 2017; Schultz & Sisk, 2016). The changes include their sexual interests, the formation of new relationships, and focus on educational and occupational goals (Perry & Pauletti, 2011)

The proposed study warrants addressing suicidal ideations and behaviors in this population. Ho et al. (2020) findings addressed the psychobiological risk of suicidal thoughts and

behaviors concerning puberty (Ho et al., 2022). The study recognizes multidimensional factors such as "genetic, epigenetic, neurobiological, psychosocial and environmental" conditions as predeterminants during puberty (Talley et al., 2019). Research indicates adolescence/puberty is a contributing factor in suicidal behaviors due to the many hormonal and physical changes that occur takes place within the brain and body. The changes accounted for were social cognition, the regulation of emotions that regulate impulse control, and are influenced by the hormonal effects of puberty. Ho and associates felt the need to identify key factors such as puberty hormones and social stressors as indicators related to suicidal thoughts and behaviors (STBs). Ho et al. and other researchers suggest the need for more research on this age group (Franklin et al., 2017).

Researcher Steinberg (2015) further emphasizes the disconnect from parents or caregivers during this period as a response to the increase in the formation of newfound social relationships. Recognizing that some behaviorally will resort to risk-taking behaviors (Steinberg, 2015). It is a period Steinberg describes as risky behaviors due to a "natural product of neurobiological immaturity." During this stage, a child will transition into a young adult. It is also a time when those adolescents experience difficulty regulating their emotions and struggle with identifying, labeling, expressing, and understanding their emotions and others (Viana et al., 2018). Puberty is when they move beyond childhood attachments and security to develop their identity and independence. Though literature shows that even though there have been strides in research surrounding suicidal thoughts and behaviors, there is limited work that focuses on the adolescent population.

### **Suicide**

Studies continue to emerge identifying suicide as being a public health concern (Scott et al., 2016; Green et al., 2021; Velez-Grau et al., 2021), with approximately 800,000 deaths committed yearly. Suicide is very traumatic (Levi-Belz, 2017). Suicide's suddenness is often a violent act and is unexpected. Historically, suicide is identified as an intentional act of self-injury that leads to one's death (Hawton & van Heeringen, 2009) by their actions. Andriessen (2006) and others describe suicide as when someone uses direct violence towards themselves with the intent to end their life and die because of their actions. Whereas others have described suicide as the "outcome of a tragic and pessimistic view of life." Runcan (2020) went a step further and said suicide is any act that intentionally leads to the death of a person, such as a car accident or drug overdose.

However, as research on suicide continues to progress, Talley and associates (2021) identified suicide as the "purposeful killing of one's self," identifying neurobiological, psychosocial, social, and cultural factors as markers that precipitate suicidal behaviors. Talley et al. (2021), went further and identified victim-precipitated homicides, which occur and are reported as risky or reckless behaviors in youth as a form of suicidal behavior. Victim-precipitated behaviors are considered any behavior that the victim initiates, leading to harm or loss (Petherick, 2017). Reportedly, this is a means or behavior that is considered standard among Black inner-city adolescents and adults as another form of suicide (Talley et al., 2021).

Although other research conducted by Johnson (2019) and Copes et al. (2002) studied suicide from the perspective of homicide, they also agreed upon crime-precipitated homicide as an extension of "victim-precipitated homicide." At the same time, crime-precipitated homicides are behaviors where the victim's death occurs while committing a crime, where it occurs, the weapon used, and the association between the victim and committer (Copes et al., 2002). Their

findings recommend properly addressing self-harm behaviors through the use of evidence-based best practices and incorporating treatment that will address the emotional aspects, suicidal beliefs, plans or means to complete such acts, family history, and previous attempts. Talley et al., study took note of the limitation of the studies due to the difficulty in finding information on suicide in Black youth and young adults.

The research findings indicate that there were limitations within the studies due to a continued lack of cultural awareness acknowledging the differences amongst cultures as being important when addressing the suicide of Black youths. The American Foundation for Suicide Prevention (2019) and Price & Khubchanam (2019) findings indicated within these studies that the lack of research on victim-precipitated homicides, cultural-related assessment, and the need for more research that involves not only black youth in the inner cities but within urban areas as well, as expressing the need to focus on barriers to seeking mental health treatment in racial and ethnic minorities.

### **Prevalence of Suicide**

Overall, the rates of suicide consistently continue to increase at an estimated 800,000 deaths committed yearly worldwide (Azonrina et al., 2019; Lee et al., 2017; Jang et al., 2020; Holland et al., 2017; del Carpio et al., 2021). Along with the sad reality that suicide remains the second leading cause of death in adolescents according to the Centers for Disease Control and Prevention (CDC) Data & Statistics Fatal Injury Report for 2020 (Garnett et al., 2022; Talley et al., 2021) and the American Foundation for Suicide Prevention (2021) classifying it as a national health crisis worldwide. During 2007-2018, according to the National Vital Statistics Reports (2020), the national suicide rate among people ages 10 to 24 increased by 57.4% (Curtin, 2020).

The Centers for Disease Control and Prevention website also states that the rates of suicide increased from 2000 through 2018 at a rate of 30%. In support of the increase in suicides, the American Foundation for Suicide Prevention (2020) reported that the average age rate for suicide is 13.48 per 100,000 individuals, with an average number of approximately 130 suicides reported daily.

The CDC, in 2020, reports 45,979 Americans died by suicide, and 1.2 million self-reports of individuals have attempted suicide, with 90% of those who died from suicide having been diagnosed with a mental condition. Cha et al. (2017) reported ingestion/overdose, hanging/suffocation, and use of firearms as the most common method used to commit suicide, according to the CDC in 2017 in the United States. Cha et al. findings indicate that students in grades 9-12 American Indians/Alaska Natives attempt rate of suicide was 25.5%. The study also shared that Caucasian/White students were attempting suicide at a much lower rate of 7.9% and multiple race students at a rate of 4.1%. The CDC did not include data on Black students. Also noted in the study was the decline in suicides in 2019 and 2020; however, the study does admit to not accounting for the 16.5 million who either presented with thoughts of suicide, made or had plans to commit suicide, or attempted suicide.

Viana et al. (2018) found that suicide was a problem across the lifespan of all individuals and also identified it as the third leading cause of death in adolescents ages 10-14 and the second leading cause of death in those between the ages of 15-24 (Stone et al., 2017). Researchers have also noted a continuous rise in suicide among males and females ages 10 to 14 (Garnett et al., 2022; Glenn et al., 2020). This increase in rates of suicide has remained a significant health problem among youth worldwide (Shain, 2019).

### **Prevalence of Suicide in Black Youth**

The continuing upsurge in suicide rates in our society has moved beyond an epidemic among our youth to a more discerning public health concern (Cwik et al., 2017). The prevalence and surge in rates among our Black children at an early age have sounded an alarm that there is a need to address the deaths of our children to suicide (Lindsey et al., 2019). Previous research has indicated that African American/Black youth suicide rates were lower than white youth (Price & Khubchandani, 2019). However, researchers are now acknowledging that there has been a continuous spike in deaths among the Black/African American youth population (Price & Khubchandani, 2019; Opara et al., 2020;) in comparison to other ethnic groups. Previous studies indicated that 4% of Black teen boys by the age of 17 and 7% of Black girls will have attempted suicide (Joe et al., 2009).

In another study, Black youth had a higher amount of suicide attempts than White youth (Labuhn et al., 2021). According to research, female suicide rates increased among those ages 10 to 24. Unfortunately, research on children ages 5-11 and 12-14 is limited. Those who are of elementary age and early adolescents were not included in studies of suicide in youths. Another essential piece of the suicide epidemic among our youth is that it has become the eighth leading cause of suicide in children ages 5 to 11, particularly in Black male children as opposed to Caucasian children (Sheftall et al., 2016; Benton et al., 2021;). Sheftall and colleagues' study also included data stating that deaths of children under the age of four are never classified as suicide, according to the Centers for Disease Control in 2014.

At present, African American children between 5 and 12 years of age are committing suicide at a higher rate than White children, with little research explaining the issue (Talley et al., 2021). In recent years, primary suicide studies have chosen to examine the behaviors of children before suicide from multiple levels (individual, family, social, and school) and how continued



exposure often leads to reckless decision-making when they are feeling hurt, confused, or afraid (Gallo, 2017). Gordon (2020) emphasizes that there was a shared pattern regarding suicide in other ethnic groups in research conducted. However, there are minimal studies regarding the patterns of suicide amongst Black people and the risk factors that are prevalent.

The leading factors known to be associated with suicide among African American children are related to the effects on their mental health, socioeconomic status, gender/sexual minority, and racial discrimination (Opara et al., 2020). However, to better understand the sequences and interaction of certain contributing factors and their role in the progression of suicidal ideations to suicide attempts among adolescents, it is highly recommended that more studies take place that include intrapersonal, interpersonal, societal factors and historical themes of interest in suicide attempts are gauged in those at risk specifically African-Americans (O'Brien et al., 2021). Chu et al. (2020) felt the need to assess the role and values of one's culture to improve and develop a more purposeful intervention in the advancement of training and research pertaining to suicide. O'Brien et al. validate the need for comprehensive research to consider causes and effects.

Spann and colleagues (2006) conducted a study focusing on suicide in African American teenagers, risk factors, and their means of coping. The study identified an increase in suicides among African American youth, stating that the rates continue to be lower than those of Caucasian youth. The study, however, discussed the risk factors that were prevalent and contributed to the rates of suicide, specifically among African Americans. The study placed importance on locus of control, feeling hopeless, and depression as their primary risk factors and religious coping style as a preventive method. The study supported previous research that

suggested that hopelessness and depression were contributing factors in individuals with suicidal ideation and attempts. However, the study presented limitations due to the sample size.

### **Stigma of Suicide**

Throughout history, suicide has been considered a sin and a criminal act. Numerous studies considered were associated with the stigma related to bereavement caused by suicide (Silverman, Range & Overholser, 1994-95). Pitman and associates (2017) investigated the attitudes displayed by young adults ages 18-40 in the United Kingdom and found that there were barriers to understanding suicide bereavement, the psychological trauma associated with the loss of a loved one to suicide, and how the stigma associated with their loss prevented them from seeking help.

Related studies conducted, wherein suicide has been labeled as a double-sided process (Hagstrom, 2017), noting the impact suicide has on interpersonal relationships (Azorina et al., 2019; Collins et al., 2021) and the negative social attitudes associated with suicide (Beaton et al., 2013). The above researchers have reiterated how the stigma of suicide, and the negative social attitudes often leave the survivors of suicide feeling socially rejected when considering seeking help. Spates (2019) shared that within the Black/African American communities, the stigma associated with suicide prevents the initiation of conversations to address prevention.

Though the attitudes regarding suicide have changed over time, it is evident that those who experience such an event are met with a certain level of shame, guilt, blame, rejection, and judgmental attitudes (Trimble et al., 2012), recognizing that the stigma of suicide continues to be experienced (Gall et al., 2013). Ross and colleagues (2019;2021) study gives insight into the overarching stigma and shame associated with dying by suicide and the impact these experiences

thrust upon those who are suicide bereaved. Suicide is not just about the deceased, but it challenges the emotions and feelings of those within their circle, leaving them feeling uncomfortable and too embarrassed to talk about their pain (Pitman et al., 2018; Pitman et al., 2017 & Pitman et al., 2018). These studies reiterate the lack of research from the viewpoint of Black women, their support needs, and how suicide affects their grieving, including the need and the importance of being aware of the specific needs of all bereaved to provide service as needed.

### **Survivors of Suicide**

Survivors of suicide are not just immediate family members but include grandparents, siblings, distant relatives, friends, neighbors, employers, and others who have a personal or close relationship with the deceased (Andriessen & Krysinska, 2012; Pitman et al., 2017; Tzeng et al., 2010; Hamdan et al., 2020). Shneidman (1973) estimated that there are six survivors for every death by suicide (Berman, 2011; Cerel et al., 2013; Cerel et al., 2019). However, various research collected by Cerel et al. (2019; 2014; 2022) indicates empirical research data addressing lifetime exposure to suicide within the state of Kentucky, to be approximately 135 people in 12 months that knew someone who died by suicide or was exposed. Their studies address lifetime exposure to suicide versus other studies that focused on the last 12 months.

Alan L. Berman's (2011) research challenged Shneidman's estimation of six survivors and pursued a clear and concise meaning of who survivors of suicide are. Berman defined survivors of suicide as those who are intimately and directly affected. He recaps within his data the difficulty of gauging a specific number of survivors of suicide due to standard definitions such as kinship, significant relationships, and psychological and social distress associated with the loss (Andriessen, 2009). Berman concludes that survivorship is a self-defined status after the suicide

of another person. Other research estimated that the suicide of one person affects six to twenty-five individuals within that person's circle (Levi et al., 2019; Maple et al., 2017).

The survivor's experiences included dealing with such events as those with the police, often the stigma, shame, and isolation of the cause of death. Often, this happens while the individuals try to come to grips with their loss. They are experiencing a range of mixed emotions and "what if" questions that often produce unrealistically condemning thoughts of self-blame in the survivor for not being able to prevent the death of a loved one. What is critical to the proposed study is that the literature acknowledges the extension beyond the taking of one's own life, which is widespread and lasts a lifetime for those who are connected to the deceased (Sajan et al., 2021). Suicide challenges the emotions and feelings of those within their circle, leaving them feeling uncomfortable and too embarrassed to talk about their pain (Ross et al., 2019; 2021). Sajan et al. indicate that suicide is an end to mental pain and agony for the person who dies. However, it begins a life of pain for the survivors.

### **Support Needs of Suicide Survivors**

Ross et al. (2019;2021) provide insight and a deeper understanding of the support needs of suicide survivors. The study delves into the many experiences and personal needs of those individuals affected by the act of suicide. The themes that were prevalent in the study were the changing support needs, lack of knowledge finding and obtaining services, the stigma and social isolation that comes with suicide ( Dyregrov & Dyregrov, 2005) and bereavement, the importance and lack thereof connectedness with others and the social stigma associated with death by suicide (Silverman et al., 1994-95; Scocco et al., 2012; Hanschmidt et al., 2016). Ross et al. found that implementing the bottom-up approach allows the experiences of the bereaved to be heard from their place of pain. The bottom-up approach to trauma accepts that the information

acquired from body sensations are brain-based responses. The feelings and body sensations happen first due to imprints left on the anatomy and physiology of the brain due to early traumas in life (Grabbe & Miller, 2018). The findings propose more research featuring the overarching stigma and shame associated with dying by suicide and the impact these experiences place upon those who are suicide bereaved. Acknowledging the importance of being aware of the specific needs of each individual is an added measure in understanding and providing support that is needed and how limited the research available on the support needs of those who experience grief by suicide.

Ross et al. agreed with earlier researchers' (Nehari, Grebler & Toren, 2007) findings that the need for insight and a deeper understanding of the support needs of those who are survivors' needs can be observed appropriately. The themes that were prevalent in the study were changing support needs, lack of knowledge finding and obtaining services, faced with stigma and social isolation that comes with suicide and bereavement, and the importance and lack of connectedness with others.

The qualitative study relied on observation (Creswell & Poth, 2018). This study employs the interpretive phenomenological analysis (IPA) approach, focusing on the commonality of the participants' lived experiences. The study identifies 15 participants used to gather information about bereaved individuals between the ages of 31-73 years who were directly affected by the suicide death of a loved one. The study required the bereavement process to occur within one year and three months to 5 years (Ross et al., 2021). Key strengths of the study are that the researchers were able to gather in-depth knowledge of each participant's needs and experiences within a small group setting. The critical limitation of the study was that the sample needed to be representative of the overall population, which resulted in sampling bias.

The study gathers information on the experiences and support needs of suicide-bereaved participants to identify interventions methods that will be beneficial to the bereavement process. Researchers reviewed the information. Data was gathered, and themes were identified and manually coded. The written data reflects the data gathered from the study and reviewed by participants to ensure the accuracy of information conveying the meaning of their lived experiences.

The literature reviewed includes work by a variety of other researchers, including Chris Shields, Michele Kavanagh, and Kate Russo (2019), Ross, Kolves, and De Leo et al. (2021), and Sheehan et al. (2018) surrounding grief and bereavement caused by suicide. Shields, Kavanagh, and Russo conducted a qualitative systematic literature review on bereavement after suicide. The study aimed to provide an understanding of the importance of the grief process from the experiences of those bereaved by suicide and not compare bereavement with other causes of bereavement. The findings show that individuals bereaved by suicide presented with a range of emotions and feelings that affect their ability to make meaning of their loss, which implies a disconnect within a social context between the bereaved and those within their community (Sheehan et al., 2018). Shields, Kavanagh, and Russo utilizing previous qualitative studies following bereavement caused by suicide, were able to identify three main themes: blame, guilt, and making meaning of the death by suicide (Ross, Kolves & De Leo, 2021).

Suicide is not just about the deceased; it challenges those within their circle's emotions and feelings, leaving them uncomfortable and too embarrassed to talk about their pain (Ross et al., 2019; 2021). It is essential to address the emotional and physical effects of the death of a child by any means, let alone the act of suicide (Keyes et al., 2014). The meaning and impact on

those close to them (parents and siblings) and the grandparents cannot be rationally analyzed by others but only through the lived experiences and insight that only the grandparents can give.

A study was conducted utilizing the Two-Track Model of Bereavement (TTMB) (Rubin, 1981; Rubin, 1989) with findings indicating two elements are essential: biopsychosocial (biological, psychological, and social) factors and the relationship to the deceased" (McDuffie et al.). TTMB suggests that bereaved individuals endure changes in their personality in an attempt to recreate their world based on their loss. During this period, the survivors reported feelings of depression, anxiety, lack of sleep, questions about self-worth, and changes in interpersonal and social relationships. Secondly, TTMB suggests an increase in focus on the past relationship and ongoing relationship with the deceased.

### **Bereavement**

According to Etymology Online (n.d.), "bereavement" originates from an Old English word "bereafian," which means "to deprive of" or "to take away." It was first used in English during the 15th century and has evolved to refer to feelings expressed when losing a loved one. As bereavement evolves, it is still associated with the loss of a loved one (Shear, 2015) or the loss of a loved one as a social experience where relationship beliefs and expectations change with time (Sajan et al., 2021). Neimeyer, Picho-Prelorentzos, and Mahat-Shamir (2019) define *bereavement* as a common human experience we all go through with the majority of individuals without support from professionals. However, the research found that approximately 10% of those bereaved may continue to suffer and struggle to find meaning in their life without the deceased person (Doering, Barke, Friehs, & Eisma, 2018; Lundorff, Holmgren, Zachariae, Farver-Vestergaard, & O'Connor, 2017). Spillane et al. (2018) shared that bereavement and grief are personal, and how one copes with such a loss is different for everyone, regardless of whether

they are experiencing the loss of the same person. Research findings support that those bereaved by suicide were more susceptible to poorer mental and physical health in general (Feigelman et al., 2028).

Kochen and colleagues (2020) report an increase in the availability of interventions to support bereaved parents. The study acknowledges grief as a normal reaction; however, it encompasses not only their feelings but that of their deceased child and their remaining children. Kochen et al. also noted that 10% to 25% of parents living through the loss of a child will endure a change in their emotional stability, resulting in inadequate psychosocial results and adverse psychological and physical effects (Weiner et al., 2018). Their study concluded by acknowledging the need for continuous research on establishing support when providing parents bereavement care and identification of new interventions in alignment with this change to help parents adjust to their new reality. However, it does not include grandparents who have played a significant role in their grandchildren's lives and experience those same emotional insecurities.

The loss of a child or grandchild impacts the parents and grandparents in a significant way. Research has addressed life-limiting disorders (Tatterton & Walshe, 2019), sudden death syndrome (Tatterton & Walshe, 2018) effects on parents and grandparents, however with little research examining the grandparents' experiences when suicide is the cause of bereavement and grief process and whether it is different or more severe than the loss of a grandchild by other means. Tatterton and associates (2018) offer insight into grandparents' grief when a child dies from a life-limiting condition. The study also acknowledges the need for further studies addressing the needs of grandparents who experienced a grandchild's death and the lack of studies to explore those experiences of bereaved grandparents.



Another study conducted by Dransart (2016) addressed whether the effects of death by suicide were more different or severe than death by any other means shown. Other researchers proposed that African American grandparents reported having spent more time thinking about their deceased grandchild than Hispanic and White grandparents (Youngblut et al., 2015) after their deaths. However, the death of a grandchild varies in diverse cultural settings.

According to research, grandparents are repeatedly ignored as mourners (Gilrane-McGarry & O'Grady, 2012). This study describes the experiences of losing a grandchild to suicide and the needs of the grandparents following the death. The study also highlights the importance of acknowledging grandparents as bereaved family members. It is essential in this period to consider not only the cause of death but also the relationship between the bereaved individual and how that relationship impacts the grieving process among relatives and friends of the deceased individual (Hamdan et al., 2020). Even though researchers (Hamdan et al., 2020) reported that most individuals who experience bereavement cope very well. However, their research does not address bereavement or grief from the Black family's perspective of grief when they lose a grandchild through suicide.

There is a lack of the lived experiences of all voices after a suicide (Jordan, 2020). Research lacks

### **Grief/Grieving**

Merriam-Webster (Nd) states that "grieving" is derived from the Old French word "grever," which means "to burden," and the first known use was during the 13th century. The American Psychological Association (APA) states that grief is "the emotional, physical, and social responses to the death or loss of a loved one or something deeply valued" (APA, 2022).

According to the World Health Organization (WHO), grief is a normal response of sorrow, emotion, and confusion when you lose someone or something important to you (WHO, 2022).

Followed by Kenneth J. Doka (2016), the definition of *grief* is the internal, personal, and psychological way one reacts to loss that is inclusive of one's emotions, thoughts, and behaviors (Doka, 2016).

However, in the end, one will find hope again and acceptance of their loss. There is no set time for when the grieving process will end; however, we must remember that during our season of pain and grief, God is closest to us. "The Lord is near to the brokenhearted and saves the crushed in spirit" (Psalm 34:18 King James Version).

Traditionally, the focus of care following the death of a loved one who has died from suicide results in a change in the psychological emotions of everyone involved, especially and even more so when the death is that of a child. The normal response will address the needs of the parents and other siblings in the family, often without considering the pain grandparents (the silent survivors) may be experiencing (Maple et al., 2010; Dyregrov & Dyregrov, 2005). The research primarily focused on parents, siblings, therapists, nurses, teachers, and communities (Maple et al., 2010; Dyregrov et al., 2005). Fry (1997) and other researchers have acknowledged the grief of the loss of a grandchild while also experiencing grief for their adult child, the parent of the deceased child (Nehari, Grebler, & Toren, 2007; Frain, Jakub, & Mendoza, 1991-92)

Lockton et al. (2019;2021;2021b) studies highlight the experiences of grandmothers and grandfathers following the loss of a grandchild during pregnancy and neonatal death. These studies support the focus of studies being on mothers and fathers within many cultures and the expectations that grandparents will play a vital role in the new grandchild. Murphy & Jones's (2014) study was relational to the above study; however, they offered insight suggesting that the

loss of a grandchild, whether from pregnancy or neonatal death, affects the grandparents. The experiences of all grandparents are important. However, research focusing on the experiences of grandmothers' support and care during bereavement is much needed (Lockton et al., 2020).

Learning more about the effects of suicide on grandparents and whether or not having a close intimate relationship as a grandparent versus a distant relationship is relevant in not only understanding African-American grandparents' feelings and lived experiences with the loss of a grandchild, whether it be suicide or any other death related cause, but it will offer a framework for understanding and helping all grandparents suffering the loss of their grandchildren who have committed suicide.

Losing a loved one is an experience all will face, and we will do so emotionally regardless of our religion or cultural perspective (Barlow et al., 2018). They all have some funeral or burial rites as a means of helping those going through their loss to work through this process with the love and support of their family and friends. However, though the grieving process typically is considered to last around the first six months after the loss, there are those individuals who may grieve up to a year, and others grieve for years (Barlow et al., 2018) following the death of a loved one. Research suggests that those bereaved by grief will endure changes in their interpretation and expressions in life as a means of making and creating their world based on their loss.

### **Psychological Trauma**

In an attempt to understand the impact of suicide, the literature reviewed connects suicide and discusses the connection between suicide and psychological trauma. Psychological trauma is a normal response to an abnormal experience that usually leaves individuals with feelings of

denial and shock (Fugate-Whitlock, 2018). The events or experiences are usually emotionally disturbing or life-threatening events. This emotional experience occurs when someone faces an event that causes fear or life-threatening thoughts. Trauma can be a single event or occur multiple times. Trauma can result from experiencing or witnessing life-threatening incidents such as car accidents, combat experiences, violence/abuse, natural disasters, or other sudden and unexpected experiences of the loss of a loved one from suicide and other unexpected causes (Isobel et al., 2018).

The experiences related to trauma often leave the individual unable to control and adjust their thoughts, feelings, and behavior. The common response to trauma is shock, denial, anger/irritability, depression, problems with sleeping, difficulty concentrating, and suicidal thoughts and behaviors. When continuously exposed to trauma, individuals often develop Acute Stress Disorder (ASD), Major Depressive Disorder, or Post Traumatic Stress Disorder (PTSD). According to the DSM-5 (American Psychiatric Association, 2013), individuals who experience ASD normally present with severe anxiety. It usually occurs within four weeks after the trauma-related experiences, and the symptoms last about three days but have lasted up to a month. Also, there is a decline in emotional responsiveness and loss of interest in things one used to do, and in many instances, it overlaps with PTSD. Assari et al., (2021) like others, acknowledges trauma as having a holistic effect on an individual that has the potential to transfer across generations.

Traumatic experiences are not respectful of age, gender, socioeconomic status, race, ethnicity, or sexual orientation. It does not cease existence because of the makeup of one's family. At some point in time, everyone will go through death and sickness. The experiences will leave one faced with stressors and often difficulties in coping, and often, this will leave the

individuals seeking out the use of alcohol, drugs, overeating, and other risky behaviors (Chu, 2011).

### **Post-Traumatic Stress Disorder (PTSD)**

In 1980, PTSD in the DSM-III was classified for the first time and recognized as a formal diagnosis. Currently, PTSD is considered an anxiety disorder caused by an event that creates a psychological response when an individual experiences an actual or threatened death, sexual abuse, or violent offense. PTSD also can be caused by indirect exposure to such events. Wilson and Keane (2004) not only identified PTSD as an everyday experience when one endures stressful life events but classified it as a psychobiological syndrome. Detailing PTSD as being synergistic, and the symptoms influence one another. According to the DSM-5-TRTM, the symptoms of PTSD in adults are as follows:

1. Presence of intrusion and recurring or involuntary memories, dreams, or flashbacks of the traumatic event
2. Avoidance or effort to avoid reminders of people, places, and events that are associated with the event
3. Inability to remember an essential aspect of the event, constant negative emotions state, feelings of detachment, negative beliefs about oneself, and inability to experience positive feelings
4. Anger, reckless behaviors, hypervigilance, exaggerated startle response, problems with concentration and sleep

These symptoms must last at least a month for the diagnosis to be met.

### **Complicated Grief**

According to Shear (2015) and others, complicated grief affects 2 to 3% of people universally. Being exposed to the death of a family member often affects the mental health of the surviving family and friends, which can be long-lasting. Researchers have reported that 10% to 20% of suicide survivors result in developing complicated grief. Complicated grief is often referred to as experiencing prolonged, unresolved, or traumatic grief that stays intense and endures and interferes with normal functioning (Linde et al., 2017; Lundoff et al., 2017). Complicated grief experiences are similar to normal grief; however, they are more intense and persistent. Shear (2011) describes complicated grief as occurring when one's response to the death or loss of a loved one does not diminish over a certain period, causing it to interfere and delay an individual returning to their norm before their loss.

Following the effect of the terrorist attacks on the World Trades Center, The Pentagon, and the downing of a hijacked plane on September 11, 2001, in the United States, George Bonanno and colleagues began studying the mental health outcomes of individuals affected by trauma. Bonanno (2011) coined the term "traumatic grief" versus complicated grief as occurring when the loss is sudden, violent, or unexpected. Bonanno felt that people who experience traumatic grief usually have a more challenging time adjusting to their loss and are at a greater risk for mental health problems. Furthermore, his works lead to findings that indicate that many people can recover and find meaning in their lives after a traumatic loss, which Bonanno identified as resilience. Bonanno views challenges grief as being a linear process that occurs in stages. His study found several factors contributing to resilience, including social support, cognitive flexibility, and the ability to regulate emotions when coping with adversity.

Complicated grief has many identifying names: chronic grief (Lundorff et al., 2017; Jueckstock, 2018), atypical grief (Soklaridis et al., 2019), exaggerated grief, pathological grief (Jueckstock, 2018) and complex bereavement disorder (Lenferink et al., 2022). Levi-Belz and Lev-Ari (2019) researched the pathological impact of complicated grief and the importance of self-disclosure or the sharing of one's personal feelings as an essential piece in understanding one's personal feelings attached to one's grief. Researchers agree that sudden deaths from events such as suicide, homicides, accidents, and other natural disasters increase the percentage of individuals experiencing complicated grief (Hamdan et al., 2020; Linde et al., 2017).

According to the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition, Text Revision (DSM-5-TRTM) has recognized complicated grief/prolonged grief disorder (PGD) as the newest disorder included. To meet the criteria for diagnosis, one must present with one of four symptoms from Criteria B: yearning or longing for the deceased individual, intense loneliness, feeling that life is unbearable without the deceased, or frequent preoccupation with thoughts of the deceased.

### **Disenfranchised Grief**

Disenfranchised grief has been recognized throughout the years as silent grief, which occurs when one has lost a loved one and feels that they cannot openly acknowledge their loss because of pressures of family, friends, cultural, religious, or societal expectations (Lantrop, 2017; Wright, 2011). In 1989, K. Doka coined the concept and described disenfranchised grief as the grief experienced when a person has incurred a loss and cannot openly acknowledge or receive social support (Corr, 1998-99). Corr, in his study, shares suicide and AIDS as examples of deaths that were often considered "disenfranchising." However, Corr explains that due to

cultural differences, what is considered disenfranchising in one social context is not exclusive to all.

Experiencing the loss of a grandchild results in what is considered a double mourning experience. Double mourning occurs when the grandparents are grieving the loss of their grandchild, and their adult child is also mourning the same loss (Tourjeman et al., 2015). During this period, they are dealing with their grief and feel the need or sense of responsibility to support their adult child. Tourjeman et al. (2015) study further reported incidences that often during this period, grandparents have reported having consciously self-distanced from the family during the mourning process to avoid coming to terms with the death of the grandchild and told it as a turning point in their life. Doka found disenfranchised grief to be challenging to navigate when there is a lack of social support socially, feelings are not validated, and isolation, guilt, or shame is present. Doka's views on grief were similar to Bowlby's; however, Doka found that stages of grief are broader in scope and recognized differences in how individuals may experience grief. Doka's findings indicate that disenfranchised grief could appear in various settings, such as involving the loss of a pet, the death of an ex-spouse or partner, individuals or groups that are stigmatized, drug use, suicide, LGBTQ+ individuals, and others.

### **Religion and Spirituality**

Religion and spirituality have previously been of great significance in how African Americans respond to the loss of a loved one, according to research (McDuffie et al., 2021; Pitman et al., 2017). Black middle-aged to older-aged adults identified as more religious/spiritual than any other racial or ethnic group (Masci et al., 2018; McDuffie et al., 2021). McDuffie and colleagues' study consisted of semi-structured interviews with 14 Black people (middle age to older) using the Two-Track Model of Bereavement.



Lehmann et al. (2021) found that attitudes toward suicide have historically included stereotypes, prejudices, and discrimination. The study intends to increase understanding of public, personal, and religious stigma of suicidal ideation, behaviors, and suicide loss survivors. Their research found public stigma toward suicide relational to social distancing and isolation towards individuals who attempt suicide (Corrigan et al., 2017). The associated stigma often makes those with lived experiences unwilling to share their history. The study found that through Linehan (1983), moral objections to suicide and religious proscriptions were practical in giving individuals a "reason to live." Lehmann et al. findings were able to identify and offer insight into religious leaders' skills to reduce the stigma associated with suicide aid and prevention.

Smith (2002) and others were certain of the use of religion by African Americans as a means of accepting the loss of their loved one and as a means of maintaining a connection with the deceased. Masci and colleagues published a study identifying racial and ethnic groups and their association with religion/spirituality. Masci et al. report that 79% of Blacks, 70% of Whites, 77% of Latinos, and 34% of Asian Americans identify as Christian, according to the 2014 Pew Research Center study on Religious Landscape.

Grandparents were charged and responsible for the salvation of the family. Throughout history, religion and cultural backgrounds have been significant in shaping the values and beliefs of grandparents ( Hossain et al., 2018). Grandparents often provide a presence of faith within the family structure and encourage prayer, scripture, and other semblances of religion and hope for the future. "A good man leaves an inheritance to his children's children" (Proverbs 13:22), signifying the passing of wisdom, knowledge, and other blessings to grandchildren from grandparents, an intergenerational exchange.

### **Summary**

Losing a loved one to death is different from other losses that one may experience over a lifetime. The literature reviewed was in search of research and studies that not only support the need for understanding the Black/African American grandmothers and their relationship with their grandchildren but also their emotional experience with grief caused by suicide. The needs of this population of suicide survivors also identify the gap.

The literature reviewed aim was to offer insight into the relationship between grandparents/grandmothers and grandchildren and address the effects, if any when viewing their relationships and suicide. For some, the relationships were remarkably close and filled with emotional attachments that developed from infancy through adulthood. Others felt emotionally challenged due to the unexpected role of becoming a caregiver of grandchildren at this stage in their lives. Literature notes experiences associated with grief/bereavement by allowing the survivor(s) to accept their loss, adjust to their loss, and move on with their lives following the death of their loved one. Although the work conducted focuses on the experiences of grandparents' loss of a grandchild, there has been limited research that focuses on the loss of a grandchild from suicide and whether the relationship between the grandparent and grandchild is a contributing factor in their grieving. The literature offered insight into the widespread practice of suicide among Black youth and its effect on those left behind.

Not only does it add light to the act, but it identifies characteristics of suicide that refer to it as a traumatic event. Suicide is harsh, sudden, violent, and often an unexpected death with or without warning signs. It is considered a traumatic event. There has been limited research that focuses solely on the experiences of Black grandparents and their grandchildren. This study aims to offer insight into the effects of suicide when a grandchild has died through the eyes of the Black grandmother(s) and whether the relationship is critical in the grieving process. Research

must examine more deeply the effects of suicide and how grandparents, specifically for this study, Black/African American grandmothers, make meaning of their loss and whether the relationship is vital to the grieving process.

### **Chapter Three: Methodology**

#### **Overview**

This research aimed to increase understanding of the experiences of non-custodial Black/African American grandmothers when their grandchild(ren) has died by suicide. The findings offer insight into whether their relationship with their grandchild influences the grieving process. The research focused on the studied phenomenon's emotional connections and other significant experiences. With qualitative research, the researcher has the opportunity to explore the non-custodial Black grandmother's lived experiences, attachment style with the grandchild, and how suicide impacts the grieving experience.

The study includes the following sections: research design and research questions, details on the setting, participants, procedure, researcher's role, data collection, and analysis. The purpose was to collect information that will answer the research questions, allow for recommended future studies, and provide implications for future inclusion of the non-custodial Black/African American grandmothers' experiences when dealing with the loss of a grandchild who has died by suicide in the bereavement process. This study focuses on the lived experiences of grieving in Black non-custodial grandmothers who have lost a grandchild by suicide and offers input into future research, clinicians, medical and mental health caregivers, and others who work with this population.

#### **Research Design**

Qualitative research has been chosen for this study utilizing hermeneutic phenomenological approach. Qualitative research focuses on interpreting and understanding complicated social phenomena using the in-depth exploration of the data gathered (Creswell,

2013). Qualitative research allows the researcher to explore the social and cultural contexts from the lived experiences of individuals and groups. Qualitative data analysis requires interpretive and reflexive analysis from the researcher as they identify the patterns, themes, and meanings that emerge from the collected data (Braun & Clark, 2006).

Allowing the researchers to proceed from a subjective standpoint and be open to multiple interpretations of the experiences of Black grandmothers. The strengths associated with using qualitative research allow the researchers the ability to capture the richness and complexity of the phenomena, flexibility, and adaptability to changes in context and the research questions, and the ability to generate unexpected insights (Miles, Huberman, & Saldana, 2014 & Neubauer et al., 2019). Qualitative research allows the examination of participants' lives in the context of their real-world circumstances; the participant's acuity is valued, adds to the understanding of the social behaviors of humans, and uses more than one resource to verify (Yin, 2011). For these reasons, qualitative research allows for the voices of the Black grandmother's lived experiences from her perspective (Creswell & Poth, 2018).

### **Phenomenological Approach**

Edmund Husserl (1859-1938), a German philosopher, has been noted as the founder of phenomenology. However, van Manen (2017) best describes phenomenology as uplifting and bringing into focus the "lived experiences" and the meaning that occurs from these experiences through language. Phenomenology uses detailed procedures and techniques to gather and interpret information. It embraces the mind, consciousness, and language as imperative in any approach used to make meaning of the lived experiences of others.

Phenomenology is helpful because it focuses on first-hand experiences as the caveat that enables interpretation. Utilizing the phenomenological approach in this study will allow the participants to describe the what and the how of their experience (Neubauer et al., 2019). Recognizing and understanding the needs of suicide survivors requires listening to them as they share and explore their needs and experiences within their world (Andriessen & Krysinska, 2012).

The two approaches to phenomenology research are descriptive and interpretive. Amedeo Giorgi (2006) and Moustakas (1994) best describe descriptive phenomenology as a qualitative research method used to understand the essence of a phenomenon experienced by individuals. The method involves gathering data through in-depth interviews or observations and analyzing the data to understand and uncover underlying meanings and structures that shape those experiences. Then, interpretation and analysis for common themes or patterns were conducted. Descriptive phenomenology allows participants to recount their experiences as the researcher observes their behavior (Gogoi, 2016). The goal is to provide a detailed description of the phenomenon under investigation.

Interpretive phenomenology, associated with the philosopher Martin Heidegger, seeks to interpret and understand the 'why' of these experiences. This approach assumes that to understand the phenomena, one must interpret the context, history, and subjective experiences related to it. This method considers the researcher's experiences and insight for the interpretation process. Descriptive phenomenology seeks to focus on the 'what' of the experiences to arrive at the core meaning of the experiences from the perspective of those experiencing them. Interpretive phenomenology aims to understand a deeper meaning and interpretations of those

experiences. This approach goes beyond merely describing the phenomenon but seeks to interpret and understand the 'why' behind the experiences.

### **Hermeneutic Phenomenological**

Hermeneutic phenomenology is the philosophical and methodological approach that searches to understand human experiences and meanings within a particular context (Creswell & Poth, 2018). According to van Manen (2014), hermeneutic phenomenology focuses on the lived experience and the interpretation of that experience, emphasizing the importance of understanding the subjective perspectives of individuals. One key aspect of hermeneutic phenomenology is the idea of the hermeneutic circle, which suggests that the whole and the parts shape our understanding of a text or experience and vice versa. This circular process involves a constant interplay between interpreting individual elements and the larger context in which they are embedded (Gadamer, 1975).

Another influential figure in hermeneutic phenomenology is Martin Heidegger, a German philosopher (1889-1976) who emphasized "being in the world." He argued that human beings are within a particular world and that one's understanding of it is influenced by one's experiences and interpretations (Heidegger, 1927). Hermeneutic phenomenology has been used in various fields, including psychology, nursing, and education, as a means to explore and understand the subjective experiences of individuals. It offers a rich and nuanced approach to research and interpretation that recognizes the complexity and situatedness of human experiences. It involves collaborating with the participant in parts and as a whole. A hermeneutic phenomenological design was chosen to describe the grieving experience from a hermeneutic perspective. The participants recapture their experiences through retelling and interpretation, allowing the researcher to better understand the phenomena from the participant's experiences.

### Research Questions

**RQ1:** What was the nature of the relationship between the grandmother and her grandchild before suicide?

**RQ2:** How does suicide impact the grieving experiences of Black grandmothers?

### Setting

Interviews were conducted via Zoom. Zoom was chosen because it allows for audio recording and the possibility of saving the interviews for reviewing and transcribing later. Zoom is user-friendly and has a safe and secure environment. Zoom has features such as video and audio recording, screen sharing, and chat functionality, enhancing the research process by capturing rich data and facilitating real-time interaction. Zoom offers participants a sense of familiarity and comfort and has become a commonly used platform for remote communication (Braun, Clark & Gray, 2017; Archibald et al., 2019). Researchers have found Zoom to be an effective means of engaging participants, accessing diverse populations, and collecting valuable data (Neuendorf, 2020). Its convenience, accessibility, and versatile functionalities make it suitable for remote research endeavors. Zoom offers other essential features, such as password use, waiting rooms, and meetings that can be locked once a meeting starts. Also, this feature ensures the protection of participants' information and identities.

Once the participants were identified, emails were sent inviting them to participate in this study. Once they agreed to participate, a follow-up email was sent with the consent form and BDI-II, and interviews were scheduled. At the beginning of the interviews, each participant was asked if they had any questions or concerns, and they all said no. However, this researcher briefly reviewed the consent form, highlighting the importance of being in a quiet setting to



ensure privacy and clear recordings. The information is confidential, participation is voluntary, and they can withdraw. It was shared that the interview will be audio recorded and transcribed.

The participants were informed that they would receive copies of their transcription to review to ensure their lived experiences were provided (Williams, 2021). The interviews were conducted in privacy, within this researcher's home office, behind a locked door to ensure no disruptions.

### **Participants**

Six participants for this phenomenological qualitative study were recruited via Facebook and LinkedIn. The participants were chosen through purposeful sampling. Purposeful sampling is a non-random sampling technique often used in qualitative research to select participants based on specific criteria related to the phenomena being studied. Purposeful sampling is deliberate and intentional, and it allows participants to be selected who would most likely provide relevant and useful information to the study (Creswell, 2014; Patton, 2015). The following criteria were utilized for this study:

1. Are you a grandmother?
2. Are you Black/African American?
3. Are you between the ages of 40-65?
4. Have you experienced the loss of a grandchild by suicide?
5. What is your gender?
6. What is your work status?
7. What is your highest level of education?
8. What is your religion?

9. What is your marital status?
10. Did your grandchild live with you?
11. Email
12. Birthdate

The study gathers information from six non-custodial Black/African American grandmothers between the ages of 40 to 65 years who were grieved by the suicide death of a grandchild to tell their story, their lived experience, and whether having a close relationship with their grandchild made a difference in their experience. The study seeks to capture the experiences of those participants who have bereavement from the period of 6 months to 5 years. This study provides information from the participants' lived experiences (van Manen, 2017; Williams, 2021), and whether their relationship with their grandchild was relevant or influenced their grieving process. This study does not include custodial or individuals who have been impacted by suicide within the last 5 months or have an emotional or psychological condition that may interfere with their responses. Participants were given a referral sheet with information that includes available mental health services if needed. Participants who complete the study will be given a \$25.00 Visa/Amazon gift card once the study is completed.

### **Procedure**

The first step in this process once the proposal had been conducted and approved was to secure approval from the Institutional Review Board (IRB) (Appendix A). Once approval was received in June 2023, from the IRB a flyer (Appendix B) and post (Appendix C) were posted on Facebook and LinkedIn soliciting participants for this study along with an online screening survey (Appendix D) to be completed. The online demographic survey was used to identify

participants who met the proposed criteria. Randomly participants identified who met the screening criteria for the study were sent an email. Participants each received an email that included the consent form (Appendix E) and was given the link to complete a self-administered assessment of the BDI-II (“*Removed to comply with copyright*”) (Beck et al., 1996) to self-report their level of depression (if any).

Once approval had been established before each interview, participants were asked if they had any questions or concerns. The participants were informed of the importance of finding a quiet, and restricted area to participate in this interview. The participants were informed that the interviews would be recorded for transcription and that once the audio had been transcribed, they would be asked to review it for accuracy. This researcher conducted interviews via Zoom in privacy within a home office behind a locked door, with a password-locked computer utilizing headphones to allow privacy and audio recording.

### **Researcher’s Role**

As the researcher, I am a human instrument that is bound to present as being methodical in the reporting of sufficient details of the data collected and the analysis of the data that will allow others to determine the quality of this study. As a researcher, I am aware that I may face biases when conducting such a study. Especially, because I am a Black/African American non-custodial grandmother who has lost a grandchild. I have experienced the grief of losing a grandchild by suicide. My religious beliefs and spirituality were key in my making meaning during my grieving. I am aware of the emotional effects of grief and loss caused by death and the biases that may be experienced in the outcome of this research. This researcher chose to separate personal biases and experiences so that the experiences of the participants are revealed (Neubauer et al., 2019).

It is suggested that the researcher resolves any issues of concern that would distract or take from the validity of the study (Creswell & Poth, 2018). The ideas of hermeneutic phenomenology (Moustakas, 1994) which focuses less on the researcher's interpretations but more on the descriptions of the participants' experiences (Creswell & Poth, 2018) were implemented throughout this study. As well as the integration of Husserl's concepts of bracketing and epoche used in transcendental phenomenology where the previously held assumptions regarding a phenomenon are set aside, and a fresh perspective is examined (Creswell & Poth, 2018). To ensure this happens the researcher remained open when processing and interpreting data.

### **Data Collection**

Interviews were conducted via Zoom. The data was collected over a 12-week time between June and September 2023. The most used method for data collection in qualitative research is interviews (Creswell & Poth, 2018). Interviewing allows for the gathering of thick descriptive data from lived experiences and interactions within the world around the participant (Fuster Guillen, 2019). The data was collected through individual interviews using divergent questioning via Zoom. Data collection incorporated structured and unstructured, open-ended questions. All interviews were audio recorded via Zoom and the researcher's recorder. Participants took part in two interviews lasting a total of fifty to seventy minutes. The participants were chosen who had a score less than 30 on their BDI-II.

### **Beck Depression Inventory-II**

The Beck Depression Inventory-II (BDI-II) was chosen for this study involving grandmothers of suicide victims to offer the researcher insight into the psychological well-being, depressive

symptomatology within this specific population, and suitability for this study. The BDI-II contains 21 multiple-choice questions and is a widely utilized self-report instrument designed to measure the severity of depressive symptoms experienced by individuals (Beck et al., 1996). Each question was designed to assess distinct aspects of depressive symptoms experienced by an individual while also capturing different emotional, cognitive, and physical expressions of depression. It has been validated and adapted for various populations, including those dealing with traumatic experiences such as loss through suicide. In the context of grandmothers who have lost their grandchildren to suicide, the BDI-II can serve as a valuable tool for researchers and clinicians to gain insights into the emotional impact of such tragedies, helping to identify potential risk factors, tailor appropriate interventions, and providing much-needed support to this vulnerable group (Beck et al., 1996; Steer et al., 1999).

### **Interviews**

Research questions are a formative process that the researcher will use to guide insight into the identified topic of research. The questions are to ensure the research phenomena are reflective of the study and do not compromise the study's method and design. The question helps the researcher to decide upon the appropriate research needed in their investigative study. The question should be an indication of the lived experiences regarding the phenomena being studied. The key questions for this study will consist of structured interviews with the participants using open-ended questions, and exploratory in nature, designed specifically to generate reliable and valid experiences for the participants.

The questions focus on (a) the experiences of Black/African American grandmothers whose grandchild(ren) died by suicide and (b) how the attachment style between the grandmother(s) and grandchild(ren) affects the grieving process. The structured interview began

with introductions, and a brief review of the consent form, participants were asked if they had any questions and they replied “No.” The use of open-ended questions in qualitative research allows the participants to describe their experiences with the phenomena (Creswell, 2013). Subsequent questions were used to elicit deep and nuanced insight from the participants. Subsequent questions allow the research to probe a little deeper into the initial responses and explore hidden dimensions (Denzin & Lincoln, 2011). The participants were asked each question and allowed to contribute other information. Due to the sensitivity of the questioning, and participants' responses the questions were often asked out of sequence.

1. Tell me some things about yourself and your grandchild.
2. What was your relationship like?
3. How has the death of your grandchild by suicide changed or altered your life?
4. What makes this grief different?
5. How has time changed your grief?
6. Tell me about your reason for deciding to participate in this study.

### **Subsequent Questions**

7. How old was/is the deceased child?
8. How did they die?
9. When did the death occur?
10. How did you feel learning of their death?
11. What was your relationship like?

12. Immediately following the death of your grandchild what were some of your feelings?
13. How much has your grief from the loss interfered with your life?
14. In the past have you experienced other sudden losses and if so, can you share how you coped with that loss?
15. Does being a non-custodial grandmother change your grief?

Engaging in conversations with the non-custodial grandmothers required that the researcher approach the interaction sensitively and compassionately. Though the interview was structured, open-ended questions and unstructured questioning will be utilized. Unstructured questioning was used to keep the discussion flowing. The direction of the interviews relied on the information that the participant felt comfortable and willing to share. At the closing of each interview, the participants were asked if they had additional information that they felt was important to the research. They were allowed time to do such. Participants were also asked if they had any questions or concerns.

- Question number one was used to establish rapport and gain insight and background information on the grandmother and grandchild.
- Question number two was used to learn about attachment styles and how the grandmother viewed her relationship with the grandchild.
- Questions three, four, and five were used to gain insight into the emotional feelings of the grandmother surrounding her loss.
- Question six was asked to identify if there was a need to share her story and why.

- Questions seven, eight, and nine were often used alongside question number one when seeking more information about the grandchild. These questions were asked to understand the actual cause of the grandchild's death and provide clarity on the event (suicide).
- Questions ten, twelve, thirteen, and fourteen were used to capture the initial emotional impact of the experience and identify possible coping responses and behaviors.

### **Data Analysis**

Data was collected through purposeful interviewing. Purposeful interviewing is an essential aspect when conducting qualitative research (Rubin & Rubin, 2012). Purposeful interviewing allowed (a) effective communication between participant and researcher, (b) collection of information relevant to this study, (c) minimized biases, and (d) allows the comparison of responses of participants (Creswell & Poth, 2017; Kvale & Brinkmann, 2015). The researcher collected data utilizing notetaking, memoing, bracketing, and audio recordings (Creswell & Poth, 2017). The stories of the participants were transcribed verbatim from the interviews, second interviews were scheduled and transcribed verbatim. The transcripts were then forwarded to the participants. During this time, the researcher continued to review, categorize, and sort data using the coding reviewed by researchers, and themes were found and manually coded. The data was written reflecting the essence of the study and reviewed by participants to ensure the accuracy of information bearing the meaning of their lived experiences.

### **Trustworthiness**

According to Institutional Review Board (IRB) guidelines, researchers should adhere to several key principles to ensure trustworthiness in a qualitative research study. Finally,



transferability can be addressed by providing a detailed description of the research context and participants to facilitate the reader's judgment on the applicability of the findings (Lincoln & Guba, 1985). By adhering to these guidelines, researchers can enhance the trustworthiness of their qualitative research study.

### **Credibility**

First, the researcher must establish credibility through methods such as member checking, peer debriefing, and prolonged engagement to ensure accurate data collection and interpretation (Morrow, 2005). To obtain credibility the researcher conducted one-on-one interviews with participants. Triangulating data from these interviews enhances the validity and reliability of the researcher's findings (Creswell, 2014). The researcher's engagement with participants and establishing rapport allowed the researcher to gain deeper insights and build trust (Tracy, 2010). Additionally, participants reviewed and validated the findings which further enhanced credibility by ensuring accuracy and confirming interpretations (Creswell, 2014; Morrow, 2005).

### **Dependability and Confirmability**

Dependability was achieved by employing consistent data collection methods and seeking diverse perspectives through participant selection and data analysis techniques (Creswell & Miller, 2000). Confirmability requires maintaining a transparent audit trail and documenting all research decisions and processes (Lincoln & Guba, 1985). To obtain dependability and confirmability the researcher established a clear and systematic research process and documented all research decisions and steps taken throughout the study. This process will ensure transparency and allow for replication of the study. The researcher was consistent in the collection of data and

analysis methods. Ensuring that data collection procedures are standardized and applied consistently across participants and settings (Creswell, 2014). Engaging with other researchers or experts in the field for feedback and critical appraisal helped reduce bias and increased the rigor of the study (Tracy, 2010). A reflexive journal was used to prevent biases of research from being included in the research process.

### **Transferability**

To address transferability a detailed description of the research context, including the participants, the setting, and any relevant characteristics that may influence the findings are shared. This enables readers to gauge the extent to which the findings can be transferred to similar situations (Lincoln & Guba, 1985). Also, to ensure transferability the research is using purposive sampling techniques, ensuring diversity in participant selection to capture a range of perspectives and experiences (Creswell, 2014), and participants are described as accurately as possible.

### **Ethical Considerations**

Ethical consideration “protects participants from harm” and “disclosure of comprehensive findings (Creswell & Poth, 2018). Participants’ information must be private to prevent harm to the participant. To do so the names and identifying information were kept private during the data analysis and final report (Creswell & Poth, 2018). Participants were reassured that pseudonyms were used to ensure their anonymity and no personal information would be released.

### **Summary**

This chapter outlines the methodology for this study. A qualitative descriptive phenomenological study because it depicts the steps that were needed to collaborate the experiences of Black non-custodial grandmothers after the loss of a grandchild (Creswell & Poth, 2018) allowed this and is considered best for understanding human behaviors. Interviews were conducted via Zoom not only for convenience for the researcher but for participants as well. Zoom features allow audio recording. This study contains six participants. The participants were Black grandmothers who had lost a grandchild by suicide. The women shared their experiences with their grandchildren before their deaths and their feelings about their loss. Data collection was conducted via one one-on-one interview and data analysis, with care being taken to ensure credibility, dependability, and transferability, and all ethical considerations were considered as a means of protecting the participant's identity, confidentiality, and other pertinent information according to the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1997).

## **Chapter Four: Findings**

### **Overview**

This qualitative descriptive phenomenological study was conducted to describe the grieving experiences of Black/African American, non-custodial grandmothers and the role their relationship with their grandchild played in their grieving. Founded on the theories of attachment, and psychosocial development grandmothers'/grandparents' relationships with their grandchildren often are articulated through positivity within the family dynamics (Akhtar, Malik & Begeer, 2017). This study aims to add to the current literature on attachment/relationship and loss in Black grandmothers.

This study design was to first, share the lived experiences of the participants with their grandchildren and how a death by suicide affects their grieving. There have been many studies that have focused on grandparents who experience the death of a grandchild through life-limiting conditions or by other means (Youngblut et al, 2015 & Nehari et al, 2007). The purpose of this study is aligned with Rivart et al., (2017) and other researchers' findings indicating a need for further research to be conducted on the experiences of minority individuals. For that purpose, this study focuses on Black non-custodial grandmothers. The research questions designed to address this were: What was the nature of the relationship between the grandmother and her grandchild before suicide, and how does suicide impact the grieving experiences of the Black grandmothers? Qualitative research was the better choice when it came to understanding the participants' lived experiences.

### **Participants**

Once approval was obtained from the IRB, announcements and recruitment flyers for this study were posted on Facebook and LinkedIn. The participants identified within this study met

the following criteria: Black/African American, female, non-custodial grandmother, between the age of 40-65, and experienced the loss of a grandchild by suicide. One hundred and twenty-four individuals expressed an interest in participating in this study. They completed the required survey in Appendix A to determine if they fit the demographics for this study. After carefully reviewing the survey responses, eighteen met the demographic requirements of this study. Ten individuals were invited to participate in the study. Six of those invited accepted and engaged in the interviews for this study.

The BDI-II was administered to the six participants before their interviews as a tool to gauge their level of depression if any. The tool generated a range of scores from the participants' perspective. According to their self-reports, two participants scored reasonably low, with scores of 9 and 12, suggesting minimal or mild depressive symptoms. The remaining four participants displayed higher scores, indicating more pronounced depressive symptoms. Scores between 20 and 28 indicate moderate depression levels, indicating significant impairment in daily functioning and oftentimes suggesting the need for intervention. The scores on the BDI-II reflect the instrument's ability to differentiate between individuals with varying degrees of depression, from minimal to severe.

This interview took place virtually through the Zoom format allowing the researcher to share the experiences of six Black/African American women who experienced the loss of a grandchild by suicide. During interviews, one participant chosen for this study shared during her interview, about losing two granddaughters to suicide.

**Table 1.***Demographic Data of Participants*

Name	Age	Employment Status	Education	Religion	Marital Status	BDI-II	Time has passed Since the Loss
Shelia	63	Retired	Bachelor	Catholic	Divorced	9	5yrs.
Sue	60	Employed	Bachelor	Christian	Divorced	12	2 yrs.
Florence	49	Employed	Associate	Catholic	Widow	23	2 yrs.
Laura	53	Employed	Associate	Baptist	Married	20	3 yrs.
Michelle	57	Part-time	Bachelor	Catholic	Single	24	14 mos.
Mary Alice	63	Retired	High School	Baptist	Divorced	25	4 yrs./ 7 mos.

Table 1 shows the demographics of the grandmothers used in this study.

### **Participants Profiles**

#### ***Shelia***

Shelia is a 63-year-old Black non-custodial grandmother. She shares that she is Catholic, a divorcee, and is retired. Shelia scored a 9 on the BDI-II which indicates that she may exhibit mild depressive symptoms and indicates that she's not severely depressed. Shelia shared that five years ago her 10-year-old grandson intentionally took pills to end his life. She affectionately described him as a "handsome one," who was reserved and often appeared to be depressed. Shelia shares experiencing anger, and self-blame upon the loss of her grandson. When asked about her thoughts and beliefs about suicide before her grandson's death she stated: "My beliefs and thoughts about suicide before this were that it happens to individuals who are depressed or face emotional and financial issues."

#### ***Sue***

Sue is 60 years old, and a non-custodial grandmother. Sue is employed, has a bachelor's degree, is a Christian, and is divorced. She scored a twelve on the BDI-II which indicates she has a moderate level of depressive symptoms (sadness, guilt, and other depressive symptoms). If not identified early, it can interfere with the healing process. Sue shares that two years ago, her fifteen-year-old granddaughter took a mixture of pills and overdosed. She describes her

granddaughter as having the same spirit as she did and “*the closet flower to me.*” She was asked about her thoughts regarding suicide before her granddaughter's death and shared:

My thoughts about suicide. I've never had a positive view; I've never seen a direct or genuine excuse for anyone to commit suicide. I believe that most times suicide can only be a fit for people or for a person who doesn't have a family or anyone at all. I, I, I feel like my granddaughter had a family. She had the care and support from us. Unlike a lot a lot of others.

### ***Florence***

Florence is 49 years old and a non-custodial grandmother. Florence is currently employed, has an associate degree, is a Catholic, and is widowed. Florence scored twenty-three on the BDI-II. A score of this magnitude indicates that Florence suffers moderate levels of depression that disrupts one's daily life. Florence shares her granddaughter was 10 years old when she died and would have been turning twelve this year. Florence stated that her granddaughter died from taking poison. When asked to share her thoughts about suicide before her granddaughter's death she became quiet and then stated:

Way before I was like death can't come to a child. Even children can commit suicide or take their own lives. It's never okay to take your life. Never would I have thought that my granddaughter would take her life. I know it happens, but I just didn't think it would happen to me and my family.

### ***Michelle***

Michelle is 57 years old and a non-custodial grandmother. She currently works part-time, has a bachelor's degree, is Catholic, and is single. Michelle's BDI-II score is 24. Accordingly, Michelle is suffering from a moderate level of depression that disrupts one's daily

life. Michelle lost her grandson 14 months ago. He was 14 years old and ran into the river because he feared his dad would kick him out of the house for failing a test. Michelle stated it was 3 days before they found his body. When asked about her thoughts about suicide before her grandson's death Michelle states, "To be honest. I thought this sort of thing happened to other people, not my family."

### *Mary Alice*

Mary Alice is 63 years old, and a non-custodial grandmother. She is retired, has a high-school diploma, is a Baptist, and is divorced. Mary Alice scored twenty-five on the BDI-II which is an indication of suffering from a moderate level of depression that disrupts one's daily life. Mary Alice shared that she had lost a granddaughter 4 years ago and it happened again seven months ago. Mary Alice shared that Sarah (pseudonym) was 17 years old and Angela (pseudonym) was 13 years old. She stated that both girls were sisters and took poison. Mary Alice shared that Sarah committed suicide because she had broken up with her boyfriend and Angela was fighting at school and was called out of her name because she did not have her father in her life. She shared spending time with both girls but feels that she was closer to Sarah. She said losing both girls has been overwhelming.

When asked about her thoughts about suicide before her granddaughters' death Mary Alice explains suicide by saying:

Death is a part of life and when someone dies no matter how tragic it is we must accept it. We all wish for long lives, especially our children and grandchildren. Suicide is not okay.



***Laura***

Laura is 53 years old and a non-custodial grandmother. She currently works and has an associate degree, is a Baptist, and is divorced. Laura's BDI-II score is twenty. Laura's scores indicate moderate levels of emotional distress which impairs her daily activities. Laura's grandson died three years ago at the age of sixteen. She stated her grandson died three years ago from a drug overdose. She shared they had a close relationship, and his death has changed her life. When asked about her thoughts about suicide before her grandson's death Laura shared: "I guess I never thought about it happening to my family. I don't believe in taking a person's life, not even your own. So, I guess I am saying I don't believe in suicide."

**Results**

This section contains the categories, themes, and subthemes that emerged during the analysis of the data. Three categories were identified. The first category contains two themes. Within the first theme, there were three sub-themes, and the other with four sub-themes. The second category has two themes with one having five sub-themes, one with four subthemes, and the final theme has four sub-themes. The categories and themes have each been individually described below.

**Theme Development**

All interviews were transcribed and then sent via email to each of the six participants for verification. Once the participants verified the transcripts the researcher again reviewed and re-reviewed the audio recordings and transcripts to analyze and identify categories, themes, and

subthemes that were relevant to the study. The categories, themes, subthemes, and participants are identified in Table 2.

**Table 2**

*Study's Categories, Themes, Subthemes, and Number of Participants*

RQ1	Nature of Attachment and Relationship		Number of Participants
1.	Relationship with Grandchild		
		Very close	6
		Deep connection	6
		Nurturing relationship	6
2.	Time Spent Together.		
		Visited often	6
		Weekends and holidays	6
		Lived near grandchild	5
		Didn't live near grandchild	1
RQ2	Impact of Grief		
1.	Short-Term Effects		
		Disbelief	6
		Anger	3
		Overwhelmed	6
		Loss of appetite	3
		Blamed self or others	3
2.	Long-term effects.		
		Continued Loss of Appetite	3
		Unable to sleep	4
		Persistent Depression	4
		Mental and/or Physical Health	5
3.	Source of Support		6
		Received counseling	5
		Received support from family & others	5
		Received religious or spiritual support	5
		Received family support only	1

**RQ1: What was the Nature of the Relationship?**

The participants described the nature of their relationship with their grandchildren. The two main themes that emerged from the data have several subthemes. The first central theme

had two subthemes that addressed their relationship, followed by the second, which highlighted time spent together. Once the researcher analyzed the data, the first category identified was the nature of the attachment between the grandmother and grandchild.

***Relationship with Grandchild:*** The six participants all shared that they experienced what they describe as a very close, deep connection and nurturing relationship with their grandchildren. Sue shared the following:

My relationship with my grandchild was quiet, a more emotionally connected one. It was more like a mother-to-child relationship because I realized she was attracted to me. She was deeply connected to me. And she was very close to me. She was comfortable telling me a lot of things. She loved to talk.

Florence echoes the closeness shared between her and her granddaughter. “We were so close to each other, and I loved her so much. I miss her so much. Michelle reiterated that closeness by sharing that her relationship with her grandson was “very close,” despite her hectic schedule.

Mary Alice, who experienced the loss of two granddaughters, felt that she had a close relationship with each of her granddaughters but felt the relationship with her oldest granddaughter was closer. She exclaimed her oldest granddaughter was her first grandchild and for years she was the only one.

Laura describes her strong relationship with her late grandson as being very close emphasizing how much he loved her. She expresses how visits from her grandson brought joy to her life, and his sudden death has left her lonely and unhappy.

Shelia echoes the sentiments of the others as she shares memorable memoirs of her time with her grandson and acknowledges, “We were very close. I was close to my grandson. My grandson was a handsome one.”

*Time Spent Together.* When asked to expound on their relationships with their grandchildren, especially the time spent together, the six participants shared similar responses identifying frequent interactions and shared activities. Michelle describes the time spent with her grandchild:

I am always busy during the week but on Saturday or Sunday, he would often spend the entire day with me, and on holidays he would sometimes stay over. When he came over, we would watch movies together, go out to the movies, or go shopping. He loved swimming and playing video games.

Sue often struggled emotionally as she describes their relationship:

My granddaughter, I loved to hear her sing. She wasn't a singer; well, she wasn't a very good singer, but she liked to hum. We were connected. There was a special connection between us."

Florence shared memories of times spent cooking Nigerian dishes with her granddaughter. She shares that now she no longer cooks Nigerian dishes. Mary Alice also shared memories of her granddaughters' visits and shared that Sarah her oldest would love to lay in her bed and watch TV. She shared that both girls called her Nana. She stated Angela was more outgoing, liked to cook, and would want to go shopping to buy pizza when she visited. Laura expresses how visits from her grandson brought joy to her life, and his sudden death left her

lonely and unhappy. Each grandmother shared spending weekends, school breaks, and holidays with their grandchildren. The grandmothers talked about living near their grandchildren.

All except Shelia stated she did not live near her grandchild. Shelia had a close relationship with her grandson even though they did not live close. Shelia states, "Before his death...he would come to my house on holidays and sometimes the weekends. She shared memories of enjoyable activities, such as cooking and watching movies, when her grandson visited. She also shared that she visited her grandson's school and their visits to the movies. Shelia states that they would often have family dinners to keep in close contact with their family.

## **RQ2 2: Impact of Grief**

All six participants responded to this category. When asked about their grieving experiences they were first asked to share their feelings immediately upon hearing of their grandchild's death and whether their grief interfered with their life. The participants acknowledged that the loss of their grandchildren was having a deep and lifelong effect on them.

*Short-Term Effects.* All six participant shared their reactions to learning of the death of their grandchild and then any short-term or long-term effects. Laura shares that she was confused, "I literally shut down, it made me very sad." She went on to share that she felt devastated and the profound impact of his death on her life. While Mary Alice stated she was shocked to learn of both granddaughters' death. She shared that at first, she thought Sarah's death was an accident but was appalled when she found out it was intentional. She stated when Angela died, she was shocked but her first thoughts were, "This couldn't be happening again." Mary Alice added that she was sad, blamed herself, and was so depressed. She said she was angry because how could this kind of thing happen to her again?

Sue stated losing her granddaughter was a difficult stage of her life. She shared that, “Her death was so painful that it was a shock to me...one of disbelief. I couldn’t believe it.” Michelle echoes those sentiments, “I was stunned basically; I couldn't believe it. I guess my next feelings were sadness at losing him. But mostly I was angry at my son.” As did Florence who states, “I was heartbroken, I was very emotional, overwhelmed, and just felt so bad. My life was different.” Laura stated that she felt devastated and emotionally shut down after hearing of his death.

*Long-Term Effects.* The participants all reported having short-term and long-term responses to their losses. Shelia shared that this was her only grandchild:

Ok, I was angry with his parents, especially with his mom. I thought it might have been because of her carelessness. So, I went through this emotional trauma, I was devastated, and I skipped meals. I couldn’t eat even my favorite foods. I was depressed.

Shelia shares that when this first happened, she would often dream about him and still does but not as much. She admits that even though time has changed her grief she still has not overcome the trauma of his death. She shared that sometimes she may just be eating, and the memory will just come, and she feels so bad.

Sue shares “I was depressed, and I felt disconnected from everything I had.” Sue currently struggles with depression and admits the loss of her granddaughter has severely impacted her life. She shared that since she lost her granddaughter she has lost her appetite. She laughed and said “I have always loved to eat and now I don’t even enjoy my favorite food.

Michelle, however, experienced anger and admittedly stated, “I blamed my son for pressuring my grandson like that because he was the cause of it. I was a wreck and I felt depressed.” Michelle complains of having bad headaches, and trouble sleeping and finds that she has to make herself get up and do things. Michelle struggled with depression and sleep issues, eventually seeing medical help for high blood pressure which her doctor attributed to her stress. Michelle admits the loss of her grandchild haunts her daily life.

*Support.* All six participants acknowledge receiving some form of support in coping with their losses. Five of the participants attribute their grief to being lessened through acknowledging the benefits of utilizing counseling, the role of their faith, and others in their healing journey. One participant did not seek professional counseling but relied on her immediate family and her pastor for support.

Sue stated since her granddaughter's death she has stopped doing things she used to enjoy and often finds herself in tears reminiscing about her grandchild. Sue did not seek counseling, due to challenges with discussing her deep emotional experiences with strangers. Sue does admit to having support from family members. Sue also expressed stigma attached to suicide within the Black communities such as fear of social rejection, isolation, and shame and embarrassment.

Shelia shared that she is currently in therapy and that therapy has been effective. Shelia shares that resolving her anger with her grandson's parents has been helpful in her healing. She contributes counseling and her faith as being a very impactful role in her coping with the loss of her grandchild. She also mentions that her grandson's death catalyzed his parents to resolve their issues as they shared her grief.

Michelle admits that discussing her grandson's death has brought back the raw emotions. She admits to wanting to cry when she reflects on her grandson's death. She reveals that she doesn't usually talk or think much about him because she always feels like crying. She currently sees her doctor regularly and sees a counselor once a week.

Laura is currently in therapy and described feeling confused and unmotivated at times but acknowledges that therapy is helping her cope. She shares that she has largely relied on support from her family and friends to cope with her grief. She acknowledges that her Christian faith has played a significant role in her coping. She acknowledges praying and going to church services regularly.

Mary Alice, unlike the other grandmothers, had experienced the loss of two grandchildren and struggled with the fear that she was susceptible to suicidal thoughts and behaviors. Mary Alice shared that Sarah was her first grandchild and that when she died her heart hurt so badly. She sought out her supportive pastor, and she prayed a lot and cried a lot. She questioned how Angela could do something like this. She shared that her thoughts and fears after the loss of her granddaughters prompted her to seek help. This led her to consult with a counselor, doctor, and pastor. She admits to asking for prayer because she did not want to commit suicide like they did. Mary Alice is currently in counseling. Whereas Florence shared that she did not immediately seek counseling but at the encouragement of her pastor and friends she decided to go. She shared that she continues to see a counselor regularly and feels that counseling has been very helpful for her.



### **Research Questions Response**

This section addresses the research questions that guided this study. The questions and themes are discussed along with the responses from the participants. The information describes the lived experiences of each participant.

#### ***RQ1***

The first question was to discover the nature of this relationship between Black grandmothers and their grandchildren, delving into the emotions, connections, and affections shared between the grandmothers and their grandchild(ren). The grandmothers opened up about their perceptions of this unique relationship. The key themes that emerged addressing this research question evolved around the nature of attachment and the quality of time spent together.

The key themes addressing this research question evolved around the nature of attachment and the quality of time spent together. The grandmothers expressed the presence of a profoundly close relationship with their grandchildren. A bond that was disrupted by the suicide of their grandchild(ren). They shared poignant acumens into the warmth and depth of their connections. These connections were especially evident during holidays, weekends, and school breaks when the grandmothers and grandchildren visit, creating precious memories.

All but one of the grandmothers revealed that they did not reside close to their grandchildren. Despite this geographical separation, they emphasized that they still managed to maintain regular contact with their beloved grandkids throughout the week. This highlighted the strength of their emotional ties and highlighted the enduring closeness they shared, even from a distance.

***RQ2***

The second research question enquires about the grieving experiences of the participants. The participants each expressed the overwhelming effect of losing a grandchild by suicide. Their spoken words paint a deep sense of grief, sadness, and emotional turmoil resulting from their loss. They described feelings of confusion, devastation, and anger following their loss and their grief being persistent and a haunting presence at times within their lives. Their narratives reveal ways in which the suicide of their grandchild has left deep and long-lasting emotional scars. They spoke of the ongoing struggles of grief, difficulty with finding closure, and painful memories. The grandmothers who participate in counseling acknowledge the role counseling and support from their families, friends, and various religious communities have played in helping with their coping after their loss. These experiences demonstrate the resilience of the human spirit when faced with tragedy.

**Outliners**

The participants were asked if there was anything else they would like to share all but one participant shared. One participant shared:

It's not easy when you lose someone you love. It is not easy to cope and adapt to that particular situation. My mood now is kind of (pauses) it's that you're asking me questions about my grandson that I am recalling as if it was just like yesterday. I feel like crying. Just feeling the pain more, sometimes it's not easy. I don't talk about it, and I try not to think about it because it leads me to a place where I want to forget. So sometimes I will think why this happened to me.

Another participant reflected on seeking guidance from her pastor and shared:

My pastor told me it's not the end of life, just pray to God. God knows better. He said I should just let go, what has happened has already happened. My pastor has been very supportive of my loss, but I don't think he gets it.

Other participants shared brief comments regarding the effects of being the non-custodial grandmother versus the custodial grandmother. Two of the participants expressed that if they had been a custodial grandmother it would have affected them even more and added that it probably would have been worse. Another participant stated that family is family, and it does not matter if you are living with someone or not. "When anything happens to you, I will feel it. I will feel like you are worth living." Finally, another participant shared that when you love someone it doesn't matter whether they live with you or not you will always remember and miss them.

The participants also inquired about a focus group for individuals who have experienced the loss of a grandchild by suicide. The individuals wanted to attend a group that would include others who participated in this study. They shared that even though they were in individual counseling they would agree to participate in a focus group with their peers to hear about others first hand experiences.

### **Summary**

This chapter contains the results from the investigation into the lived experiences of six Black non-custodial grandmothers who have experienced the loss of a grandchild or grandchildren by suicide and their grieving experiences. One of the participants shared the loss of two granddaughters by suicide. The participants' background demographics information and themes developed from the data analysis have been described. The chapter attempts to report findings in alignment with the research questions. The chapter has echoed the sentiments and

lived experiences of the participants through identified themes and direct quotes. The following chapter will discuss the study's result from the context of the previous literature reviewed and provide implications, limitations, delimitations, and suggestions for future research.

## Chapter Five

This study aimed to explore the results related to the research questions investigating the phenomenon of grief in non-custodial Black grandmothers due to the suicide of a grandchild and whether or not this relationship affects their grief. The information in this study should evoke further discussion on this topic. Chapter Five contains five sections: (a) summary of findings, (b) discussion of findings and implications in light of the relevant literature and theory, (c) implication sections (methodological and practical), (d) delimitations and limitations, and (e) recommendations for future research.

### Summary of Findings

The findings from this study emphasize the profound effect of attachment theory, psychosocial stages of development, and the interplay of grief and loss in the experiences of Black non-custodial grandmothers. The findings indicate how familial ties and disruption of normative developmental stages increase the grief experienced following a grandchild's suicide (Levi-Belz, Y., & Lev-Ari, L., 2019). The findings further indicate the need for a comprehensive approach to support these grandmothers, recognizing the complex psychological and emotional challenges they face when experiencing the loss of their loved ones. Understanding these complex dynamics is crucial for the development of effective interventions and support systems for those experiencing the aftermath of grandchild suicide.

### *RQ1*

The findings from the first research question regarding the nature of the relationship between the Black grandmother and her grandchild(ren) before suicide were similar among the participants. The participants revealed a deep, meaningful, and close relationship with their

grandchildren that was emotionally significant and produced a keen sense of attachment (Bangerton & Waldon, 2014). The participants expounded further on the heartbreak of losing their grandchild(ren), which has had a long-lasting impact on each one. They revealed sharing "*precious*" memories with their grandchildren despite physical and geographical distances. The experiences shared provide insight into the unique and valuable perspectives of the grandmothers' relationship and attachment to their grandchildren.

### ***RQ2***

The second research question delves into how suicide impacts the grieving experience of the participants. The findings indicate an overwhelming number of emotions expressed by each participant at the hearing of the loss of their grandchild(ren). They each shared experiences that illuminate intense emotional pain and distress. Each grandmother acknowledges presenting with a wide range of emotions that consist of feelings of confusion, anger, devastation, and distress while trying to make sense and meaning of their losses.

The participants self-reported that the effect of the loss of their grandchild(ren) has had a deep, long-lasting, and profound impact on their emotional health and well-being. The participants acknowledge grappling with the emotional aftermath of their loss. Some grandmothers reveal participating in counseling and receiving support from family, friends, and their religious communities. They shared the significance of having these significant supports in place while navigating their loss. However, one participant chose not to participate in counseling or support from others except for her family. The grandmothers, however, demonstrated the resilience of the human spirit and acknowledged the importance of social and emotional support.

## **Discussion**

This section discusses the theoretical foundation and empirical literature reviewed in Chapter Two of this study as it relates to the findings. The theoretical foundation focuses on attachment theory (Bowlby, 1969), Erikson's psychosocial stages of human development (Erikson, 1959), and grief and loss (Kubler-Ross, 1969). The empirical literature links this study to earlier research.

### **Theoretical Foundations**

The theoretical foundations utilized for this study are grounded in the attachment theory model (Bowlby, 1969; Ainsworth et al., 1978), Erikson's psychosocial stages of development (Erikson, 1959), and grief and loss (Kubler-Ross, 1969). The data collected in this study acknowledges the characteristics of each theory. The attachment theory model comprises three main styles: secure, anxious/ambivalent, and avoidant. The data collected for this study indicates that the attachment theory model plays a significant role in these participants' experiences. Each participant revealed a deep emotional bond between the grandmothers and their grandchild(ren). The intensity of their loss by suicides is deepened by these vital connections, reflecting attributes of a secure attachment style.

Erikson's model offers a series of psychosocial developmental stages that individuals proceed through from infancy to late adulthood. Each of Erikson's stages occurs according to a specific developmental task or crisis the individuals must navigate (Erikson, 1950; 1959; 1968). According to research, the qualities individuals display during growth and development are strongly associated with the aspects of healthy aging (Wang et al., 2022). The grandmothers for this study ranged between forty-nine and sixty-three, whereas the grandchildren ranged from ten to seventeen. The participants' age at the time of their loss(es) echoes Erikson's psychosocial development stage of generativity vs. stagnation. In this stage of generativity versus stagnation,

the non-custodial grandmother faced many challenges as they reconciled with being a grandparent and losing a grandchild, reflecting the overlap with the developmental tasks of contributing to society and their legacy.

Grief and loss theory sheds light on loss's complex emotional and psychological magnitude. It focuses on how grief is experienced differently for each individual and how it influences their daily lives and relationships. Kubler-Ross (1969) found that grief and loss transition across five individual stages (denial, anger, bargaining, depression, and acceptance) with loss and understanding of their mortality. Grief and loss are central to this study as it brings insight into the experiences of these participants who have tragically lost a grandchild(ren) by suicide. The participants' experiences resonate with Kubler-Ross's stages of grief. The grandmothers' narratives exhibit the various stages observed in grief and loss.

The participants expressed experiencing denial, anger, depression, and acceptance, although not always in a linear sequence (Sheehan et al., 2018). However, the participants did not acknowledge instances of bargaining regarding their loss. Their account of their emotional responses highlights the complicated and individualized nature of grief and loss. The experiences of the non-custodial grandmothers in this study highlight that grief is universal, and enduring and challenges each one in diverse ways. Understanding that each participant experienced, grief similar yet different in their own right.

### **Empirical Literature**

This study aligns with recent research in Chapter Two that recognizes the pivotal role of Black grandmothers within the family framework. Stephens (2021) acknowledges them as the "cornerstone" and "matriarch" of their families, emphasizing their significance and influence.



The data collected supports the deep emotional bonds between participants and their grandchildren, reflecting their relationships as rewarding for both in a mutually beneficial nature (Whitley & Fuller, 2014).

Contemporary research, as noted by Condone et al. (2020), emphasizes the broader spectrum of grandparents, the importance of attachment, and the satisfaction derived from their roles. This study builds upon this understanding by exploring the attachment experiences of the participants experiencing the loss of a grandchild(ren) to suicide. It underscores the profound impact of these relationships on the grandmothers' grief journeys, highlighting the intertwining of attachment and the grief experienced in this specific context (Shields et al., 2019).

Additionally, the research conducted by Bangerter and Waldron (2014) and Whitley and Fuller-Thompson (2017) sheds light on the mutually rewarding dynamic between non-custodial grandparents and their grandchildren, emphasizing the value of these relationships. This study further supports these observations, explicitly highlighting the experiences of the non-custodial grandmothers and the emotional bonds they share with their grandchildren. Aligning the participants' experiences with Erikson's stage of generativity versus stagnation, the study offers insight into understanding the complex interplay between grief and developmental tasks at distinct stages of life (Wang et al., 2022). It underscores the universal and enduring nature of grief and the unique challenges faced by these grandmothers in adapting to loss while navigating their developmental journeys.

### **Implications**

By connecting the above study's findings with this recent research, we gain a more comprehensive understanding of Black non-custodial grandmothers' vital role in their families. It

highlights the significance of their relationships with their grandchildren, the impact of attachment, and the profound grief experienced in the face of loss. This knowledge underscores the importance of recognizing and supporting these relationships, particularly in the context of grief and loss experienced by non-custodial grandmothers.

### **Christian Worldview**

A Christian worldview provides a unique lens through which to analyze the experiences of Black non-custodial grandmothers dealing with the aftermath of a grandchild's suicide.

A Christian framework stresses compassion, forgiveness, and the sanctity of life, potentially shaping how these grandmothers chose to navigate their grief journey. These teachings often foster empathy and support for the suffering, influencing how these women pursued solace and communal support from their faith community or spiritual beliefs.

Additionally, a Christian worldview may offer a perspective through which these grandmothers interpret the tragedy of suicide and seek solace in the hope of an afterlife or the concept of divine grace. It could guide their coping mechanisms, leading them towards seeking spiritual healing and understanding, potentially finding significance and purpose amidst their loss. The significance of community and support from religious congregations may have significantly impacted the grieving process for some of them. How these grandmothers chose to receive support, finding comfort in communal prayers, congregational gatherings, and spiritual guidance, may have contributed to their views on healing and resilience in the face of a loss by suicide. The study implies that the participants' Christian worldviews potentially played a role in their coping strategies, search for meaning, and approach to grief and healing.

### **Delimitation and Limitations**

### *Delimitations*

As with any research, some delimitations may interfere with the process. First, to meet time constraints associated with conducting research within the doctorate program, this study had a limited sample size to work within the guidelines of the program and the qualitative phenomenological study. The study focuses on Black grandmothers who have lost a grandchild(ren) by suicide and do not identify as caregivers to their grandchild(ren). The rationale for the study is to understand the experiences of Black non-custodial grandmothers, their relationship with their grandchildren, and their grieving experiences associated with a loss by suicide.

### *Limitations*

Qualitative research, like other research approaches, encounters its share of limitations. In the context of this study, several limitations emerge, which are integral to the qualitative research process: (a) One of the limitations is the recruitment of participants via social media networks. Acknowledging that not all Black grandmothers are active on social media, or the internet is essential. This selection bias can affect the ability to generalize this particular demographic; (b) another limitation stems from the nature of qualitative research regarding responses from grandmothers. This approach assumes that every participant answered the questions honestly and accurately. Variability in participants' interpretations and responses can introduce subjectivity into the findings; (c) also, time constraints represent a practical limitation in qualitative research. Data collection and analysis can be hindered by limited time, potentially affecting the transferability of the study; (d) another limitation of this study is the lack of socioeconomic diversity, and (e) it inadvertently includes only Black grandmothers who are willing to discuss this sensitive topic that limits the representation of the population studied.

### **Recommendations for Future Research**

The findings, limitations, and delimitations in this study suggest future research for a more comprehensive understanding of the Black grandmother-grandchild relationship and experiences of grief following suicide. There is research that delves into the experiences of Black custodial grandmothers as caregivers and its effects. However, the gap remains concerning how the relationship between Black grandmothers and their grandchild(ren) affects their grieving and their grieving experiences following the suicide of a grandchild. This study highlights the importance of relationships between grandmothers and their grandchildren and how that relationship affects their grief/grieving from the participants' perspective. The data gathered in this study could open more conversations and research concerning Black grandmothers' relationships with their grandchildren and how they endure grief caused by suicide or any other tragic event.

It would be interesting to see the results associated with broadening the range of the study to include a more mixed group of Black grandmothers, considering variables such as their age, socioeconomic status, and geographic location. Incorporating this approach would enable an in-depth exploration of how these diversifications shape the grieving experiences of Black grandmothers. Further analysis and clinical assessment using quantitative data would also help understand these individuals' emotional well-being and guide appropriate interventions or support. Future research should continue to explore closely the narratives and stories of the Black grandmothers to attain a more in-depth understanding of their grief/grieving experiences. To further support these grandmothers, healthcare professionals could consider a multi-faceted approach that includes grief counseling, support groups, and potentially medication for symptoms of depression or anxiety. The counseling should include psychoeducation, offer

insight into the stages of grief, and interventions needed that are sensitive to the unique challenges faced by non-custodial Black grandmothers.

### **Summary**

The purpose of this study was to examine the relationship between Black non-custodial grandmothers and their grandchild(ren) and how that relationship affects their grief/grieving when that grandchild(ren) dies by suicide. The study findings examine attachment theory, Erikson's psychosocial stages, and grief and loss theories. The study contributes to the role of secure attachment in grandmothers and the emotional, psychological, and interpersonal difficulties experienced by Black non-custodial grandmothers following the tragic loss of a grandchild to suicide. By interlinking these theoretical foundations with lived experiences, the study sheds light on the comprehensive nature of grief. It underscores the need for nuanced individualized support systems to assist those with profound losses.

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## Appendix A: IRB Approval Letter

**LIBERTY UNIVERSITY**  
INSTITUTIONAL REVIEW BOARD

June 7, 2023

Edith Walton-Carter  
Frances Sanford

Re: IRB Approval - IRB-FY22-23-1483 Suicide in Black Adolescents: How Does the Relationship and Attachment Styles Impact the Grieving Experience of Non-Custodial Black Grandmothers

Dear Edith Walton-Carter, Frances Sanford,

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the following date: June 7, 2023. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45 CFR 46.101\(b\)\(2\)](#) and (b)(3). This listing refers only to research that is not exempt.)

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.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,  
**G. Michele Baker, PhD, CIP**  
*Administrative Chair*  
**Research Ethics Office**

**Appendix B: Demographic Survey Questions**

1. Are you a grandmother?
2. Are you Black/African-American?
3. Are you between the ages of 40-65?
4. Have you experienced the loss of a grandchild by suicide?
5. What is your gender?
6. What is your work status?
7. What is your highest level of education?
8. What is your religion?
9. What is your marital status?
10. Did your grandchild live with you?
11. Email
12. Birthdate

### **Appendix C: Social Media Recruitment Post**

**ATTENTION FACEBOOK/LINKEDIN FRIENDS:** I am conducting research as part of the requirements for a Doctor of Education (ED. D) in Community Care and Counseling at Liberty University. My research aims to understand whether the relationships of Non-Custodial Black grandmothers to their grandchildren change the grieving experience when the grandchild dies by suicide. To participate you must be a Black/African-American Woman, between the ages of 40-65, a grandmother, and have experienced the loss of a grandchild by suicide. Participants will be asked to participate in one to two recorded individual interviews which will take about 45-90 minutes. If you would like to participate and meet the study criteria, please click the link at the end of the study <https://forms.gle/ucSxbEnaZ4QnXkGPA> for more information contact [REDACTED]. A consent document will be emailed to you if you are selected to participate in this study. Participants will receive a \$25.00 Visa/Amazon gift card at the conclusion of this study.

**Appendix D: IRB Recruitment Flyer****Call for Research Study Participants!****Suicide in Black Adolescents: How Does the Relationship and Attachment Style Impact the Grieving Experiences of Non-Custodial Black Grandmothers**

Are you a Black/African American Woman?

Are you between the ages of 40-65?

Are you a grandmother?

Have you experienced the loss of a grandchild by suicide?

Are you willing to discuss your grieving and loss experiences?

If you answered yes to the above questions, you may be eligible to participate in this

The purpose of this study is to understand whether the relationships of Non-Custodial Black grandmothers to their grandchildren changes the grieving experience when the grandchild dies by suicide.

Participants will be asked to share the relationship with the grandchild and grieving experiences resulting from the loss of the grandchild by suicide by taking the Beck Depression Inventory-II (10-15 minutes) and participating in Individual Interviews via Zoom (one, maybe two for 45-90 minutes).

**Benefits include:**

Filling a gap in research on attachment and grieving experiences of Black/African American grandmothers of a grandchild who has died by suicide.

If you would like to participate, please contact the researcher at the phone number or email provide below or click this link <https://forms.gle/ucSxbEnaZ4QnXkGPA>

A consent document will be provided to you one week before the interview.

Participants will receive \$25.00 Visa/Amazon gift card upon completion of the study.

Liberty University IRB-1971 University Blvd., Green Hall 2845 Lynchburg, VA 24515

## Appendix E: Consent Form

### Consent

**Title of the Project:** Suicide in Black Adolescents: How Does the Relationship and Attachment Styles Impact the Grieving Experiences of Non-Custodial Black Grandmothers.

**Principal Investigator:** Edith M. Walton-Carter/ Student/Doctoral Candidate Department of Community Care and Counseling, Liberty University

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

You are invited to participate in a research study. To participate, you must be a Black woman, between the ages of 40-65, a non-custodial grandmother, and have lost a grandchild by 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 study aims to provide insight on the emotional relationship of Black grandmothers to their grandchildren and whether it changes the grieving experience when a grandchild dies by suicide. The study also looks at whether or not the relationship shared determines the grieving experience and fills a gap in counseling literature and research.

#### 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:

- Complete Beck Depression Inventory-II (10-15 minutes).
- Individual Interview: A structured interview (45 to 90 minutes) via Zoom. Interviews will be scheduled at the participant's convenience and will include an audio recording of each session for transcription purposes.

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

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

The benefits to society are that this study will add to the growing body of research on grief experiences and the relationships of suicide survivors, specifically, Black grandmothers when their grandchild dies by suicide.

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

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

The possibility of psychological stress from being asked to recall and discuss prior trauma. To reduce risk, I will monitor participants, discontinue the interview if need, and provide referral information for counseling services.

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

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

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared. After three years, all electronic records will be deleted.
- 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 chosen for the study will be compensated for participation. At the conclusion of the study, each participant will receive a \$ 25.00 Visa/Amazon gift card.

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

Participation in this study is voluntary. Your decision on whether or not you participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question(s) 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/phone number included in the next paragraph. Should you choose to withdraw data collected, 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 Edith M. Walton-Carter. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, [REDACTED].

**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 IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is [REDACTED], and our email address is [REDACTED]

*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.*

**Your Consent**

By signing this document, you agree 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 of 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 audio-record me as part of my participation in this study.

---

Printed Subject Name

---

Signature & Date



**APPENDIX F: Structured Interview Questions**

1. Tell me some things about yourself and your grandchild?
2. What was your relationship like?
3. How has the death of your grandchild by suicide changed or altered your life?
4. What makes this grief different?
5. How has time changed your grief?
6. Tell me about your reason for deciding to participate in this study.

**Subsequent Questions**

7. How old was/is the deceased child?
8. How did they die?
9. When did the death occur?
10. How did you feel learning of their death?
11. What was your relationship like?
12. Immediately following the death of your grandchild what were some of your feelings?
13. How much has your grief from the loss interfered with your life?
14. In the past have you experienced other sudden losses and if so, can you share how you coped with that loss?
15. Does being a non-custodial grandmother change your grief?

## Appendix G: Resources

### 988 Suicide and Crisis Lifeline

Available 24/7

Call: 988

Chat: Lifeline Chat and Text

Website: [www.988lifeline.org](http://www.988lifeline.org)

988 has been designated as the new three-digit dialing code for the National Suicide Prevention Lifeline. Anyone can call this number to talk to someone as long as they have a phone. Whether they are thinking about suicide or not, or just to get emotional support. There is no minimum age, and you can receive support at any time, even on holidays. As long as you have a phone, you can call the number and talk to someone.

### Substance Abuse and Mental Health Service Administration (SAMHSA)

<https://save.org/what-we-do/griefsupport>

<https://save.org/find-help/coping-with-loss>

SAMHSA's National Helpline is a free service, confidential, 24 hours/7 days, treatment referral and information service for individuals facing mental health disorders. They provide referrals to local treatment facilities, support groups, and community-based organizations. Send your zip code via text message to 435748 to find help near you.

### Alliance of Hope for Suicide Loss Survivors

<https://allianceofhope.org>

Text TALK to 741741

Created by survivors for survivors. The website contains information to help others understand the complex emotional aftermath of suicide.

### Find Help and Treatment

National Institutes of Health (NIMH) Health for Mental Illnesses

<https://www.nimn.nih.gov/health/findhelp>

### Mental Health Services Near Me

<https://s.healthwell.com/find/results>

Will connect you with services in your local area.