

PERCEPTIONS OF SUPPORT AND RELATIONAL CHANGES FOLLOWING
PEER SUICIDE IN EMERGING ADULthood

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Perceptions of Support and Relational Changes Following
Peer Suicide in Emerging Adulthood

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ABSTRACT

Suicide in emerging adulthood continues to be a tragic but common occurrence. Research regarding support needed by emerging adult peer survivors of suicide is sparse. The current study uses a qualitative approach with semi-structured interviews to explore the types of support received and needed individuals grieving a peer suicide. The research questions explore the support given, how this support is perceived, and the subsequent influence of support on relationships. The results demonstrate that a person-centered approach to support is the most beneficial. This support provides a sense of trust that someone will be there as participants navigate a difficult situation. The results also indicate support influences relational changes in that positive support improves relationships and ineffective support negatively impacts relationships. These results open further opportunities to study the support needed following a peer suicide in emerging adulthood and how family members and friends can provide the needed support.

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DEDICATION

I dedicate this to my friend Michael, a life lost too soon and missed by many.

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CHAPTER 1. INTRODUCTION

As the third leading cause of death among adolescents and emerging adults (ages 15-24) in the United States, suicide is a prevalent and genuine problem facing contemporary society (McIntosh, 2012). According to the Centers for Disease Control and Prevention (2014), the most recently reported statistics from 2013 found the three leading causes of death amongst adolescents and emerging adults to be accident (11,619 deaths), suicide (4,878 deaths) and homicide (4,329 deaths).

In the research on grief following suicide (Bailey, Kral, & Dunham, 1999), a majority of the studies focus on the impact of suicide on family relationships in which a son, daughter, parent, or spouse was lost to suicide (Dyregrov, et al., 2010; Juhnke & Shoffner 1999; Maple, Edwards, Plummer, & Minichiello, 2010; McCormack & Webb, 2010; Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004; Wilson & Marshall, 2010). Substantial research within the death and bereavement literature has also addressed the peer effects of suicide in adolescence (Cerel & Aldrich, 2011; Fiegelman & Gorman, 2008; Mauk & Weber, 1991; Melhem, Day, Shear, Day, Reynolds & Brent, 2003; 2004). Within the same literature on grief and bereavement, some research has been conducted on the impact of peer death among college students, specifically emerging adults (Balk, 1997; 2001; 2011; Balk, Tyson-Rawson, & Colletti-Wetzel, 1993; Balk, Walker, & Baker, 2010; Rickgarn, 1987; Seah & Wilson, 2011; Servaty-Seib & Taub, 2010; Sklar & Hartley, 1990; Vickio, Cavanaugh, & Attig, 1990). Emerging adulthood is a developmental stage of life that was recently defined within the research on lifespan development (Arnett, 2000). It consists of individuals between the ages of 18 and 25 and is a life stage which occurs between adolescence and adulthood and is associated with identity exploration (Arnett, 2007). While many of these articles on death and the reaction of emerging

adults mention the topic of suicide, the research does not focus specifically on the impact of peer suicide within this age group. This gap in the literature provides an opportunity to study the impact of suicide within this population.

The impact of grief following suicide amongst emerging adults has been noted briefly within the literature and focuses solely on college students. A study conducted at a university in Kansas estimated that three to five suicides occur each year on most college campuses (Balk, 1997). This finding demonstrates that suicides are occurring each year on college campuses which indicates a need for studying suicide in emerging adulthood. Additional consideration of this statistic would recognize that it only accounts for suicides which occur on college campuses. If suicides which did not occur on college campuses were included the number could be greater. This finding highlights the importance of considering the impact of suicide on those outside the family, as current literature suggests there may be as many as 28 survivors (approximately six immediate family members) left bereaved following a suicide (Schneider, Grebner, Schnable & Georgi, 2011b; Wilson & Marshall, 2010). Thus attention also needs to be directed toward bereaved individuals outside of the family.

The purpose of this study is to address the experiences of emerging adults grieving the loss of a peer to suicide. Emerging adulthood is characterized as the time between adolescence and adulthood (18-25) in which there is a lack of stability as individuals seek to identify their lives as adults and explore options that will impact and guide them into their adult lives (Arnett, 2006). The present study seeks to extend the boundaries of kinship beyond family ties and to draw importance to the role of the relationship of peers in emerging adulthood.

Familial relationships have customarily been viewed through the traditional model of parents, children, siblings, and spouses (Allen, Blieszner & Roberto, 2011), even though

attachments extend beyond biological and legal ties. The primary focus of this study will be on those individuals who have experienced a loss by suicide between the ages of 18 and 25, who have had at least one year but no longer than ten years to make sense of and grieve the loss. Emerging adulthood was chosen as it has several unique components of development which include: a time of exploration, instability, a self-focused age, the age of feeling in-between and the age of possibilities (Arnett, 2007). Each of these factors may add a layer of complexity to one's environment and may contribute to a more complicated or prolonged grieving process. A phenomenological approach will be utilized to explore how family and friend relationships are impacted based on the participant's perception of the support received following a peer suicide.

While a loss of any kind at any age can be difficult, suicide has several unique components which may complicate the bereavement experience (Bailey, et al., 1999). For example, features of suicide such as intentionality, stigma, and mental health concerns may significantly influence the grieving experience. The intentionality of suicide can bring about aspects of grief that are not experienced in other types of bereavement, such as intense guilt, with individuals wondering what could have prevented the death or feeling anger with the deceased over the suicidal act (Currier, Holland, & Neimeyer, 2006). Suicide is different than other forms of death in that it involves an element of choice by the individual, which leaves the bereaved wondering what led to the decision or they may also feel abandoned (Bailey, et al, 1999; Cleiren, 1993).

The element of intentionality may leave survivors feeling a sense of responsibility for the death, thinking that they could have done something different or they could have done something to prevent the suicide (Bailey, et al, 1999). Survivors are left knowing of the negative social stigma associated with suicide. This stigma may lead them to feel a need to lie about or avoid

conversations about how the person died, in fear of how others will respond when they share that the death was a suicide (Bailey, et al, 1999; Fiegelman & Gorman, 2008).

A further struggle for survivors may be that of reacting to the deceased individual's mental health. Many individuals who die by suicide have experienced struggles with a mental illness, and those in their lives likely have also observed or experienced the effects of such difficulties. As a result, while the suicide is detrimental there may also be a simultaneous experience of relief for the survivor. This type of reaction specifically may occur when the deceased has had a history of struggling with mental health (Cleiren, 1993). Thus the death, while tragic, may also come as a relief to some of those bereaved in knowing they no longer need to witness the person they cared about struggling (Jordan, 2001). Each of the above factors, both individually and concurrently add layers to grief and contribute to the individuality of the grieving process.

In addition to the above factors, the amount of time needed to grieve is also an element to consider. The amount of time needed to work through a loss varies amongst individuals depending on the type of loss (i.e., illness, accident, suicide, natural causes, etc.) and extraneous variables contributing to the grief (such as previous trauma, prior losses, individual mental health struggles, etc.). In the literature on grief and bereavement it has at times been reported that the bereaved should be "over it" within a certain time frame formulated by researchers studying death and bereavement (Balk, et al., 1993). Extended grief is also mentioned within the Diagnostic and Statistical Manual of Mental Disorders, in which bereavement may be categorized as Major Depression if the symptoms last longer than two months (American Psychiatric Association, 2000). Such an approach contrasts markedly with acknowledging and normalizing the individual pathways that emerge in the grieving experience (Balk, 2001). Each

of these factors associated with suicide may impact the grieving process at a time in life that is already confusing and unstable for emerging adults.

Grief following suicide is not only challenging and complicated, but for those in emerging adulthood it may be particularly difficult. Some emerging adults may be distanced from more traditional supports such as family or other long-term relationships and friendships at the time of the death (Balk, 2001). Given emerging adulthood is a time of exploration and a search for independence, emerging adults who are bereaved suddenly by suicide may pull away from sources of support (Balk, 2001). This can be further complicated, as it may be the first experience one has with grief (Balk, Zaengle, & Corr, 2011). This “first time” grief may not only be hard on the individual, but it can also be difficult for peers who wish to comfort their friends. While the bereaved person may reach out, friends may not have knowledge of how to provide comfort or support (Balk, 1997), as they themselves may have not yet experienced a death. Support may be viewed as complicated as there are few clear models or ideas of how to provide support following a suicide, a possible explanation being the social stigma attached to suicide (Balk, et al., 2011). Thus the bereaved adolescent or young adult may be distant from a primary support group (Balk, et al., 1993), without a model of grief to follow (Balk, et al., 2011; Rickgarn, 1987), and unsure of where to seek professional support (Servaty-Seib & Taub, 2010), each of which may influence the grieving process.

In considering the variability and unknown elements linked with death by suicide, it seems valuable to explore perceptions of needed support following a suicide in emerging adulthood and to discuss this with those who have had personal experience with suicide. In exploring this topic, it is not only important to determine what could have been better for the bereaved individuals, but also to understand what was helpful. Interviews provide an avenue to

gather this information and offer the opportunity for the bereaved to share their knowledge with others. Thus, a phenomenological approach has been utilized in order to provide structure and curiosity in exploring and describing this phenomenon (Groenewald, 2004).

Outline of Study

The current study seeks to expand upon the existing literature on grief and bereavement in emerging adulthood following the loss of a peer suicide. The study is guided by the following research questions:

- 1) Among emerging adults what support is needed following the suicide of a peer?
- 2) How do emerging adults make meaning of, or interpret, the support they received and the support they are given?
- 3) Based on the perceived level of support given to emerging adults bereaved by suicide, how are the relationships with family and friends impacted?

As the current body of research does not reflect the specific support needed and received by those who are bereaved by suicide, specifically in emerging adulthood, it is hoped that this study will provide some insight into what this population might need.

In addressing these questions, an interview schedule (see Appendix C) was used to collect data. Interviews were conducted until saturation, or the point at which no new perspectives were presented by the participants, with a minimum of 10 participants being the study objective (Groenewald, 2004). The participants were all individuals who were presently residing in the Fargo-Moorhead area and surrounding region between the ages of 18 and 30. In addition they had experienced the loss of a friend or peer to suicide at least one year prior to the study, but no more than ten years had passed since the suicide occurred. The use of the term “close friend” was intentionally not used in this study as the definition of friendship is different for each individual

person. The definitions of closeness may also change following a loss or over an extended period of time after the loss. In order to be interviewed, participants met the criteria of being between the ages of 17 and 25 at the time of the suicide, with at least one year's time between the interview and the loss experience to ensure that there has been a sufficient amount of time for the bereaved to grieve and reflect on the loss. In order to account for those who experienced bereavement at age 25 and for a few years after, the criteria for interviewee age was raised to the age of 30. Upon approval by the Institutional Review Board (IRB), participants were recruited by contacting a variety of local institutions for assistance in reaching the target population, such as: students at North Dakota State University (NDSU) via the Student listserv and through the Equity and Diversity Center of NDSU. The researchers contacted other local institutions, churches and suicide support groups, however no participants were obtained via these sources.

Before each interview occurred, participants were assured of the confidentiality of their interviews through an informed consent process. The informed consent document was utilized to ensure that participants understood their rights as research participants. They were informed that their statements and quotes would likely be used as a part of the research with the primary intention of using this information to help others through their grieving process, specifically emerging adults, who have been bereaved by suicide. Each participant interview was recorded using a digital voice recorder app installed on a password protected tablet. After each interview, the recordings were transferred to a computer and transcribed and then deleted from the tablet. Upon transcription, the researcher sent the interviews to participants to be reviewed in order to verify that the information portrayed was accurate (Cresswell & Miller, 2000). After the participants returned the transcript all identifying information was changed either according to the participant's request or randomly assigned pseudonyms were inserted throughout the

transcript (i.e., names, cities, identifying details, addresses, etc.). Following the interview, participants were given information for local counseling organizations to ensure that support was available to them if the experience brought up unwanted or distressing feelings.

The author hopes that through this research a knowledge base can be established supporting bereavement in emerging adulthood. It is the author's hope that the questions regarding what support an emerging adult needs following the loss of a peer to suicide, as well as how emerging adults make sense of the support they received, may be explored within the study.

CHAPTER 2. LITERATURE REVIEW

Suicide continues to be a significant concern in today's society regardless of the plethora of prevention efforts which are implemented each year (Caine, 2013). The necessity of exploring the impacts associated with suicide is reflected in recent national statistics. According to the Centers for Disease Control and Prevention (2013), in 2010 completed suicide accounted for 15.6% of deaths for those between the ages of 15 and 24, which accounted for 4,600 deaths that year. The Centers for Disease Control and Prevention (2013) further reported suicide to be the third leading cause of death for individuals within this age group (ages 15-24). While such statistics are troubling, these numbers do not account for the 25 suicide attempts which occur for each documented suicide, raising the possibility to at least 115,000 suicide attempts among children, adolescents and young adults each year (McIntosh, 2012).

With the clear need for ongoing research on the topic of suicide, it is essential to discuss the impact of suicide. This literature review will look specifically at the impact and unique experiences of grief within emerging adulthood following the suicide of a peer. It will further explore how bereaved emerging adults experience the reactions and support received from friends and family during the grieving process. In addition, this review describes the definition and importance of friendships during this developmental stage and explores the available research on peer suicide in emerging adulthood.

Uniqueness of Grief and Suicide

Death can be a difficult experience; however a traumatic loss, specifically suicide, presents factors that are not necessarily experienced when grieving a loss due to other modes of death (Bailey, et al., 1999). Acknowledging the distinct characteristics of grief following suicide does not suggest it is a more severe form of grief than others, but rather that it has unique

characteristics which deserve consideration (Jordan, 2001). These specific differences in the grieving experience have not been acknowledged much within existing research. Some individual differences associated with suicide bereavement have been identified in the literature however and these include: stigmatization (Bailey et al., 1999; Cvinar, 2005; Fiegelman & Gorman, 2008; Jordan, 2001; McIntosh, 1993), intentionality (Rubey, 2011), guilt (Bailey et al., 1999), questioning why the death occurred (Currier, et al., 2006; Jordan, 2001; McIntosh, 1993) and previous mental health concerns (Balk, 2001).

A well-documented experience often felt by those bereaved by suicide is the presence of societal stigmas. Stigmatization has been associated with suicide since the Middle Ages. Both then and now those bereaved by suicide often lie about the mode of death, claiming it to be an accident or illness rather than stating that it was a suicide (Cvinar, 2005). This stigma may increase the fear of losing social support or being judged by others (Bailey, et al., 1999; McIntosh, 1993), and concern not only for how the deceased will be viewed, but how they the survivors will be viewed by others also (Bailey, et al., 1999; McIntosh, 1993). It has been reported that those bereaved by suicide experience more anxiety or depression, seek out mental health professionals more often and are less likeable than others (Fiegelman & Gorman, 2008; Jordan, 2001). The effect of experiencing or being aware of stigmas such as these or how they impact a bereaved individual's likelihood of reaching out to family and friends for guidance and support was not reported amongst the research.

Along with stigmatization, the intentionality of suicide is another unique factor which may complicate the grieving process and create additional stress for the bereaved (Rubey, 2011). The interpretation of intentionality related to an individual's death by suicide can create additional stress or concern for the bereaved. For example, suicide is often identified as a selfish

act or a choice that someone has made which goes against the societal assumption that one would want to live as long as possible (Currier, et al., 2006). This viewpoint can not only complicate the grieving process, but may also impact those who are left to support those bereaved by suicide. While research to prevent suicide has been studied extensively, less has been done regarding survivors of suicide loss and what they may need from friends and family (Parish & Tunkle, 2005). In essence, there is no specific social protocol that exists to guide supporters of those bereaved by suicide loss. This gap in understanding may leave those supporting the bereaved feeling overwhelmed and under-qualified to assist a person through this difficult experience (Balk, 1997; 2001). In the face of these feelings, it could be assumed that further research needs to provide information which accounts for the individuality of the grieving experience as well as the unanswerable questions the survivors may be experiencing in order to help not only the bereaved, but those comforting the bereaved. For the bereaved individual, working through questions about the intentionality of the death can be especially difficult, as they seek to understand the actions of the deceased and struggle to obtain answers or make sense of the death.

Questioning why the suicide occurred or wanting answers for the death can be associated with guilt, another common component of the grieving experience following suicide (Bailey, et al., 1999). The intentionality that is involved may prompt questions as to why the deceased completed suicide, leaving the bereaved wondering what could have been done to prevent the death (Balk, 1997; Jordan, 2001; McIntosh, 1993). Bereaved individuals may feel a pervasive sense of guilt, or wonder what they might have done or not done to contribute to the suicide (Bailey, et al., 1999). Taking a closer look at the feelings of guilt that are experienced, these feelings appear to become personalized. The bereaved may want to find a place to put blame, but may not want to place it on the deceased so instead they may internalize it (Parish & Tunkle,

2005). This internalized experience of guilt however, does not account for the many other influences that were present within the deceased person's life which may have contributed to their suicidal ideation and eventual suicide (Welch, 2001).

In addition to questioning, suicide elicits varying emotions in those who are bereaved. A common emotion that is experienced is guilt (Mitchell, et al., 2004). Guilt has many facets. It could be that one feels they should have done something differently, that they contributed to the decision, or it also could be experienced as a sense of relief (Jordan, 2001, Mitchell, et al., 2004). It has been noted that many who complete suicide have experienced struggles with pervasive mental illnesses (National Institute of Mental Health, 2013). Watching someone struggle with mental illness can be incredibly difficult, however following the death of a loved one who was experiencing difficulty or confusion, relief may be felt in knowing that there is no longer a struggle, even in the case of suicide (Jordan, 2001). This relief may further lead to a sense of guilt, in feeling the deceased persons and their struggles are being dishonored (Balk, 2001). The diversity that exists in the grieving experience for those bereaved by suicide and the corresponding support needs ought to be explored further, and for the purposes of this research, grief following suicide of a peer in emerging adulthood will be addressed.

Grief and Peer Loss in Emerging Adulthood

The grief experience of those who mourn a suicide can be affected by their developmental stage of life. Emerging adulthood has become increasingly researched in contemporary society as a transitional process into adulthood influenced by both individual experiences and environmental contexts (Molgat, 2007). It is helpful to understand the period of emerging adulthood, grief in this stage of life, and grief connected to loss of someone by suicide.

Characteristics of Emerging Adulthood

Emerging adulthood is a time when individuals are trying to formulate a more permanent and independent identity (Balk, et al., 1993). It is a time of great change and exploration as individuals create a more adult life for themselves (Arnett, 2000). In the formulation of this identity, five unique characteristics may be experienced which distinguish emerging adults from adolescents and adults (Arnett, 2006). These characteristics include: identity exploration, instability, self-focus, the experience of being “in-between” and trying and experimenting with new opportunities and experiences (Arnett, 2006).

The first characteristic, identity exploration, involves an evaluation and identification of values which may influence career and relational commitments (Arnett, 2000). As the research question previously indicated, this study examines how support is received and interpreted by emerging adults bereaved by suicide. As they interpret and evaluate what values fit for their lifestyle it may fit to question how these experiences impact identity exploration. The second characteristic is instability, in which one tries to identify what fits for his or her life choices. This may include experimenting with different jobs, frequent moves, or exploring different friends or relationships in an attempt to identify what is wanted for the future, for careers, lifestyle and relationships (Arnett, 2006). Exploring the impact of this will be addressed by the research question in how relationships are influenced as a result of the interpreted support. Third, the topic of self-focus, suggests that in order to prepare for adulthood, time needs to be taken to enjoy a life of limited responsibility before accountability associated with a career and family is present (Arnett, 2006). This is important to address, and is explored within the study in regards to how it relates to seeking out support or interpreting support received from friends and family. Fourth, the experience of being “in between”, or at an unknown stage, is the transitional component of

emerging adulthood (Arnett, 2000). This transition involves the presence of more responsibilities than were required in adolescence, but not the complete set of responsibilities which are a part of adulthood (Arnett, 2006). This period can be rather unstable (Arnett, 2000) as a result, and the research explores if there is any disparity between the support needed versus what is given. Fifth and finally, emerging adulthood is characterized by trying out new experiences within this stage of independence and exploring different opportunities and possibilities (Arnett, 2006). The experience of these characteristics is unique and fluid to each individual; some emerging adults experience all of these elements while others experience a subset of them (Arnett, 2006). A loss has the potential to influence individuals during this time period where emerging adults may have not previously considered the possibility of their death, a potentially uncomfortable topic (Balk & Vesta, 1998). Regardless, emerging adulthood is a time to explore individual values outside of those instilled in childhood and adolescence, in an attempt to develop an autonomous life (Arnett, 2000).

Grief in Emerging Adulthood

Death occurs at all ages, including emerging adulthood. One study estimated that 22% to 30% of undergraduate students were within the first year of bereavement, and 35% to 48% of undergraduate college students were within the first two years of grieving the loss of either a family member or friend (Balk, 2001). The gap in the research surrounding peer bereavement was partially addressed in a study conducted by Balk, et al. (2010), in which the researchers examined both the severity and occurrence of bereavement at a private Midwestern university. Of the 35 bereaved college participants who were identified, 21 had experienced the loss of a friend. These statistics do lack specificity regarding the type of death. Further, specific numbers regarding those who are experiencing bereavement due to peer death is not known. This lack

may demonstrate a deficiency in the focus of existing research, specifically in reporting the number of peer losses which occur as a result of suicide each year (Balk, et al., 2010).

While the specific number of emerging adults bereaved by peer suicide is not specifically known, suicide continues to be the third leading cause of death in this age group (Centers for Disease Control and Prevention, 2013), both within and outside of the college environment. The estimated percentages in the above studies do not account for those bereaved by a peer outside of the college environment. Emerging adulthood has not been studied extensively outside of the scholastic environment (Arnett, 2000). This gap is represented in the literature on bereavement as no further studies could be found with updated estimates of emerging adults outside of the college environment who have been bereaved (Cerel & Aldrich, 2011).

The limited information available on the effects of grief in emerging adulthood is troubling, especially with the unique grieving components experienced both within this developmental stage and following a suicide or traumatic death. For example, in emerging adulthood, demographic variables are unpredictable. Arnett (2000) reported that before the age of 18, individuals are likely to be in middle or high school and living with their parents, whereas after age 25 individuals are likely working towards or engaged in a career. Between the ages of 18 and 25 it is unsure where individuals are in life, as emerging adults are likely engaged in exploration, instability and trying to form an independent life, all of which may include being away or apart from their family (Arnett 2000, 2007).

Emerging adults may not have a permanent location and may be apart from their primary support group, as well as grieving a loss for the first time (Balk, et al., 2010). In the case that they are away from their main source of support, the bereaved may turn to friends for comfort. This could be difficult however, as those being sought out for support may not have previously

experienced a death and may not know how to help their friends who have been bereaved (Vickio, et al., 1990). Even though friends may be the most available source of support, the bereaved may also avoid seeking support as they may not want to burden friends with their grief (Balk, 1997; 2001; Balk, et al, 1993). This concern may be more intense for young people as death in emerging adulthood is considered abnormal and goes against the assumed desire to live and pursue life goals (Currier, et al., 2006). Avoidance of support may both extend the grieving process and negatively impact relationships between the bereaved and friends or potential sources of support.

In relation to pursuing goals, emerging adulthood is characterized by the expectation to identify professional goals and form intimate relationships which have the potential to lead to an independent life with a career and family (Arnett, 2000; Balk, et al., 2011). The concept of immortality and the innocence associated with this ideal are disrupted for emerging adults when a loss by suicide occurs. Fear, questions of self-worth and identity, and a reassessment of life choices and goals may occur for the emerging adult (Balk, 2001). As such, those bereaved may feel a sense of doubt in their abilities to move beyond this experience (Balk, 2001). In addition to questioning of identity, this grieving experience may negatively influence collegiate or work related goals (Balk, 2001; Balk, et al., 1993; Balk et al., 2011) or may lead the bereaved to question their current way of living, decisions they have made and their future goals (Balk, 2011). As there is a potential for negative influences that could have a lasting effect, sources of supportive resources for the bereaved hold importance as well as the encouragement to seek help in the grieving process.

Emerging adults may be hesitant to seek out counseling services or other formal support resources following a loss as there is an inherent belief that they need to be independent (Arnett,

2006; Balk, et al., 2010). Emerging adults or those around them may interpret requesting professional help as an admission that the death has impacted their professional or scholastic goals and work beyond one's ability to cope, or it may even be thought of as an admission of being weak (Balk, 2001). Further, it has been found that emerging adults' experience of the mental health system has been both disempowering and controlling. Seeking out help is at times perceived as a self-criticism of their ability to handle struggles (Marcus, Westra, Eastwood, Barns and Mobilizing Minds Research Group, 2012). Regardless, with the combination of the pressure to succeed individually and hesitancy in seeking out support, loss during the college-aged years can be detrimental to emerging adults and may impact beliefs in self-worth and abilities (Balk, 2001).

Grief Following a Peer Suicide

A relatively significant amount of research has been conducted in examining the grieving process during emerging adulthood (Bailey, et al., 1999; Balk et al., 1993; Balk, 1997, 2001, 2011; Balk et al., 2010; Servaty-Seib & Taub, 2010; Vickio, et al., 1990). However, only two studies could be found with a focus specifically on friends or peers who have been bereaved (Rickgarn, 1987; Sklar & Harley, 1990), while no studies could be found specific to grief and loss following peer suicide. If the grief process is viewed indiscriminately, the individuality of the grieving process (Balk, 1997) and the intentionality of suicide may be disregarded, failing to account for the unique components experienced during the grieving process following a suicide.

Death and loss comes in various forms, with the most common being expected or unexpected loss. Expected loss can be the loss of a grandparent to death after a prolonged illness or old age, whereas unexpected loss occurs through things such as accidents, or suicide (Balk, et al., 1993). With any loss, expected or unexpected, individuals experience grief, and in an attempt

to understand the phenomenon a variety of grieving models have been developed. The most well-known and critiqued model of grief process is the five-stage model originally proposed by Kubler-Ross, which consists of five stages or tasks of grieving: denial, anger, bargaining, depression and acceptance (Balk, 2011; Burglass, 2010). The Kubler-Ross model postulates that individuals who have been bereaved go through stages and that complete recovery cannot be attained unless those bereaved go through all of these stages (Hooyman & Kramer, 2006).

Following the Kubler-Ross model, other theories have been developed to better explain the process of grieving. These theories proposed by researchers such as Lindeman, Bowlby, Stroebe, Parkes, or Worden follow a stage, or process approach (Burglass, 2010). The process or task approach still requires that certain tasks are complete, such as accepting the loss, grieving, adjusting to life without the deceased and formulating new relationships (Hooyman & Kramer, 2006). These approaches view grief as an active process in which individuals move through the stages or tasks fluidly in resolving their grief rather than having a stage of grief they are supposed to experience (Burglass, 2010). Furthermore, these theories do not assume that there is an end to the grieving experience, but rather it is a learning process of how to live a life without the deceased (Hooyman & Kramer, 2006). In addition to the phase and task or stage approach, a second approach known as the dual process model of grief has been developed (Burglass, 2010). This process is not specific to grief following suicide, but it does account for the shifting nature of grief following a loss, and as such it explores the shifting back and forth from loss and restoration following grief (Stroebe & Schut, 1999). Stroebe and Schut (1999) describe loss as working through grief and its influence on everyday life, negotiating a life without the deceased, and avoiding thinking about life without the deceased. They further describe restoration as figuring out life changes, trying new solutions, finding distractions from grief, and identifying

new roles without the deceased. Essentially it is an individual working through the struggles of accepting that someone they care about is gone (Hooyman & Kramer, 2006). These models provide a glimpse into varying ways in which a person may grieve. Comforting the bereaved can be seen as a challenging experience as grief is both an individual and unpredictable experience, in which those bereaved need to identify a new way to live life without the deceased (Hooyman & Kramer, 2006).

With limited information regarding grief following suicide among emerging adults and no specific grieving model to follow, it could be difficult to study this population. A study conducted by Bailey et al. (1999) sought to address bereavement due to suicide. A grief comparison study was developed in which the researchers examined experiences of individuals at a Canadian university who were bereaved due to losses by one of three modes of death: natural means, accident, or suicide. The researchers were looking for any similarities or differences within the grieving experience. While suicide survivors represented less than 15% of the participants (34 of 259), it was found that these individuals experienced unique grieving components such as feeling responsibility for the death, questioning why the suicide occurred, wondering if the loss could have been prevented, feeling abandoned by the deceased or feeling the need to lie about the mode of death (Bailey, et al., 1999). This study indicates that there are some unique characteristics experienced following grief in emerging adulthood due to a loss from suicide. Even though significant attention within the death and bereavement research has focused on both adolescents between the ages of 14 and 18 who have either attempted suicide (Centers for Disease Control and Prevention, 2013) or who have been bereaved by a peer suicide (Fiegelman & Gorman, 2008; Mauk & Weber, 1991; Melhem, et al., 2003; 2004, 2010), that same attention has not been directed towards emerging adults.

Loss to suicide has also been well represented within the literature for families (parents, spouses, siblings) impacted by suicide (Cleiren, 1993; Dyregrov, et al., 2010; Juhnke & Shoffner, 1999; Maple, et al., 2010; McCormack & Webb, 2010; Mitchell, et al., 2004; Wilson & Marshall, 2010). While the significance and difficulty of losing a child, sibling, parent, or partner to suicide cannot be understated, individuals bereaved outside of the family also experience the effects of suicide loss and are not as well represented within the research (Cerel & Aldrich, 2011). It is important to broaden the research on this topic as on average more than 20 individuals bereaved are outside the family (Wilson & Marshall, 2010), while on average there are six immediate family members left bereaved (Schneider, et al., 2011b).

As marriage and families are shifting from the stereotypical composition of husband, wife, parents and children, to more diversely represented families (blended families; foster families; single parent families; families without children; same sex couples and parents), so is kinship. Family is not represented solely by parents, children and siblings, but for many it also includes friends and partners (Allen, et al., 2011). A narrow definition and recognition of family ties may not account for the attachments that are formed with people outside of biological and legal recognition, even though these relationships may provide similar affection and support that is assumed to be found in legally recognized relationships (Allen, et al., 2011). When a loss occurs, viewing relationships in a hierarchy with families alone at the top may lead to devaluing friendships or grief experienced by friends or peers (Allen, et al., 2011). Limited attention to friends' or peers' grieving experience in emerging adulthood may be explained in the view that friendships are merely temporary relationships, whereas family relationships are traditionally more longstanding (Balk, et al., 2011). It may be common to assume that, as they are young, the bereaved adolescents or young adults are more likely to make new friendships whereas the

family structure is permanently impacted by the death (Balk, et al., 2011). Such a belief, however, is not representative of the research on bereavement, as it has been noted that the relationship itself (family or friend) does not signify importance, but rather importance lies within the attachment formed as a part of the relationship (Balk, 1997). This gap in the examination given to emerging adults and their grief signifies the importance of representing friendship within the literature of bereavement, specifically following suicide.

Support Following Peer Suicide in Emerging Adulthood

The literature on support following a death in emerging adulthood is mixed and does not discriminate between modes of death and bereavement (Jordan, 2001). Within the literature, little supplementary comfort beyond traditional support mechanisms is identified to be extended to those bereaved by suicide (McIntosh, 1993). Though seeking out professional counseling following a suicide is helpful and often suggested, emerging adults are not as likely to utilize these services (Arnett, 2000; Balk, 2001). With the lack of clarity in research and emerging adults not reaching out for help it is necessary to address this gap to identify what forms of support emerging adults bereaved by suicide may need.

The intensity of grief and the amount of time it takes to cope with a death may vary, as the experience is highly individualized (Balk, et al., 2011). When working with individuals who are bereaved, certain phenomena need to be taken into account during the process. For example, the “anniversary effect” may occur, a phenomenon in which the bereaved may re-experience the trauma of the loss on the anniversary of the deceased’s death (Holland & Neimeyer, 2010). This anniversary effect may be unexpected and could lead the bereaved to experience the grief more intensely. A second example of a unique phenomenon could be attendance at significant life events, such as graduations, weddings, or reunions that the bereaved might have enjoyed with the

deceased (Balk, et al., 2011). If only phase or stage approaches to grief are applied, one may feel abnormal if they do not adhere to the stages of grief in a set order and the individuality that is part of grief is often not fully acknowledged (Burglass, 2010).

When expectations for grief are placed on survivors, the bereaved may receive or interpret messages that their grief is abnormal or they should be “over” their grief by a certain point (Balk, et al., 1993), in a sense pathologizing their grief experience (Dillen, Fontaine & Verhofstad-Deneve, 2008). In actuality, following a loss 25% to 30% of those bereaved still experience characteristics of grief several years later (Cleiren, 1993) and the grieving process can vary from just a few months to several years (Schneider, Grebner, Schnabel & Georgi, 2011a). This finding, however, is still a generalized statement as no specific statistics could be found on the percentage of bereaved individuals who are still grieving a suicide years after the death. Regardless of statistics, grief needs to be acknowledged as an individual experience with no right or wrong way to grieve, nor a correct time frame in which to grieve (Burglass, 2010).

An essential component in acknowledging the individuality of the grieving process and providing support is to normalize the grief. While supporters want to encourage the normal experience of grief, one may be hesitant to draw attention to the suicide (Balk, et al., 2011) for fear of a subsequent suicide or an increased risk of other psychological difficulties such as depression, anxiety or PTSD (Cerel & Aldrich, 2011; Fiegelman & Gorman, 2008). A focus on the need for support is important, however, as complications in the grieving process may have negative implications for emerging adults and may be represented through difficulty forming relationships, delay in developing a sense of identity or change in the pursuit of a career (Balk, 2001). Furthermore, if the support needs of emerging adults are not understood or met, the negative effects can extend beyond the emerging adult stage and into adulthood (Tanner, 2006).

It is therefore important to emphasize that this event (suicide of a peer) does not have to define individuals, but rather encourage the bereaved that they will be able to learn how to live and function with their grief (Balk, 2001).

Where emerging adults turn for support is not entirely known. Conflicting reports have been found within the literature stating emerging adults may pull away from family and turn towards friends following a loss (Jordan, 2001; Mauk & Weber, 1991), but the research also states they may turn to their families first following the death of either a family member or friend (Balk, 1997). With multiple avenues of support, education may be a good starting point to provide support to those bereaved. In the face of an unexpected experience, such as suicide, people may react negatively or insensitively to those bereaved (Balk, 1997). Those who react either offensively or inappropriately cannot necessarily be blamed for their actions as they may not possess the knowledge of how to react to this situation (Balk, 2001). In an attempt to avoid an uncomfortable and unfamiliar situation, those left surrounding the bereaved may unintentionally increase grief by stating that the family of the deceased is probably having greater difficulties, make the bereaved feel guilty for sharing, or avoid the bereaved altogether (Balk, 1997; Balk, et al., 2010; Sklar & Hartley, 1990). In considering emerging adulthood specifically, this is a developmental stage associated with exploration in which it is not certain where an individual will be and if they are distanced from their family and primary support groups (Arnett, 2000). In any case, the possibility of limited social support to peers following a suicide may continue to exist based on the simple fact that people do not know how to provide needed support, as there is no clearly identified social protocol or grief model when suicide occurs.

As family members may not be close, bereaved young adults often turn to friends or others for support. Reaching out to friends for support can be complicated as emerging adulthood is a time typified by limited social obligation and expectations of autonomy. This context may make it difficult not only to provide support, but also to seek out support as well (Arnett, 2006; Balk, 2001). Individuals who are bereaved may receive the message that others do not want to be brought down by their grief, or perhaps that they will be judged in some way for their grief (Jordan, 2001). An example of such a reaction was reported in a study conducted by Balk (2001), in which a young woman was talking with two young men and shared that she recently lost her brother in a car accident. Following this disclosure the two men promptly left the room. Providing support can be a daunting task for peers as they may have limited or no experience with death or loss, which may create feelings of anxiety when in the role of support (Balk, 1997; Seah & Wilson, 2011).

The literature on friends providing support has identified both positive and negative characteristics of such support (Arnett, 2000; Balk, 1997; Vickio, et al., 1990). It has been found that friends of the bereaved tend to put a time frame on grief (Balk, 1997), yet other research has discussed how emerging adults and even adolescents are less self-focused, and more understanding and empathetic to the viewpoints of others (Arnett, 2006; Vickio, et al., 1990). This disparity in the research indicates that peers can be both insensitive and sensitive to the process, creating confusion for the bereaved. Skepticism regarding the ability of peer young adults to provide support can limit whether peers are looked upon to provide such support, possibly taking away a great source of support for bereaved individuals. One of the simplest ways for these individuals to provide support however, is to be present, listen and talk with the bereaved individual. This has been reported to be helpful by up to 80% of bereaved individuals

as it provides space to voice concerns, make sense of their experience and maintain relationships (Balk, 1997; Maple, et al., 2010; Vickio, et al., 1990). Engaging in a conversation is something both family and friends can do and can provide an opportunity to understand the grieving process, rather than making an assumption as to how an individual should grieve (Neimeyer, Baldwin, & Gillis, 2006).

While there has been more research conducted on friend rather than familial support, family remains an essential source of support for emerging adults. Though the bereaved may reach out to friends and pull away from family (Jordan, 2001; Mauk & Weber, 1991), the developmental stage needs to be considered. It is expected that individuals begin to form a sense of independence separate from their family (Arnett, 2000; Servaty-Seib & Taub, 2010) and develop a new, less dependent relationship with parents (Tanner, 2006), but family can still be helpful in many ways. It has been reported that family members are less likely to put a time frame or specific expectations on grief (Balk, 1997), which provides a chance for the bereaved to grieve at their own pace. This approach provides support and may help to validate their experiences (Cvinar, 2005). In addition to diminishing the social stigma, family members may be more receptive to ways of keeping the deceased's memory alive, such as keeping an object around or engaging in a ritual to remember the deceased (Juhnke & Shoffner, 1999), providing individuals who are bereaved with the opportunity to grieve in their own way. Regardless of who is providing the support, communication and recognition of the needs following a loss is important and can help to address and respect the current concerns of the bereaved (Balk, et al., 2011).

Providing support can be a stressful event that may have an influence on relationships. When those who are bereaved feel that they are not obtaining the necessary support, it could

place a strain on relationships which could further exacerbate the grieving process (Fiegelman, Jordan, & Gorman, 2009). While some research has been conducted on the influence that suicide may have within the family, current research does not examine the relational influences following a loss to suicide outside of the family (Jordan, 2001). It has been noted that relationships experience strain when support is not available or the space to discuss one's grief is not provided (Kubitz, Thorton, & Robertson, 1989; Mauk & Weber, 1991). While this information was drawn from research on family bereavement, the same concept can be applied to the peer survivors of a suicide. If those bereaved are not supported or provided with space to talk about their grief free of stigmatization, relationships may be negatively impacted. Additional research has shown that those who experience functional impairments, such as depression, following a suicide may also experience communication difficulties with family and friends (McMenamy, Jordan & Mitchell, 2008), suggesting a correlation between support received and relationship changes following a suicide. Aside from these two examples little research could be discovered discussing the relational impact following a loss to suicide. Additionally, no research was found within the grief literature exploring the relational impacts based on support received following a peer suicide in emerging adulthood. This highlights the opportunity to fill a gap in the needed research and to further investigate the impacts that suicide and related patterns of support have on emerging adults.

Conclusion

Based on the information reviewed in this chapter, three questions are addressed in this study in the hopes of contributing to the existing research. First, among emerging adults, what support is needed following the suicide of a peer? As the current research does not reflect this question, it is hoped that this study will provide insight to what might be needed to aid the

grieving process within the developmental stage of emerging adulthood. Second, how do emerging adults, who have been bereaved by suicide, make meaning of the support needed and the support given? This study explores if the support given and the support received match up. In addition it seeks to identify how this group makes sense of this disparity (or agreement) and its impact on the grieving process. Finally, based on the perceived level of support how do relationships change for those bereaved, specifically amongst family and friends? While it is acknowledged that a variety of relationships exist, in order to maintain some focus the relationships discussed will be limited to immediate family (parents and siblings) and those who the participants identify as close friends. Due to the limited research on this topic it is unknown how or if relationships change based on the support given and the support needed. Therefore, this study hopes to answer some of those questions and provide an avenue for further research.

CHAPTER 3. RESEARCH METHODS

The purpose of this study is to focus on understanding how emerging adults who have experienced peer suicide interpret and perceive the support given to them by family and friends. Further this study explores the subsequent impacts of this experience on familial and peer relationships. A phenomenological, qualitative methodology was used to gather information on participants' perceptions of the support process and relational outcomes that result following the occurrence of peer suicide. This chapter outlines the design of the research study, shares details of the methods used in the interview process and describes the analysis process that was used to understand and interpret the collected information.

Methodology

A phenomenological qualitative research approach was chosen for this study. In-depth qualitative interviews were conducted with emerging adults who have lost a peer to suicide. Interviews addressed how the participants have perceived and experienced support from friends or family members, how helpful the support was, what support would have been helpful and subsequent relational effects that occurred following the suicide which may have been influenced by the support experience.

Qualitative research methodology focuses on the experience of individuals in their natural settings and attempts to describe the meaning and patterns associated with these experiences, taking into consideration their story, history and interactions with those around them (Denzin & Lincoln, 1998). Phenomenological research seeks to describe, as accurately as possible, the experience of the participant (Groenewald, 2004) and to understand the meaning that is attributed to experiences (Leedy & Ormrod, 2001). Within the present study, qualitative research uses the words of the participants to discuss what the experience of loss was like for

them (Leedy & Ormrod, 2001). Specific to the study participants may discuss what it was like to lose a friend to suicide, as well as how they made sense of the support they did or did not receive from those around them and the subsequent impact this had on the grieving process.

Phenomenology acknowledges that the construction and experience of an event is influenced by those around us, and by inquiring about the influences of others the research explores how participants perceive both themselves and others (Shank, 2002). The population of peer survivors of suicide in emerging adults is a more recent group to study in relation to the topic of suicide, especially as the developmental stage of emerging adulthood was first defined as a development stage in the year 2000 (Arnett, 2000). Phenomenology provides an avenue to look for patterns and to better understand the needs of those who have lost friends to suicide (Shank, 2002) Thus, a qualitative, exploratory approach fits well with the lens of phenomenology to explore the impact of suicide on a relatively new population and to explore future avenues of research. Using an interview approach with open-ended questions provides the opportunity to gain a better understanding of participants' experience through their own words (Gubrium & Holstein, 2003). Using an open-ended format also allows for the opportunity to embrace ambiguity in qualitative research, such that specific clarifying and probing questions are used to further understand and conceptualize the individuals' experiences and their responses to them (Shank, 2002).

Research Design

Semi-structured, in-depth qualitative interviews were used to gather information for this research project. The interview process, based in a phenomenological approach, asked peer survivors to share the essence of the loss experience, what influenced their perceptions of the loss, their interpretations of the experience and relational impacts following the loss. The

qualitative design provided the opportunity to focus on the whole loss experience rather than specific variables and provided survivors a chance to tell their story. As the perspective of emerging adults on the grief experience has not yet been studied extensively, this exploratory research project furnished the opportunity to look for patterns and to better understand the needs of those who have lost friends to suicide in emerging adulthood (Shank, 2002).

In beginning the interview process, there was conversation surrounding whether or not the lead researcher, would share her personal story of loss related to suicide. This would be done with the intention of gaining rapport with the participants (Groenewald, 2004; Huberman & Miles, 1998). Participants were asked if it was important for them to understand why there was an interest in the topic of peer suicide. If they said no, the interview process began with participants sharing their story. If they said yes, however, the researcher informed participants that there was a personal connection with the topic of suicide and asked if they wanted to know more. If they said no, the interview continued, while if they said yes an abbreviated story of the researcher's experience with suicide was shared (See Appendix C).

The interview process began with using a semi-structured interview approach. In an attempt to have guidance to the interviews and to assure that the research questions were addressed, an interview schedule was utilized. While each experience is individualized and exploration of unique experiences is an important component of the study, a sense of focus is important for both the researcher and the participant (Seidman, 1998). The interview process facilitated an exploratory research approach designed to contribute to a deeper understanding of participants' experiences and a systematic search for how they make meaning throughout the process of loss (Shank, 2002). This fits with a phenomenological approach as the words of the participants are used to understand and describe the experience of losing a peer to suicide

(Groenewald, 2004). Furthermore, the interviews used a slightly modified version of the three-stage model of phenomenology presented by Seidman (1998). As such they focused on gaining an understanding of the experience of loss, the friendship that was had with the deceased and details of the support experience following the loss. These experiences with support were then related to support received and the meaning attributed to both relationships and grief (Seidman, 1998).

Interview Procedures

In considering the sensitive nature of the study topic, the interviews were conducted in person. Discussing a traumatic death, such as suicide, may be a difficult experience, thus the researcher wanted to be able to assure that participants were at an appropriate emotional state to continue the discussion. To ensure that participants were prepared to participate in interviews, the researcher was forthcoming in the study information process and informed participants that this was a study on grief following suicide, specifically in regards to peer survivors. The researcher conveyed to the participants that they would talk about their grieving process and that they may revisit some difficult emotions through the process (Shank, 2002). The researcher asked participants if they had any more questions, and if no more questions arose they were asked one final time if they were comfortable with discussing their loss experience. While all participants agreed to participate, it was made clear that at any point in time we may take a break from the interview, or if they look distressed, the researcher asked if they would like to take a break from the interview. It was also made clear that if they wished, the recorder could be turned off for a brief period. During the interview process, if a circumstance arose in which a participant felt too much emotional distress to continue, the participants had the option of ending at that point, either to continue another day or to remove their interview from the study.

The process of the interviews began with the signing of an informed consent document (see Appendix A). This procedure informed participants that their interviews were voluntary and that they may withdraw from the interview at any point without penalty. Such a stance is intended to provide security and clarity to the participants in knowing that it is their choice to participate in the study (Huberman & Miles, 1998; Seidman, 1998). As a part of the informed consent process they agreed to have their interviews audio-recorded. The researcher chose to audio record the interview session as a more accurate interpretation of the data can be made from recorded and transcribed sessions, using the words of the interviewees, as opposed to paraphrasing and impressions of the researcher (Seidman, 1998). Following the signing of the informed consent document, the interview formally began following the interview schedule (see Appendix C).

To begin the formal interview, the researcher and participant filled out a brief questionnaire (see Appendix B) either together or on the participant's own in order to obtain some basic information including demographic status and life context. Following this portion of the process the remainder of the interview followed the interview schedule along with probing questions. Once the semi-structured interview was complete, participants were given a chance to ask the researcher any questions or to share any concerns they may have had about the experience or interview.

In order to assure confidentiality, the audio recorder used in the interviews was a password protected tablet. Upon completing the interview, the recordings were transferred to a computer file and deleted from the tablet. Upon transcription of the interviews, pseudonyms were used for all names, locations, occupations and any other identifying information that was a

part of their story. Participants were asked if they would like to choose what this information was changed to or if they would like the researcher to assign random pseudonyms.

In ethical consideration, it was acknowledged and shared with the participants that talking about grief and suicide may be a difficult topic. It has been found however, that those who share their story do so with the intent of helping others who may be experiencing a similar situation (Balk, et al, 1993). It is thus acknowledged that feelings of distress may resurface during the interview experience or in the aftermath of the process. To protect the well-being of study participants, a resource list of affordable local mental health agencies with individuals trained to discuss grief and loss was provided to the participants as a part of the debriefing process (see Appendix A). Participants were encouraged to seek out help if any difficult feelings arose as a result of the interview process.

Participant Selection

The target number of participants for this study was at least 10 individuals or until the researchers felt that saturation (no new information presented) had been met (Groenewald, 2004). In order to participate in the study, participants met specific criteria: (a) they were 18 or older and experienced the death of a peer to suicide between the ages of 17 and 25, (b) the deceased was also between the ages of 17 and 25 at the time of death, (c) the death occurred at least one year, but no more than ten years before the interview and (d) participants were not over the age of 30. The rationale for choosing these criteria was to expand the sample size by reducing the age of loss to 17, and to extend the age of participation to 30. These ages were chosen to include those who lost someone at the age of 17, an age at which a person is generally a senior in high school and is transitioning into emerging adulthood, thus similar experiences may be identified. In addition the age of 30 was chosen in order to account for individuals who were

bereaved through suicide later in emerging adulthood and have had some time to work through this grief. Individuals must be at least 18 years of age to avoid placing minors in a vulnerable situation. Finally, placing the time frame of a year post-loss was chosen to ensure that participants have been allotted time to grieve and make sense of the loss, with the restriction of ten years post-loss to assure that the information obtained is still relatively recent.

A purposive sampling approach was utilized in order to obtain the inclusion of participants who met the above criteria (Hoyle, Harris & Judd, 2002). Multiple methods of recruitment were implemented in order to obtain participants for the study. North Dakota State University was the primary source for obtaining participants using the student listserv for various fields of study, the Veterans Association and the Equity and Diversity Center. A brief announcement was placed in the paper, and local suicide support groups, mental health agencies and churches were also contacted, but no participants were obtained via these methods. Finally, a snowball sampling method was used so that identified participants may refer others to the study, but this also did not yield any participants.

Data Collection

The process of gathering data was accomplished through one semi-structured interview set up via phone, e-mail or in-person connection. As a part of this initial contact the researcher determined if the interviewee met the above criteria and briefly informed the participant of the nature of the study (i.e. explained the topic, the criteria, and the process of the interview). The researcher asked the participants if they were interested in learning more about the study and participating in the research project (Seidman, 1998). If they expressed interest the researcher asked the participants to identify a location to meet in order to better assure comfort on the part

of the participant. Interviews were conducted in the interviewee's home, in a reserved room at the Equity and Diversity Center and in reserved rooms at the Memorial Union at NDSU.

At the initial meeting, the researcher presented the potential participant with information about the study. This included an outline of the study qualifications and materials that were used in the interview, a letter of explanation, a study outline, and an outline of topics that would be discussed (see Appendix A). During this stage two interviews ended as it was determined that the participant did not meet the criteria, as they were too young at the time of the suicide, or they lost a sibling to suicide. If participants qualified and still expressed interest, an informed consent document (see Appendix A) was signed which explained the purpose of the research, brought awareness to any risks that were involved in participating, reminded participants that their participation was voluntary and they may withdraw at any time, and assured them their data would be kept confidential and identifying information would be changed in order to assure anonymity (Seidman, 1998). The researcher answered any questions that the participant had and if participants agreed the informed consent document was signed.

Upon completion of the informed consent the interview process began. The interviews were recorded to ensure participants' words were used in the analysis (Seidman, 1998). The researcher first filled out a demographic form (see Appendix B) with the participant. In order to build rapport with the participant this was presented as an option to be done together as opposed to being filled out separately by the participant. One participant preferred to complete the demographic questionnaire alone. The researcher then began the semi-structured interview. The interviews lasted between 1-2 hours, but additional time was set aside in recognition that interviews could take longer. Upon conclusion of the interview the researcher provided time for the participant to ask any questions. The researcher reminded the participant of the contact

information presented on the informed consent document and provided the participant with a listing of local agencies that practice grief counseling (see Appendix A). The individual could follow up with these resources for support if they felt the need to further process their experience.

In order to assure careful treatment of the data the voice recordings were kept on a password protected tablet, and were immediately transferred to a computer file and the recordings on the tablet were deleted. Upon transcription of the materials, the data files were placed on a password protected file.

Trustworthiness of Data

Qualitative research addresses individual experience and there are methods of conducting research which can influence and aid in the accuracy or trustworthiness of the data. In qualitative research, trustworthiness is comprised of several constructs: credibility, transferability, dependability and confirmability throughout the research process, which can be used to increase the credibility of the data gathered (Huberman & Miles, 1998).

Credibility

The concept of credibility is comparable to internal validity in quantitative research in that it accounts for how well the researcher's interpretations and interview measures describe and represent the experience of the individual (Huberman & Miles, 1998; Lincoln & Guba, 1985). This research design includes probing questions, which encourage not only exploratory research but are dependent on the response of the individual, thus seeking to identify the individual experiences of the participant (Shank, 2002). The researcher conducted two pilot interviews with individuals, both which were included in the research findings, to examine if the interview

questions measure what the research questions intend. Both the pilot and the study interviews were audio recorded and transcribed to provide credibility for the data obtained.

Transferability

Transferability is much like external validity in that sufficient information is provided regarding the data collection process, participant demographics and results so the study may be replicated in other contexts or populations (Lincoln & Guba, 1985). In order to best represent the population of emerging adults age restrictions were set for the participants, but the questions may be applicable to various populations. The sampling approach allowed any emerging adult who was a peer survivor of suicide to participate (Hoyle, et al., 2002). The demographic questionnaire, included within the results, provided detailed descriptions of the participants. The research findings highlight specific quotes which represent the research questions and experiences of the participants, and thus future researchers can identify if this information can be useful in other contexts. In addition to these measures, the interview schedule includes a list of potential probing questions identifying where the research could go, as well as the opportunity for future researchers to identify how the interview can be individualized to the participant or population. Finally, member checking was utilized in which a copy of the transcript was sent to the participant via e-mail to assure that the data provided by the participant reflects the experience of the participant (Cresswell & Miller, 2000)

Dependability

In qualitative studies dependability is similar to the construct of reliability in whether or not similar findings can be replicated in subsequent studies (Lincoln & Guba, 1985). In order to encourage dependability, which can be difficult as qualitative research is based on the individual experience, the interviews were audio recorded and transcribed in order to reflect and revisit the

data. In this process the themes were coded and compared with the coding of a second researcher (thesis adviser) to encourage the validity of the findings (Shank, 2002).

Confirmability

Confirmability, which is comparable to objectivity, is whether or not the findings are reflective of the data as opposed to the opinions of the researcher (Lincoln & Guba, 1985). To encourage this standard, the researcher wrote in a journal after each interview to assess the feelings that she experienced as a result of the interview and to identify what is based off of a personal reaction and what might be empathizing with the participants' experience. Further, journaling was used after analyzing each interview to observe any prominent themes that were a part of the data. The researcher also worked closely with her adviser to code appropriately and to serve as a peer debriefer with the hopes of accurately reflecting the data obtained and to assure that the results are representative of the data (Cresswell & Miller, 2000).

Role of the Researcher

Phenomenological inquiry and qualitative research requires an understanding of not only the research process, but also of the meaning of experience for an individual. As such, in order to prepare to conduct the research project, the researcher read much on qualitative research and engaged in specific conversations with her adviser to understand the research process. These discussions on qualitative research continued during the project with the adviser to assure that an understanding of the process was maintained along the way. The researcher also has extensive training on relating to individuals, assisting with exploration of stressful experiences, and understanding the impact on relationships through her studies in human development and family science. This background provides both an awareness of the influence that relationships can have and the practice of working with people who discuss difficult experiences. Finally, the researcher

has both personal and academic knowledge of grief following suicide. I, the lead researcher, experienced the suicide of a peer in emerging adulthood. As a part of the process in designing this project my experience has guided my interest in this topic, but I also acknowledge that my experience is not universal and was influenced by my surroundings and life experiences. I thought it would be interesting to identify if any patterns occur in regards to the type of support received following such a loss and feel this personal background can further provide a unique perspective and connection to the participants (Shank, 2002). Academically, I have read extensively on the research that is available on suicide loss, not only in emerging adulthood, but also amongst family members and within adolescence.

Data Analysis

Following each interview the researcher reflected on the process and wrote in a journal about the experience and any themes that emerged. The intentionality of this process was not to anticipate what themes would be present in other interviews, but rather to serve as a check when data analysis began in order to identify if those same themes continued to emerge (Seidman, 1998). The researcher then transcribed the data and listened to the interview a second time to assure accuracy of the transcription. This step increased the researcher's familiarity with the data (Seidman, 1998).

Bracketing Information

Upon completion of the data collection, data analysis began. The interview schedule was set up in a way that each research question was addressed individually, providing an initial structure to the process of data analysis (Shank, 2002). The first step of the data analysis was reading through the interviews and bracketing passages that were of interest and seemed to reflect the essence of the participants' experiences. The criteria for marking items of interest

started out broad, erring on the side of inclusion rather than exclusion, in that data could be set aside later if it did not seem to be representative of the information presented from other participants (Seidman, 1998).

Coding

Upon bracketing the data, the researcher then began the coding process and general themes or labels were attributed within the data. Each interview was re-read and relevant themes were identified and utilized to account for a broad range of experiences that were broken down into patterns representative of the experience of the participants (Cresswell, 1998). Both the researcher and her adviser conducted independent analysis of the data. To encourage reliability the researcher met with and compared coding outcomes with her adviser to check the interpretations of the data. The next step of coding the data was to identify specific themes within the data, which opened up the opportunity to further analyze and assemble it into categories which highlight the meaning participants attributed to their experience (Seidman, 1998). The thematic categories are representative labels that fit with the data and provide insight into the research questions which focus on the experience of a peer's death by suicide, support received and relational impacts for the emerging adult (Leedy & Ormrod, 2001).

Axial Coding

The researcher developed sub-categories within the existing data and began axial coding. The step of axial coding allows for identification of more specific categories as well as establishing connections between the categories to find how individual experiences relate to each other and illuminate the overall phenomenological experience of the individual in the grief and support process (Leedy & Ormrod, 2001). This type of coding allows for reflection moving from smaller to larger thematic constructs in order to attribute meaning to the experience and create a

profile of the phenomenon of experiencing peer suicide as an emerging adult (Huberman & Miles, 1998).

After each individual interview was coded and categories emerged in the analysis process, the researcher compared across interviews to identify if there were any common themes in categories or subcategories. This step not only accounts for individual experiences, but can begin to account for the way meaning is made across subjects in different circumstances, increasing the transferability of the data and finding commonalities amongst the group (Leedy & Ormrod, 2001). The final step was writing up the qualitative analysis of the data and presenting a thematic portrait of the experience that highlights the meaning of peer suicide for emerging adults and provides a clearer, research-based understanding of this phenomenon.

Summary

The loss of a peer to suicide in emerging adulthood is relatively understudied. The use of a phenomenological approach was utilized in an attempt to gain an understanding of how emerging adults attribute meaning to the experience and what influences the meaning-making process. The narratives gathered provide an in-depth opportunity to examine this subject with an understudied population.

Eleven participants were recruited for the study from NDSU through the student listserv, the Veteran's Association and the Equity and Diversity Center. The interviews were semi-structured and included primary questions as well as probing questions designed to understand the experience of the individual. Participants were asked questions regarding their experience of the suicide, the support they received, ways they would have hoped the support was different and relational changes following the suicide.

Data analysis began with coding individual interviews and identification of broad themes, which were further placed in specific categories. Upon analysis of the individual interviews, data was compared across categories to find themes which occurred throughout the small sample of bereaved emerging adults. The intent of the research project was to furnish additional understanding of the phenomenon of bereavement among emerging adults who experience peer suicide and its effects on them as related to coping, support and personal relationships.

CHAPTER 4. STUDY FINDINGS

This study focused on the bereavement experiences of emerging adults who have lost a friend to suicide, specifically in regards to what support is needed during the grief period and how the subsequent support impacts relationships. This chapter first provides a description of the participants and their experience in losing a friend to suicide. The remainder of the chapter addresses each of the research questions individually, identifying themes which emerged from the qualitative analysis related to needed support, meaning attributed to the support and impact on relationships.

Description of Participants

The participants in the study were all Caucasian, English speaking individuals who ranged in age from 19 to 26 ($M = 21.63$ years). There were eleven participants (9 women, 2 men) in the study and all were currently enrolled at North Dakota State University (7 undergraduate; 4 graduate). A majority of the participants were raised in the region of North Dakota and Minnesota with the exception of one participant who was from the East Coast. Further descriptive information about the participants can be found in Table 1 including age, race, age of participant when the suicide occurred, age of the friend when the suicide occurred and religion. Following Table 1, a brief description of each participant is presented, providing background information about the individual and the experience of learning a friend had completed suicide.

Thirteen individuals were met for intake and study interviews, however upon discussing the criteria for the study two interviews were not conducted. A total of eleven individuals were interviewed for the study between April and November of 2014.

Table 1. Description of participants

Participant Pseudonym	Participant ID Number	Age	Age when suicide occurred	Age of friend at time of suicide	Religion
Stacey	1	21	18	18	Roman Catholic
Jessa	2	19	16	17	Christian
Tara	3	21	19/20	20/23	N/A
Andrea	4	24	17	17	Christian
Jayme	5	19	18	24	Catholic
Mark	6	26	21	21	Christian
Ashley	7	22	20	19	Christian
Jon	8	23	22	21	N/A
Lacey	9	22	21	28	N/A
Bethany	10	19	17	17	Lutheran
Bailey	11	22	17	16	Lutheran

Situational Overview of Study Participants

Each of the individuals in the study experienced the completed suicide of at least one friend. Participants' age range at the time of death was between 16 and 22, and the age span of friends who died was between 16 and 28. Even though some of the ages are slightly outside of the period commonly identified as emerging adulthood, they were approaching the time of emerging adulthood and shared similar experiences. Pseudonyms have been used for all individuals who are described, and additional identifying information, such as cities and places of employment have been changed.

Participant #1 is a 21-year-old female who has been given the pseudonym Stacey. Stacey is currently a university student. She grew up with her parents and brother in a large Minnesota city. She shared the experience of losing her friend, James, to suicide when she was 18. She explained that James completed suicide the day before their high school graduation. He was scheduled to be the key note speaker at the graduation ceremony, and it came as a complete shock to Stacey when she heard that he had completed suicide. She thought about the speech that he was going to give (it was called “Get a Job.”). She described how James was always focused on the future and had aspirations to be a writer one day.

Upon finding out about James’ death, Stacey did not know what to do. She recalls it being late when she got the phone call and she did not know if she should wake her parents or not. She was worried about her brother, who was also a friend of James, and was concerned if the friend’s suicide would make it seem like suicide was an option for her brother. Over the next few days and weeks she turned to friends for support, especially at his graduation party, which turned into his wake.

Participant #2 with the pseudonym Jessa is a 19-year-old female. She grew up with her parents and brother in a large North Dakota city. She is currently a student at NDSU and plans on staying in Fargo after she completes her degree. Jessa shared the experience of losing her friend Joanna, 17, to suicide. Jessa was 16 at the time and was about to start her senior year in high school. She described finding out about the death from a friend’s parent while at a doctor’s appointment. She did not know that it was a suicide at the time, instead all she knew was that her friend had died. Immediately after the doctor’s appointment, Jessa and her family left for vacation, so she was unable to learn more about Joanna’s death or what caused it. Initially she

had thought it might have been an accidental drug overdose, but later learned that Joanna had shot herself.

Jessa described their friendship as one that had drifted apart. They had been close as freshmen and sophomores in high school, but they had drifted apart their junior year, as Joanna became more involved with drugs and alcohol. This was not a choice that Jessa wanted to make with her life, so while they remained friends, their relationship was more distant. Even though their friendship was distant, Jessa experienced many emotions related to the suicide, such as shock, sadness, disbelief, and wondering why this had happened. She turned mainly to her family for support during this time as they knew her best.

Participant #3 is a 21-year old female with the pseudonym Tara. She is currently a student at NDSU. She grew up in a large North Dakota city with her mom and brother. Tara experienced the loss of two friends to suicide. She first described the suicide of her friend Anthony who completed suicide at the age of 20. This was Tara's first experience with the death of a peer due to suicide. She discovered that Anthony had died via the social media site Facebook when friends and former teachers messaged her with condolences. She and Anthony had gone to high school together and were in the same home room class. They often engaged in friendly competition with each other and both provided motivation to one another to improve. She described the feeling of shock when she found out about Anthony and experienced regret that they had grown distant from one another as time went on.

Seven months after Anthony completed suicide, Tara experienced the loss of a second friend, Steve, to suicide. She was currently in the Armed Forces and they had been together in the same unit. She was in a different unit at the time of his death, which made the loss more difficult as those around her did not fully understand the impact of her loss. She recalled not

reaching out for support initially as she thought she could do things on her own, since she had already experienced the loss of a friend with Anthony's death. This more recent suicide, however, hit closer to home. He was a soldier, and a motto for those serving is to "Never leave a man behind," and she felt she had left Steve behind. This was troubling for Tara and she struggled to move beyond this, but found comfort in getting to know Steve's parents. Though in the interview Tara originally started to talk about Anthony, she was really there to talk about Steve, as that experience was more recent and more prominent in her mind, and perhaps therefore, more difficult to discuss.

Participant #4 is a 24-year old female given the pseudonym Andrea. She grew up in rural North Dakota with her parents and her older brother, who she followed to NDSU as a student. She is currently a master's degree student with aspirations to obtain a Ph.D. Andrea had encountered suicide twice in her life, both cases of which were influential. Her cousin James completed suicide in 2007, and just six weeks later her good friend Jeffrey completed suicide. She described the day that Jeffrey died. He hadn't been in school that day, but she didn't find this odd because he was just on a family vacation. She came home from school and described two odd things happening. A friend who did not normally call, asked her to come over to her house to tell her something important. Then a family friend arrived at the house and this friend told her that Jeffrey had died. She described devastation and shock as the initial feelings she experienced. She did not want to talk about it, but her brother would not let her be alone and later that night she went to Jeffrey's church to gather with other friends and family who knew Jeffrey.

Over the next year, Andrea described a fear of getting close to anyone. She was concerned that if she talked about James' and Jeffrey's suicides that others would die, as she was "expecting that anyone and everyone around me to die, commit suicide, leave or something like

that.” She further described not wanting to talk about Jeffrey or James for fear of “giving them up.” Eventually she did seek out support from others, but she needed to follow her own timeline for grief.

Participant #5 is a 19-year-old female given the pseudonym Jayme. She grew up in a large North Dakota city with her parents and older sister. She is currently a student at NDSU and has plans to stay in the area. Jayme described the day she discovered her friend Justin had completed suicide. Justin was 24 at the time while she was 18, and they were co-workers. Since they had met, Justin had taken a “big brother” role in her life, especially since her older sister was out of the country at that time.

She received a phone call before school one morning from their boss and he told her that Justin had died. She was in shock and didn’t know how he had died she only knew that her friend was gone. She went to school that day and sat in the counselor’s office all day. Later she found out that he had completed suicide. She thought about what happened and tried to identify warning signs but was unable to find any. Family and friends did discover however that he had been planning this action for a while as he had money saved up to help his family with the funeral.

Justin did leave a note, but Jayme has not been able to bring herself to read it. He did leave behind a rock for her, and asked that his family give it to Jayme as their “friendship rock.” Jayme became teary-eyed as she described this, as it validated their friendship. She always felt close with Justin, and even though he was now gone, she was given comfort in knowing that she was also important to him. Following Justin’s death, Jayme also became close to Justin’s family. She got to know his dad and sister quite well and was able to keep him close through the relationship that developed with this family. This was especially important for her as time moved

on, since friends drifted apart and began to follow their own path in life, making it difficult to retain that connection over time.

Participant #6 is a 26-year-old male given the pseudonym Mark. Mark grew up in rural Minnesota with his parents and two older sisters. He is currently pursuing his Master's degree and has plans to move to a larger university for his Ph.D. Mark has been impacted by suicide multiple times, but discussed the death of his roommate Timothy. While he had only known Timothy for about six weeks, they had become close friends very quickly. Timothy had just broken up with his girlfriend of four years and saw her at a party one night with another guy. He came home that evening and hung himself in their basement. Mark typically went out to parties with Timothy, but was unable to go that day as he had a quiz the next morning. Mark returned from class the next day and found Timothy in the basement. He described feeling shocked, and wanting to find his other roommates to make sure that they did not go into the basement.

The next few weeks were a little blurry for Mark. He quickly moved out of that house and stayed on a friend's floor for a few weeks until he could find a new place to stay. Neither he nor any of his roommates stayed in the house, instead they all moved out. While he stayed in the area, his other roommates ended up moving back home. Mark experienced some guilt and anger over Timothy's death. He wondered if things would have been different had he been out at the party with Timothy that night. While he recognizes that Timothy had a right to make the decision, he was angry and frustrated that he decided to complete suicide over a girl, as opposed to talking to someone about it. These were a few of the emotions that Mark experienced, but for the most part he kept to himself through the grieving process and learned to move on.

Participant #7 is a 22-year old female given the pseudonym Ashley. Ashley grew up in rural Minnesota with her mother and younger sister, but her dad has not been a part of her life.

She is currently a graduate student and has plans to move to a larger city once she completes her degree. She is currently in a committed relationship, and this relationship had begun just three weeks before her cousin completed suicide. She was currently away at school and she received a call from her aunt, asking if Ashley had heard from Paul. She had not heard from him, but this was not odd as she did not hear from him that often. Shortly after this, Ashley received a call from her sister and she “knew something was wrong.” Her sister stated they had found Paul’s truck and there was an empty gun case in the back seat and they could not find Paul. A search party covered the woods that evening and Ashley had a friend drive her back to her hometown to be with family. They went out to the site the next day while the police were searching, and while they were there the police found Paul in the woods; he had completed suicide at the age of 19 and was found two days after he was reported missing.

Ashley was deeply upset by this news and described the next few days as a blur. She did not know what she wanted, or needed, so she decided to go back to school for a few days. She just needed to get away from everything. Paul had gone out West to work on the railroads and had been bullied so badly that he quit and returned home. Even though he was bullied, Ashley had seen him the week before and he seemed to be doing well. They had gone to a football game together and were really enjoying each other’s company. She attempted to revisit the possible signs, as even before Paul’s death she had an interest in studying suicide, and she felt some guilt in not seeing the signs of risk.

Participant #8 is a 23-year old male given the pseudonym Jon. Jon grew up on the East Coast with his father and sister. His mother does not have a large role in his life, and he is not close with his sister. He is currently a student at NDSU pursuing a Master’s degree. Jon was away interviewing for graduate school in another state when his friend Dakota called to inform

him their friend Zach had completed suicide. Jon, Zach and Dakota had met in college. Since then, they had parted ways, with Jon and Dakota living in Washington and Zach serving with the military in Florida. When Jon received the phone call he thought it was a joke as Zach had a dark sense of humor. Two weeks later he discovered it was not a joke as he and Dakota found Zach's obituary. Neither Jon nor Dakota were able to make it to the funeral or visit Zach's gravesite as they lived in different states. Not being able to have closure was difficult for Jon, he wanted to "see him in the ground" to know that it was actually real.

Jon attempted to reach out for support, but encountered a negative experience from the first phone call to his dad. His dad talked about how "selfish" it was for Zach to complete suicide. Jon had a different viewpoint, he did not think Zach was selfish, he understood that Zach was unhappy and thought it important to consider the whole picture. While he did not want Zach to complete suicide, he understood where his decision came from. This viewpoint brings comfort to him, but it is also challenging as he is pursuing an advanced degree in the social sciences and his opinion differs from the view of others. The role in this profession is to help prevent people from making such a decision and so this is a difference for Jon.

Participant #9 is a 22-year old female given the pseudonym Lacey. She was raised in a large Minnesota city with her parents and her two brothers and one sister and is currently a student at NDSU. She began her story stating she herself has struggled with depression and other mental health issues. Until her cousin Monica completed suicide she had not reached out for help. Just over a year ago, during finals week Lacey found out that Monica completed suicide. While the police ruled it as an accident, her family knew that it was not an accident. Prior to finding Monica's bike at the bottom of a bridge she had given her dog to a friend and had struggled with mental health issues.

At the time of Monica's suicide Lacey was at NDSU and Monica was living in another state. Since it was finals time, Lacey was not able to make it to the funeral. Even though Lacey was unable to get closure with the rest of her family, she set aside a day for herself to remember Monica. During this time she painted a picture of dragons and horses, two things that Monica liked.

Monica was the only completed suicide that has occurred in Lacey's life, but she has had another scare in which an Internet friend was talking with her one night and was saying his last goodbyes. She was certain that the next day he would have completed suicide, but he did not. This was very difficult for her as she did not know how to deal with it, and was terrified that it was going to happen again. While she did not reach out much to her family after Monica died, she talked about this experience more openly with her mother. At this time she also disclosed her personal mental health struggles with her mother, and started taking steps to work on her own struggles.

Participant #10 is a 19-year old female given the pseudonym Bethany. She was raised in a small North Dakota town with her parents and three brothers. Her father struggles with fibromyalgia and lupus, and one of her brothers has severe autism. Also another brother deals with behavioral issues, severe enough that he is currently living in a home for children with behavioral issues in another state. Bethany is in her first year of college at NDSU and has plans to stay in the area. Bethany was 17 years old when her classmate Jocelyn completed suicide by running head on into a semi. They first thought it was a terrible accident, but upon further investigation, they found that Jocelyn had left behind a suicide note. Bethany was shocked by this and didn't understand why Bethany would make such a decision. She was a star athlete, everyone liked her, and so it was "mind boggling" as to why she chose suicide.

The support that Bethany received after Jocelyn's death was mixed. While her father and brothers provided great support, often pushing aside their own struggles to support Bethany, her mother did not provide the support needed and instead told her to "get over it." While her mother later apologized, this was still very difficult for Bethany to hear and she did not feel supported by her mother, and instead felt distant from her. She felt that her mom did not understand how close she and Jocelyn were and how much this impacted her. While her mother's support was not ideal, Bethany did receive positive support from the school, as two teachers stepped up to listen to her and provide comfort as she worked through this experience.

Participant #11 is a 22-year old female given the pseudonym Bailey. She was raised in a large Minnesota city with her parents and her adopted brother. Her home life was not always positive, and while she has a decent relationship with her parents, she does not have a good relationship with her brother, who struggles with suicidality. Her mother struggles with alcoholism and her dad is often gone for work. Her mother and brother often fight, so there was a lot of anger and yelling as she was growing up. Since she has moved away however, her relationships have improved. She is currently a student at NDSU and has plans to stay in this area, mainly due to a lack of jobs in Minnesota.

Bailey's experience with suicide started when she was 17. Her friend Jeremy completed suicide shortly before turning 17. Like another participant, they originally thought it was a terrible accident as Jeremy crashed head on with another vehicle. At the scene however they found a suicide note in his pocket, which confirmed that it was a suicide. Bailey was away on a team retreat at the time of the suicide and she was awakened by her coach. She described being in denial. She did not have anyone who could confirm that it was in fact Jeremy and she didn't know what had happened, and without this validation she could not believe that it had happened.

Until she was able to contact a mutual friend who confirmed Jeremy had died, she did not believe it. Following Jeremy's death, the school experienced at least two to three suicides every year. While the school dealt with these other suicides, the school did not talk about Jeremy's death, which Bailey believes was due to his mode of death. He crashed into a car carrying a family, thus putting the lives of others in danger.

After Jeremy's death, Bailey experienced multiple suicides in her professional and personal life. She worked in a hospital and saw multiple adults and children come in with attempted or completed suicide. She described becoming an "expert" in death. While she is able to talk about loss and suicide with her mother now, at the time she was not able to talk with her mother as there was too much anger in the house. Bailey described her mother being angry when she took her and a friend to the funeral. Her mother thought they would be there for a short period, but it ended up being closer to an hour. She was upset that Bailey had made her wait. Now that Bailey is away at school she feels more comfortable calling her mother and talking about the different experiences she has with death, particularly at work.

This section has provided a short summary of each participant and their experience with suicide, both at the time of the incident and in relation to the support provided throughout the experience. The remainder of this chapter will present the findings from the interviews. The most common themes which emerged from the study will be discussed in correlation with each of the research questions. The findings offer an opportunity to understand the experience of a survivor of suicide from another perspective, from the position of a friend, specifically in regards to what support is needed during this time and how relationships are impacted based on the type of support.

Data Analysis

The questions for this research focused on three topics for analysis. The research questions focused on the type of support needed by emerging adults following the death of a friend or peer by suicide, the meaning attributed to this support and subsequent relational changes following the support and the suicides. The interviews with participants were analyzed individually for recurrent themes, and were then compared across interviews to identify any common themes that emerged. The findings presented discuss the main issues and themes which have arisen through the analysis process. The patterns identified assist in understanding the features of this phenomenon in the specific context of peer bereavement. The following sections of the chapter examine these topics.

Needed Support Following Peer Suicide

The first question for this study was: “Among emerging adults, what support is needed following the suicide of a peer?” As the interviews were analyzed in relation to this question, several themes emerged regarding the type of support that emerging adults wanted and what type of support they received. The major themes that emerged related to the type of support were the need for understanding and empathy from supporters, support that was centered on the bereaved, guidance in grief and simple gestures of support. These findings are detailed in Table D1 (see Appendix D).

Understanding and Empathetic Support

One of the main themes which emerged was the need for understanding and empathetic support. Several sub-themes emerged within this pattern including connecting with others who also experienced a loss due to suicide, connecting with the peer’s family, respecting and understanding their needs and finally validating their emotions.

Connecting with others who experienced a loss due to suicide. One of the main themes that emerged among emerging adults was the desire to have a connection to others who experienced loss of someone due to suicide. This theme was reflected in three ways: a desire to connect with mutual friends of the person who completed suicide, being with others who have also lost a friend to suicide and wanting to hear the researcher's experience (who also had undergone such an incident).

A strong pattern emerged in which participants expressed a need for the support of mutual friends of the deceased person. Nine of the 11 participants described wanting to be with mutual friends following the suicide of their peer. A common reason offered among the participants for wanting this connection with mutual friends was that they understood the situation. One participant described that even though she had a good relationship with her family, she preferred the comfort provided by her friends: "My friends, because my parents, they knew James, but [my parents] didn't know him on the same level I did. My friends were all kind of in that same friend group so it was good." Another participant experienced a similar sentiment, in stating, "I turned to people that mutually knew me and him, mostly because I felt that it was easiest to relate with them." This participant also had a close relationship with her family, so it was not that they did not want the support from family and other friends, but instead it was valuable having someone who understands clearly what the experience was like.

Connecting with mutual friends who understand was further helpful because talking about the suicide and explaining the situation to others was difficult. "It is kind of exhausting explaining it, so it is nice having people around who know exactly what happened," described one participant who valued being with mutual friends. Another participant shared a similar feeling in stating, "I just hung out with my friends a lot because I was living with them and that

was it. We never talked about it, I don't think I really ever talked to them once about it. It was just one of those things where they know what happened, they knew him really well too." This same participant further elaborated by stating, "They [my friends] didn't really want to talk about it either. They were kind of in the same boat I was. Whenever something happens, they just kind of dealt with it on their own as well." Being around others who shared the experience could allow those bereaved to cope in their own way, whether that meant talking about it or simply being in the presence of others who experienced loss. This particular individual was one who did not express a benefit from talking about it, but did appreciate being around others who understood the situation.

Being around other friends or peers who shared the same experience, particularly served as a source of support in the first few days following the suicide. Five out of nine participants who valued the shared connection with mutual friends discussed memorials, or memorial-like events that took place after the suicide. One participant commented, "It was really hard to go to school the next day, but everyone went. No one skipped school the next day. I come from a small town and I guess we were more so going to school to be a support for each other." In this example the school came together as a community to help support one another. Another participant described gathering as a group to remember a friend who completed suicide the day before graduation. The person explained: "We went to, it was supposed to be his graduation party, but it turned into his memorial and we all went there and paid our respects and went to the wake." A third participant who was impacted twice by suicide, one case in which she had support and was able to gather as a group and one case in which she was not, suggested "I guess I would have liked to have been maybe with a group of people who, at least a couple of them, might have known Steve at the time. With Anthony, right before or after his funeral a bunch of his high

school friends and I got together and had a candlelight vigil in the parking lot of the high school. We shared stories and that sort of thing, so it was kind of a get together sort of thing so people who knew him [through] shared experience were there.”

By contrast, the experience of not being able to connect with others who were mutual friends following the loss was felt to be detrimental. Two participants described being away when the suicide occurred. The first person left for a family vacation the day she discovered her friend had completed suicide and noted, “I texted some friends, but nobody really wanted to text each other because they were so in shock over everything that was happening. So I was away from the whole situation and I wasn’t around, so I wasn’t there to spend time with anybody.” Another person was away on a retreat and commented, “They told us that [he died] and I didn’t really sleep that night. I was too busy trying to call my friends back home to figure out if this was true or not . . . So I was basically just in denial the whole weekend and I was pretty sure when I went back Monday it wasn’t going to be like that.”

Gathering as a group was not always beneficial however, as the intent behind gathering with others also played an important role. Following the suicide of a classmate, a study participant described the school’s impersonal response, saying “My first day of my senior year [about six weeks after the suicide] back to school, immediately we were all shuffled into the auditorium, we had a speaker who was talking to us about the grieving process . . . I honestly couldn’t tell you one thing he said because I completely tuned it out. I just didn’t want to hear about it.” While they were all gathered in a room together, there was not the opportunity for them to speak about it, but rather someone else was there to tell them how to react.

A second pattern emerged which indicated it was not only important for participants to connect with friends who had a shared experience, but it was also valuable for them to connect

with others who experienced a loss to suicide. Nine of the eleven participants described the value of knowing they were not alone in their grief, whether it be through contact with a teacher, parent, support group, or other friend who has also lost a friend, spouse, significant other, or family member to suicide and have been able to move beyond it. One participant described learning that her mother had experienced the suicide of a peer: “It was really tough and thankfully my mom was able to relate really well, because she had also lost someone to suicide. Right around the same age as me, right around the same time, it was the summer before she started her senior year of high school.” In her case, this experience impacted the support perceived as well and she recalled, “I definitely remember my mom’s story more, because it was more relatable.” Both a mother and daughter had a shared experience and as such the daughter had someone to guide her through this grief.

Other participants reached outside of their family for this support, such as finding someone they knew who experienced a suicide. One of the women recounted “I went and talked with a history teacher who had lost his wife to suicide, [and] he gave me the whole ‘wait a year, and everything will kind of get better after that’ [talk]. You experience all the holidays without them, that sort of thing, it doesn’t really get easier.” Some of the persons contacted were individuals that the emerging adult already knew previously. In addition sometimes it was helpful finding and connecting others who they did not previously know, such as support groups. The participant above also noted: “I think it was about a year later that I even went to suicide support groups. I went to the suicide walk, Out of the Darkness walks . . . So I thought at least my story of being there in the support group is showing that I support them. I support them for sharing their story, they support me for sharing my story and these are people who do identify with me. They have lost as well.” Such support groups also gave a sense of community as one

person explained, “I think I really like groups, just knowing that you are not alone. Listening to other people, versus just having yourself talk.” Another participant described the support from others who have experienced a loss due to suicide as encouragement to move forward and stated, “Just to be with people who have shared the same experiences, [who] kind of know what you are going through and maybe if they went through it a while ago, they would be able to offer more encouragement.” Sometimes this support came up unexpectedly as well. A participant described an instance when two Jehovah’s Witnesses came to her door. She was not up for talking with them, but was trying to be polite. Something was said and it reminded her of her cousin, who had just completed suicide, and she quickly excused herself and went inside. When she came back down, she found some pamphlets in the door on grieving, and she described this as supportive, suggesting “Knowing that even if people haven’t gone through the same thing as you have, they can still sympathize,” including complete strangers.

Friends were also a major source of support within this theme as well, but these friends did not know the person who passed away. Some of the participants were not in the same location as their friend who had passed away, and thus they were around a different set of friend groups. While some were in the same town, they still had separate friend groups who provided support through shared experience or sympathizing with the participants’ feelings. The support that other friends provided was not always talking about things, it was also simply understanding that you had an event happen and they have also experienced it. A participant commented, “We were all kind of simple guys from small towns, so it was one of those things where you deal with it. Rather than having people push you into talking about it, they kind of just let it go, which was good.” Another participant described her boyfriend’s support, even though he did not know her friend who had died, and said “I had heard of classmates that had completed suicide, but I hadn’t

been really close to someone and he [my boyfriend] had. I think that really helped because I think that he knew what I was going through.”

Finally, a third pattern of interest was that participants searched for that connection and trust with someone else in wanting to know the researcher’s experience. Eight of the eleven participants wanted to hear the researcher’s experience after being asked if this was something they wished to know (a portion of the interview protocol), and they each wanted to know more about the story and what led to the researchers interest. Of the participants who wanted to know about the researcher’s interest, seven of the eight wanted additional information, through asking questions or wanting to hear the researcher’s story. Hearing the researcher’s interest provided a sense of relatability and one person noted, “Yeah, I guess I’m guessing if you have a personal connection that is probably something that I can relate to.” Other participants related to the educational aspect of things and another stated, “I wondered if that piqued the interest. I find myself, too, gravitating towards topics like suicide, self-harm or anything like that just because of personal experience.”

While prior experience with a completed suicide or the comfort of having others around who experienced the suicide with the participant was considered a large source of support, this was not a prerequisite for support. Another important source of understanding came from trust and support which had been pre-established in relationships. The need for understanding and empathetic support that participants expressed was validated by caring persons who expressed understanding of the needs of the bereaved, asked them what they needed, and respected their requests. Eight of the 11 study participants reported the importance of this expression of understanding in the support process.

Expressions of understanding and support. Understanding from others could be presented or displayed in multiple ways, such as caring actions, respecting one's request and assuring that basic needs were met. For example, upon finding out her friend had completed suicide, one participant's initial reaction was to run away, but her brother knew better. She recalled, "I remember I turned around in our kitchen to walk up to my bedroom to let it sink in or get away from the situation. My brother grabbed me and we fell to the ground because he didn't want me to run away. He knew I needed to be comforted." This comfort was not only provided in the initial moments, but in time and understanding where the participant might have been coming from in feelings that occurred. A participant explained her feelings: "Part of being a soldier isn't leaving anyone behind, and with Anthony, I felt that I had left him behind. So I felt guilty, I shouldn't have. I remember my chaplain telling me, even if you had had breakfast with him that morning, you couldn't have changed his mind."

For those who were perceived as supportive and understanding by participants, a sense of knowing what the participant needed came with previous strength in a relationship. As one participant noted: "I think it was just the fact that we were a close, tight knit family before the suicides and we were after." Several participants described their family members respecting their space. Another stated: "I think they did a really good job of approaching me when I was upset and asking if I wanted to talk about it. If the answer was no, that was the end of it . . . but if I wanted to talk, they would sit there and they would listen to me as long as I needed." One participant when asked why his family did not provide support responded, "Because they knew me [and] that this is the way I like to do things. If I needed anything, I would tell them." This dual trust between the bereaved young adult and other individuals was a key source of support,

as participants who expressed this theme knew their family and friends would be there if needed, and likewise friends and family knew participants would reach out when needed.

The reverse pattern was also true in that if family and friends did not provide support or were insensitive in showing understanding, it was not helpful to the grieving process. One participant described her experience several times throughout the interview, specifically in regards to her mother's reaction: "I feel like 'cause my mom didn't understand how strong of a friendship that Jocelyn and I had, she didn't understand why I had felt so down about it, so she kind of told me that I need to get over it." Another participant's interaction with his father was difficult: "I called my dad shortly after [the suicide]. He [my dad] was consoling, but at the same time he kept saying how selfish it was of my friend. I just didn't agree with that, so that upset me that he was calling my friend selfish." While each of these relationships persevered beyond this challenge, it closed these two family members off as a source of support during this experience and neither participant wanted to reach out to them again for support.

Support Centered on the Bereaved Person

In connection with the broad theme of understanding and empathetic responses, participants also expressed the importance of a person-centered approach to support. Participants described several factors, summarized in Table D2 (see Appendix D) as important such as asking what was needed, considering the additional struggles or factors the participants were experiencing, having their needs put first and assuring that the support was not forced. When reviewing the data, it seemed that this support was a part of an empathetic response, but upon further review it warranted its own category. Webster's dictionary defines empathy as "the feeling that you understand and share another person's experiences and emotions; the ability to share someone else's feelings" ("Merriam Webster Online" 2015). A person-centered approach to

support is not necessarily empathetic, but is rather putting the needs of others before one's own, which is described in the following results.

Putting the needs of the bereaved first. Putting the needs of the bereaved first was described as a major source of support with eight of the eleven participants stating the impact of a person-centered approach versus experiencing other-centered support. Person-centered support in this sense does not involve saying the right or wrong thing to someone, but rather seeing what they need and providing it. For several participants, this type of support came from family members understanding the needs of the bereaved person and putting their needs above their own, whether that be through direct or indirect support. One participant explained, "They [my parents] put my needs first, they knew that I needed to spend more time with the family I had made after that [the suicide], because we could relate easier. It strengthened my relationship with my parents afterward, even though they weren't my main support." This expression of support could have been sending them to the right place or overcoming personal obstacles to provide support. For example, another person indicated, "My brother is highly autistic, and he is not a huggy person, but when he could tell I was feeling down or upset he would come and give me a hug . . . My dad has both lupus and fibromyalgia, so he is in a lot of pain all the time. So it meant a lot that he noticed that something was wrong, even though he was in pain all the time."

The support centered on the bereaved young adult also came in just knowing the person's needs. One young person noted, "No they [my sisters] didn't call or text me. I think they knew the way I was too and they just wanted to let me do my thing and if I needed someone I would call." Participants also described this coming from others listening to their needs. A participant said, "He [my boyfriend] is really good at just knowing what to say and when to be quiet kind of thing. When I said that I didn't want to talk about it, he didn't ever pressure me to talk."

While putting the bereaved person's needs first was helpful as a mechanism of support, participants also described unhelpful support when values, needs or beliefs from others were imposed upon them. Just as putting one's needs first was highlighted as a key component of a person-centered approach, likewise participants described times when their needs were not put first and the impact it had on them in the grieving process. Several participants described others being focused on the mode of death rather than considering what the bereaved needed. This other-centered support came from several aspects of participants' lives, including the school, family and mental health professionals. One person commented, "With my friend they didn't have any support, it was all just hush, hush. They didn't want to acknowledge it or acknowledge the way he did it." Another participant sought help from a mental health professional, but personal values were imposed and she explained, "I tried going to the counseling center, but the person at the counseling center had said, "'Aren't you upset about the mess that he left?' and that was not how I felt at all." As opposed to this interaction, she would have preferred "for them to ask me how I felt about it, what feelings and emotions I had experienced, how I viewed the completed suicide. I could have definitely answered all of those, but I felt like he had put words into my mouth that weren't accurate." Family dynamics sometimes emerged in which needs of self were put before needs of the bereaved, as when a participant was asked why her mom wasn't supportive, and she stated, "My mom doesn't like my friend's mom, the basketball coach, because they didn't play me much in basketball, which was mainly it. I thought that was kind of a silly reason."

Considering the needs of the bereaved. Another feature of the person centered approach that emerged in the study was considering the needs of the participants. Two sub-themes reflected the importance of those giving support considering what the participant needed.

These two themes were asking what was needed and considering additional struggles or factors that may be impacting the participant.

The first sub-theme that participants described was the importance of asking what was needed, which seven of the eleven participants stated was critical. This theme was reflected both positively and negatively, in that some participants appreciated the fact that others asked what was needed and others would have liked for it to happen. Asking conveyed a sense of knowledge and care for about the individual. One of the participants shared, “My family was definitely there for me and I think they had the right approach, especially knowing my personality at the time. [They] asked ‘Do you want to talk about it?’ and if the answer was ‘no’ then it was hands off.” Not only was this respectful of their needs as individual, but it was also focused on the person in the present. Another person commented, “I think I would have appreciated the focus on myself. So, them asking me if I was okay and how I was doing with it all, instead of just fixating on my friend’s suicide. As soon as he completed it, it was over.” Both of the above examples demonstrate the value in asking about a person’s needs, as it not only considers the person and what they want, but it also lets the person know that someone is there to listen. The bereaved person is living in the present and needs help in moving beyond this event.

Asking about the needs of the bereaved person instead of assuming fits well within the person-centered approach, however not considering the needs of the individual can reflect the opposite experience in which individuals will feel closed off to the support. One participant attempted counseling, but was discouraged early as the counselor assumed she was angry with her friend. When asked what she would have liked to be different about the therapy, she responded, “For them to ask me how I felt about it, what feelings and emotions I had experienced, how I viewed the completed suicide. . . Just let me express myself without judging

him.” Not only was assuming ineffective in communicating support, but ignoring the situation also was not perceived as helpful. A person remembered, “I heard one of them say ‘What is up with her, she is always in her room,’ or something like that. When I went into the kitchen, they stopped talking and dispersed. It would have been nice for them to ask me that instead.” Even though reaching out may at times be difficult and support is sometimes rejected, the simple act by individuals in a position to give support of asking about needs and letting the bereaved know you care was valued in itself. This sub-theme will be covered further in the theme of simple gestures in a future section.

Avoidance of forced support. Another key sub-theme expressed by seven of the eleven participants, tied closely to asking about what was needed, was not forcing the support. In other words, bereaved young adults appreciated it when support was not forced on them but instead their needs were more carefully considered. This theme of not forcing the support not only links with asking what is needed, but also is connected to respecting a person’s request for support. This point was especially apparent in parents supporting their children, where sometimes the support desired was to step back and provide space. A participant explained, “They were really good at giving me space because they knew that I felt the most comfort with his friends, so they let me know that they would be there to talk if I needed it.” This element of support also could have been just asking and then not pushing it further, as this fit with the person who expressed, “My mom asked me if I wanted to talk about it and I said no, [as] I don’t really talk about things much.”

This important sub-theme linked with a person-centered approach to support that participants expressed further involved understanding that the participants were in a difficult situation. In such circumstances, “forced” support was felt to be unhelpful. One participant noted

of others, “They knew that I was going to be caught in this web of confusion and sadness for a while, and they didn’t push me to do anything that I didn’t feel comfortable doing.” If this support didn’t consider the participant’s needs and was pushed, it was not as helpful. Another person shared, “I wish I would have been left alone a bit more. My friends from school that didn’t really know him, they wouldn’t leave me alone. I knew it was in good intentions, but after you are so exhausted, I kind of just wanted to be alone.” The factors expressed in regards to not forcing the support could also fit within both putting needs first and asking what was needed, but they stand out on their own as separate points. For example, others may ask what is needed and then do what they think is best anyway, versus asking and then respecting when support is not desired.

Understanding additional struggles of the bereaved. A minor theme was also represented within the person-centered approach which is the value of considering additional struggles or factors impacting the bereaved individual’s life. While only six of the eleven participants mentioned it, each of the five mentioned it at least two times and some as many as five times. Some of the factors for those around the bereaved to consider were the bereaved person’s own struggles with mental health (2), family dynamics (2), previous suicides (2), or being away from family and friends at the time of the suicide (3). Each of these factors impacted the grieving process and were mentioned by the participants in regard to how support was given, in that either it was not given as could be or participants were treated with additional care because of their situation.

Demonstrating the common themes of struggle within these individual stories is challenging as each is unique. However, an interesting element that unifies these experiences that include a variety of specific factors is that each express an important component of grief:

individuality. For example, this pattern is represented in the experience of a participant who lost her cousin to suicide four weeks before her friend died. She noted, “We [my family] were all still kind of in that grieving stage, so all of us couldn’t really do anything for another that we wanted to be done ourselves.” It is also represented in the narrative of a participant who had experienced a second suicide within a year, commenting, “I didn’t think I was going to need it [support].” Another difficult factor that affected two participants further was that they were away from home, and one explained, “It was just difficult because I knew that they were all in one town together and I was by myself here.” Yet another complicating factor was mental health issues, both personally and within the family. A participant expressed, “My brother says a lot of ‘You’re going to come home and find me hanging in the garage,’ type of stuff.” The participants mentioned these additional difficulties as factors in their grieving process and each added a layer of complexity highlighting the individuality of the grieving process. This theme showed that bereaved young adults appreciate when others expressing support not only consider the loss, but also what other complicating factors may be impacting the loss experience.

Guidance in Grief

A third prominent theme that emerged from the study analysis was the desire these emerging adults expressed for guidance in grief. Within this theme there were three sub-themes which participants described: The first experience with death, being unsure how to grieve and needing some time for support. The participants ranged in age from 16 to 22 at the time the suicide occurred. Some were in high school and some were in college at the time, but regardless for many it was a new experience. As a result, the desire for some such guidance in managing the grief and loss experience became a prominent theme.

Facing the new experience of death and grief. Two of the three sub-themes related to a new experience, the first experience with death and uncertainty about how to grieve. For five of the eleven participants, this loss was their first experience with death and suicide. Two additional participants were discussing their second loss due to suicide, which occurred less than seven months after their first experience of loss to suicide, which also was their first loss of a friend. A common theme mentioned by six total participants, and three of the five who experienced loss for the first time, was uncertainty in how to grieve. One person simply stated, “I had no idea how to cope with death.” Due to the newness of the loss experience, a recurrent theme was just not knowing what was needed in proceeding through the grief process. Participants shared comments such as, “I felt like I didn’t know what to say when I was in counseling,” or “I feel kind of bad that they [my parents] asked me what I needed and I would say ‘I don’t know.’” The experience of shock and numbness that many of them described seemed to coincide with a confusion over how to move forward. One participant commented on not even knowing how to react in those initial moments, stating, “I really didn't know what to do. I didn't want to go to sleep because we also had guests over since graduation was the next day. I didn't want to lay in bed and be alone, but I didn't want to bother my parents because there was nothing that they could do about it.” Another talked about trying to figure out how to react in the first days following the suicide, saying “The next couple of days were a blur. I didn’t want to go home, I didn’t want to come to school. I didn’t know what I wanted to do.” In those first moments of loss and the time following the suicide, it seems that this element of uncertainty is related to the lack of a clear protocol in not only how to provide support to those bereaved, but how to react when a suicide occurs.

The need for support over time. A related and minor sub-theme shared by participants is the need for support over time when bereaved by loss due to suicide. The initial time following

the suicide can be challenging, and at times, those who are bereaved may push the support away. At the same time, however, this does not also equate to participants not wanting the support. One participant described several challenges in the first few months following the suicide, including not understanding that life could continue on as normal but two people she loved were gone, or the fear of losing the memory of her friends if she talked about it. She explained that she did not reach out for support in the beginning, simply because it was too difficult, but further stated “Eventually their hands [of supporters] were a little bit farther to reach, but eventually I extended out and grabbed them.” While she may have pushed the support away in the beginning this did not mean that it was not wanted. Four of the eleven participants expressed the desire for support over a longer period of time, as grief was not a stagnant event. One of the participants noted, “I think maybe if there was more follow up in the following periods throughout [it] would have been more helpful. At that point I was still trying to process what happened.” Another person stated, “It didn’t get gradually easier, one week was really difficult and the next week it was better.” Each person’s experience was challenging and each one needed to have consideration for their experience over time. Thus, it emerged as a recurrent theme, that individuals need comfort in knowing that their grief is okay and they will have support over time, a notion which also ties in with the theme of understanding and empathy discussed previously.

The Value of Simple Gestures

A final theme related to the question of needed support is the value of simple gestures as expressions of support. There were two major themes within this section, including being available or extending an open invitation for support and a willingness to listen when the bereaved person wanted to talk. A few minor sub-themes also emerged such as physical contact in hugs, being honest with the bereaved and a sense of familiarity.

Being available for support. The first and most prominent sub-theme in this category was being available or extending an open invitation for support which nine of the eleven participants stated was a valuable mechanism of support. A majority of the participants stated the value in knowing others were there. A repetitive pattern that participants shared was simply being offered the support, sharing statements such as “He told me if I wanted to talk about it we would talk about it [so I] had this as an option,” or “They kept asking me if I was okay [and] if I needed to talk to anyone they were free, that sort of thing.” These gestures were simple and the knowledge of knowing others cared about them as people and how they were feeling was helpful. One participant noted, “He [my manager] would talk to me a lot, and even though I didn’t share exactly what it was, he was supportive too.” This same participant went on to state, “I mean, it is always nice when you have friends who notice, people who notice and ask questions, make sure you are doing okay and checking up on you.” For this person and others, it was nice for them to know others cared about them as a person and did not focus on the situation. Instead they focused on what they needed and cared about them as people first. While participants may not have always taken others up on this support, the knowledge that they were there and available was comforting. Another person stated, “She didn’t push it on me like some people might have. So, I liked the fact that she offered the option. Then I said thank you and kind of declined.”

The importance of being available was also highlighted by others who did not feel that support was offered. For example, in one case specifically a father was more concerned with the mode of death than his son’s feelings. This young adult stated, “I was isolated. It would have been nicer to have him, not necessarily there, but talking to me as if he were and trying to console me.” Another participant who felt ignored by her roommates commented, “I was

surprised as time went on that no one reached out to me. Because there were definitely times when I came home crying or locked myself in my room crying and no one ever asked what was wrong.” These individuals each had support in other areas of their lives, but both noticed when others were not available, and shared how they would have appreciated the offer to be there from the other person.

A willingness to listen. A second key theme under the value of simple gestures was being willing to listen to the bereaved emerging adult in the grief process. While it was only mentioned by five of the eleven participants, it was mentioned multiple times by each of these participants. One of them noted, “Just having someone to listen. They aren’t going to make it better, but they can at least empathize and share your grief. I think that’s helpful.” Being listened to seemed to help participants feel less isolated, that they were not in this alone, and that they had others to help them along the way. An additional participant explained, “I think it is that listening piece. I think it was that they knew that I was going to be caught in this web of confusion and sadness for a while and they didn’t push me to do anything that I didn’t feel comfortable doing. I felt like I could talk to them about how I was feeling.” While this may not seem like anything profound in the moment, it was also apparent when it was not there.

Three of the five participants described the lack of someone available or willing to listen when it was needed. One participant in the military described the lack of availability from her sergeant: “I saw him there [at the funeral] and he didn’t say a word to me.” The lack of support from her unit was so apparent that she actually chose to switch units. Another participant talked about her school’s attempt to educate the students on how to grieve rather than talking to them about what they were feeling, and stated, “I just kind of thought of it as them trying to push this information on me. I was just trying to go through it. I didn’t want to hear about how I should go

through it. It was like someone trying to give me a step by step plan of how you grieve. That is not how it works, it is not some clinical definition, step by step guide of how to get through a friend passing away.” While each experience commented on was different, they shared the common theme of wanting someone to ask how they were feeling and listen to them, rather than imposing their own personal beliefs or in some cases completely ignoring the situation.

Simple gestures of support. Although being available and the willingness to listen were the two major themes present within this theme, there were also several minor sub-themes such as providing hugs, being honest with the participants and the comfort in the sense of familiarity when support was provided. Three of the eleven participants stated that hugs were helpful. These hugs indicated that someone was there to listen, and they were thinking about what they needed in the moment.

Another minor sub-theme was the participants wanting honesty, which three of the eleven participants viewed as important. The mode of death for their friend who died was difficult enough, and they just wanted others to be honest. One participant explained how she contacted a friend via Facebook after hearing about her friend’s death and expressed: “I’ve heard lots of other rumors of how it happened, when it happened, if anybody else was with her. I want to cut through all of that and hear it from you [how she died], I would really appreciate that.” Another participant explained that knowing the truth helped move along the grieving process: “I feel like I need a story to figure out why and then I can start to accept that it happened.” Honesty was valued by these participants to help them move forward in their grief.

A final minor sub-theme was a sense of familiarity, which three of the eleven participants stated as important when reaching out for support. All three of these participants mentioned the comfort of their family, and knowing that they could go to them based on their close relationship.

One stated, “She’s my mom, she loves me and she is going to be there for me. Anything that I needed I could ask of her.” Another participant mentioned the comfort provided by her friends who continued their quest to make her smile every day, and when asked how this made her feel, she replied, “Loved.” When support wasn’t familiar it was something that was not sought out so readily. For example, one participant described an experience with a new guidance counselor at the school and recalled, “She was newly hired so she didn’t really know the students or the dynamics of the friendships or anything like that. So I think I felt uncomfortable going to her.” Having a sense of familiarity with supporter was important to these individuals so they could gauge the whole picture rather than just a portion of it.

Summary

Support is an important factor for those who have experienced the loss of a friend to suicide. Several themes emerged in regards to what type of support was needed following loss of a friend due to the suicide. The first major theme was that of providing understanding and empathy, and this most often came from others who had also experienced the loss of another to suicide, but this was not a mandatory criteria. Others who had not experienced a loss to suicide could also be supportive by simply asking what was needed and then respecting the response given. A second prominent theme, which often linked to other themes, was the importance of a person-centered approach to support. Many of the participants described the importance of considering how this experience impacted them individually, whether it was looking at the particular suicide or considering any additional factors which could also be impacting them at the moment. A third theme that was present was the bereaved young adult needing some guidance as he or she traversed through the paths of the grieving process. For many of the participants, this loss had been their first experience with death, and also their first experience with suicide. It was new

ground for them and they were not certain how to navigate through the experience and their feelings. Part of this uncertainty was not knowing how the grief would impact them over time. This meant that support was not only needed in the initial moments following the suicide, but it was also needed as time passed and they learned to live without their friend. The study participants indicated a need for guidance on how the grief was going to impact them as time passed. A final theme was that of the value of simple gestures. This theme further tied in with the larger themes related to the importance of an understanding and empathetic response and a person-centered approach, in that participants knew that others were available to them as needed. A source of support expressed in this theme was simply knowing that people were available and that they would listen if needed. The value of individualized support was clearly evident throughout each interview. How such support impacted the individual will be discussed in the second research question, which focused on the meaning that individuals attributed to the support provided to them.

Meaning Attributed to Support

The second research question in the study further explored the type of support given and any meaning the emerging adults attributed to that support. This question furnished insight into why participants felt they received the type of support they did. The specific question addressed was: “How do emerging adults make meaning of the support needed and the support given?” Participants responded in greater depth with regard to the type of support they received, but discussing the meaning appeared to be more challenging for them to attribute. However three major themes and one minor theme emerged from the data analysis. Two of the three major themes identified were related to reasons for a lack of support, including a lack of knowledge regarding suicide bereavement and participants’ internally prevented support. Finally, the third

major theme participants expressed was how previous relationships helped others to put the bereaved first in support and how important this was to them. These findings and associated subthemes are detailed in Table D2 (see Appendix D).

Lack of Knowledge and Awareness Related to Suicide

Even though suicide is the third leading cause of death for those between the ages of 15 and 24, lack of awareness regarding this type of death and its effects was a prominent theme in what participants felt they experienced in regard to the type of support that was received. Three major themes and one minor theme emerged from the research participants' experiences related to why they perceived support was not effective. The three major themes were limited education related to suicide awareness and bereavement, impersonal support as a response to the occurrence of suicide and the stigma attached to suicide. A final minor theme was that of participants feeling alone, as they themselves were often not aware of different types of supports which were available to them following the suicide.

Limited awareness and education related to suicide. The largest theme to emerge that participants expressed was the lack of knowledge surrounding suicide, not only awareness of suicide but also how to provide support following the occurrence of suicide. This theme focused on the lack of education regarding suicide and bereavement, which six of the eleven participants explicitly called out in regards to the support that they received or the support they were aware existed. A recurrent theme within the interviews was the lack of awareness of suicide, both among the emerging adults themselves and among others. Participants shared the following comments: "I wasn't very aware of suicide"; "It seems like if you don't ever have a suicide in your life, you are kind of ignorant to what it is and what is all out there"; "I became much more aware when it was happening afterwards than I ever was beforehand." Participants were at an

age focused on life, not death, thus when death came it was unexpected, especially since no one typically talked about it.

In a future focused life, it seems that talking about suicide prevention would be of importance, but participants were not generally aware of the available resources. One participant compared other causes which are talked about and observed, “Everyone talks about breast cancer and safe sex, all those things, but I feel that depression and possibly suicide should be something that we talk about just as often.” The topic is an important one, but when mental health, depression and suicide are not discussed or the conversation is not there, the difficulty in addressing suicide awareness or prevention seems to increase. In addition, when such a death occurs those who are impacted may not know how to obtain support. One person explained, “I knew that there were suicide survivor support groups. I didn’t know when or where they were.” Another participant said, “I think we only get one or two e-mails about the counseling center a year and so it just goes to the back of everyone’s mind.” A third remarked, “I thought it was more serious, only people who have like survived the war or something, were going to counseling. I didn’t realize it could be as simple as losing one friend.” This pattern seemed to indicate that a lack of support, specifically professional support, was related to a lack of awareness. Participants were at a point of substantial grief, and yet often they were not aware of support that existed, as it was perhaps not advertised or difficult to find, at least not specifically related to grief and bereavement.

Impersonal support in response to suicide. A second sub-theme regarding the type of support received and how emerging adults made sense of it centered in a limited awareness of the most helpful support mechanisms, which too often resulted in an impersonal support response. The perceived lack of education concerning suicide was not only related to the type of

support that individuals were aware of, but also what others provided, specifically schools or organizations. When a community loses a member to suicide many people are impacted and need to be supported, and it seems like a natural way to reach the greatest number of people is by holding a group discussion. While the needs of the many do need to be considered, with the lack of awareness for helpful support mechanisms those who really need it may not know how to reach out individually.

A number of emerging adults expressed that a group effort was not the most effective way to provide support. For example, one participant recounted, “Of course, they gave the standard letter in the mail before school started, saying we had lost one of our students and explained what happened really vaguely. It mentioned to students that when the school year starts, if we wanted to speak to counselors [we could], giving that information. Personally I see that as ‘we are here if you need us, but we would prefer that you didn’t need us’.” Another commented, “I mean we had gone through different suicide prevention classes before then, but it was death by PowerPoint.” An additional participant stated, “I think that would have been helpful because the day after the death in school they did try to do those groups in the classroom activities, talking about and educating us about suicide and the circumstances around Jeffrey. I think it was maybe helpful to the students that weren’t close to Jeffrey, but those of us who were really close to Jeffrey, at that point our ears were plugged.” Each of these avenues of support or awareness may have come from a well-intentioned place, but they were not always received well by those bereaved. Such support efforts were provided to everyone affected, but those that were closer to the person who died, perhaps hurting more as those identified in this study, did not feel they met support needs at the individual level. Their comments suggest that they did not feel like

their close relationship with the deceased was acknowledged by the support, and they were not validated.

In contrast, there were others who were supported directly and greatly appreciated that validation. One participant shared, “Well, right away when I felt confused on how I should react, if I was out of place being upset. Getting the support gave me the meaning that they thought of me as a close friend of his also, even though I had only known him shortly, which meant a lot.” This participant’s emotions were recognized and as such she knew she was valued, whereas others who were in school or the army, or any other organization, expressed that they did not receive the individual attention that was needed in the critical moments following the loss of their friend.

With the negative view that emerged toward impersonal support when a suicide occurs, there were some thoughts expressed on how to improve this aspect of the support process. A participant observed, “I think maybe getting some input from the students besides talking at them.” Others noted, “I wish they would be more honest and open, but instead they just didn’t want to talk about it,” and “I think it would have been helpful for the school counselor to continuously meet with Jeffrey’s closest friends.” The idea of providing the option of a choice for individuals in the support process relates to one of the most effective types of support mentioned in the previous section, the value of a person-centered approach in which individuals are asked what is needed. Participants wanted more personalized support rather than the impersonal support that seemed ineffective. Three of the five individuals that mentioned impersonal support had suggestions for how to improve it and make it more personalized while also keeping the larger group in mind.

Stigma associated with suicide. The final sub-theme associated with a lack of support was the stigma attached to suicide, which was mentioned by five of the eleven participants. While this may represent less than half of the participants, each of the five mentioned stigma multiple times in their discussion. In this theme participants interpreted lack of support as being due to the stigma regarding suicide that prevented people from reaching out for support. One of these participants said, “I was really concerned that if I told people that Paul had died by suicide, that it would be instantly shut off conversation or that they would think horribly of him.” Another young man noted, “As he told me it was selfish [for the friend to complete suicide], I was reminded that is what most people say and that is what most people would say if I brought it up.” Yet another person said, “When you talk to people about something like suicide, no one knows what to say and they kind of clam up and then you are both uncomfortable.” In other words, participants indicated not reaching out for support could be related to concern for how their friend would be viewed, or to making other people uncomfortable. When the stigma regarding suicide was discussed it was not related to any one person, but rather it was at a larger level, such as “that is what most people would say,” “because people feel so uncomfortable with talking about suicide,” or “no one knows what to say.” Even if participants were talking about the reaction of one person in the support experience, they attributed the stigma regarding suicide that stems from the larger society as a barrier that may impact the person’s reaction.

A sense of feeling alone. In addition to the three major sub-themes, there was also a minor sub-theme of feeling alone as a factor in feeling a lack of support, which was mentioned by three of the eleven participants. Feeling alone in the grief process for these persons could also have been attributed to the lack of education and awareness surrounding suicide. One aspect of feeling alone and its effect was represented through a concern for others who are experiencing

suicidal thoughts or related challenges. One of the participants expressed a strong desire for education, stating, “I feel that depression and possibly suicide should be something that we talk about just as often. So people can understand that they are not alone.” She mentioned the willingness for others to talk about breast cancer, safe sex, and any other number of issues, but not suicide. Talking about it is important so others know they are not alone in their struggle and they can move on and find support. The other two participants talked about how they felt alone. One participant came to the realization that she was not truly alone, and this opened up support for her. She expressed, “I think a lot of it helped me realize it too, that talking about it I had other friends who knew Jeffrey too. They had stories to share with me that I could grasp on to and collect for myself to think about him later on.” She came to realize that she was not the only one impacted by her friend’s suicide, and she was not alone. While a second participant knew that she had support but she was separated from her family, she said, “I felt very isolated here because no one here knew my cousin. All of my family was together that whole time, and that was just really difficult.” While being away from things could be beneficial at times, being around those who also were experiencing grief helped to reduce the isolation, even if the participants didn’t recognize it at the time. In reflecting on the meaning of how they experienced support, these participants noticed that it was their own sense of feeling alone that contributed to the perception support was limited when it was actually available to them.

The Meaning of Person-Centered Support

In contrast to the experience of limited support described above, the second major theme related to how participants describe the meaning attributed to their support experiences focuses on the value and helpfulness of a “person-centered” support experience. The value of person-centered support was already highlighted as a major theme in what type of support was

considered important following the suicide of a peer. In considering the support that was needed following suicide, participants reflected this approach was helpful because the participants needed some focus on them as individuals. Each of them had just lost a friend, and they needed some help through it, and a support approach in which others considered what they needed was described as the most helpful. However, an additional dimension of this theme relates to the meaning that was attributed to such support when the participants experienced it. In other words, how did they think about and interpret such support? In general, the key message participants interpreted was that others cared enough about them and knew them well enough that they would respect their wishes and support them in whichever way they felt would be effective. Several different personal sub-themes emerged within the category of person-centered support, including the impact it had when participants were asked what was needed, the knowledge that the support was not forced, an awareness their needs were put first and appreciation that additional struggles and factors were considered. In addition to the personal aspects of this broad theme, one minor professional theme also emerged, which centered on the importance of previous knowledge of a professional before discussing the suicide and how it was uncomfortable talking to someone who did not know the participant's story or the friend's story.

The influence of putting the needs of the bereaved first. The most common meaning of person-centered support, discussed by eight of the eleven participants, was the emotional impact that putting their needs first had for the participants receiving support. When asked about how they interpreted such support, a common theme participants shared was the emotional comfort that was provided as supporters put the participant's needs first, even if it that approach did not align with what the supporters might want to do. One participant described her parents' encouragement to be with her friends, who she found the most comfort in being together with at

that time: “Knowing that they would have put my thoughts [first], or instead of thinking as parents they needed to be right there, [instead] having them step back and think, ‘What does she need?’—that was comforting.” While her parents might have wanted to be her main source of comfort, they knew she needed something else, and their support was pointing her in the right direction to experience that needed support. As a result, she perceived that they had her best interests in mind. Another participant talked about her brothers putting their own struggles aside to provide support and what that meant to her: “Okay, specifically, my brother Zach is highly autistic and he is not a huggy person, so, but when he could tell I was feeling down or upset he would come and give me a hug.” She further commented, “It was incredible, and Jonah has behavioral issues, so just in general he usually isn’t me centered, [or] centered [on me]. He would come and give me a hug because he could tell I was feeling down.” The clear fact that her brothers, especially her brother with autism, took the time to notice her and give her support when this was perhaps not typical of them, was something that was very moving for this participant. A final example was shared by a participant who described that he was not one to talk about things, and so he said, “Those who knew me, [also] knew I didn’t want to talk about it, so they just gave me my space. That is the way it has usually been.” For him, giving him that space to grieve and be private meant they knew him and would take his lead on the support expressed, putting his needs first in that process. In other words, those most important in his life did not do what they thought was best, but rather what was best for him in that time period based on his needs.

When the bereaved person felt that their needs were not put first by others, this was also something that had an impact and created meaning for the participants. When this pattern occurred, the meaning that participants experienced was the impression that these were not safe

individuals with whom to share their story of loss. In these examples shared, those they had reached out to did not have time to provide the support, imposed their own values, or were unable to provide support as they worked through their own struggles. Five of the eight participants who mentioned the importance of person-centered support also mentioned the impact that it had on them when that type of support was not present. One participant described an important figure in her life who was unable to provide support and said, “I went to [the] Sgt. Major and he couldn’t really help me much. He just told me if you need to talk to somebody, you should do that. He obviously had other things to deal with it at that point because it was still during school.” Another participant discussed her mother’s initial reaction: “I just feel like she could have done anything except say, ‘Get over it,’ I feel that is the worst thing to tell someone who is dealing with one of their friends dying. Because everybody goes through a different grieving process.” While she and her mother eventually worked through things with each other, initially she closed herself off from her mother. A second participant also shared her mother’s less-than-supportive reaction following her friend’s funeral, “My mom actually drove me and Tracy to his wake. Then she yelled at me when I got out because I had took a lot longer than I was expecting.” While her mother offered a gesture of support, it appeared to be on her timeline and not in line with the participant’s needs. In this case, she did not reach out much to her mother again until after she moved away from home and entered college. For these individuals, the meaning of such support experiences was that others were not safe to share things with or those individuals did not have time provide the support needed at the time of the suicide loss.

Another element of the support experience that participants explored when their needs were not put first was the idea that others who provided support were more focused on imposing their own values or opinions on the experience instead of tending to support needs first. One of

the participants described her experience in going to counseling after her cousin completed suicide and explained, “I tried going to the counseling center, but the person at the counseling center had said, ‘Aren’t you upset about the mess that he left?’ I was like, ‘No, that is not how I feel at all. I don’t feel like he left a mess. I feel like he was in a lot of pain and I think he wanted to be free from the pain.’ I don’t think it was a mess. So I was really upset about that, because it wasn’t what he had thought it was.” Another participant’s father also expressed his opinion of suicide as a selfish choice when his son reached out to him for support, and the young man commented, “This [choice] might be selfish, but at that point it might have been best if, instead of thinking about the suicide, focusing on me for a moment.” He simply wanted his dad to consider what he needed in the moment, and when his father did not do so that influenced his son’s experience of feeling supported and actually limited the father as a source of support. This same participant also expressed caution in reaching out to others regarding the suicide, explaining, “It was a personal experience that I internalized. I didn’t want to talk about it with so many people and have so many people know about my own experience, because if they did it might change their opinion of me, I guess.” Finally, one participant talked about how she wanted her school to just talk about the loss and stated, “I wish they would be more honest and open, but instead they just didn’t want to talk about it. They would not give out any information, no one really knew what was going on at that first weekend that I was away. I would have liked them to offer that support, like they did in the future to come [with] suicide. They offered grief counselors, ‘We have this present, and we have these resources for you.’” This participant felt that at the time the school was more concerned with not talking about it, rather than supporting those who were impacted by it.

For these participants, the meaning of their experience was that others may try to impose their opinions or values on your loss experience and this response limits or even neutralizes the feeling of support that occurs. This theme highlighted contrasting experiences in how support was interpreted by young emerging adults. When these young participants perceived that others were putting their needs above their own in the support process, this furnished them with the meaning that those in their lives cared about what they needed and would do what was best for them. However, if they perceived that their needs were pushed aside or not put first, or if the views of others were imposed on them, the meaning the participants gave to the experience was that these were not people that they could turn to in their lives for needed support, and therefore they no longer reached out to them for much support regarding the suicide.

Awareness of other factors complicating support at the time of loss. For those emerging adults who experienced loss due to a friend's completed suicide, there was an acknowledgment that this event did not occur in isolation but there may have also been other factors that affected how support was given to them at the time of loss. As participants discussed the meaning of support received, a second prominent sub-theme that emerged was awareness of the other struggles or factors present in the lives of themselves or those providing support at the time of loss. Such factors at times affected how support was able to be expressed by supporters or experienced by participants. Participants either shared other factors that hindered the support that they received or factors that others considered when providing support.

While only five of the eleven participants shared some other factors that contributed to how they experienced support in the grief process, these factors were mentioned between two and four times by each of the participants. Three of the five participants discussed family issues that were occurring around the time of their friend's suicide. For these participants, any lack of

support they identified was attributed to the numerous issues the family was already facing. A participant noted, “I guess part of it was hard too because we were all experiencing the loss of my cousin, and then less than a month later it was Jeffrey.” Another individual explained the influence of other family concerns and said, “We didn’t talk about it very much. There were a lot of other things going on too, so basically my dad’s job was the main concern that we talked about as a family. Then my aunt with breast cancer, we talked about her a lot more too, but of course she is alive and she is going through these things now.” Yet another person observed the struggle of ongoing concerns such as a sibling’s mental health, commenting, “Let’s see, other suicides, my brother is, he says a lot of, ‘You’re going to come home and find me hanging in the garage,’ type of stuff.” Each of these factors linked to family difficulty and impacted the support that was received by participants, as life kept moving forward and new events continued to happen. As the one participant stated of her aunt and attention on her needs, “She is alive and she is going through these things now.” In these instances of family struggle linked to living family members, the focus of supporters shifted from the bereaved young adult to other things that needed to be addressed as they were occurring now. While the support from others was not as effective as it could have been, participants were aware that other challenging factors were impacting such expressions of support. The meaning of how support was experienced under these circumstances was altered by the awareness among participants that other factors were complicating support that could be given.

A different factor that was challenging for participants in regard to feeling support from others was the issue of distance. Three of the five participants were living in another location when their friend completed suicide. Due to this fact, they were either not able to make it to the funeral, or were unable to be around those who were also experiencing the loss. One of these

participants observed, “It was so hard, because I was here and, like your experience where you had been away from it all, I felt very isolated here because no one here knew my cousin. All of my family was together that whole time, and that was just really difficult.” Another stated simply, “I wish he and I had gone to either the funeral or the grave site.” Yet another participant recounted, “I do know that when they went to her funeral they all got together, like my dad’s side all got together, and they had a kind of a little party. They basically just hung out and talked about Monica and celebrated her life. Just that sounded nice and I know that they all really enjoyed it, as much as you can. They passed around the cards that people sent and talked about memories, things like that. So I think if I would have been there, that would have been a lot more helpful.” While each of these participants had people to talk with regarding the loss, it was not necessarily with those who had also been impacted by the loss. As was discussed previously, one of the best avenues of support for emerging adults was being around others who had also experienced a loss to suicide. While each of these participants may have been searching for that type of support, they also knew that there were factors outside of their control which prevented the experience of such support. Again, due to an awareness of this complicating factor of distance the participants expressed that more limited support in such circumstances was not interpreted as negative or uncaring. Instead, in such cases the participants knew they needed to identify other types of support that were effective and they did not think negatively of those who were unable to provide support from a distance.

Appreciation for attentiveness to expressed support needs. A third sub-theme identified in the study analysis that participants linked with person-centered support was their appreciation for supporters who asked the bereaved what was needed and were careful in respecting their response. This theme was present in seven of the eleven interviews. Participants

expressed appreciation for attentiveness to their support needs when it was there and wanted such support when it was not present. When participants were asked to explore the meaning of support, they indicated that when those giving support asked them what was needed, it gave them the feeling that the focus was on them. In other words, they knew that those in their life giving support at the time of loss were focused on their best interests and the participants trusted that those supporters would “be there” for them when it was needed.

The participants who reported on the benefits of being asked what was needed by supporters also experienced increased strengthen in their relationships. Their trust with their supporters was increased when this type of support was present. One of these participants explained, “Especially my family was definitely there for me, and I think they had the right approach especially knowing my personality at that time. To ask, ‘Do you want to talk about it?’ and know that if the answer was ‘no’ then it was hands off. I feel like if they would have tried to push the subject and try to say, ‘You have to talk about it,’ I would have probably been more withdrawn and hesitant to talk to them as time went on.” Another participant stated, “They asked me right away, do you want to be left alone, or do you want to talk about it. I said I wanted to be left alone and they stuck with that.” These examples indicate that the emerging young adults appreciated attentiveness by those giving support to how they wished to receive support.

Another aspect of this theme was that it was common for the participants to mention wanting others to ask what support was needed. Of the seven participants who reported this theme, five mentioned how it would have been beneficial for supporters to directly ask them what was needed. When this pattern was not present, the meanings attributed to it by participants included that others were imposing their values, they weren’t really listening to what was needed, or they were not available as a source of support. One participant described the school’s

approach to handling the post-suicide situation at school right away: “I think it was maybe helpful to the students that weren’t close to Jeffrey, but [for] those of us who were really close to Jeffrey, at that point our ears were plugged. We were in our minds so deep that anything they said to us at that point [did not help].” In this case, those who were closest to the deceased person needed some additional time to process the loss, and they needed to be given the opportunity to state what was needed. It was not that this participant felt the school did not try to be supportive, but rather perceived that the school tried what it thought was best, as opposed to bringing in those students impacted and asking them directly what was needed. Other participants also described what they would have liked to see. One stated, “[I wanted] for them to ask me how I felt about it, what feelings and emotions I had experienced. How I viewed the completed suicide.” Another participant observed, “I think I would have more appreciated the focus on myself. So, them asking me if I was okay and how I was doing with it all, instead of just fixating on my friend’s suicide.” In this context, participants identified how they appreciated direct approaches about what their support needs were and the frustration felt when this did not take place.

A final participant described her friends simply ignoring the fact that she was upset about the suicide loss. They talked about it amongst themselves but did not approach her regarding her experiences. She recalled, “So, I was walking down the stairs and I heard one of them, they were all in the kitchen talking, and one of them said something like, ‘What is up with her, she is always in her room,’ or something like that. So, of course when I went into the kitchen, they stopped talking and dispersed. It would have been nice for them to ask me that instead.” While the stories and experiences from each of these participants were different, a general theme emerged: an appreciation for attentiveness to expressed support needs and a simple desire to be

asked what was needed. If they were not asked by others, it suggested to them a meaning that others did not care and these individuals were not a reliable source of support for them.

Avoidance of forcing support on the bereaved. The final major sub-theme present in the context of person-centered support was others not forcing their support on the bereaved. This theme fits clearly with other aspects of person-centered support, such as asking what is needed and putting the bereaved person's needs first, and continues to reinforce the meaning of respect and trust within each of the experiences. One participant mentioned the adverse effects of forcing the support, but all six of the other participants mentioned the benefits of not forcing the support. When others offered but did not insist on the support that was needed, participants noted that the meaning for them was that they felt cared for and respected. In this pattern, participants knew others were thinking of them, but also knew that they did not have to talk about the loss experience if they were not ready. One of the participants recalled, "I remember numerous relatives came up to me and gave me a hug and said, 'If you need to talk I'm here.' That was really comforting because they weren't ignoring it and they weren't afraid to say anything." Another participant stated, "I wanted to be left to my own brain, mull through things and figure it out on my own. I think that was support enough, because I think if they had pushed me and forced me to receive counseling it might have been adverse or maybe even detrimental to me at that point." Yet another person noted, "I think it was that they knew that I was going to be caught in this web of confusion and sadness for a while, and they didn't push me to do anything that I didn't feel comfortable doing." Each of these participants appreciated the knowledge that others cared for them, and attributed respect and consideration of their needs as reasons for why this type of support was present. They knew others were available for support, but also knew that they would not have to talk about the suicide loss if they did not want to do so.

The value of prior experience with helping professionals. In addition to the four sub-themes identified, one minor sub-theme was also present that focused on helping professionals. Seeking out professional help in the grief process was not something that many of the participants mentioned. While two of them mentioned going to counseling, they started counseling for completely different reasons and eventually started to talk about their friends. A third individual mentioned going to counseling and found it very ineffective in the support process. However, four of the eleven participants discussed the importance of a prior relationship with the professional in the support process. The reason given behind this suggestion was the importance of a holistic knowledge of the individual. In other words, these bereaved individuals wanted to be sure that a professional could consider the whole context of their life and not just this one singular experience. As one of the participants explained, “We had a school counselor, but she was just newly hired there, so she didn’t really know the students or the dynamics of the friendships or anything like that. So I think I felt uncomfortable going to her.” Another suggested, “I think it would be harder starting therapy because of something like that. Because I don’t think your therapist would know quite how to help you right away.” Two other participants went to counseling after the death of their friends but did not continue with that form of support, as one felt silly going since she was only a friend and the other had the therapist’s values imposed on her friend’s type of death. In each of these professional support situations however, participants wanted other factors to be considered in the support experience. There was concern expressed by these participants that the only thing that would be considered in the process was the fact that they were a survivor of suicide, and all of the other factors impacting their life and the grieving process would not be considered. As a result, they were hesitant to reach out for

support and if they attended counseling, they did not mention it initially but it came up through a discussion of the support process.

Internally Prevented Support

Another major theme that emerged within the participants' interviews regarding the meaning of their support experience was a category we identified as "internally preventing support." Several of the participants stated that support was available to them but they did not seek it out. They expressed several different reasons behind not seeking the support. Some did not do so due to personal reasons, such as the ability to do it alone, concern for others' emotions or the fear of a repeat occurrence. Other reasons furnished were tied to societal views regarding suicide, such as considering how their views of suicide could be different than others and being self-conscious about reaching out for support. Each sub-theme expressed different reasons that the bereaved did not reach out for support, but were held together by the larger common theme that it was an internal decision the bereaved person made to not seek out that support. Each sub-theme will be discussed in greater depth, starting with the most prominent sub-theme, the belief that the participants could work through the suicide loss experience on their own.

Managing the loss experience on one's own. For many of the participants, the loss of their friend was the first loss they had experienced due to suicide, while others had prior experience with suicide or other forms of death. Regardless of their experience with death, seven of the eleven participants adhered to the idea that they could get through the loss experience on their own, and therefore they limited their own efforts to reach out for that support. Several participants expressed not reaching out for support, and suggested that it was not there primarily because they did not request it from others. One stated, "For me, there likely wasn't support because I didn't ask for it." Another participant expressed the reasons she felt could explain a

lack of support: “In my situation I would say it would be people not knowing, I’m typically not a big sharer.” While the support from others may have been available had they requested it, they did not seek it out and therefore the participants felt it was not there as others did not perceive a need to give the support. As a result, participants thereby made an internal decision that prevented them from seeking support.

A second element of this theme that emerged was the idea that participants should be able to work through the loss experience on their own. A variety of thoughts were expressed that suggested this idea. For example, one participant talked of being able to handle it on her own and shared, “The only other thing holding me back was myself, because I kind of thought I needed to deal with it in my own way. I just kind of thought I should be able to handle it myself.” Another concept suggested was the idea “I have done it before [and] I can do this again,” as this participant stated, “Part of me was thinking I can handle this, I have done it once before, I know what I am doing.” A final rationale put forward was that talking about the suicide loss made it too “real,” and this participant shared, “It may sound silly, but to me going to counseling and sharing James’ and Jeffrey’s story, that was mine. If I shared it with them, then they would have James and Jeffrey and I wouldn’t have those memories anymore.” Each participant had a unique experience regarding support, but a common meaning attributed to any absence of support was the idea that they could or should work through the grief process on their own. While it may have been available to them, these participants did not necessarily take others up on the support that was offered. The main idea that a person could “work through it on one’s own” was the concept that led some participants to make an internal decision to limit how they engaged support that was available.

Concern for the emotions or experience of others. In addition to the notion that participants could do things on their own, another theme that emerged in relation to internally prevented support was that a concern for others also prevented some of the participants from reaching out for support. This expression of concern regarded both the emotions that others could be feeling and the fear of a repeat suicide occurrence.

Concern for others' emotions was put forward as a second prominent sub-theme as a reason why participants internally limited their outreach for support. This idea was expressed by five of the eleven participants. A common experience mentioned by the participants was a personal hesitancy to reach out to others as they did not want to "bring them down" or create an emotional burden. So, one participant explained, "I was really concerned about putting more of a burden on them." A second participant expressed a similar concern, saying, "Or a lot of times I will care more about what the other person is, or how they are feeling. Like, if they are having a really good day I shouldn't bother them, or their day is already super crappy [so] I shouldn't bother them." These participants avoided reaching out to others so they would not "bother them" or "burden them" or "bring them down." Themes that emerged in response to the first research question supported the concept that participants want to be around others who have a shared experience when suicide occurs, but even in this environment of shared grief there can be a hesitancy to reach out for support. One participant further shared, "I didn't know where they were at with their grieving, so I felt bad if I texted or called them about what I was experiencing, because I didn't know if they were ahead of that or behind that or how I would affect that." Yet another commented, "I feel like I bury all the really bad things from them, because they're my parents. I just don't tell them things that would make them sad about me." While other external

factors may have also influenced this decision, participants still attributed this lack of support at certain times to an internal response originating with their own perceptions or decisions.

Another rationale that informed why participants did not reach out was related to feeling like others had a greater need for the support than themselves. As one participant explained, “Because as much as I would have liked to go to a counselor and talk about it, there are more people that do need the help. At the university’s counseling center, they were very busy. So other people required the attention more than I would.” This idea was a slightly different version of the concept previously expressed, not to create an “emotional burden,” but in this example it was to ease the burden on the counseling center rather than on a parent or friend. Each participant had a reason he or she expressed for not reaching out for support. For some of them it was a concern about how others would feel after listening to their experience, while others expressed the idea that other people had bigger issues to deal with and they needed the help from others more. This theme of making an internal decision that prevented seeking out support was focused on concern for the emotional needs or experiences of others. These particular participants expressed that they did not want to negatively influence the lives of others by sharing their stories or asking for support, as they felt that might create an emotional burden or be bothersome or take away support someone else needed.

A second and minor sub-theme within this category, which focused both on internal and external factors, was the fear that participants expressed of a repeat suicide occurrence. As stated in the introduction, suicide is a growing concern for adolescents and young adults and remains the third leading cause of death for those between the ages of 15-24. Of the eleven participants interviewed, five had experienced the death of a peer to suicide at least two times. While the fear of a repeat occurrence was not more than a minor sub-theme, it was prominent for the two

participants who expressed this concern. One participant was concerned for her brother and shared, “I was really worried that my brother at that time would think that was, not okay, but something that was an option.” A second participant had her concerns confirmed when her friend completed suicide less than one month after her cousin. She reflected, “I think maybe part of it was that I wanted to keep my guard up. At that point I was terrified that everyone was going to die around me and commit suicide.” Due to the concern for a repeat experience both of these participants were cautious in reaching out for support. Talking about the experience made it “real,” and in a sense it made them or others feel more vulnerable if they talked about it. Thus, the fear of a repeat suicide occurrence somewhat limited their willingness to engage others for support because they felt talking about things could somehow cause the fear to become a reality.

Consideration of the perceptions of others. While these three sub-themes were more prominent for the participants, two additional minor sub-themes also emerged which supported the concept that participants internally prevented support. Both of these minor themes were concerned with consideration of how others would view the participants as the suicide experience was explored.

The first minor sub-theme involved a sense of self-consciousness regarding the loss experience and seeking support from others. This feeling was only expressed by two of the participants, and each of them had different reasons for feeling self-conscious. One participant started college shortly after her friend completed suicide and she was hesitant to reach out for support. She explained, “I just met these people and you don’t want to ask for support right away. Even just meeting someone, it is kind of a personal thing to share.” Sharing something so personal was difficult to do when she was in a new setting with unfamiliar people, so this prevented her from seeking external support. A second participant described self-consciousness

in reaching out for support because of the mode in which her friend completed suicide. She observed, “He committed suicide, by running his car head on into another car. . . . I kind of didn’t feel like I could reach out because it was not offered, and I felt like in a way it was almost like you shouldn’t grieve over the person who kind of went down trying to kill someone else too.” The way her friend died was negatively viewed by others and as such she did not feel comfortable reaching out for support. Like some of the other experiences, external factors influenced these participants in reaching out for support, but they attributed internal reasons to it, such as being self-conscious of how others would react or treat them when they asked for support.

An additional minor sub-theme was a consideration of conflicting emotions or perceptions with regard to how suicide is viewed, such that some participants did not want to engage in discussion that would raise the conflict. Two of the participants discussed how they felt their view of suicide was different than the views of others. One participant described his experience in a classroom when they discussed suicide and noted, “My personal viewpoint of suicide, at least with my friend, is that if he was suffering that badly that he wanted to do that, that he had every right to do it. That was an area of contention in the class.” He went on to say, “My career track is supposed to be helping people get out of that place. On some level, I wouldn’t advocate that they would commit suicide, but I sympathize with them if they want that, even though I probably shouldn’t.” He expressed sympathy for his friend, knowing that his friend was in a lot of mental or emotional pain, and this friend had reasons behind the act of suicide. This participant considered the whole experience and thus did not view his friend as selfish, however he felt that his views differed from others both within his chosen field and in general, which made him less likely to seek support or share his experience. A second participant

further talked about the view that outsiders had on the situation regarding her friend's death, and explained, "He committed suicide, by running his car head on into another car. So then that adds a whole [dimension that] everyone talked very poorly about him after because, 'Oh, you know who would endanger another life?' And for all of us who were friends with him, it was just really hard to hear that because we didn't get it. It didn't seem like him to do that." Both participants had a knowledge of their friend that was different from what was perceived about the death, and as a result, even though a negative viewpoint may have been held by others with regard to their friend's death they did not see it that way. Each of them knew their friend as someone different and more than the sum of the suicide occurrence itself. Even though they knew this to be true, the conflict that existed with perceptions held by others still influenced their likelihood to reach out for support. In a sense, each of them felt that previous experience had shown them it was not necessarily safe to talk about suicide in a manner that suited them or contrasted too much with others. So, while these external factors also contributed to participants not reaching out for support, these participants attributed the meaning that they could not reach out for support because their viewpoints might be negatively received. As a consequence of how they considered the perceptions of others, these participants made internal choices that limited their efforts to reach out for support.

Summary

Each of the sub-themes mentioned above focused on a participant attributing a lack of support to their own internal reactions to the situation that prevented access to or involvement with support. While some were internally driven, such as the belief that they could do it alone or the fear of a repeat occurrence, others were externally driven but internalized by the individual. For example, participants described feeling self-conscious about reaching out for support,

concern for how others were feeling, or concern that others would disagree with their feelings or perceptions. Each of these situations also appeared to have external factors influencing them, but participants internalized these reasons as explanations for why they prevented themselves from reaching out for support. In other words, these explanations provide a deeper meaning for participants with respect to how they experienced support, or the absence of it, and why their support experiences unfolded in a particular manner. It should be noted that these patterns represent only a portion of the support experiences described following suicide in a much larger tapestry of support that emerged for participants in the loss experience.

Asking participants about the meaning attributed to the support experience following suicide loss was a challenging question for this research study. The participants were reflective, but many of the responses just began to open up the meaning and influence of support. The three prominent themes which emerged in the responses centered on the lack of knowledge and awareness regarding suicide, the impact of person-centered support and finally the concept that participants internally prevented support. Each participant had different experiences which demonstrated these identified themes, but the underlying themes were present in most interviews. The meaning that was attributed to the support experienced by these emerging adults not only influenced how the participants moved through the grieving process, but also impacted relationships with those providing the support. The impact of the support experience on relationships was the focus of the third and final research question addressed in this study.

Impact on Relationships

The final research question for this study addressed the question of what impacts on relationships occurred following the suicide of a friend, specifically related to the type of support that was presented. The researcher sought to identify, based on the perceived level of support

given to the bereaved young adult, how relationships with family members and friends are affected for the bereaved individual. The qualitative analysis process resulted in three main themes that emerged, focused not only on friends and family, but also the continued bond between the participant and friend who completed suicide.

The most prominent theme that occurred for bereaved emerging adults was an improvement in relationships that followed the suicide loss and related to the support that was provided by others. Many different sub-themes emerged in this category ranging from increased trust in the relationship with someone to the ability to have more serious conversations. The second prominent theme to appear with respect to relationships was the distance which occurred in relationships when the support was not present. The final theme was unique in that participants empathized with the friend who had died and maintained a continued sense of connection even after the death. This pattern was represented in a variety of ways such as honoring their friend's memory or retaining a relationship with the friend's family. The themes and subthemes of these findings are summarized in Table D3 (Appendix D). Each of the themes was represented in a variety of ways and supporting statements will be presented in the following section.

Improved Relationships with Others

The largest sub-theme present within the research was an improvement in particular relationships following the expression of support during the loss experience. While some participants attributed the improved relationship to growing up, many of the participants felt a greater connection and improved communication in their relationships with both their family and friends. Key sub-themes that emerged in the study analysis were the increase in serious conversation and trust with both family and friends and a greater value placed on relationships.

Two smaller sub-themes also appeared in that participants felt more connected to friends who had the shared experience of suicide loss and they also wanted to be there for others who were going through struggles of their own. The patterns of effective support described in the previous sections greatly influenced the relationships and communication for the participants.

Increased trust with friends and others who provided support. Among the different sub-themes, the most common one mentioned by seven of the eleven participants was developing an increased trust with friends and other individuals who provided support. While many of the participants sought help from their family members, a majority (10 of 11) of participants turned to their friends, ministry or support groups for guidance throughout the bereavement process. When those outside the family provided this needed support, it greatly improved the existing relationship in the perception of the bereaved young adults. Participants stated they often felt more comfortable talking with their friends as they were there and gave support when they needed it the most. For example, one participant moved out of his house after he found his roommate who completed suicide there and he noted of his friends, “Well, basically they kind of took me in when I had nowhere else to go.” He felt unable to continue living in the house where his friend died but was grateful for the tangible support other friends extended when he needed a place to live. Other participants described their friends being there to listen and guide them through the loss experience. One of them explained, “I felt so much closer to anyone who had reached out and given me support.” Another person expressed the value of knowing that friends would be there to give support: “I know that even when things are difficult that he will be there, because he has in the past, when he didn’t have to.” This increased sense of trust made the bereaved young adults feel comfortable going to these other friends in a time of need, especially when they knew the door was always open to receive support. One young person commented,

“Knowing that he was there for me no matter what was good.” Another participant observed that even after some time away, “There was a little bit of [a] disconnect between when I had left and what was going on now, but they were still there for me.” The presence of this support from friends or others was helpful in working through the grief and gave them comfort in the strength of their relationships. The increased trust developed in these relationships also was related to the fact that they went through this experience together with their friends, and thus they experienced a shared connection through the grief process.

Shared connection in the loss experience. A shared connection as a result of the suicide loss experience was a second prominent theme that emerged and was mentioned by seven of the eleven participants. This particular aspect of the bereavement experience was different than all previous experiences which participants mentioned as a point of connection. As one participant explained, “You’ve been through something so hugely important that it’s hard to bond with somebody else on that level.” This was not an experience that happened often, and there was no guide to moving beyond the grief. As a result of working through the suicide loss process together with these particular people, their friends and others with the shared experience, a strong connection was formed. A participant noted of the process, “That reinforced our friendship more, just because that was a single experience that no other friendship, at least I hope no other friendship will have.” As this experience brought people together, it also could create separation in relationships as one participant experienced: “I feel bad it was such a drastic change, and so sudden that I felt that they couldn’t quite understand what I had gone through.” When someone has not gone through that type of loss experience, it may be difficult for them to understand or provide helpful support. For some participants, they felt an increased connection for those who experienced the grief with them. Others felt a connection with others who supported them and

had also gone through a similar experience themselves at a different point in time. Regardless of the specific context in which the experience was shared, sharing that experience of loss to suicide was a point of connection for the participants.

Increased ability to have serious conversations. Another prominent sub-theme mentioned by five of the participants was an increased ability to have more serious conversations with their family members and friends. When something like a suicide occurs, it is not uncommon that tough conversations need to be had as individuals work through their own experience regarding the death. Participants often learn to voice their concerns and talk about things they might have feared talking about before the suicide. These conversational changes occurred in relationships with both family and friends. Some participants were able to talk with their siblings about more difficult topics. A participant shared, “I felt more comfortable being able to talk about sadder things or things that were bothering me with my parents,” while another stated, “I think now we [my sister and I] are more in tune to how the other person might be feeling about things.” Other participants described the communication shift with parents and talking to them about more serious concerns, such as facing their own struggles with mental health. Two participants reflected about talking to parents, “They were concerned about me since I did have prior suicidal tendencies,” and, “It did actually prompt me to tell my parents about my depression.” Other participants were able to talk with their friends about more serious topics such as personal issues or mental health struggles also. A participant commented, “I really, I think we became closer in the fact that if something was bothering you, you can tell me.” Another person said, “We never really talked about really serious stuff like this. It made us both more comfortable talking about our own issues, like my depression or her anxiety.” This pattern of increased communication regarding serious topics was based off of the support that was

provided to the young adults and the participant's own reaction to the suicide. Participants wanted to talk with people in their life who were important, and with suicide often comes feelings of guilt or wondering if things could have been different. In this research study eight of the eleven participants mentioned feeling guilt after the suicide, thus it might be concluded that participants want to discuss or do not want to experience these feelings of guilt again in the future. As a result, they are now choosing to talk with those important individuals in their lives about the more difficult topics that have arisen for them.

Valuing the relationship with family members. Positive support led to positive influences on relationships, and the final prominent theme reported by six of the participants was an increased priority to value the relationships with family members. A number of participants explicitly stated the increased value placed in their relationships: "Don't take things lightly or don't take things for granted, because while they are here now, maybe they won't be"; or "I think now it [our relationship] has strengthened quite a bit because of it [the suicide]"; or even, "I'd say it's probably stronger because we weren't that close beforehand." As a related example, others described the extra care and attention they provided to their family, such as a participant comforting her sister who experienced post-partum depression. She shared, "There were a couple of days where she was not doing well. I went home because I was really concerned about it. I think if Paul wouldn't have died, I would have been concerned, but I don't think I would have been as concerned." Another participant discussed wanting to talk about a mother's struggle with depression, saying, "I think it has opened the door for me to tell my mom my concerns for her." A final common report from participants was simply that the relationship with family members endured, or they maintained that positive relationship throughout the process. Participants said things such as "we were always pretty close" or "we were still the same family." In this theme,

relationships strengthened and endured the loss experience, greater value was attributed to the relationship and extra care and attention was utilized to maintain these relationships.

Increased trust with family members. A majority of participants reported an increased level of trust with friends following the suicide loss, however four of the eleven participants also reported an increased level of trust with family members. This trust was not restricted to the immediate family, but also occurred with extended family as well. These reports emphasized this increased trust came from knowing the family members were there to support them in tough situations. One person stated, “I feel like it definitely increased the trust between us. Because [of] being able to know that they are able to be there for me in the bad situations, as well as the good ones.” Another participant expressed her trust in the relationship with her parents, who wanted her to get support even if it did not come from them: “I think they gave me a lot of respect for them after. I respected them more for how they asked me what I needed and stuck true to that. Any time there is more mutual respect I think it increases that relationship.” This increase in trust was also related to relationships enduring through the suicide loss experience that occurred. One of the young adults commented, “I think it was just the fact that we were a close, tight knit family before the suicides and we were after.” Yet another observed, “So I think that was just another thing that forced us to grow up a little bit more. I think now we are more in tune to how the other person might be feeling about things.” Participants’ relationships with family members endured well, even when a strain was put upon it through an unfamiliar and difficult situation, and this added to the existing level of trust and support. The loss experience thus appears to have influenced some participants to reflect on their family ties, specifically in regards to appreciating them and how important they are as a source of support in both the good times and the bad.

Overall, positive expressions of support were related to a positive influence in relationships with friends and family members. This theme included patterns such as an increase in relationship trust, improved communication, connecting through the shared experience of loss and valuing existing relationships. Although the suicide loss experience was highly challenging, for participants who experienced support in their relationships with friends and family members those relationships became more connected and improved in a meaningful way following the loss experience.

Lack of Support Impacted Relationships

A second key theme present within the study related to the impact of suicide loss on relationships was the impact that ineffective or lacking support had on relationships with others. Three minor sub-themes emerged from the analysis that demonstrated the effect of when support was not at the level that was needed following a suicide. Two of these themes indicated that lack of support had an impact on the relationship in that participants felt a sense of disconnect or neglect within the relationship. A third sub-theme also emerged, in that even though the support was not what the participants needed, while it may have had an initial impact the previous relationship with the individual endured and the participants were able to maintain a positive relationship.

A sense of limited connection due to lack of support. The most common theme reported by participants in relation to a lack of support was a sense of limited connection within the relationship. Themes that emerged for the first research question highlighted that effective support occurred when people were perceived as “being there” for the participants. When the emerging adults received this support they felt a strengthening of the relationship with others. Similarly, when that support was not perceived to be there, participants felt a weakening of the

relationship with others. While many of the participants felt they received effective support, many of them also indicated that they received ineffective support. As a result, seven of the participants reported feeling a “disconnect” within their relationships, or a sense of limited connection due to this absence of support.

For some of the participants, this feeling of a “disconnect” emerged when needed or desired support was not present. One of the young adults commented, “I felt a lot of disconnect with them. I was going through a really rough time and none of them seemed to care, which kind of struck me as really weird because they were supposed to be like family.” A second participant noted, “We weren’t as close after that year of school. We still see each other every once in a while, but we don’t live together anymore. I had no desire to live with them again.” And yet another participant stated, “I just felt farther away from them and more distant.” The support that others could provide was not received by the participants when they needed it the most, and thus it created a divide in those particular relationships.

Other participants felt they could not talk about their loss experience with others, which also impacted the relationship negatively. One of them stated, “I feel like for a while we weren’t on very good terms. That was because I didn’t respond very well to that [being told to get over it].” Also, another participant explained, “I can’t talk to her [my grandmother] about any concepts that do not conform with her prior beliefs. So, like I can’t talk about, we can’t agree about anything with respect to suicide.” While these participants may have a relationship with their family members outside of this topic, the suicide loss experience is a topic they are not comfortable discussing due to the perception of limited support, which creates a sense of distance within the relationship. These participants already had a difficult experience to work through, and some of them felt that those who were important to them were not supportive or

available in the way that was needed. This pattern further created a lasting impact on such relationships by fostering the sense of distance that participants described.

A sense of neglect due to lack of support. Another way in which a lack of support impacted participant relationships emerged among a number of them who expressed the theme of feeling neglected in the relationship with a family member or friend. A sense of neglect due to absent support was reported by four of the eleven participants, as more of a minor theme for the impact of suicide loss on relationships. When these individuals needed someone to support them, they did not feel that support was there or available to them. These few participants discussed how others saw them struggling, but did not provide that needed support or care. One of the participants recalled, “I kind of felt neglected for sure . . . It would have been nice for them to ask me that [what was wrong] instead.” Another participant described her experience at her friend’s funeral: “The platoon sergeant at the RTC saw me at the funeral, knew I was a pall bearer for Steve, and then didn’t say anything to me. I was like, ‘when I needed you, you weren’t there.’” These individuals expressed that they felt themselves to be in a time of need and instead of reaching out, friends or family members around them ignored the situation.

The reasons why such neglect occurred were not necessarily known, but one participant stated, “They might have thought it wasn’t their problem to deal with at the time.” Even though others likely knew that support was needed, it could have been they didn’t care or did not make it a priority to extend such support. Whatever the reason for neglecting to extend support, this pattern had a negative impact on relationships for the bereaved young adults who mentioned it. As a result they shared statements of frustration in relationships, such as, “We weren’t on very good terms [due to the lack of support],” or, “I just felt farther away from them [my parents] and more distant.” As has been discussed, participants often feel self-conscious about reaching out to

others for support with the stigma that accompanies suicide. An added feeling that others do not have the time or do not want to provide the support needed appears to validate a sense of neglect for some participants. Participants who reported this experience felt discouraged that, according to their perceptions, certain people important to them were not sources of support following the suicide loss. However, even though there was a feeling of neglect for a few participants, sometimes even then the relationship could move beyond it.

Enduring relationships despite limited support. A small number of participants reported on a final theme which highlighted previous relationships with others enduring through the loss experience even when the support expressed was ineffective or unavailable. Both of the participants reporting this experience had not received the support they felt was needed from their parents. Neither of the participants who shared this theme felt that the parent commented on was a source of support following the suicide loss. However, despite the perceived lack of support or ineffective support, their relationships with these parents endured, because the participants felt these parents were a part of their life before the suicide and knew they would continue in their lives. The first of these participants observed, “He is still my father and so my relationship will evolve as he changes and as I change, so I knew that at that moment of time, despite what our relationship was, it would still continue and morph later on.” The second participant experienced her mother saying some hurtful things, such as “Get over it,” and this negatively impacted their relationship at the time. In the interview process however she was able to remember that her mother did make an attempt to apologize for her actions and said: “Actually, my mom did kind of respond to that. She did say that it wasn’t very nice of her to say that, because she realized she did pick up on that.” The participants were each able to move beyond this difficulty because of their previous relationship and its resilience over time. One of

the young adults reported on that same relationship, “I would say it is the same, it’s pretty good [now].” Thus, even though the support given was not perceived to be what was needed, there was still the potential to move beyond this experience, specifically if a strong foundation had already been established in the relationship.

Continued Bonds with the Deceased Friend

A final major and important theme to emerge from the study analysis regarding relationships is the existence of “continuing bonds,” or retaining a connection with the friend who completed suicide. Participants described the experience of feeling a continued connection with their friend who completed suicide. This powerful sense of connection was represented in four sub-themes: retaining the memory or honoring the life of their friend, forming a connection with the friend’s family, feeling an emotional and spiritual connection with the friend and empathizing with the friend’s decision. None of these themes were articulated by a majority of participants, but each was mentioned several times amongst those who reported a continued connection with their friend.

Of the four minor sub-themes that emerged from the discussion with participants, the most common one mentioned was retaining the memory of the friend who had died.

Although participants experienced a loss due to suicide, life inevitably continued on without the friend being physically present. One participant even expressed frustration that she couldn’t understand how this happened: “I think it was just, like, going through life and not understanding how people could just be continuing on like normal [after the death].” Life continued to move forward for participants, so to retain that connection in the relationship with the deceased friend four of the eleven participants discussed wanting to retain the memory of those who completed suicide. The most common approach to emerge that participants shared was wanting to talk about

their friends and their relationships. One person explained, “Just having this idea of keeping them in my life through sharing them,” while another added, “I don’t want to forget the memories. So having them there is helpful.” Thinking about or sharing memories of the friend who died was something that the participants appreciated and expressed the desire to retain that connection. As one of them noted, “I would like to talk about it, share stories about them.” Talking about these memories not only continued that sense of relationship and connection, but it also helped participants through the grieving process, as was mentioned earlier in the themes regarding types of support that were helpful for participants. One of the main sources for retaining that connection and sharing memories was not only with friends, but also with the peer’s family.

Following the suicide loss, three participants reported forming a connection with the friend’s family. Of these three participants, two of them had not had a previous relationship with the family of the friend who died. Those who developed a relationship with the families retained that relational connection with their friend, particularly through sharing memories and seeing qualities of the friend lived out through other family members. One of the participants observed, “When you talk to them you get a feeling of exactly who Steve was. He was very kind and sweet, wanted to make everyone laugh and take care of everyone.” Another participant further explained, “I feel like if I didn’t keep in touch with them or if I didn’t have something or someone who still knows him, I wouldn’t feel as connected to him anymore.” All three of the participants who strengthened their relationship with the friend’s family were not only able to get support from the families, but they are also able to provide it, and both parties were able to retain a continuing connection with their loved one. Participants identified ways to stay connected to their friend through both sharing memories and forming a lasting connection with the family.

In addition to these patterns two other minor sub-themes emerged that reflected how participants were able to retain an individual connection with their friend. These themes again were only mentioned by two or three of the participants, but they were mentioned several times by them throughout the interviews. The first minor theme identified was feeling an emotional and spiritual connection with the friend, reported by three participants. The second minor theme was feeling an understanding of the friend's decision, which was reported by two of the participants. The type of spiritual connection reported seemed to be a more active linkage with the deceased friend, whereas understanding the person's decision to die was more of a passive connection to the person.

Three participants reported feeling an emotional or spiritual connection with their friend, either through prayer or a conscious mental connection. One of these participants explained, "I guess my relationship with Jeffrey now is like I pray to him. I talk with him. Every time I go home I visit his grave." A second person commented, "I would kind of pray and talk to him that way. Then I really cherished all our moments that we did have together a lot more." Prayer helped participants feel connected and to feel their continued presence in their lives. Another participant considered how his friend would respond to situations and felt a mental connection, stating, "There will be times where he replaces my conscience and so I'll imagine him telling me something I should be doing instead. Even though I am not entirely sure if that is his opinion or what he would do. I just hear his voice in place of my conscience." Reflecting on that mental link and considering what his friend would do helped him to feel a connection to him and to maintain that continued relationship.

The final minor theme shared by participants was understanding the decision that was made by the deceased friend. This sense of understanding was only reported by two participants,

but it was prominent in one of the interviews as it was mentioned four times throughout the interview. Even though the participants expressed missing their friends, they understood that each of them who completed suicide was going through a difficult time. In reflecting on the person's decision one participant shared this sense of understanding and commented, "I don't agree with that, I don't think it is selfish for someone to end their life like that. Clearly my friend was in pain for a long time. I knew he was in pain for a while." This participant knew that their friend's life was more than the sum of one decision, and many factors likely led to this decision to pursue suicide. He further went on to state, "I wouldn't advocate that they would commit suicide, but I sympathize with them if they want that." He understood that there was a lot of pain. A second participant expressed a similar view: "This might sound kind of weird, but I am kind of happy for her. She was able to escape a lot of her pain. If she's better off now, then I am happy for her." While each participant missed their friend and struggled with the grief following suicide, both wanted their friend to be happy in the end. They continued to support a positive relationship with their friend, and to consider their feelings which led to the decision to complete suicide.

Positive relationships with both those present and those friends who completed suicide evolved and strengthened as a result of the suicide. Many of these developments occurred in relation to positive supports being present in their lives. Negative support or a lack of support was also present within the participants' experiences and also impacted their relationships in a variety of ways.

Summary

The most prominent themes which emerged from the study related to the impact on the relationships of bereaved emerging adults were primarily positive in that relationships often

improved, especially when paired with effective support. A second major theme was also positive in that participants found ways to maintain a connection with their friends, either through developing new relationships or sharing memories of their friends' lives. The final theme was not as prominent as the previous two, but did indicate negative consequences in that a lack of support impacted the relationship, primarily in a sense of feeling disconnected or feeling neglected. However, even though a lack of support impacted the relationships with others, if a strong relationship was present before the suicide loss, this could help the relationship to endure even after ineffective support. These patterns highlight some of the primary findings of this research as reported by the eleven participants who provided interviews. Some of the themes were present in a majority of the interviews, while others were prevalent for a select few. The value of these results from the study centers in the fact that they provide some insight into a group of individuals, emerging adults who are bereaved by the suicide of a friend or peer, whose experiences are rarely represented within current research.

CHAPTER 5. DISCUSSION

This study addressed three research questions: (1) Among emerging adults what support is needed following the suicide of a peer? (2) How do emerging adults make meaning of, or interpret, the support they received and the support they are given? (3) Based on the perceived level of support given to emerging adults bereaved by suicide, how are the relationships with family and friends impacted? These questions were investigated using a phenomenological methodology to gain an understanding of what is needed by emerging adults bereaved by the suicide of a friend. The study interviews were analyzed and the results for each research question provided several themes in regards to the support needed, the meaning attributed to the support experience and the impact of the support experience on relationships with family members and friends.

The literature review for this study outlined the frequency of suicide in the years of emerging adulthood. While other forms of death occur more frequently (accidents and illness), suicides are the third leading cause of death for those between the ages of 15 and 25 years of age (Centers for Disease Control, 2012a). Eleven participants volunteered and participated in this study, while several others responded but were unable to participate for various reasons. The findings obtained from this exploratory study highlight the difficulty of suicide bereavement in emerging adulthood and the importance of understanding the effects of a peer suicide. The literature review further emphasized the lack of research addressing bereavement amongst emerging adults. Little research could be identified addressing grief and bereavement for college aged students (Cerel & Aldrich, 2011), while no research focused specifically on suicide bereavement in emerging adulthood. The first research question addressed this gap in the

literature in exploring the types of support which are needed following a peer suicide in emerging adulthood.

Support Needed Following a Peer Suicide

The most beneficial type of support reported by participants was an understanding and empathetic response. Previous research was mixed in regards to whom young adults reach out to for support, friends (Jordan, 2001; Mauk & Weber, 1991) or family (Balk, 1997). The findings of this research demonstrate that participants turn to whomever they feel will provide the most comfort and understanding following the suicide. For some participants this was family, for others it was both family and friends, but for a majority of emerging adult participants it was friends. Depending on the relationships in their lives, participants tended to seek out support from those who knew them the best. Those individuals could consider their larger needs and understand and respect the type of support that is needed. Thus the support provided does not have to be either family or friends, but rather aligns with previous findings which indicate that 80% of bereaved individuals simply want an available space to discuss their grief (Balk, 1997; Maple, et al., 2010; Vickio, et al., 1990). Regardless of who is providing the support, participants wanted the comfort of knowing they could talk about the loss experience if they needed to do so. While they may not have taken others up on this support, it was comforting for them to know that others were there to talk and be supportive if needed.

Seeking out friends for sources of support aligned with previous research (Balk, 2001). Both participants who were amongst family members when the suicide occurred and those who were living away from home sought out friends for support following the suicide. The connection to the friends who knew the deceased person furnished a shared experience, and also involved identifying with someone who could empathize or understand the experience. Previous

research has suggested that friends may not be an effective source of support for this population as this is likely the first experience with death for many of them (Balk, 1997). For many of the participants, this suicide occurrence was the first loss for them, however they continued to turn to friends for support as they provided an understanding and empathetic response by sharing memories, providing a space where the situation did not need to be explained and validating the importance of the friend who passed away. This finding added to previous research which found peers to be an effective source of support as they had an understanding and empathetic viewpoint toward others (Arnett, 2006; Vickio, et al., 1990). In addition, this finding expanded upon the previous research in that the friends need not also be bereaved due to the suicide, but rather could just be friends of the emerging adult. Participants did mention friends who had experienced something similar in the past were helpful sources of support as they understood what they were going through. Several other participants also mentioned support groups. In researching grief and bereavement among emerging adults, support groups were not highlighted in the literature nor were they a major theme present in the current research, however some participants did mention finding comfort in connecting with others in such groups and knowing that others had also experienced a loss to suicide. This experience of support reduced the feeling of being alone and gave hope to being able to move beyond the suicide.

Based off of participants' responses, it is perhaps important to define the type of group support that is provided that emerging adults perceive to be helpful. Those who were in school at the time of suicide did not find a group approach to be helpful, as the support provided in that setting did not feel individualized but rather seemed forced, or as if the school just needed to "do something." The participants felt the school did not know how to deal well with the situation or did not want to highlight the suicide that occurred, and yet each participant mentioned wanting

the school to be involved and provide something in particular for the close friends of the person who died. This support option could be something optional, so that students could take advantage of it on their timeline, but also something specific that would address their needs and would convey a sense of understanding and support. This finding adds to the previous research in this area, as research could not be identified stating what support provided at an institutional level was considered by participants to be helpful.

Providing an understanding and empathetic response was also connected with a second major theme, experiencing a person-centered approach to support. To provide some definition, a person-centered approach provides individuals an opportunity to work through their grief. Previous research has indicated that those who are bereaved are often given a timeline of appropriate grief by others (Balk, et al., 1993). The research findings of this study indicate that the opposite type of support experience is necessary. In other words, what participants suggest is most helpful in the grieving process is to consider the individual needs of the bereaved person while keeping a person-centered approach foremost in one's support efforts. This type of approach is represented through actions such as asking what is needed, considering factors which might complicate the grieving process, putting the bereaved individual's needs first and assuring the support is not forced, but rather on the bereaved person's timeline. Considering the needs of the bereaved is a finding that aligns well with the dual process model of grief which focuses on the shifting nature of grief (Burglass, 2010; Stroebe & Schut, 1999). The results highlight that grief is not a linear process. Participants reported some good days and bad days, and taking a person-centered approach honors these individual experiences. This finding further aligns with previous research surrounding an "anniversary effect" (Holland & Neimeyer, 2010). While only one participant mentioned wanting support around the anniversary, several indicated that they

would have liked to see additional support over time, rather than just in the first few months. This perspective extends prior research, suggesting that support is needed over time and grief does not have a specific timeline, but rather each person has a unique experience.

Previous research on suicide indicates that people may view suicide as selfish and going against the societal expectation that each person should want to live (Currier, et al., 2006). It was assumed that such feelings could complicate the grief experience. In this study, however, the research did not seem to indicate that the grief was complicated as a result of the friend's death by suicide, in the sense that participants did not view their friend negatively as a result. While they missed the friend who had died, participants wanted to remember them in the best way and share positive memories. It should be noted that whether the type of death complicated the grief process in other ways is a question beyond the scope of this study. From a person-centered support perspective, the findings showed that when others assumed that participants would be angry about the death, this was actually perceived to be an ineffective expression of support. Such an assumption felt to participants as if others were imposing their values regarding suicide on the bereaved person's experience, thus not considering their experiences with respect. Participants preferred to talk about the positive aspects of their friends who had died, remembering them for the life they lived, not solely for the way they died.

The importance of focusing support on the bereaved is not only represented in prior grief and bereavement literature, but also in developmental literature. Emerging adulthood is a time of self-focus, and young adults of this age are focused on identifying future goals and utilizing autonomy in their life (Arnett, 2006). In connection with this developmental stage, a person-centered approach considers their needs during a time of challenge and gives respect to self-focused process that they are navigating in these years. The study highlights two further sub-

themes that participants highlighted in the value of simply asking what is needed and considering additional factors that may complicate the grief and support experience. Taking this stance provides autonomy in the support process but also lets participants know that it is available, matching the needs of that developmental stage and also addressing other factors that can affect the loss experience for emerging adults.

While emerging adults may be focused on a more autonomous life, a death of a peer at this age may still be the first that they have experienced. With the uncertainty of how to grieve and being in the developmental stage of the in-between (Arnett, 2006), emerging adults may also need a guide through the process. This was another theme represented in the study findings in which participants explained the desire for guidance in the grief experience through others offering support. While participants may not have known what they needed at the time, simply receiving the offer of support and knowing others were available when needed was a source of comfort and stability to them during an unstable time.

This desire for guidance in grief is closely related to the overall theme of the value of a person-centered approach to support, as participants may not have taken others up on their support offer but they appreciated the knowledge that it was there. Participants discussed seeking support from friends, family members and even support groups as they worked through the process of bereavement. These searching efforts suggest that support is a key element of being guided through grief, yet at the same time it was important to feel that support extended to them but was not forced upon them in a particular way. Previous literature indicated that friends may not be an effective source of support for emerging adults as this may also be their first experience with death (Balk, 1997). Yet for many of the participants it was a helpful experience to get

support from friends, since they found comfort in peers who were also experiencing the suicide and they worked through the experience together.

The final theme represented in the research was the value of simple gestures as expressions of support. These gestures also align with a person-centered support approach, but are more specific in describing the type of effective support that participants found useful. The findings of the research were consistent with previous research in that 80% of those bereaved found this type of support helpful (Balk, 1997; Maple, et al., 2010; Vickio, et al., 1990). Previous literature has identified different models for grief, such as the traditional Kubler-Ross stage model of grief (Balk, 2011; Burglass, 2010) or the process approach stating those bereaved need to go through certain tasks to move through grief (Burglass, 2010; Hooyman & Kramer, 2006). Each of these types of models places some assumptions and expectations as to where the bereaved should be in the grief experience, rather than emphasizing what would be helpful to support the bereaved through the grieving process. These findings further enrich the existing literature by highlighting the value of simple gestures such as listening, being available to talk, giving hugs, being honest with a person about the death and providing a sense of familiarity during a difficult time. The findings also demonstrate that emerging adults feel the lack of this type of support is not helpful to the grieving process. In fact, when others stated how they felt about the suicide in a forceful way, were not available to provide support, or did not acknowledge what the participants were experiencing this was difficult and hurtful for participants. These findings suggest patterns of both helpful and unhelpful support, but highlight that those supporting the bereaved do not need to provide any large gestures, but simple availability and listening are influential and essential sources of support.

Meaning Attributed to Support

The second research question in the study addressed the meaning that participants attributed to support experiences. The intentionality of this question was intended to aid researchers in the effort to gain an understanding of how participants interpreted their experiences in receiving support from friends and family members. In the interview process, participants were more apt to describe the type of support received rather than the meaning that was attributed to it. However, three major themes did emerge from the study analysis, specifically experiences linked to a lack of awareness and knowledge regarding suicide, the meaning of person-centered support and feeling that one's needs were put first, and experiences in which participants internally prevented support.

A substantial theme that emerged in connection with this question aligned with research surrounding the stigma attached to suicide (Bailey, et al, 1999; Balk, et al., 2011; Fiegelman & Gorman, 2008). Specifically, participants discussed the challenges that occurred with bereavement support due to the limited awareness and stigma often associated with suicide. Participants were cautious to reach out for support as little knowledge was common regarding resources for grief support following suicide. Several participants described their high school's group approach to addressing the difficulties following a suicide. While they tended to label this approach ineffective, they also understood that the school had likely never experienced a suicide before and did not know how to address the situation in a more effective way. Several of the participants discussed wanting to talk about the loss experience, but being cautious to reach out for support due to concern as to how they or their friends would be perceived by others when the topic involved suicide, a finding represented in prior research (Bailey, et al., 1999; McIntosh, 1993).

A primary characteristic of emerging adulthood is that it tends to be a time of exploration and focus on the future (Arnett, 2006). Thus, in addition to a general lack of knowledge on the subject, the issue of suicide or peer bereavement is generally not a topic of conversation at school or in other young adult settings. For many participants involved in the study the loss they described was their first experience with death, and they were not well informed about suicide until they were going through the grieving process. Several participants discussed not knowing what they needed for support as this was a new experience for them, and it challenged their future-focused objectives and presented a new obstacle to work through. This finding adds an element to the existing literature by demonstrating the importance of talking about grief and bereavement of a peer starting during the teenage years. Prior research has focused on suicide prevention, but less information is focused on how to navigate the grieving process as a young person in such a context.

In relation to the lack of familiarity regarding grief, participants also described being unaware of where to find professional support for suicide bereavement. This theme aligned with prior research indicating that young adolescents might not know how or where to seek professional support following a suicide (Servaty-Seib & Taub, 2010). The participants in the study attributed this lack of awareness about support to limited knowledge and education surrounding suicide. Participants did not reach out for support for a variety of reasons such as feeling a professional would not understand, thinking that others' issues were more prominent or simply not knowing that grief support was available. Also, the schools mentioned by those in the study demonstrated an uncertainty with the post-suicide situation in providing a group support approach, one which the participants did not find particularly helpful. Part of the struggle faced by schools and individuals in navigating the support process following a suicide could be related

to a key component of emerging adulthood: exploration, evaluation and identification of life goals (Arnett, 2000). These young adults were starting out their adult lives, considering a bright future and where they would be going next when a friend close to their own age completed suicide. For both the bereaved young adult and available support sources such as the school or helping professionals, this context of exploring and moving toward goals in the future is certainly twisted upside down when a young person completes suicide and ends that process.

While participants indicated a need for support, they also attributed a lack of support to the mode of death. Several of the participants discussed the importance of talking about the reaction to suicide, as they noted a perception that when a suicide occurs it may be “catching” or it may seem like suicide is an option for those considering it. This phenomenon demonstrates the importance of talking about suicide to overcome its stigma, but also validates prior research that identifies how young adults use caution in discussing a suicide so attention is not drawn to it (Balk, et al., 2011). Previous research has indicated caution in talking about suicide due to concern about potential psychological effects or potential future suicides (Cerel & Aldrich, 2011; Fiegelman & Gorman, 2008). The findings from this study link with the importance attributed to support outlined by Balk (2001), as not addressing the grief complicates it and increases risks for future problems, such as attempted suicide.

The mode of death and lack of knowledge concerning suicide can also further combine to increase the likelihood of ineffective support. Previous research has indicated that others may react offensively to the participant, and might diminish the grief or avoid talking about the grief, thereby unintentionally complicating the grieving experience (Balk, 1997; Balk, et al., 2010; Sklar & Harley, 1990). Participants of this study added a new dimension to such research, in that they did not focus on others explicitly diminishing their grief or appearing unavailable, but rather

participants noted they would feel guilty turning to others for support. Several participants mentioned they did not pursue support at times because of not wanting to be a burden to those around them. While others may have been available to furnish support, participants did not always reach out to it for internal reasons. This pattern correlates with previous research findings in that participants did not want to bring others down or burden them with their grief (Jordan, 2001). While other findings explicitly state this happening in interactions with others (Balk, 2001), no participants stated that others avoided talking to them about their grief, but rather the participants themselves chose not to talk about it. This reluctance to seek out support could be influenced by the stigmatization and stereotypes surrounding suicide, but it was not attributed by the young adults to the individuals providing support.

The value of a person-centered approach was another important source of meaning for participants receiving support following the suicide of a friend. When this type of support approach was provided, participants experienced greater trust in those providing the support and felt that their needs were put first. When this support was available to them it provided a validation experience in the grieving process and assured participants that they could take the grief process at their own pace. In regard to how this approach relates to a process of grief, these findings articulated by young adults correspond with grief models which recognize that grief is a fluid experience rather than a systematic process (Burglass, 2010). In highlighting this approach, the participants in the study emphasized the importance of grieving at their own pace, and the appreciation they had for those in their life who respected this need. When this person-centered approach was provided, it not only helped participants move through the grieving process, but also improved relationships as will be discussed in the final research question.

In research on grief there is evidence that when those bereaved were expected to grieve in a certain way, this approach actually extended (Balk, et al., 1993) or pathologized the participants' grief (Dillen, et al., 2008). In contrast, when a person-centered approach was used and individuals could grieve in their own way (Schneider, et al., 2011a), the findings of this project demonstrate this approach furnishes a source of comfort for participants. The emerging adults in this study who highlighted this approach felt they had people to support them through the process and they were not being judged for their grief pathway. Participants further described that those taking a person-centered approach also encouraged them and asked how the bereaved viewed the suicide. As discussed above, the stigma attached to suicide often impacts how support is sought or experienced, however many of the participants in this study did not attribute any negative feelings to their friend despite the suicide. They wanted to celebrate their friend's life as opposed to remembering them just for their type of death. Asking the participants how they felt validated their emotions, acknowledged the life of their friend and recognized the importance of this friendship.

Another meaning that participants attributed to a person-centered approach was the confidence of knowing that others were there to give support when needed. This approach provided one of the most essential types of support that participants valued: simple availability and willingness to listen (Balk, 1997). This pattern validated prior research with regard to the simple acts that can represent support following a suicide. While the situation is difficult and support is needed, simply being available and providing autonomy during this time is also important and connects to the research on the importance of autonomy in the stage of emerging adulthood (Arnett, 2006).

A final aspect of the person-centered approach valued by participants was the importance of considering external stresses that complicated their grief experience. This theme added some useful findings to the research on support following suicide. Emerging adulthood is often characterized as a time of instability and exploration (Arnett, 2006). Individuals in the study mentioned a variety of other complicating factors occurring in their lives along with the suicide. Participants highlighted difficult family dynamics, mental health struggles and distance as factors which added to the complexity of the grief experience. A key aspect of the person-centered approach that they interpreted as helpful was a willingness by others to be considerate of the additional stresses that occurred and complicated the grief experience. This finding is important as previous research has not focused on the extraneous factors that could also contribute to grief for emerging adults. While the suicide of a friend has been completed, the process of life continues to go on for those bereaved and additional struggles may occur and continue to present themselves as they work through the grief process.

A final theme present with regard to how participants interpreted the meaning of their support experiences centered in their perceptions of internally preventing the support from others. In other words, at times participants indicated that they avoided or limited support from others on their own due to “internal factors” rather than other reasons. While participants attribute this pattern to several of their own reasons, each of the reasons provided can be noted in the research literature in connection with either stereotypes associated with suicide or typical developmental stages of adolescents and young adults. Some of the participants felt they could work through the grief experience on their own, a finding that is consistent with previous research (Balk, 2001, Balk, et al., 2010, Marcus, et al., 2012). While no participants mentioned seeking help as a sign of weakness, a number of them simply thought they could work through it

on their own. Other participants refrained from seeking support for fear of a repeat suicide occurrence and the idea that talking about it might make it happen (Cerel & Aldrich, 2011; Fiegelman & Gorman, 2008). Though such participants stated the importance of talking about suicide, they also had hesitancy about exploring it due to fear of a repeat. This pattern demonstrated a stereotype present in past research, but rather than attributing this fear of a repeat suicide occurrence to outside sources, they internalized this fear.

The internal prevention of support may also have been influenced by a developmental aspect of emerging adulthood. Previous research has indicated that those bereaved may be concerned they will bring others down or be a burden if they talk about the loss (Jordan, 2001). This concern is further emphasized in the developmental context of emerging adulthood as this stage is characterized as a time of exploration and possibilities (Arnett, 2007). As a result, it may be that the common focus on the possibilities of life during this period make emerging adults reluctant to inject the sobering and dim topic of suicide into their conversations. These findings add to this domain of research as emerging adults do not necessarily attribute their hesitancy in reaching out to external factors, but instead to feelings or perceptions they have internalized that restrain their efforts to engage support.

The process of internally preventing support outreach only because of internal factors was not the case in all instances however, as some participants also attributed internal reasons to external forces, such as the mode of death or the viewpoint of others regarding the suicide. The stigma attached to suicide is well documented in the literature (Cvinar, 2005), and it was also noted as a factor in not reaching out for support. Participants who indicated a concern for how they or the deceased would be viewed validated prior research (Bailey, et al., 1999; McIntosh, 1993). The participants also expanded upon this idea however, in stating that they felt they had a

different viewpoint on the friend's suicide and were thus reluctant to share it. Several participants stated they were not angry at their friend, but rather they were happy they were no longer suffering. Participants who mentioned this view were hesitant to share this viewpoint however as it differed from what is considered normal in young adulthood, which is a future-focused life.

Addressing the meaning of their support experiences seemed to be a challenging question for participants to address. They readily provided types of support that were helpful and not helpful, but identifying reasons for the support they did or did not experience was more challenging. It seemed easier for participants to explore the meaning of reasons for a lack of support, which were often represented by social stigmas associated with suicide. The presence of support was more challenging for participants to attribute meaning, but participants identified the supporter's knowledge of their needs as a primary reason for the experience of support in a positive manner. Along with the exploration of support experiences and their meaning, participants were also able to reflect on and share relationship changes that occurred in connection with both the suicide and the support received.

Relational Changes Following Support

The final research question addressed what impact the support provided to emerging adults had on any relationship changes following the suicide of a peer. The first two themes that emerged related to the relationships the bereaved young adult had with others in that effective support contributed to improved relationships and ineffective support created distance in relationships. The final theme related to a changed relationship with the deceased friend, in that there was empathy for and a continued bond after death with the friend who completed suicide. These three themes both aligned with and added findings to existing research.

Two primary themes represented the relational changes with those individuals who provided support. The results suggest that effective support improves relationships and ineffective support creates distance in relationships. When effective or positive support was provided and perceived by the participants, the participants experienced an improved relationship with others in the development of trust, value of the relationship and the ability to have difficult conversations. As participants received support from others that fit their values and needs, they developed coping skills to help them work through the suicide loss and the relationships strengthened as a result. This support provided a sense of stability for participants during a period of time that was unstable both developmentally (emerging adulthood) and situationally (suicide occurrence) (Arnett, 2006). Participants were still finding out who they were as people when the suicide occurred, and when that support was provided for them the concurrent relationships were strengthened. The strengthening effect on relationships was even greater when the support experience was mutual as both individuals had experienced a loss to suicide. This situation created a sense of shared understanding and validated that they were not alone.

However, when support was either not provided or ineffective the participants felt more distant from relationships with family members or friends. We have not identified previous research that explored the impact of a suicide outside the family, nor the subsequent relational changes in association with both the suicide and the support received (Jordan, 2001). Research on death and bereavement does suggest that when support is not present this creates a strain on relationships (Kubitz, et al., 1989), a finding consistent in the findings of the current study. The present research added to this knowledge in finding that previous relationships endured through the challenges of the loss experience. Several participants described their families not providing

effective support. While this struggle created strain and distance initially, over time the relationship returned to its previous strength due to its already established foundation.

The findings of this study also may add depth to current research in this area, as the ineffective support that participants perceived appeared to be fueled by existing stereotypes, such as a timeline for grief (Balk, et al., 1993) or stigmatization of suicide (Balk, et al., 2011). These findings have been mentioned as complicating factors in the grief process, and as such participants validated that these factors can both add a layer of complexity to grief and also negatively impact relationships for the bereaved.

The research exploration in this area also sought to identify if the loss associated with suicide impacted the development of future relationships. Emerging adulthood is characterized by trying out new experiences and exploring different opportunities (Arnett, 2006), including the formation of significant adult relationships. One of the questions that the current research sought to explore was whether this experience impacted future relationships. While participants were cautious to share their loss experience with others and valued the presence of loved ones in their lives, only one participant described a hesitancy in formulating new relationships. This participant also experienced two suicides within a six-week period, which influenced a fear that this would happen again, but this participant was eventually able to begin reaching out and forming connections again. Thus it does not appear that the suicide loss experience impacted the development of relationships.

Suicide comes with many complex emotions. In the present study participants experienced disbelief, confusion, frustration, anger, shock and guilt. In addition to these challenging emotions, the participants also experienced a sense of understanding or happiness for their friend, a concept that had previously been noted in the research as a complicating factor in

grief (Jordan, 2001). While participants missed their friends, they also experienced a sense of happiness that they were no longer in emotional or psychological pain. This finding was a contrast with previous research as it led young adults to seek for a connection with the deceased friend, in the sense of continuing a relationship with them and wanting them to be happy. Based on prior research, it was expected that feelings of relief for the deceased would connect with a sense of guilt experienced by the bereaved individual (Jordan, 2001; Mitchell, et al., 2004). While several of the participants reported feeling guilt, the guilt was not mentioned when participants discussed a sense of happiness for their friend. While the participants who brought it up acknowledged that it might seem odd that they were happy for the deceased friend, they did not seem to experience guilt along with it.

This sense of continuing connection was not only made in retaining the memory of the deceased friend, but also in forming a relationship with the family of the deceased friend. Several participants mentioned developing a relationship with the deceased peer's family following the suicide loss. This relationship provided both a sense of support during a difficult time and also an avenue to maintain a connection with the friend. Previous literature has introduced the concept of continued bonds or a continued relationship or attachment with the deceased (Klass & Walter, 2001). While a study focused on continued bonds following suicide in childhood was identified (Wood, Byram, Gosling & Stokes, 2012), the research on continued bonds specific to suicide is limited. Maintaining a relationship with the peer's family is a way to maintain the connection with the deceased and adds to the existing literature in focusing specifically on continued bonds during suicide and how individuals establish and maintain this bond.

Study Limitations

The present study had some limitations that need to be considered in thinking about the findings presented.

First, with regard to the sample of individuals, the study focused on collecting information from emerging adults who had been bereaved due to a peer suicide. While a substantial diversity of individuals is desirable in such an exploratory study, the participants of the study were all students at the same university in the Midwest. While the researcher attempted to reach out to other venues, no participants were gathered outside of North Dakota State University. Each participant in the study shared a unique loss experience due to suicide; however, their demographic backgrounds were similar as they were all white, heterosexual individuals, attending a university and were from cities and towns in the upper Midwest area. Also, the study group interviewed was quite small (11 individuals), and so attempts to apply these study findings to emerging adults in general must take into account the limited geographic and demographic diversity in the group.

The developmental period focused on in the study also limited the research as it centered on a specific age group, those in the period of emerging adulthood. Several individuals saw information about the study and reached out to participate, but were not able to do so as they did not meet the age requirement. Additional research could be done in the future focusing on survivors of suicide overall. The topic further made it challenging to recruit those outside of the University setting, and thus the perspective of emerging adults bereaved due to suicide outside of the university setting was not provided. As such the research is difficult to generalize to a larger group of emerging adults, but rather it serves as a useful starting point for future research efforts.

A final point of consideration with respect to study limitations pertains to the research approach utilized. The study used a phenomenological approach to gather information and explore the subject of bereavement in emerging adulthood due to peer suicide, conducting qualitative interviews with young adult participants who were friends of the individual who completed suicide. The qualitative approach implemented was appropriate for the study, but there are other research approaches which would also prove useful in further investigating the experience of peer bereavement due to suicide. Using a mixed-methods approach with a larger sample could provide useful information that was not uncovered through this particular research process.

Study Implications

As this study serves as a starting point for future research and practice, several ideas emerged that have implications for research on the topic. First, it should be noted that this study allowed for the exploration of the impact of a peer's suicide on emerging adults, a population that has been studied very little in the context of grief and suicide. Second, it furnished new information on the experience of support for emerging adults who have been bereaved due to peer suicide. Also, it provided a variety of insights and ideas that may turn out to be helpful in applied settings with regard to working with emerging adults and support following a suicide. The study provides some implications that can be useful for future directions in research and application.

One of the topics explored in the study related to relationship changes resulting from the loss experience. Several participants attributed relational changes following the suicide to the process of maturation and development during the grief and loss experience. Future research could explore in greater depth the reasons that participants feel such relational changes emerge.

Such research could focus on specific relationship changes, as well as what participants believe about how and why such changes may occur.

Another finding of the study indicated that some participants mentioned a hesitancy to reach out for support due to their concern for others and not wanting to be a burden. Future research could explore this pattern from the other side of the relationship, in terms of how do those providing the support interpret these situations. It would be interesting to gain the perspective of both individuals in a paired study, to conduct an interview with an individual bereaved due to suicide and a person who provided support to that individual. This research could examine how the two perspectives align and differ in relation to support provided, meaning attributed to receiving and providing support and any relational effects related to the support.

Another area of research to explore that pertains to application could be what schools determine to be effective support following a suicide. Several participants mentioned schools bringing them together in an assembly setting following a suicide. Each participant who mentioned this experience stated how this was not perceived to be a helpful source of support. A research study could be conducted to determine what schools find effective in the grief support process following suicide and comparing this to what individuals bereaved due to suicide find effective. This information could aid schools in developing more effective programs to provide support within the school setting in the event of the suicide of a student.

Additional research on these topics is not only important at the secondary level, but also at a university level. Both the current findings and the past research on suicide indicate that suicides occur every year on college campuses. Participants in the current research had access to free mental health services, but they were uncertain of resources available on campus or in the community specifically related to grief following suicide. Further studies could be done on

additional campuses focused specifically on resources available for grieving students following the death of a friend to suicide. This research could explore what they knew was available, what they thought would be helpful and what was helpful, specifically in relation to support provided by the school.

In addition to pursuing research in the scholastic setting, future research could explore the support needed following peer suicide amongst emerging adults who are not currently in school. The results of the present study could be more reflective due to the educational level of the student. The participants were both undergraduate and graduate students engaged in critical thinking and reflection through their studies. To obtain more generalizable results, future research could explore how those impacted by peer suicide outside of the scholastic environment interpret the type of support needed, received and any meaning attributed to this support.

A final consideration for future research could take a greater look into the meaning attributed to support furnished in the bereavement process. While the existing research provided a glance into a variety of meanings attributed to support, the findings have exposed only the surface of any attributed meaning. Further research could be done with older populations to further explore how meaning is attributed in such situations and how individuals interpret the support that is experienced following a suicide.

Future Recommendations

A variety of useful recommendations related to how to approach support needs for emerging adults bereaved due to suicide emerged from this study. While not all of them are listed here, a few representative ideas are included below.

- School counselors supporting students bereaved to suicide should avoid large assemblies discussing the suicide. Support provided to students should be offered at an individual

level to those impacted by the suicide, such as close friends. This same support should be extended and offered to all students, but the support should not be forced. Further this support should be offered over time and not restricted to only the time shortly after the suicide.

- Schools providing support for students bereaved to suicide should offer optional group or individual therapy to those who grieving the death of a peer.
- Professionals providing support to those who seek counseling following a peer suicide should focus on the whole person, rather than the suicide alone. Additional complicating factors to grief should be considered such as: family environment, current living situation, previous mental health concerns, or additional life stressors

Summary

The research findings shared in this study both aligned with and contributed further to previous research. The participants in this study reported their individual experiences with support and grief following a peer suicide. In regards to effective support, the participants noted that an empathetic, person-centered approach was the most helpful type of support. When this type of support was provided, participants' relationship to the peer friend was validated and they were able to grieve in their own way, not according to a specific timeline. Finally, when this type of support was provided, relationships generally increased in closeness and quality. In contrast, when effective support was not provided, strain was placed on the relationship with friends or family members. However, these relationships could endure when a previous strong foundation was in place for the relationship.

This study took a phenomenological approach to gain an understanding of the support needed following a peer suicide in emerging adulthood. This developmental stage is unique as it

is characterized by instability, independence and a focus on the future, each of which impacts the type of support that is needed following a suicide. The results however indicate that the support is not a complicated process, and that both those who have and have not experienced a suicide can provide effective support by taking a person-centered approach and focusing on the needs of the bereaved.

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APPENDIX A. STUDY OUTLINE AND MATERIALS

Peer Suicide Bereavement

Sarah Busse

North Dakota State University

Study Overview

Welcome to the Peer Suicide Bereavement Study. I appreciate your willingness to participate in the study and to consider working with me to better understand the support needed following a suicide in the first stages of adulthood. This study will assist us in answering important questions as to how individuals entering adulthood need to be supported following a suicide, as well as the positive and negative implications the presence or lack of support can have on bereaved individuals.

Materials Included

The materials included for you in this packet include the following:

- Letter of Explanation
- Brief Study Outline
- Outline of Study Questions
- Informed Consent Documents
- Personal Information Form (will fill out together)

Peer Suicide Bereavement: Letter of Explanation

Thank you for your interest in participating in the Peer Suicide Bereavement Study. I appreciate your consideration to participate and the possibility of working with me to explore the issue of peer suicide in the beginning stages of adulthood and the struggles which may arise, as well as the support needed during this experience.

As you are aware, this study is seeking to understand how survivors experience and seek out support following the suicide of a peer/friend. The goal is to better understand the type of support needed, as well as the relational changes that may occur when support is or is not given.

To participate in this study, you need to:

- Have experienced the suicide of a peer or friend at least one year ago
- The death must have occurred sometime between the ages of 17 and 25
- The peer who died must have been between the ages of 17 and 25
- Feel comfortable talking about the death
- Be over the age of 18, but no older than 30
- Be willing to participate in an interview that will take one to two hours to complete

If you are willing to participate in this study we can move on to the informed consent and interview process and you should know

- Participation is voluntary and all information will be kept confidential. Any identifying information given will be changed prior to being shared with any findings.
- Contact for local agencies will be provided if you feel the need to further process your grieving experience.

- The study will be audio recorded, but only the primary researchers will have access to the original interview, any material that is shared will have identifying information changed, and upon transcription any recorded material will be deleted/destroyed

As noted earlier, the Peer Suicide Bereavement Study is intended to learn from individuals who have experienced the loss of a peer/friend to suicide. The study will help us to understand the process and to provide better support to those who are grieving a peer suicide.

Peer Suicide Bereavement: Brief Study Outline

Study Background

The Peer Suicide Bereavement study was developed in concern to the continued rate of suicide as the 3rd leading cause of death for individuals between the ages of 18 and 25. Focus is attributed to peers as there is a lack of information on peer survivors and their grieving process and needs. Thus what is not yet understood is if the process is different or similar to a family member or partner/spouse.

Study Focus

The focus of this study is to learn from individuals how have experienced the death of a peer to suicide, and the forms of support they found helpful or ways they would have changed the support they received. A stigma is often attached to suicide and it is not uncommon for bereaved individuals to refrain from talking about the death or seeking out support from non-professional individuals for concern as to how others will react to this information. As such, little is known about the type of personal support that is needed following a suicide.

The study will involve in-depth interviews to gain an understanding of this experience, issues that arose, support that was received, and impacts that the presence or lack of support had for individuals.

Resources for Support

NDSU Family Therapy Center
1919 University Dr N
Fargo, ND 58102
701-231-8534

Catholic Charities North Dakota
5201 Bishops Blvd, Suit B
Fargo, ND 58104
701-235-4457

The Village Family Service Center
1201 25th St. S
Fargo, ND 58106
701-451-4900

Suicide Survivors Support Group
6-8 p.m.
Meets the fourth Monday of the month
Call for location
701-293-6462

Survivors of Suicide Loss
6:30-8:30
Meets the Third Thursday of the month
1121 4th Avenue s
Fargo, ND
701-219-4110

Peer Suicide Bereavement: Outline of Study Questions

Some of the questions that will be pursued in the study today include the following

- What work or school you are currently engaged in
- Your experience of peer suicide – Such as where you were living when it happened, where your friend was living, what you were doing (employment, off at school)
- Available support and support received
- The type of support you needed after the suicide
- Who you turned to for support
- Any unexpected forms of support
- How you felt about reaching out for support
- How you responded to those who did or did not give support
- Any relational changes following the suicide and what you attribute those changes to

Informed Consent

North Dakota State University (NDSU)
Human Development and Family Science
EML Hall 283
1310 Centennial Blvd
Fargo, ND 58102
701-231-9645

Title of Research Study: Perceived versus Desired Support and Relational Changes Following

Peer Suicide in Emerging Adulthood

This study is being conducted by:

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Why am I being asked to take part in this research study?

You have been selected to participate in this study to gain an understanding for the process of grief and support following a suicide, conducted by Sarah Busse, a graduate student at North Dakota State University and Dr. Sean Brotherson, a professor at North Dakota State University. You have been asked to participate as you were referred to or personally contacted the researcher as you have experienced a loss of a peer to suicide sometime between the ages of 17-25. As a part of this study, you will be one of approximately 10 participants who will be interviewed.

What is the reason for doing the study?

The purpose of this study is to understand how individuals interpret and make meaning of the support they have received from family and friends following the death of a peer to suicide. Another purpose is to explore any relational changes that might have occurred following the death and if these changes are related to the support received. Finally, we are looking for any suggestions to the type of support that is needed following the loss of a peer to suicide. The ultimate goal of this study is to gain an understanding for the process that one goes through following the suicide of a peer during a key developmental stage in life. This could possibly lead into future research in providing adequate support.

What will I be asked to do?

As a part of this interview you will be asked questions related to

- The experience of peer suicide
- The support you received following peer suicide
- How you received the support and what you might have changed or kept the same about the support given
- How your relationships have evolved since the death

Questions will be both structured and individualized to most accurately represent your experience.

Where is the study going to take place, and how long will it take?

One interview will be conducted in your place of choosing at a time that is convenient for you and will take between 1-2 hours to complete, however more time will be allotted if you desire.

What are the risks and discomforts?

Possible risks of this study may be a discomfort in talking about the death of your peer/friend who has died as it may be a difficult experience to revisit. As such the interview may be ended at any time without penalty. In addition a list of affordable locations will be provided to you if you wish to further process the experience. As with any data collection involving names, appropriate measures to preserve confidentiality will be utilized.

What are the benefits to me?

You may experience several valuable benefits of the study. In revisiting your experience you may identify new strengths or relationships which helped you in your grieving process. You may also find it helpful to talk about your peer/friend again as it may create a new way of talking about the impact that this person had in your life. Another benefit in talking about your successes and challenges in the grieving process is that the information that you share could be used to help others who are experiencing a similar situation. However, you may not get any benefit from being a part of this research study.

What are the benefits to other people?

Very little information exists as to how to support grieving friends or peers, especially in relation to suicide. This information could provide a building block in order to help others who are bereaved through suicide.

Do I have to take part in the study?

Your participation in this research is entirely voluntary. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty, or we may take a break at any time during the interview or briefly stop the recording during the interview again without penalty.

What are the alternatives to being in this research study?

Being a peer survivor to suicide is a unique experience, and sharing this story is an individual understanding, thus an alternative to participating is not to participate in the study

Who will see the information that I give?

The direct interviews that are conducted will be transcribed into a word document, but only the researchers will have access to the original interviews. In order to assure confidentiality, recorders will be stored in a secure, locked location, as will electronic copies of the original interviews. Direct quotes may be used from your interview within the written paper to report findings, but all identifying information will be changed in order to preserve confidentiality. Your information will be combined with information from other people taking part in the study to find themes within your experience thus your interview will not be used in isolation. We may publish the results of the study; however, we will keep your name and other identifying information private.

If you withdraw before the research is over, your information will be destroyed and we will not use your interview as a part of the research findings.

Will I receive any compensation for taking part in this study?

No compensation will be offered.

What if I have questions?

Before you decide whether to accept this invitation to take part in the research study, please ask any questions that might come to mind now. Questions may also be asked at any time throughout the interview process. If you have any questions about the study that come up after completing the interview process, you can contact Sarah Busse at sarah.busse@ndsu.edu or 920-588-7401.

What are my rights as a research participant?

You have rights as a participant in research. If you have questions about your rights, or complaints about this research, you may talk to the researcher or contact the NDSU Human Research Protection Program by:

- Telephone: 701.231.8908 or toll-free 1.855.800.6717
- Email: ndsu.irb@ndsu.edu
- Mail: NDSU HRPP Office, NDSU Dept. 4000, PO Box 6050, Fargo, ND 58108-6050.

The role of the Human Research Protection Program is to see that your rights are protected in this research; more information about your rights can be found at: www.ndsu.edu/irb .

Documentation of Informed Consent:

You are freely making a decision whether to be in this research study. Signing this form means

1. You have read and understood this consent form
2. You have had your questions answered, and
3. You have decided to be in the study.

You will be given a copy of this consent form to keep.

Your signature

Date

Your printed name

Signature of researcher explaining study

Date

Printed name of researcher explaining study

APPENDIX B. DEMOGRAPHIC QUESTIONNAIRE

Peer Suicide Bereavement: Brief Demographic Information

With the researcher please complete the following form. If you are more comfortable completing on your own you may do so. Your answers will be kept confidential.

1. How old are you?
2. Where are you originally from?
3. Where are you currently living? With whom are you living? How long have you been living there? How did you come to live there?
4. Do you plan on staying in this area?
5. Who do you consider to be members of your family?
 - a. How are your relationships within your family?
6. Are you currently a student? If so what are you studying?
 - a. Are you employed full or part time? If so, what type of work do you do?
7. What is your race/ethnic background?
 - a. Does this play an important part in your life?
8. What is your sexual orientation?
9. Are you currently in a committed relationship?
 - a. How long?
 - b. Were you in a/this relationship when the suicide occurred?
10. Do you consider yourself a religious or spiritual person? If yes, what do you practice?
 - a. How important would you consider religion to be in your life?

APPENDIX C. INTERVIEW SCHEDULE

Section 1 – Introduction and Informed Consent

Thank you for being willing to meet and talk with me today. I am curious to learn about your experiences regarding grief and support following a peer suicide. This interview should take between 1 and 2 hours, but may be longer if you feel you have more to share. Specifically, I'd like to visit with you about your experience in working through grief and the support that you received following the suicide. I am also curious to know of any suggestions for changes that you would give or must have when giving support to someone who has lost a peer to suicide. Finally I would like to know about any relational changes, positive or negative, that occurred after the suicide and what you attribute these changes to.

To begin, do you have any questions about this process before we proceed to the study outline and additional materials?

We need to go over and have you sign an informed consent form to proceed. I will give you a copy to keep in your records and I will take a signed copy for the project.

- Informed Consent – Introduce and take 5-10 minutes to go over the project and informed consent document in detail

As you have been told, at some point we may wish to use the information that you have provided during the interview in presentations, papers, or projects completed as a result of this research project. Your information will be thoroughly protected and in order to ensure confidentiality, your names and any other identifying information will be changed

Section II – Individual Interview

Now that the paper work is complete I would like to begin the interview. As stated in the consent the interview will be audio recorded so I will set that up and I may also take some notes during the interview. If you want to see the notes you may ask at any time. Also if you feel uncomfortable, or do not want something recorded we can turn it off during that time.

- Introduction – We will spend just a few minutes filling out this brief questionnaire regarding information about you. I will write down your responses as you state them, this helps me to learn a little about you and your history and current experiences.
- Joining – Before we begin, is it important for you to know my interest in the research (If no go on to next section)
- If yes – I came to be interested in this research due to my personal connection with the topic, would you care to know any more? If no go on to next section)
- If yes, in 2001 my high school friend, Michael, completed suicide. I was away at college at the time, which was 4 hours from my hometown, so I was nowhere near my family, nor Michael's family. I found out on a Tuesday, and was supposed to go home on Friday for Spring Break, so in the first few days I had to be creative in the support I received and my friends who I had known for 6 months were the closest thing I had to support at that time. So this process was challenging and very different for me than any other experience of death I had previously encountered. I had to reach out in new and different ways, which some worked and some did not. My friend Michael and I had grown apart as we journeyed down our different paths to figure out what we wanted to do in life, but I always saw him as a friend. Since then I have been trying to understand suicide and how

to prevent and address it, but I also want to know ways to provide support to those left behind as I know I cannot control the actions of others and unfortunately it still happens.

Hearing their story: I was hoping you could share your story with me, on what it was like for you to lose your friend to suicide.

- a. Probing questions if necessary
 - a.i. Could you tell me the story of your experience in losing _____ to suicide?
 - a.ii. How did you discover that _____ had died?
 - a.iii. Can you think back to the moment that you had found out about _____'s death, what were your initial feelings?

Research Question: Among emerging adults, what support is needed following the suicide of a peer?

Sources of support potential support

1. When you were grieving, who did you turn to for support?
 - a. Probing questions
 - a.i. Why did you look to those sources?
2. How was this support helpful? What would you have changed?
 - a. From family? Caregivers/parents? Siblings?
 - b. Friends?
 - c. Other sources?
3. Were there sources of support that you would have liked to have access to?
 - a. What were these sources of support?

4. Did you receive support from any unexpected sources?
 - a. Why was this unexpected?
 - b. How did you experience this support?
 - b.i. How did it impact your relationship with this group/individual?
5. How was this support sufficient? What other forms (if any) of support would have been useful to you?

Research Question: How do bereaved emerging adults make meaning of the support needed and the support given?

Perceived level and availability of support

1. Based on the support you stated above, was this the type of support you needed?
2. If you could change the support given to you, what would you change?
 - a. From primary caregivers/parents?
 - b. Friends?
 - c. Siblings?
3. Why do you think there was a lack/presence of support?
4. How did you feel about reaching out for support?
5. What resources did you have available to you following the suicide?
6. What was helpful
7. What would have been helpful?

Research Question: Based on the perceived level of support how do relationships change for the bereaved, specifically amongst family and friends?

Relational Change Correlated with Support

1. How did you respond to the support you received from your parents/primary caregivers?
How did this impact your relationship?
 - a. Did it stay the same, become closer, become more distant?
2. How about the support you received from siblings? Friends? Did anything change in your relationship?
3. Based on the support you received did your relationship with _____ change based on the support given? Or your relationship with _____'s family? How so? If no, how has it stayed the same or shifted because of other reasons?

Conclusion

Thank you very much for taking the time to meet with me today and to discuss your experience. I just have a few final questions regarding your experience with this process.

- What was this experience of talking about _____'s suicide and its impact on you?
- Why were you interested in or willing to participate in this project?
- Were there any final questions that you had for me or anything else you would like to share?

If you have no other questions, this concludes the interview. You have my contact information and can call or e-mail with any questions, comments or concerns regarding the research or your experience. Also on the outline, there are available resources for you to contact if you feel you need to further process this experience or the grief that you have experienced. If you could also please provide me with an address or e-mail address so I can contact you to

determine if you would like a copy of the typed transcript to be certain that the information is correct. (Get information) Thank you again for your participation in this interview.

APPENDIX D. TABLE OF RESULTS

Table D1. Desired support following a peer suicide

Theme	Subthemes
Understanding and empathetic support	<ul style="list-style-type: none"> • Connecting with others who experience a loss to suicide • Expressions of understanding and support
Support centered on the bereaved	<ul style="list-style-type: none"> • Putting the needs of the bereaved first • Considering the needs of the bereaved • Avoidance of forced support • Understanding additional struggles of the bereaved
Guidance in grief	<ul style="list-style-type: none"> • First experience with death • Unsure of how to grieve • Need for support over time
Value of Simple Gestures	<ul style="list-style-type: none"> • Being available for support • Willingness to listen • Simple gestures of support

Table D2. Helpful support following peer suicide

Theme	Subthemes
Lack of knowledge and awareness related to suicide	<ul style="list-style-type: none"> • Limited awareness and education related to suicide • Impersonal support in response to suicide • Stigma associated with suicide • A sense of feeling alone
Person-Centered Support	<ul style="list-style-type: none"> • Putting the needs of the bereaved first • Awareness of other factors complicating support at time of loss • Attentive to support needs • Avoidance of focusing support on the bereaved • Prior experience with helping professionals
Internally Prevented Support	<ul style="list-style-type: none"> • Managing the loss experience on one's own • Concern for the emotions or experience of others • Consideration of the perception of others

Table D3. Relational changes related to support following peer suicide.

Theme	Subthemes
Improved Relationships with Others	<ul style="list-style-type: none"> • Increased trust with friends and others who provided support • Shared connection in the loss experience • Increased ability to have serious conversations • Value relationship with family members • Increased trust with family members
Lack of Support Impacted Relationships	<ul style="list-style-type: none"> • Sense of limited connection due to lack of support • Sense of neglect due to lack of support • Relationships endured despite limited support
Continued Bonds with the Deceased Friend	<ul style="list-style-type: none"> • Retain memory or honor life of friend • Form connection with friend's family • Feel emotional or spiritual connection with friend • Empathize with friends decision