Individual Experience, Individualized Help: A Case Study of Three Siblings Whose Father Died by Suicide

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Individual Experience, Individualized Help: A Case Study of
Three Siblings Whose Father Died by Suicide

Caitlin Cotten

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Master of Science

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ABSTRACT

Individual Experience, Individualized Help: A Case Study of
Three Siblings Whose Father Died by Suicide

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Master of Science

This qualitative case study describes the disparate experiences of how three siblings reacted and were affected by their father’s suicide death. Specifically, through individual interviews, this study explores the siblings’ individual memories, emotions, and perceptions of support connected with the time directly before and after their father’s death. In addition, the researchers considered the long-term effects of their father’s death by suicide as lived by the sibling survivors. In seeking to understand the siblings’ experiences, this study also explores each sibling’s reaction as they were presented with a group of children’s picture books that were developed to help children express their emotions and are used by therapists who counsel with children bereaved by suicide. Findings suggested that, although the siblings shared the trauma of the father’s suicide, each had different perceptions and experiences surrounding that trauma; they also reacted differently to the books presented to them. Implications for practice for teachers, parents, and school-based mental health practitioners (e.g., school psychologist and school counselors) are provided. These implications include the importance of knowing the specifics of each child’s perceptions and providing supportive interventions that match the individual child’s needs. Also, when selecting therapeutic books to share with a grieving child, consider presenting options and allowing the child to select a book. Also, be aware that a book that is preferred by one child, may not be preferred by another. Additionally, certain pictures included in children’s books may trigger memories of the parent’s suicide that could potentially further traumatize the child.

Keywords: parent suicide, child survivor, mental health support, trauma, bibliotherapy, qualitative case study
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CHAPTER 1

Introduction

Suicide, the tenth leading cause of death in the United States, accounts for almost 47,000 deaths each year (Centers for Disease Control and Prevention [CDC], 2017). Worldwide, approximately 800,000 people die from suicide each year (The World Health Organization [WHO], 2018). Beyond these statistics associated with suicide are a multitude of survivors. For survivors, the stigma associated with suicide exacerbates the grieving process, making it particularly difficult to talk about suicide—leading to further isolation and alienation (Hanschmidt, Lehnig, Riedel-Heller, & Kersting, 2016).

Child Survivors of Parent Suicide

The most vulnerable of suicide survivors are children (Hung & Rabin, 2009; Ratnarajah & Schofield, 2008; Schreiber, Sands, & Jordan, 2017). Every year in the United States, approximately 7,000 to 12,000 children experience their parent’s suicide (Cerel, Jordan, & Duberstein, 2008). However, few studies have conducted research that informs intervention to support child survivors. This research is desperately needed, given the immediate and ongoing challenges of child survivors (Eckersley & Dear, 2002; Ratnarajah & Schofield, 2008).

Of the limited studies that have been conducted, a few have investigated the difficulties children experience when communicating about their parent’s suicide—and the limited support they receive to help them make sense of this tragic loss (Cerel et al., 2008; Hung & Rabin, 2009; Leichtentritt, Leichtentritt, & Mahat Shamir, 2018; Schreiber et al., 2017). Because of this unmet need to talk about their parent’s suicide, children are challenged to work through their grief and often suffer in isolation (Cerel et al., 2008; Hung & Rabin, 2009; Leichtentritt et al., 2018).
For children, the death of a parent is one of the most stressful events they will experience in their lifetime (Worden, 1996; Yamamoto et al., 1996). Children who survive the death of a parent by suicide experience both short-term and long-term negative outcomes (Worden, 1996). For example, child survivors of parent suicide are much more likely to experience higher levels of shame, anger, depression, and other mental health challenges (McMenamy, Jordan, & Mitchell, 2008). These children are also more likely to have more complicated grief processes and experience long term struggles with peer-relationships, completing schooling, as well as finding job and career satisfaction (Brent, Mlhem, Masten, Porta, & Payne, 2012; Loy & Boelk, 2014). Perhaps most concerning, child survivors of parent suicide are at an increased risk for attempting and completing suicide (Serafini et al., 2015).

**Bibliotherapy**

A developmentally appropriate counseling intervention, bibliotherapy, on a basic level, is using stories and books to help people process and cope with challenging situations (Crothers, 1916; Heath, Sheen, Leavy, Young, & Money, 2005). Bibliotherapy materials may include a variety of books, including fiction and nonfiction, self-help books, poetry, and children’s literature. Reading these materials supports children in seeing new perspectives and growing emotionally (Heath et al., 2005; Rubin, 1979).

Bibliotherapy can be used effectively with young people or children for a variety of purposes, focusing on a number of issues children face or helping to build children to develop certain skills both emotional and social. First, bibliotherapy experiences may be useful in deepening a child’s emotional learning. Children may gain a greater self-awareness through bibliotherapy, where self-awareness is defined as an awareness of how a personal behavior is connected to emotions and thoughts; through bibliotherapy experiences children can make more
connections between their behavior and the way they feel in certain situations, which includes optimism in the future and confidence in their abilities but also realizing and acknowledging weakness (Heath, Smith, & Young, 2017; Pehrsson & McMillen, 2005). Bibliotherapy experiences can also help children to deepen and strengthen their self-management, or the ability to personally manage behaviors, thoughts, and feelings; it can help children better cope with stress, increase self-control, and consider how their actions effect situations and other people (Heath et al., 2017). Along with self-awareness and self-management, children’s empathetic understanding of themselves and others can grow through bibliotherapeutic experiences with literature (Pehrsson & McMillen, 2005, 2007). One benefit of bibliotherapy, especially the discussion and activities portions, is the child can discuss their feelings, thoughts, and behaviors which may ease negative emotions and help the child navigate those emotions (Pehrsson & McMillen, 2005, 2007).

Bibliotherapy can be useful in helping children see new perspectives on problems, emotional points of view, and perspectives on the world and events; this includes seeing new cultures as well as gaining a new perspective on their own culture while helping to shape and define their own cultural identities (Heath et al., 2017; Pehrsson & McMillen, 2006, 2007). These new perspectives and identities are important to the personal development of children.

Betzalel and Schechtman (2017) found that having a specific theme, that fits with a child’s need (such as a superhero theme), for a bibliotherapy experience may afford a child the chance to find hope, feel empowered to make changes, and take action in their lives. Finding the right text that aligns with what the child is experiencing, is part of what helps bibliotherapy to be successful.
Research Questions

More research is needed to understand how to support child survivors of parent suicide. The primary purpose of this study was to explore and understand how three siblings experienced their parent’s suicide. The express hope of the study was to gather information that will improve intervention to support children bereaved by suicide.

This study was exploratory, investigating three sibling survivors’ perceptions of their father’s suicide. At the time of the suicide, these siblings were ages 10, 5, and 1. On an individual level, this study proposed to explore the unique perceptions of survivors’ experiences.

1. How do the three siblings experience and react to memories of their father’s suicide?
2. What are the long-term effects of the suicide?
3. How did siblings react to children’s literature commonly intentionally used by mental health counselors, including literature specific to parent suicide?
CHAPTER 2

Review of Literature

Stories are used by people to process and understand the world around them and their experiences with the world. Stories are an important way people understand themselves, other people, and the world around them (Avraamidou & Osborne, 2009; Montgomery, 1996; Schank & Berman, 2002). Using stories, and specifically stories written down in books, as a learning tool has historical precedence (Jack & Ronan, 2008).

Although it has been a practice to share stories and books for the benefit and learning of the hearer by many cultures for thousands of years, it was first called bibliotherapy in 1916 by Samuel M. Crothers. Bibliotherapy is generally the idea of using books to treat people and to help them through their issues and experiences (Crothers, 1916). Bibliotherapy can be done using a variety of types and genres of books, including fiction or nonfiction, even self-help or poetry (Rubin, 1979). Children’s literature in particular can be used as a tool to offer new perspectives to children and facilitate their emotional growth (Heath et al., 2005).

Bibliotherapy

There are two distinct types of bibliotherapy; which type is used is based on the extremity of mental health needs in the child being treat (Heath et al., 2017). The two types of bibliotherapy are: (a) developmental bibliotherapy, where a trained person shares stories or books to help children with issues associated with typical childhood such as bullying and friendship, and (b) clinical bibliotherapy, where a trained person shares books or stories to help children with more profound emotional issues such as trauma and mental illness (Heath et al., 2017). Developmental bibliotherapy is the appropriate form of bibliotherapy for teachers to implement in their classrooms (Heath et al., 2017). This study will focus on developmental
bibliotherapy. Whether it is a teacher or school counselor facilitating a bibliotherapy experience in the classroom, they should be knowledgeable in how to implement bibliotherapy in order to be most effective (Doll & Doll, 1997; Olsen, 1975).

Although there is no centralized systematic methodology for practicing bibliotherapy, it seems to have four basic parts to its implementation: (a) pre-reading, (b) guided reading (c) post-reading discussion, and (d) reinforcement activity (Forgan, 2002; Jack & Ronan, 2008; Maich & Kean, 2004). The way these four basic parts of bibliotherapy are fleshed out and explained varies. Prater, Johnstun, Dyches, and Johnstun (2006) expand bibliotherapy into the following steps: (a) develop a relationship of trust with the child, (b) seek out other school-based professionals who could help the child, (c) reach out to child’s parent(s) and/or guardian(s) for support, (d) identify the issues the child is dealing with or demonstrating, (e) make goals and create activities to support meeting those goals, (f) search out and select books appropriate to the child’s situation, (g) read the book with the child, (h) do the previously planned reading activities while reading with the child, (i) complete post-reading activities with child, and (j) evaluate the bibliotherapy experience and its effectiveness for the child (Prater et al., 2006).

These 10 steps were created with the idea that often times, the person implementing bibliotherapy will be the classroom teacher, since they have the most day-to-day professional interaction with the child experiencing issues or problems (Prater et al., 2006). Because the classroom teacher will often be the facilitator, bibliotherapy can be used as a part of their Language Arts lessons and their existing teaching preferences, but can still follow the four main parts of implementing bibliotherapy (Maich & Kean, 2004). There is flexibility in who a teacher practices bibliotherapy with, whether it is in a one-on-one, small group, or full class setting (Maich & Kean, 2004). Although teachers can use bibliotherapy in their practice, school
counselors or school psychologists can also implement bibliotherapy with students (Heath & Cole, 2012; Pehrsson & McMillen, 2010).

Once it has been decided who will implement bibliotherapy, the text needs to be chosen for the experience. The practitioner needs to choose a book that appropriately fits the child’s current circumstances and issues (Pardeck & Markward, 1995). The characters and situations in the book should have enough similarities with the child and her experience so that she can recognize those similarities, even if that recognition only comes while discussing the book as the adult helps to mediate between child and book (Pardeck & Markward, 1995).

A practitioner needs to consider the age, developmental level, and potential special needs of the child when choosing a text for implementing bibliotherapy (Pardeck & Markward, 1995). For example, if the child has limited language the bibliotherapy practitioner might choose a picture book with limited print and vivid, exciting, and well done illustrations as a more approachable text for the child (Brinton & Fujiki, 2017). A child’s potential interest in the text, as well as the emotional content and themes of the book are important to consider when choosing a text for a bibliotherapy experience with children (Brinton & Fujiki, 2017). Brinton and Fujiki (2017) argue that emotional content means that the characters’ feelings should impact the plot of the book and there should be a clear connection between the characters’ emotions and what happened in the plot to trigger those emotions. This may be quite a bit to ask of one book and might lead us to ask: how do we find such books? The simple answer is read. Before selecting a book to use in a bibliotherapy setting the teacher, counselor or school psychologist needs to read the potential books to ensure they choose an appropriate text; they should not choose a book for a bibliotherapy experience without first reading it (Forgan, 2002).
A book has been selected, then it is time to read the book with the child and read it well (Brinton & Fujiki, 2017; Forgan, 2002). Before reading the book out loud, introduce the themes in the story and encourage students to compare themselves to the characters and character experiences in the book (Sridhar & Vaughn, 2000). To foster this comparison, and get the child more involved with what is being read, read the story in an engaging, expressive way, and pause to ask questions during the reading, avoiding saving questions solely for the post-reading discussion (Brinton & Fujiki, 2017; Sridhar & Vaughn, 2000).

After reading the book with the child, the bibliotherapy implementer should then facilitate a discussion about the book’s characters, emotions, and themes with the children; it can be helpful to discuss the book in sequence according to the plot (Forgan, 2002). The questions teachers or other professionals ask the child after reading the book should help students think through and verbalize their thoughts and feelings about what they read (Forgan, 2002). This time should be used to help the child explore their reactions to the book being used in treatment, while also leading them towards identification with specific parts of the characters’ emotions or situations (Pardeck & Markward, 1995). Discussing the book with the child can have a positive impact on both the child and the teacher, as the teacher guides the child through discussing their issues and problems in a freer way, sharing their feelings along the way may potentially help children and teacher to better relate to the other’s experiences (Tu, 1999).

After discussing the book with the child, the teacher can facilitate activities to enrich and deepen the child’s experience and identification with the book and its characters as well as practice or apply what they learned from the book (Forgan, 2002). These activities can come in a variety of forms and can guide students through their relationship to the text and the characters in it (Pardeck & Markward, 1995). This portion of the bibliotherapy experience can provide
diverse, interesting, and creative activities that may include explicit instruction on specific skills (Forgan, 2002). Art, drama, and writing, including journal-writing, can all be used to help engage children during a bibliotherapy experience (Pardeck & Markward, 1995). Post-reading discussions and activities related to the text and the themes being highlighted through bibliotherapy give the child space to work on and practice what they learned from the text, as well as help connect the child to the story’s most pertinent message (Heath et al., 2017).

**Those Who Benefit From Bibliotherapy**

Bibliotherapy has been used and found effective to various degrees with multiple populations. It can be used with gifted students, as well as students with learning disabilities to gain social skills (Ford, Tyson, Howard, & Harris, 2000; Lenkowsky & Lenkowsky, 1978). Professionals can use bibliotherapy to help grieving students after the death of a family member (Corr, 2004; Heath & Cole, 2012). Bibliotherapy may also help the self-concept and self-control for young people in correctional settings (Kohutek, 1983). A child’s behavior may experience a small to moderate positive change from bibliotherapy (Montgomery & Maudners, 2015).

Preadolescents experiencing the divorce of their parents can benefit from a thoughtfully chosen book in processing their experience (Pehrsson, Allen, Folger, McMillen, & Lowe, 2007). Bibliotherapy can be effective in helping children cope with teasing and name calling, fear, learning to problem solving, as well as LGBTQ issues (Duimstra, 2003; Forgan, 2002; Nicholson & Pearson, 2003; Vare & Norton, 2004). Bibliotherapy can also be effective in helping to facilitate growth in children who have language impairments (Brinton & Fujiki, 2017).

**The Effectiveness of Bibliotherapy**

This literature review will look at different instances in which bibliotherapy is effective. Bibliotherapy can be used effectively with young people or children for a variety of purposes,
focusing on a number of issues children face or helping to build children to develop certain skills both emotional and social.

First, bibliotherapy experiences may be useful in deepening a child’s emotional learning. Children may gain a greater self-awareness through bibliotherapy, where self-awareness is a person’s awareness of how their behavior is connected to their emotions and thoughts; through bibliotherapy experiences, children can make more connections between their behavior and the way they feel in certain situations, which includes optimism in the future, confidence in their abilities, as well as realizing and acknowledging weakness (Heath et al., 2017; Pehrsson & McMillen, 2005). Bibliotherapy experiences can also help children to deepen and strengthen their self-management, or the ability to personally manage behaviors, thoughts, and feelings; it can help children better cope with stress, increase self-control, and consider how their actions effect situations and other people (Heath et al., 2017). Along with self-awareness and self-management, children’s empathetic understanding of themselves and others can grow through bibliotherapeutic experiences with literature (Pehrsson & McMillen, 2005, 2007). One benefit of bibliotherapy, especially the discussion and activities portions, is the child can discuss their feelings, thoughts, and behaviors which may ease negative emotions and help the child navigate those emotions (Pehrsson & McMillen, 2005, 2007).

Bibliotherapy can be useful in helping children see new perspectives on problems, emotional points of view, and perspectives on the world and events; this includes seeing new cultures as well as gaining a new perspective on their own culture, while helping to shape and define their own cultural identities (Heath et al., 2017; Pehrsson & McMillen, 2005, 2007). These new perspectives and identities are important to the personal development of children.
Betzalel and Shechtman (2010, 2017) found that choosing a theme or focus for bibliotherapy that best reflects the child’s experience or need, may help the child find hope and feel encouraged to make changes or take action in their lives. Finding the right text that aligns with what the child is experiencing, is part of what helps bibliotherapy to be successful. Although bibliotherapy has been shown to be effective with multiple populations across multiple settings and special cases, there is also the argument that it is not as effective as one might hope. Bibliotherapy can be implemented poorly by teachers and librarians, potentially stepping over the boundaries of what is appropriate for these professionals to do with children (Warner, 1980). Warner (1980) pointed out that, at the time, the evidence for bibliotherapy’s effectiveness was patchy at best.

**Bibliotherapy Supporting Social/Emotional Health**

Bibliotherapy can be used to help support the social/emotional health of a child as it uses stories to support a child emotionally, helping them synthesize and process difficult situations and emotions, while also offering some instruction in life and social skills (Jackson & Heath, 2017). Bibliotherapy can be effective in helping support children and young adults meet their mental health needs (Doll & Doll, 1997). Although it may help meet mental health needs, it has been shown that bibliotherapy is most useful in influencing change on mental health, specifically if there is mental illness, if it is used in tandem with psychotherapy on in-clinic patients (Fanner & Urquhart, 2008). This hearkens back to the idea of there being two differentiated types of bibliotherapy: developmental bibliotherapy (to be used in a classroom) and clinical bibliotherapy (to be done by mental health professionals to effect change on the significant mental health needs of people being treated) (Heath, 2017). Teachers and professionals in schools who daily encounter children ought to have the tools to give elementary mental health support;
bibliotherapy is one way to do that (Heath, 2017). A school is not necessarily looking to eradicate all stress from a child’s life; instead both caregivers and schools ought to teach children skills to help children self-manage stress from challenging situations, and bibliotherapy can help in this pursuit by providing a way for children to learn coping and self-help skills (Davis, 2017; Jackson & Heath, 2017).

Bibliotherapy can have positive effects on different aspects of social-emotional health for children, including anxiety levels. According to a study done by Theron, Cockcroft, and Wood (2017) with orphaned and vulnerable children in South Africa, bibliotherapy done with African folktales has positive effects on participants’ personal agencies in resilience. Post-intervention, the orphaned and vulnerable children showed a positive effect in their belief in their ability to solve problems, recognize their strength, show responsibility, and engaging with peers in activities (Theron et al., 2017).

Betzalel and Shechtman (2017) found that using superhero stories in a bibliotherapeutic setting to work with children in Israel who experienced parental absence had positive outcomes in regards to anxiety level. When both superhero stories and non-superhero stories were used for the bibliotherapy text, the participants demonstrated a positive outcome for decreasing anxiety levels; the children who experienced bibliotherapy with superhero stories demonstrated significant decrease in total anxiety as well as worry, sensitivity, physiological measures of anxiety, as well as concentration, social anxiety measures, and the decrease in all measures of anxiety continued through the post-intervention follow-up (Betzalel & Shechtman, 2017).

Suicide

The Centers for Disease Control and Prevention reported that the number of deaths by suicide in the United States for the year 2015 was 44,193 (CDC, 2017). Internationally, the
number of deaths by suicide reported by the World Health Organization (WHO) were approximately 804,000 in 2012 (WHO, 2018). Although these are the reported numbers, it is likely that the number of deaths by suicide is underreported worldwide and potentially the sum total of deaths is as much as three times greater than the number generally reported (Andriessen, 2014; Madge & Harvey, 1999). Underreporting of suicide deaths may be attributed to the stigma surrounding death by suicide as well as the tender, sensitive circumstances and feelings associated with suicide; further issues with reporting suicides include legal repercussions in some areas of the world (Ali, 2015; Lasrado, Chantler, Jasani, & Young, 2016; WHO, 2018). Along with the human cost, suicide is also a global financial stressor, costing $51 billion annually (CDC, 2017). Despite these factors, suicide rates grow each year, with reducing the number of deaths by suicides being an area of focus for WHO with the goal of reducing the number of suicides 10% by 2020 (WHO, 2018).

Suicide is a global issue and affects people beyond the individual who dies by suicide. In an address to the American Association of Suicidology’s Annual Conference, Cerel (2015), a prominent researcher in the field of suicide study, spoke to the need to rethink and count the number of people who are impacted by a suicide. In the past, researchers have indicated six or seven people who are personally and profoundly impacted by one death by suicide (Berman 2011; Cerel, 2015; Cerel, McIntosh, Neimeyer, Maple, & Marshall, 2014; Shneidman, 1969). In her speech, Cerel (2015) proposed opening up the definition of a survivor and suggested that nearly 140 persons would be impacted or affected in some way by one person’s death by suicide. Her further research supports and promotes the need to avoid the pitfall of deemphasizing the painful aftermath and the grave impact of an individual’s death by suicide on multiple social groups in that person’s life including immediate and extended family, as well as acquaintances.
and associates; individuals not immediately involved with the death by suicide and yet are
negatively impacted emotionally are also to be considered (Cerel, 2015; Cerel et al., 2014; Cerel
et al., 2016; Drapeau & McIntosh, 2016). With these broader ideas of who is considered a
survivor of or as being impacted by a suicide, Cerel (2015) spoke to the fact that about 6.5
million people are affected by suicide in some way each year. Additionally, when a celebrity dies
by suicide, there is phenomena of copycat behavior that is accompanied by an increase in self-
injury and suicide attempts (Jeong et al., 2012).

Suicide most often is not a singular event, where the individual attempting suicide is the
sole person impacted; instead, some indicate suicide as just the beginning of issues underpinning
a death by suicide (Eckersley & Dear, 2002). Suffering of an individual and their family neither
begins nor ends with the actual suicidal behavior; many interpersonal relationship and individual
issues and factors are in place before a suicide and emotional, individual, and interpersonal
issues continue after the death by suicide for those considered survivors especially family
members (Jeong et al., 2012).

Loved One’s Death by Suicide

Suicide has both societal and individual consequences, especially broad consequences
exist for families and others close to the person who died by suicide (Cain, 2006). In past
research, an average estimate of six people was identified as being deeply impacted by one
suicide, often experiencing significant difficulties dealing with the suicide (Shneidman, 1969).
However, this estimate has been criticized as grossly underestimating the number of individuals
effected by suicide (Cerel et al., 2019; Kochanek, Murphy, Xu, & Tejada-Vera, 2016). In fact,
current research indicates the number of people affected by suicide is approximately 135 rather
than the previous estimate of 6 (Cerel et al., 2019; Kochanek et al., 2016). The term survivor in
relationship to suicide may apply to multiple people and situations, not the least of which are those who attempt suicide but survive that attempt (Cerel et al., 2014; Jordan & McIntosh, 2011). When the term survivor is used in this document, it will be in reference to those people deeply impacted by a loved one’s suicide.

A subset of survivors are young people, including adolescents and children. Pfeffer, Jiang, Kakuma, Hwang, and Metsch (2002) estimate that 10,000 U.S. children are impacted by a family member’s loss due to suicide. Jordan and McIntosh (2011) created a four-category model of the emotional and intellectual experiences of people after experiencing loss of a loved one through different types of death.

The first category is expected deaths and is followed by feeling generalized grief along with pain, sadness, and the desire to have the loved one back. The second category is unexpected deaths, where a person often experiences the feeling and thoughts associated with the first category, accompanied with feeling disbelief and/or shock due to the unanticipated nature of the death. Sudden and violent death is the third category of death; the people left behind will often experience the thoughts and feelings of the first two categories with an addition of experiencing trauma and the realization that they, as a person, are no longer invulnerable to death and tragedy. In the fourth and final category of death, death by suicide, a survivor’s feelings, which may include all of the emotional and intellectual experiences of the previous three categories, are compounded with feelings of rejection, abandonment and anger (Jordan & McIntosh, 2011). Jordan and McIntosh (2011) assert that what a person experiences emotionally after a death may correlate with how the loved one died, or, in other words, which category the death falls under; a survivor of a loved one’s suicide may experience the thoughts and feelings from each category of
death due to the unexpected, sudden, and often violent qualities of a suicide; this model reveals the complex and delicate nature of a survivor’s experience after a loved one’s suicide.

When Dyregrov (2009) looked at the experiences of adolescents whose family member had died by suicide; he concluded that an adolescent’s response to a family member’s suicide may include sadness, anger, shock, sleep and appetite disturbances, as well as withdrawing socially. Adolescents may internalize some thoughts and feelings such as guilt, thinking a parent is sleeping and not dead, concerns over who will take care of them now the loved one is gone, as well as a reticence to express needs because the adolescent is aware of surviving parents’ struggles (Mitchell, Brownson, Gale, Garand, & Havill, 2006). Survivors of suicide may experience elevated feelings of abandonment, guilt, and responsibility for the suicide, as well as challenges making sense and meaning out of their loved one’s death (Jordan, 2001). In Dyregrovs’s 2009 study of 32 adolescent survivors of suicide, 100% reported issues related to concentration and focus, which impacted their experiences at school, even as they were faced with the continued expectation of academic achievement despite the difficult circumstances.

The question of the similarities and potential differences between experiencing suicide bereavement and non-suicide bereavement have been examined at various time and in 2001, Jordan conducted an analysis of existing research. Through his examination, Jordan saw generally that suicide bereavement is different in specific ways from non-suicide bereavement. The survivor’s social support network, the effect of the suicide on family processes, as well as themes of grief were different in suicide bereavement than in other bereavement categories. Although Jordan found these themes, the published research looking at suicide compared to other bereavements was so diverse in methodology as to make the results semi-inconclusive, creating
the need for more and better planned research regarding suicide and non-suicide bereavement (Jordan, 2001).

Sveen and Walby (2008) systematically reviewed 41 studies comparing people bereaved by suicide and those bereaved by other categories of death, including four studies with adolescents or children. Although they did not identify particular differences between the groups regarding mental health in the studies, there were other differences between the groups. Specific suicide assessments showed an intense grief process that includes blame, rejection, shame, concealing the cause of death, and shame in suicide bereaved groups (Sveen & Walby, 2008). A unique grieving process for suicide survivors seems to call for a unique approach to helping those individuals cope with the loss; although general grief support may help some survivors, specific evidence-based techniques need to be developed for those bereaved by suicide, especially suicide survivors who are children (Jordan, 2001; Sveen & Walby, 2008).

**Suicide of a Parent**

The statistical reporting of parent suicide each year is inexact, which problematizes finding the exact number of children who are impacted by a parent’s suicide. The issues in reporting suicide and thus the lack of inclusive data, as well as obstacles to creating a national, comprehensive data collection network may be linked so several factors (Colpe & Pringle, 2014). These factors include the tender, sensitive circumstances surrounding a suicide, family groups who wish to keep the suicide private, as well as suicide sometimes being difficult to identify (i.e., figuring out whether the death was intentional or accidental). In 2017, the CDC reported over 42,000 suicides in the United States, where more than half those deaths were individuals aged between 25–54, this range spans the life stage when people most often have children in the home (Kochanek et al., 2016). Cerel et al. (2008), important researchers in the
field of parent suicide, approximate between 7,000-12,000 U.S. children have a parent die by suicide annually.

For a child, the death of a parent is the ultimate stressful experience (Yamamoto et al., 1996) which has both short-term and long-term consequences (Worden, 1996). Young people who have lost a parent are more likely to have issues with peer relationships, issues with planning a career and ambitions related to future careers when compared over a three-year period to young people who have not lost a parent (Brent et al., 2012). Young people whose loved one died in a sudden, violent, or premature way, regardless if the death is by suicide or not, are more likely to have a complicated grief process (Loy & Boelk, 2014). Young people whose parent dies, whether by suicide or other means, have needs, which include the need for nurturing, continuity and support, that ought to be met with care and thoughtfulness (Worden, 1996).

Care and thoughtfulness should be used when helping a child coping with the death of a parent by suicide. There are potential long and short-term consequences for the child, including mental health implications, the risk of suicide, the circumstances around the parent suicide, as well as the long-term consequences of the parent suicide.

**Mental health implications.** A two year-long study of 26 children who had a parent die by suicide done by Cerel, Fristad, Weller, and Weller (1999) found that suicide-bereaved children initially bear resemblance to children whose parent died in other ways. The second year of the study revealed more intense symptoms of grief in the children whose parent died by suicide; children who survive a parent suicide experience a greater amount of anger, shame, and anxiety than those children bereaved of a parent by means other than suicide (Cerel et al., 1999). Wilcox et al. (2010) found that death of a parent by suicide, when compared to death of a parent by other means, present a higher risk of psychotic, depressive and personality disorders.
According to Wilcox et al. (2010), teens and young people are more impacted by a parent’s death by suicide than are young adults with the same experience.

Pfeffer, Karus, Siegel, and Jiang (2000) studied children five to 12 years of age whose parent died by suicide in comparison to children whose parent died of cancer. In the 18 months following the death, those children whose parent died by suicide demonstrated higher levels of depression than the children whose parent died of cancer. Ineffectiveness, interpersonal issues, and negative mood were some of the symptoms tracked that may be related to the grief process surrounding suicide bereavement because of the suddenness or circumstances of the actual suicide event (Pfeffer et al., 2000).

Melhem, Porta, Shamseddeen, Payne, and Brent (2011) conducted a population-based longitudinal study in the United States following children, including 42 children whose parent died by suicide as subset of the sample, for as much as three years. The researchers claimed to include the greatest number of children whose parents had lost one of their parents by suicide of any previous or contemporary study that specifically looked at children whose grandparent had died by suicide as well as that group of children’s suicide-survivor parent. Although this particular group of children was not the primary focus of the study and their data combined with the general population, Melhem et al. (2011) point out that seven of the 42 children bereaved by suicide were linked to heightened risk of depression.

Not every study following children bereaved by suicide have found significant differences in children whose parent dies by suicide and their peers whose parent dies in other way. In their 2007 study, Brown, Sandler, Tein, and Haine assert that child’s coping and grieving process are not significantly affected by cause of parent death and children whose parent died by suicide do not exhibit greater depressive symptoms. This study did not follow participants for an
extended period of time and the impact of a parent suicide may be prolonged, changing depending on the child survivor’s stage of life.

**Increased risk of suicide.** Wilcox et al. (2010) conducted an analysis of population data over 30 years from Sweden, focusing on the outcomes for 3,807,867 young people who had not lost parents and for 503,229 young people who lost parents, including 44,397 teens and children whose parent died by suicide; this is the largest longitudinal study examining children whose parent died by suicide, having 1,000 times more participants than previous studies. They found that young people whose parent died by suicide were three times more likely to die by suicide themselves later in their lives than individuals with living parents. Suicide-bereaved children had a higher likelihood of hospitalization due to suicide attempts. This study’s strengths (including data collection system, 30-year longevity, as well as large sample size) gave researchers the opportunity to examine the long-term consequences for children whose parent died by suicide as well as precisely define some of the risks for surviving children.

**Contextual issues.** Eckersley and Dear (2002) identified suicide as the tip of the iceberg of a person and/or family’s suffering, indicating important contextual issues needing to be taken into consideration when trying to understand children who lost a parent to suicide. Among the difficult circumstances surrounding parent suicide are pre-existing family issues, developmental factors, and how the surviving child found out about the suicide.

**Pre-existing family issues.** In most instances, suicide is not an isolated event; rather there are often issues and difficult family circumstances both prior to and after the death. All 10 of the participants in Ratnarajah and Schofield’s (2008) study had both unresolved trauma and severe dysfunction in their families before the parent suicide. There may be a sense of relief and that a
burden has been lifted following the suicide, if the person who died by suicide had suffered extended mental health issues prior to the death (Jordan, 2001).

**Child developmental factors.** The child’s maturity and age at the time of a parent’s death, whether by suicide or another means, significantly impacts how the child grieves and processes the death (Worden, 1996). Bereaved children are benefitted by reliable adults who ensure emotional and physical daily needs are met, while encouraging healthy grieving (Worden, 1996). In the situation of a parent suicide, the child as well as the surviving parent are suddenly placed in the grieving process, often making it difficult for the surviving parent to ensure the child’s needs are met. The assumption a child is too young to understand the situation after the death or what suicide is may exist in families and could result in the child not being told about the suicide (Cain, 2002). As a result, children are often left with little support during this difficult time (Ratnarajah & Schofield, 2008).

**Challenges Post-Suicide**

**Learning about the suicide.** After the suicide, the surviving parent is immediately confronted with the choice of how to inform the child of the parent suicide. Immediately following the death, some children are not told that the death was a suicide but later find out perhaps by accident, which is followed by increased feelings of shame, lacking trust for their surviving parent and vulnerability (Ratnarajah & Schofield, 2008). Although withholding information about the death often has negative consequences, waiting to tell a child the death was suicide may be the best option for some surviving parents (Cain, 2002). A surviving child requires more support and space to understand the suicide than a single instance of informing them of the death can give; children will need to be told about the nature of the suicide again and
again as they mature (Cain, 2002). Clear, age-appropriate, sensitive communication about the suicide marks the beginning of effective coping and healing (Mitchell et al., 2006).

**Other stressors.** Children whose parent dies by suicide engage in more problem behaviors in the first two years following the death than their peers whose parent dies from other means (Cerel et al., 1999). Young people who lose a parent to suicide may feel isolation, guilt, and abandonment, which may be attributed in part to the stigma attributed to suicide (Schreiber et al., 2017).

Surviving family members can be affected by the changes to the family after the suicide. Melhem et al. (2011) conducted a study with 42 children who had a parent die by suicide; they identified that a child’s wellbeing is significantly predicted by how the child’s caregiver functions after the death. Family expectations and roles may change after a suicide. Some young people may experience role-reversal following the suicide, where the child finds themselves in a parenting or nurturing position relative to their surviving parent or siblings while the surviving parent is incapable of meeting their or their children’s needs; this adds to the child’s stress load (Dyregrov, 2009). More potential stressors following a suicide may include changes in housing and/or schedule, financial issues, decrease in caregiver supervision, as well as increased extended family involvement in the child’s life.

**Long-term consequences of parent suicide.** Although some long-term consequences of parent suicide are known, many are yet to be specifically identified. The Wilcox et al. (2010) study of 40,000 suicide bereaved young people over 30 years asserts an increased risk of suicide risk and mental health outcomes; an assertion supported by the Kuramoto et al. (2010) and Kuramoto, Runeson, Stuart, Lichtenstein, and Wilcox (2013) studies. Future large-scale research focusing on suicide-bereaved children in the United States, as well as in other countries, is
needed in order to fully identify and examine the variety of potential long-term effects of suicide on a child because past studies on the topic have found conflicting results (Cerel et al., 1999).

A young person’s understanding of a parent suicide changes as they grow, develop, and enter different stages of life (Cain, 2002). Because a child’s understanding changes as they mature, a child who lost a parent to suicide requires support throughout the potentially years-long process of feeling and coping with the consequences of the suicide (Loy & Boelk, 2014).

Although many specific long-term consequences of parent suicide are not yet known, the research affirms that the negative effects of a parent’s suicide may be felt through a child’s lifetime and may even be felt in the third generation (Cain, 2006). A parent suicide may result in second-generation suicide (i.e., the child bereaved by suicide then dying by suicide), making a third generation impossible (Cain, 2006; Kuramoto et al., 2010; Wilcox et al., 2010). Families may also be concerned that the third generation will then follow the grandparent’s example of suicide; this fear may affect the family line (Cain, 2006). Little research on this topic exists but is needed (Cain, 2006).

**Resources, interventions, and supports.** Although there is a variety of pre-existing resources and strategies for supporting grieving children, fewer interventions exist for children who experience a suicide loss and even fewer interventions exist for children who survive parent suicide (Ratnarajah & Schofield, 2008). Children whose parent dies by suicide need supports designed for their specific experience, although strategies for generalized or suicide grief may be helpful (Andriessen, 2014). Resources geared towards these children should seek out those of this population who may not be aware of the resources (Campbell, 1997).

Andriessen (2014) described the sparse number of both printed and online interventions and resources catered towards children bereaved of a parent by suicide as a *significant need* for
these children; similarly, Ratnarajah and Schofield (2008) identified resources for children survivors of parent suicide as an *urgent need*. Although the need for resources to support children after their parent’s suicide is needed, work is often focused on suicide prevention (Loy & Boelk, 2014). Although prevention is imperative, postvention for children who are bereaved by suicide is just as important, and may actually be prevention of suicide (Cerel et al., 2008). The concept of postvention as prevention means developing evidence-based interventions for children survivors of parent suicide should be prioritized (Andriessen, 2014), including evidence-based interventions for the school setting, which are very few (Loy & Boelk, 2014).

**Contact with suicide survivors.** Contact with other survivors of suicide is helpful for adult survivors, allowing them to contextualize their reactions and feelings after the suicide (Begley & Quayle, 2007). A study of 63 adults bereaved by suicide found general-grief support groups are less helpful than suicide-specific support groups for those adults who lost someone to suicide (McMenamy et al., 2008). McMenamy et al. (2008) also found that each adult suicide survivor studied identified one-on-one interactions with other suicide survivors were helpful. Contact with other suicide survivors, whether in group therapy or support groups is important for adults and children bereaved by suicide (Begley & Quayle, 2007; Pfeffer et al., 2002). Pfeffer et al. (2002) found that young people bereaved by suicide who participated in group grieving intervention focusing on reaction to suicide and coping skills showed a decrease in anxious and depressive symptoms. Veale’s 2012 longitudinal study following five children survivors of suicide found that interactions with groups across four years helped the children normalize their experience and feel camaraderie.

**Formal therapy.** Although underdeveloped as an intervention, an effective strategy for aiding suicide bereaved children is supporting them along with and as a part of their family
(McMenamy et al., 2008; Ratnarajah & Schofield, 2008). Therapy as a family may help the family unit create new healthy, functional, and communicative system (Dyregrov, Plyhn, & Dieserud, 2011; Ratnarajah & Schofield, 2008).

**Children’s Perception of Supports and Lived Experience**

Wilson and Marshall (2010) studied suicide survivors, not focusing on children, and found those survivors perceived supports as being inaccessible and, for many who did receive that support, perceived it as less than helpful. While 94% of the individuals studied felt a need for formal, outside support to help them cope with grief, only 44% received the support they needed (Wilson & Marshall, 2010). Just 40% of the survivors who received professional support felt they received adequate care (Wilson & Marshall, 2010). Although not deeply studied, there seems to be a disparity between a survivor’s perception of the care and support they receive after a suicide and the actual care and supports offered to these survivors. Two practitioners who worked with suicide-bereaved children for 15 or more years, were studied by Schreiber et al. (2017). The practitioners perceived the children survivors as being affected by the stigma of suicide as well as being at risk for challenges; it is important to note that these perceptions of care offered and care experience were from the practitioners and not the children they treated.

Interviews are a way to gain insight into experiences of suicide survivors. Gall, Henneberry, and Eyre (2014) interviewed 11 suicide bereaved people about their experiences with the suicide. Three of the 11 participants had a parent die by suicide. Researchers focused on the impact of their parent’s suicide, how the children survivors understood the circumstances of the suicide, as well as the coping mechanisms the children used following the suicide. Guilt and shock were the emotions this group of survivors had in common (Gall et al., 2014).
An important study examining parent death by suicide done by Ratnarajah and Schofield (2008) consisted of interviewing ten adults who had, as children, lost a parent to suicide. The interviews revealed these survivors’ experiences of the circumstances surrounding the suicide, as well as the short-term and long-term impact the suicide had on the survivor’s families (Ratnarajah & Schofield, 2008).

**Challenges in Conducting Research With Suicide Survivor**

Research based on suicide survivors is not widely done and studying children who have a parent die by suicide is particularly challenging for researchers. Few studies exist that specifically examine children whose parent died by suicide and those few studies have mixed results (Kuramoto, Brent, & Wilcox, 2009). Potential challenges to researching suicide bereaved individuals include sample sizes, terminology for the population, recruitment, data collection, lack of qualitative studies, and perceived vulnerability.

**Sample size.** Empirical research in the area of children survivors of parent suicide is hindered by small sample sizes (Hung & Rabin, 2009). Nearly all existing studies, with the exceptions of Kuramoto et al. (2010), Kuramoto et al. (2013), and Wilcox et al. (2010) which all rely on Swedish data, dealing with children survivors of suicide have fairly restricted sample sizes (Cerel et al., 1999; Melham et al., 2011; Pfeffer et al., 2000). Limited sample size results in limited applicability and generalizability of research findings.

**Terminology for the population.** More precise and standardized terminology for the population of survivors could facilitate the creation of targeted interventions for groups, as well as making more accurate research possible (Cerel et al., 2014). *Children of parent suicide* is a term found in the research that could be more precisely defined. *Children* can refer to the relationship between the survivor and the person who died by suicide or the age of a person. This
group is also referred to as suicide survivors, which may mean they survived a suicide attempt or were left behind when a loved one died by suicide. Children whose parents were divorced, split up, remarry, or move away before the suicide have no specific term. For clarity in research, this subgroup needs its own differentiated term, since they may have different challenges and issues after the suicide than children who were living with both parents at the time of the suicide. More precise terminology is needed as research in this field grows (Cerel et al., 2014; Jordan & McIntosh, 2011).

**Recruitment of participants.** Lack of nationwide data collection following suicide survivors over time, stigma surrounding suicide, and gaining access to minors all raise challenges to research on children whose parent died by suicide. Due to these challenges, most studies use self-recruitment strategies to find participants (Hung & Rabin, 2009). Children who lose a parent to suicide often three times more likely to resist participating in studies than children whose parent died by other means (Cerel, Fristad, Weller, & Weller, 2000).

**Data collection.** Existing data on children whose parent died by suicide is difficult to find. There are times when the data have not been gathered; often coroners do not collect and compile information on surviving children after a suicide (Melhem et al., 2011). The United States lacks both data and longitudinal studies on suicide bereaved children, which has led some researchers in the U.S. to join researchers from other countries to examine the in-depth and large Swedish data set (Kuramoto et al., 2010; Kuramoto et al., 2013; Wilcox et al., 2010). Although these studies using the Swedish data set have moved the research forward, there is not an extensive or in-depth data set in the United States (Colpe & Pringle, 2014). The lack of data in the United States makes it difficult to know simply how many children in the U.S. lose a parent to suicide annually. Cerel cited 7,000 to 12,000 children have a parent die by suicide annually in
her studies published in 1999, 2000, and 2008. This number is cited from a Small and Small 1984 publication (as cited in Cerel et al., 1999). In the last decade, this Small and Small estimate has been referenced frequently, yet is potentially inaccurate.

**Lack of qualitative studies.** Existing suicide survivor research is more likely to be based on quantitative research (Sveen & Walby, 2008; Wilcox et al., 2010). Qualitative studies are less likely to be conducted on the topic of child suicide survivors, their perceptions and experiences. Yet, qualitative studies, including interviews, would and can give insight into the thoughts, feelings, and experiences of this population (Begley & Quayle, 2007; Ratnarajah & Schofield, 2008; Sveen & Walby, 2008). These insights could help move creating evidence-based practices for suicide bereaved children.

**Perceived vulnerability.** Caution and sensitivity should be used when researchers work with people who have lost someone to suicide. Although the researcher should be mindful and careful, suicide bereaved individuals who participate in research, including interviews, may find the process cathartic or therapeutic (Omerov, Steineck, Dyregrov, Runeson, & Nyberg, 2013). Omerov et al. (2013) conducted a study of 666 parent survivors of suicide, where just one participant identified potentially lasting negative consequences due to participating in the study; this represents a .0015% of the study’s sample identifying negative consequence, and suggests that suicide bereaved individuals are not generally hurt or harmed by talking about their experiences. A study conducted by Moore, Maple, Mitchell, and Cerel (2013) supports the idea that suicide bereaved individuals are not harmed by participating or simply being asked to participate in research. Although research indicates there are very few issues associated with suicide bereaved individuals participating in studies, ethical review boards often reject research proposals that include suicide bereaved persons. When reviewing studies dealing with suicide
survivors, science and data should be the driving decision maker instead of the preconceived notion that individuals are harmed by participation (Moore et al., 2013).

Suicide survivors may find participating in suicide bereavement research to be a positive experience. Individuals may see participating in researching as a way to assist others who experience suicide bereavement; participants may also find participating personally helpful (Moore et al., 2013). In the Omerov et al. 2013 study, 50% of participants identified participating in the study to be a positive experience. Positive effects included a hope that their experience may help others in similar situations, working through their experiences and emotions through interview questions, and gratitude for the opportunity to share experiences with suicide (Omerov et al., 2013). The Dyregrov et al. 2011 interview-based study identified three main categories of experience for the participants in the study: 62% identified the experience as overall positive, 10% identified it as unproblematic, 28% identified the experience as positive and painful. Those who found the experience painful also felt positively towards their participation in the study. Dyregrov (2004) conducted a multiple interview-based study with 64 parents who had a child die suddenly, including to suicide, where 100% of the participants identified their experience as positive or very positive (Dyregrov, 2004).

No significant evidence exists to support the idea that participating in research focusing on experiences of those bereaved by suicide experience long-lasting negative effects from participation and potentially may have a positive reaction, even finding participation helpful (Moore et al., 2013; Omerov et al., 2013). For example, 95% of the participants in the Omerov et al. (2013) study identified a personal belief that the study would be valuable and helpful to larger society.
CHAPTER 3

Method

After receiving approval to conduct research from Brigham Young University’s Internal Board of Review, three qualitative research designs were considered for this study: phenomenology, ethnography, and case study. Each of these research designs offers a different framework for collecting data as well as disparate methodology for organizing and analyzing said data. In the end, a qualitative, collective case study design (Merriam, 2009) was chosen. This case study was exploratory in nature in order to discover and describe how the three siblings, experienced and reacted to their father’s death by suicide; how the siblings were affected long term by the suicide; how the siblings felt supported through the suicide (if at all); and how the siblings reacted to children’s literature designed to help child survivors of parent suicide.

Yin (2012) described case study design as particularly suited to understanding “how” questions such as those questions that guided this study. Further, researchers employing a case study design are urged to pay particular attention to context (such as child survivor’s memories before, during, and after the parent’s suicide) and view unique phenomena holistically (such as each sibling’s unique trauma narrative; Feagin, Orum, & Sjoberg, 1991; Yin, 2012). This design also allowed the researcher to capture participant change over time in seeking to understand the long term effect of the siblings surviving their parent’s death by suicide.

Participants

There are three participants in this study: Candace, Cory, and Bethany (pseudonyms), siblings whose father died by suicide through hanging when they were 10, 5, and 1, respectively (approximately 21 years prior to the present day interviews). These siblings were part of a pre-
existing data-set of adults who, as children, lost a parent to suicide (Bennett, 2017). At the time of the interviews, these siblings self-reported ages as 32 (Candace), 26 (Corey), and 22 (Bethany). The three participants in this study were carefully and purposefully chosen because they lived a shared trauma. However, each sibling described a unique trauma narrative. These sibling participants were selected from a larger, pre-existing research data set that explored 17 child survivors’ perceptions of parent suicide (Bennett, 2017). These sibling participants were recruited when information about the study was sent to bereavement groups, social media platforms, suicide prevention groups, and posted on public and college library bulletin boards. The siblings contacted the initial primary researcher through email (Bennett, 2017).

Similar to other research studies that note the difficulty of recruiting suicide survivors, the three siblings who participated in the research had other siblings who chose not to respond in the study (Cerel, Fristad, Weller, & Weller, 2000; Hung & Rabin, 2009). Although the socio-economic status of the three participants at the time of their father’s death was not clear, all three siblings shared details indicating their mother’s remarriage after their father’s death had an economically stabilizing effect on their family.

**Data Collection**

The interviews used in this study are part of a pre-existing data-set used in a previous study that explored what might be helpful for children bereaved by suicide (see Bennett, 2017). The interviews were semi-structured and each individual one-on-one interview was conducted by the same interviewer. The semi-structured interview guide is included in Appendix B. The length of interviews varied from 40 to 90 minutes. All interviews were conducted at a time and location convenient to the participants. Interviews were conducted in a community library’s private
meeting room. Before the interviews, the participants filled out demographic questionnaires. The interviews were audio-recorded and then transcribed verbatim.

At the end of each semi-structured interview (see Appendix B), Candace, Cory, and Bethany (individually) were presented with a set of children’s picture books (see Table 1). Several therapists identified this set of books as potentially supportive of children bereaved by suicide, in particular books that could assist children in understanding and processing emotions surrounding the suicide.

The interviewer was a female graduate student in Brigham Young University’s School Psychology Program who was knowledgeable of childhood bereavement, specifically bereavement related to a parent’s suicide. This interviewer was also knowledgeable of bibliotherapy to support childhood grief. Near the conclusion of the one-on-one interview, each participant was shown the set of books, encouraged to peruse the books and then verbally react to the books. The three siblings reacted strongly to different books and explained why they did or did not like a text.

After the interviews, the transcriptions were sent to the participants for review. After the transcriptions were approved by the participants, the updated transcripts were de-identified and uploaded to a secure server. Approval from the university’s Institutional Review Board was obtained to use the sibling interviews from the above-described, pre-existing data set. The three sibling participants were not personally contacted by the primary researcher. The primary researcher analyzed the pre-existing interview transcripts from the siblings. These updated transcripts of the interviews were used for analysis of the current study.
Table 1

<table>
<thead>
<tr>
<th>Book title</th>
<th>Book author &amp; illustrator</th>
<th>Book description</th>
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<tbody>
<tr>
<td><em>After a Suicide: A Workbook for Grieving Kids</em></td>
<td><strong>Author:</strong> The Dougy Center The National Center for Grieving Children &amp; Families</td>
<td>This is a book of activities and prompts for conversations to help a child cope with a parent’s suicide. Includes quotes from children. Has few illustrations and those illustrations look as if a child drew them.</td>
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<tr>
<td><em>The Little Flower Bulb</em></td>
<td><strong>Author:</strong> Eleanor Gormally, <strong>Illustrator:</strong> Loki and Splink</td>
<td>The main character is a little boy whose father has died by suicide. The family learns to deal with the pain of their father’s death by planting a flower bulb and giving that flower bulb the love and care they would give to their father. The illustration style is stylized and distinctive with many details but little verisimilitude.</td>
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<tr>
<td><em>The Invisible String</em></td>
<td><strong>Author:</strong> Patrice Karst, <strong>Illustrator:</strong> Geoff Stevenson</td>
<td>This book does not specifically address parent suicide. The three main characters are a mother, her daughter and her son. The son and daughter are scared and the mother describes the love between her and them as an invisible string. The invisible string of love between those you love and yourself stays no matter the situation. Illustrations are simple line drawings without lots of detail.</td>
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<tr>
<td><em>Luna’s Red Hat</em></td>
<td><strong>Author:</strong> Emma Smid, <strong>Contributor:</strong> Dr. Riet Fiddelaers-Jaspers</td>
<td>Luna, the main character, talks to her dad about why her mother died by suicide. The two talk about the circumstances of Luna’s mother’s death and their happy memories of her.</td>
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<td><em>When Someone Very Special Dies: Children Can Learn to Cope With Grief</em></td>
<td><strong>Author:</strong> Marge Heegard, <strong>Illustrator:</strong> various children</td>
<td>This is a workbook style book that leads children through different drawing exercises to help them deal with grief because of death (not suicide specific).</td>
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<td><em>Not the End: A Child’s Journey Through Grief</em></td>
<td><strong>Author:</strong> Mar Dombkowski, <strong>Illustrator:</strong> Naza Horokhivskyi</td>
<td>This is based on a true story. The little girl, who is the main character, tells the reader all about how her family has grown and how life continued after her father died. Not a suicide-specific book.</td>
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<tr>
<td>Book title</td>
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<td><em>Samantha Jane’s Missing Smile</em></td>
<td>Author: Julie Kaplow and Donna Pincus Illustrator: Beth Spiegel</td>
<td>The story centers on a conversation between Samantha Jane and her neighbor Mrs. Cooper about how she has felt since her father died. Samantha Jane starts to feel better as she talks to the neighbor, she feels better. Not suicide specific.</td>
</tr>
<tr>
<td><em>My Uncle Keith</em></td>
<td>Author: Carol Ann Loehr Illustrator: James Mojonnier</td>
<td>This book is framed around a conversation between boy, Cody, and his mother about Uncle Keith’s suicide. They talk about Uncle Keith’s mental health and the need to seek help for mental health issues, including depression.</td>
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<tr>
<td><em>Tear Soup: A Recipe for Healing After Loss</em></td>
<td>Author: Pat Schwiebert and Chuck DeKlyen Illustrator: Taylor Bills</td>
<td>The main character, Grandy, has lost her husband and she cooks to feel better. This books considers the nature of grief and how to deal with it. Not suicide specific.</td>
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**Coding and Analyses**

Transcriptions of each sibling’s interviews were downloaded to a Microsoft Word document which acted as an organizational tool while the data were read, coded, and analyzed for meaning. The analysis was completed manually in two phases: *within-case* analysis and *cross-case* analysis.

**Within-Case Analyses**

Because the primary researcher was seeking to understand the lived experiences of each sibling before, during, and after their father’s death by suicide, it was necessary to code specifically for these data episodes using *a priori* coding during much of the *within-case* analysis. There were five *a priori* codes used in the within-case stage. The five *a priori* codes were:

1. Life leading up to suicide
2. Finding out about the suicide
3. Life immediately after suicide

4. After the suicide

5. Living long term with the suicide

Applying *a priori* coding to better understand how each sibling individually experienced their father’s death by suicide just before it happened, as they found out, immediately after finding out, as they worked towards normalcy, and long term helped to form a foundation that allowed for deeper understanding of the data across time and across siblings.

Contrastingly, the primary researcher also used open coding during the within-case analysis to uncover other important features of the siblings’ individual experiences in the context of surviving the suicide. Most often, open coding is a process a researcher uses as they examine evidences in the data to answer a question such as, “How did the siblings feel supported— if at all?” (Charmaz, 2014). Most often, open codes start out as a broad idea like *support*, then categories within that idea are also coded such as *support from family*, *support from faith community*, etc. Open codes that were particularly helpful in the within-case analysis were (a) *support* and (b) *challenges*.

After the a priori and open coding was complete, only those data episodes that provided evidence for the codes where retained. Next, axial coding took place. Axial coding is a process through which the researcher can strategically connect codes to create interpretive segments or categories (Saldaña, 2015). During axial coding the properties or dimensions of these categories are specified and considered such as the context surrounding how one of the siblings learned of the father’s death by suicide (Saldaña, 2015). In this study, the axial codes allowed the researcher to better understand the ideas and categories during open coding. Some of the axial codes included context of learning about the father’s suicide, context of family support, and context of
challenges with questions after the father’s suicide. These axial codes were then used to create in-depth portraits of each sibling. For a concept map visually depicting *within-case* analysis, please see Figure 1.

![Data analysis concept map.](image)

**Figure 1.** Data analysis concept map.

**Cross-Case Analyses**

The second phase of the data analyses included comparing and contrasting the in-depth portraits of each sibling which were created during phase one of the data analyses (see Figure 2). Each portrait represented a case. This cross-case analyses allowed the researcher to notice the differences in how each sibling experienced their father’s suicide. For example, during phase one open coding, the researcher discovered that the participants often spoke of different supports offered to the children to help them in surviving the suicide. Then, during axial coding in phase one, the researcher began to consider the context of each individual’s supports. In phase two, as
the researcher was comparing and contrasting support systems across participants, it was
discovered that the children felt differently about supports that were offered.

For example, within the category of family support after the suicide, one of the siblings
felt deeply and wonderfully supported by extended family; one of the siblings felt the extended

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<th>Across Portraits</th>
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<td><strong>Extended Family Support</strong></td>
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<td><strong>Faith Community Support</strong></td>
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<td><strong>Support from mother's new marriage</strong></td>
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<td><strong>Challenges of People asking &quot;the question&quot;</strong></td>
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<td><strong>Reactions to children's literature</strong></td>
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*Figure 2. Cross-case analysis.*
family only offered support immediately after the suicide and then become completely non-supportive, going as far as to call the mother a “husband-killer”; and still another sibling felt extended family support through a close relationship with a younger cousin and extended family sleepovers. This particular sibling described the connection they felt with the younger cousin, but went on to disclose that over time, these extended family sleepovers led to this sibling being sexually assaulted by an older cousin multiple times over a series of years. The sibling recounted that the older cousin was eventually investigated and arrested, leading to a “tearing apart” of the entire extended family. Phase two, cross-case analysis yielded a more thorough understanding of the similarities and differences in each siblings’ experiences. This sort of in depth fusion of coding within cases, then across cases resulted in a more robust understanding of the lived experiences of each of the participants.

**Trustworthiness**

Procedures incorporated to help ensure trustworthiness in this study included triangulation, peer debriefing, member checking, thick description, external auditing, and researcher positionality (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005). Using multiple views of the same phenomena (three sibling interviews of the same trauma) helped to triangulate and strengthen the findings. The researcher incorporated peer debriefing with her thesis committee chair to discuss emerging data and the processes of the analyses. Member checking was employed during data collection as the original researcher returned original transcripts of the interviews to the sibling participants. Only transcripts approved by participants were used in the study. A thick description of the context was provided to better understand
meaning (Tracy, 2020). Finally, self-reflexivity was employed by the researcher to consider ways researcher perspective (see below) may have influenced the data analyses (Tracy, 2020).

**Researcher Perspective**

I was drawn to the experiences of support or lack of support of Candace, Cory, and Bethany after their father’s suicide because of watching my nephews deal with the sudden death of their father when they were just eight and nine years old. My brother was killed suddenly in a work-related accident. I watched as my nephews found out about and tried to process the fact of their father’s death and the circumstances surrounding his death. Although they were near in age, with the same circumstances of living (i.e., they were living with their father, without their mother, in their paternal grandparents’ home) and even had access to the same information and social support network, they each processed and felt their trauma differently. One example of this is the younger boy externalized over and over again in behavioral outbursts and the older boy internalized and became more introverted. They needed and duly received individualized professional help and help from their paternal grandparents, who became their guardians.

It was also interesting to see how the school community reacted. The boys’ teachers approached them in individual ways, but there was a lack of individualization when it came to school psychologists or counselors. Yes, the two of them fit into the category of being bereaved of a parent, but the sudden and violent nature of my brother’s death represented trauma as well as different and complex grief process for each boy. The idea of helping school based mental health professionals understand the individual and varied nature of experiences for children who share a traumatic event, was appealing to me because of my nephews’ experience with their shared trauma and how the school system approached them and their healing.
CHAPTER 4

Results

This cross-case analysis will explore the similarities and differences in three siblings’ experiences with their father’s death by suicide through hanging. We will also discuss the books the children described as most helpful for them. At the time of their father’s death, Candace was 10-years old; Cory was 5-years-old; and Bethany was one-year old. The following will discuss each sibling’s experience leading up to their father’s suicide, how each found out about the suicide, the immediate aftermath of the suicide, and the long-term effects of their father’s suicide. Each sibling relates and remembers different aspects of life before the suicide, how they found out about the suicide, and how they dealt with the aftermath of the suicide. Although their stories differ, the three siblings all refer to their immediate and extended families. Whenever they refer to my family, they generally mean their immediate family. Whenever they refer to their extended family, they mean their father’s family. At the time of the suicide, the immediate family and the paternal extended family lived geographically very close to each other. The paternal grandparents, an aunt, and the immediate family all lived within a short distance to each other.

Parallel to their differing experiences to their father’s suicide, each sibling reacted differently to a group of books presented to them that may be used to help children bereaved by suicide. The books were the same, but each sibling responded strongly either positively or negatively to different books and different details of those books.

Experiences Leading up to the Suicide

Candace. Candace was 10-years-old when her father died by suicide through hanging. When asked about her memories leading up to her father’s death, Candace did not recall precise
details, but seemed aware of her parents’ difficulties in their marriage and that they had separated. She said:

I don’t know exactly what was going on leading up to it, just because I was younger and I don’t think I would hear the discussions between my parents, but I know there was some fighting going on between them, maybe some relationship struggles and they had separated.

Despite her parents’ issues, Candace warmly recalled her father letting her know he loved her and giving her advice. “I do remember him [dad] always expressing how much he loved me and, um, to always say my prayers, and things like that, you know.”

Candace was aware that her father had depression but could not recall him acting in a depressive way, asserting that he would not have exposed her to that aspect of himself and that he was generally happy and sweet. “Yeah. And as a young child I never would have picked up on that. He didn’t seem depressed to me, and I’m sure that he would never have acted that way in front of me if he was.” Candace seemed unaware of her father’s diagnosis and treatment of his depression. To Candace her father seemed happy. She said: “He was always happy. He was always kind and he was always, like, helping others, and he was a really good handyman, so he would help everyone. Those are my memories of him--just a kind, good person.”

Cory. Cory was 5 years old when his father died by suicide by hanging. When asked about his memories leading up to his father’s death, Cory described feeling that his father was not always available to the family. He said: “My dad was kind of, from what I remember, not around too much. . . But yeah, I don’t think he was super emotionally available or very much physically, um, when we were kids.” Cory sees his father as being emotionally unavailable to Cory and his siblings as well as being physically absent from home. Along with being
unavailable, Cory remembered his father as quiet, but having a temper. He relayed a time that his father waited for Cory’s brother who was late for his curfew. Cory related:

I know he got pretty upset with my older brother a few times for coming home late. He, like, waited in the front yard for my brother to get home and, like, spanked him super hard and. . . So he kinda was like quiet, reserved, and then would let his anger out . . . All at once in these episodes, or something.

Cory was told by his mother that his father was suffering from mental illness before his death. “I mean, my mom says he kind of was troubled like he was depressed and she says it was a chemical imbalance and stuff like that.” Although his mother told him his father had mental illness, based on his own personality, Cory had his own beliefs of why his father acted the way he did in life. “Um, I don’t know, I mean, he probably was just like... I don’t know, I’ve kind of developed my own theories based off how I am . . . If I’m, you know, not treating people right and stuff like that.”

Cory shared a specific joyful memory of playing with his father. “I mean, I have a few memories of him specifically, um, one is pretty good, pretty joyful. . . I remember laughing and, playing with sticks and him chasing me playing in the yard.” Laughing and playing in the yard with his father was a warm memory for Cory.

However, whereas Cory’s older sister remembered their father as a happy man who was a handyman and helped everyone, Cory shared specific memories of his father’s joblessness and felt his father did not take responsibility for the family:

I think he just sort of over a long period of time, avoided responsibility. He was probably a good guy, but I don’t know. I think he had trouble keeping regular work. He did cement and he was also like a carpenter.
Cory asserted his father did not take responsibility for his family or financial pursuits, including having or keeping a job, which Cory believed contributed to his father’s mental state. Cory did not seem confident in declaring his father as a “good guy,” and gave a narrative for why his father may have been in the mental state to choose suicide.

**Bethany.** Bethany was a one-year-old when her father died by suicide through hanging. All of her memories of her father, the lead up to his suicide, the actual suicide, and immediate aftermath are what her mother has told her. She said: “Everything, um, that I know about it my mom has told me, basically. . . And it’s mostly me asking her. She isn’t very open about it.”

According to her mother, the marriage between Bethany’s father and mother was not particularly happy or functional leading up to the suicide Bethany recalled:

[Mom] said that they didn’t talk for about 10 years, they were married for 18. Just something happened. He seemed to be in a very dark place. He would come home and wouldn’t say anything more than “Hi, hello, how are you?” and that was it.

Bethany’s mother and father did not openly or warmly communicate before her father’s suicide. Bethany’s mother also explained to Bethany that her father would disappear for multiple days at a time, leading her mother to believe that he was having an affair. Bethany’s mother also believed he had some sort of undiagnosed mental illness. Bethany wondered if the “dark place” her father was in before his death was due, in part, to feeling guilt over the possible affair.

Then, in the weeks leading up to her father’s death, there was a financial situation that disintegrated. Bethany said:

So my mom said she was really miserable. She was in a really, really hard place. A couple weeks prior to his suicide [mom’s] sister, my aunt Suzy, and her husband, they’re, like, pretty business-savvy people, and they wanted to start, a car dealership and they
offered to have, my mom and my biological father, go in on this deal with them. So, [my parents] gave them a bunch of money, basically, all of everything they had, to contribute. Basically my aunt and my uncle screwed them over and said my parents would get no profit from the business until after their retirement, after they had taken their money.

All of the money Bethany’s parents had contributed to the aunt and uncle’s business was lost and the relationship was damaged. Bethany relayed that her mother recalled her father saying that losing the money was the end; there was no coming back from that sort of financial calamity. Bethany added:

So my mom and my dad were extremely devastated, they thought it was all over, and my mom specifically said to me, she said, “Your dad said the words, ‘What are we going to do? It’s over, we’re done.’” And two weeks later he committed suicide.

The morning of the suicide, her mother described to Bethany that her father went through what seemed like a goodbye ritual. Bethany shared: “My mom said the morning of, my dad was acting very strange and very sentimental. She said he hugged each one of my siblings for a weirdly long time.” These long, goodbye hugs extended to Bethany as well, who added:

[Mom] said he sat down on the couch and held me for a long time, and was nuzzling me with his face and things like that. It was like he was saying goodbye to me. And then he said goodbye to her and left just like it was a normal day.

Bethany’s father then went missing. “He went to go to work, and he never came home. So he was missing for two or three days, we couldn’t find him.”

Finding out About the Suicide

Candace. The day Candace found out about the suicide, Candace described that she was going to go visit her father. Due to her parent’s separation, her father was staying at her
Candace commented, “So I…went over there, but I couldn’t find him. I yelled his name, and was looking for him.” Being unable to locate her father in her grandparent’s house, she decided to look in the barn on her grandparents’ property. Candace described “something just told me not to [look in the barn].” Although she had the initial impulse to check the barn for her dad, Candace decided instead to go to her cousin’s house near her grandparents’ house to play. She was there with her cousin and aunt when they heard and saw emergency vehicles. Candace explained: “all of a sudden I heard a bunch of sirens, a ton of cop sirens, there were at least five or six cop cars at my grandparent’s house and I looked at my aunt and said, ‘My dad’s there.”’

Candace and her aunt were among the first to arrive at the house after the emergency vehicles. Once at her grandparents’ house, Candace asked the police officers what happened.

I kind of think that the cops thought I was maybe a neighbor kid that was curious, because I kept tapping on them saying, “What happened? Is he dead?” like, “Is he hurt?” and one of them looked at me and said “Yeah, he’s dead. You need to go away.”

Candace experienced an immediate emotional response.

My heart just started throbbing I was crying and I didn’t really want to believe that that’s what happened. My aunt took me outside and I was sitting in the front yard. Then my mom, came pulling up. She got out of the car, and she fainted. I just watched, like, her faint [crying] and I didn’t really know what to do, I was just scared.

Later, Candace was taken back to the house, where her uncles were.

My uncles were trying to comfort me and they were mostly trying to make me laugh, you know, tell jokes and stuff, just to try to lighten the situation. Then I remember them you
know, saying details like, about, about him, like that he had been dead for I think it was like two days when they found his body.

Even though her father had been dead for about two days, Candace had a difficult time believing he was dead because she was sure she had seen him earlier in the day they had found his body. “I didn’t believe because I was like, ‘Well I saw him earlier that day’ and I tried to tell them and they’re like, like, ‘I’m sorry, but it must have been someone else.’” However, Candace continued to believe her father was alive. “I remember thinking, just not believing that he was dead and thinking that he was going to come home. And so I would sit at the bottom of the stairs and wait for him.” Finally, Candace’s mother talked to her.

My mom didn’t know what to say, she was just kinda like “Candace, he--he’s not gonna come home.” [crying] And so she finally kinda sat down and just talked to me, you know, and I think I probably should have had some sort of counseling, but... I never did [emotional], you know?

Cory. On the day Cory found out about his father’s death by suicide, he remembered being at his grandparent’s house. “I just remember being at my grandparents’ house. That’s where the memory begins. We were there looking for him. His truck was there and he was dead in the barn already.” At the time Cory saw his father’s truck at his grandparents’ house, his father was already dead, although neither Cory nor his family knew that fact. At the time Cory was not concerned, and instead was casually looking for where his dad was. Cory also recalled his uncle being part of the search. The search in the house continued into the basement. “I remember going to their basement. I found like a cookie monster toy that I loved in like a helicopter and I was like ‘sweet!’ and that’s all I cared about was that cookie monster toy [laughs].”
After the basement, the search went outside. Cory said:

And so we walked out to the backyard and he had his truck parked in the backyard and it was, like, super clean, I guess, I think he had cleaned the rims and tires and the windows and everything. He had gone to great effort to clean his car. I remember that for some reason.

Cory and his uncle passed through the backyard to the barn. Cory noted the following details:

And then we went out to the barn, walked in, and I remember I was behind my uncle who was in front leading. And the stairs, you know, we were walking up the stairs and, uh, I could see like the next level and it was open, so as soon as you got up, there was like a wall you could see out. . . A loft of the barn. And I remember, sort of, there was kind of a tension there. I think at that point, my uncle kind of knew something was wrong. He got to the top of the stairs and I was just about there to where I could just about see over and I remember him going “Oh sh**,,” uh, and then he turned around and looked at me and he was like “go home,” you know, “run home!”

Cory obeyed and went home. “I remember running home and I just was thinking there was a monster or something in the barn. I had no idea.” Cory ran home, under the frightening impression that there was a monster in the barn loft. Cory remembered going home and believed someone either told his mom in person or called her to tell her the news. Then Cory and his other siblings were left at home. “Then my mom left and the rest of us stayed home and I remember we were just kind of sitting there, uh, in the living room, huddled up close together just scared, had no idea what was going on.” Cory’s mother came home later and told the children their father was dead and young Cory’s first reaction was to ask who killed him.
Cory recalled the time right after the suicide as being hazy and his reaction being something other than grief. He said:

It’s pretty blurry after that, as far as, like, the initial impact. I don’t remember crying. I don’t remember particularly sad or stricken with grief at the time. Maybe I was just too young. Or maybe he was not involved enough in my life for me to really have an emotional connection to him. I don’t remember grieving at all. I do remember feeling happy and then feeling guilty that I felt happy because everyone around me was sad.

This feeling extended to the funeral service. “I remember the funeral, a little bit of it. I remember, thinking that I should feel sad. I don’t remember crying.” Although he did not feel sad or cry at the funeral, young Cory was indignant when he felt a cousin attending the funeral did not act in the expected way for a funeral.

I remember my cousin making a penis joke and I was offended that he would make a penis joke at my dad’s funeral. I had some concept of that like “hey you’re supposed to be sad,” which is odd because I don’t remember being sad but I remember thinking that I should be sad and that my cousin should be sad.

**Bethany.** Because Bethany was barely one when her father died, the information Bethany gleaned about the suicide was bits and pieces told to her when she was older by her mother:

[My mother told me that my father] had ventured over to my grandfather’s house, who lived really close to us. It was only a block down the street. He went into my grandfather’s barn and he tied himself up and he stepped through his arms so his arms were tied behind him. He had hung the rope very low and he just put it around his neck and sat down in it, basically.
Unlike Candace and Cory, Bethany was the only sibling who elaborated on the mode of her father’s death; this may be in part because she was told about his death when she was older.

Bethany’s mother arrived at the scene of her husband’s death after the police. By that time, the body was being moved and she was not allowed to see him because the authorities believed Bethany’s father may have been murdered. Bethany said: “It was actually originally investigated as a murder. I think that’s what my dad was trying to do. He was trying to make it look like a murder so my mom would get lots of insurance money.” In the end, the police ruled her father’s death as a suicide because of the way he tied the rope. Saliva on the rope indicated Bethany’s father had tied the ropes with his mouth, leading the authorities to declare his death a suicide.

Bethany grew up knowing her father had died but not quite how until she was older. She recalled: “I kind of just grew up knowing that it had happened. My mom sat me down and asked: ‘Do you know what happened to your father?’ and I said, ‘Yeah, he’s dead, he’s gone,’ and that was it.” As a young child, Bethany felt she was never formally told about the mode of her father’s death.

Support After the Suicide: Support From Mother

Candace. Although her mother spoke to her about her father’s death, Candace did not receive professional counseling in the aftermath of her father’s death by suicide. Candace explained:

I don’t know if my mom thought about counseling. Maybe she just thought, “She’s young, and I’d rather just be there for her” and you know. She would always ask me “Are you okay?”, and I would talk to her, if I was feeling sad I would tell her. And so it was really good.
Although Candace never received formal, professional counseling as a child, she identified her mother as a supportive space for her to express her thoughts and feelings through the process of grief. This lack of formal counseling was not perceived as relating to a lack of financial resources, but rather as a service that was not considered as a supportive option.

While trying to make sense of her father’s death, Candace simultaneously witnessed her mother’s emotional reaction to the suicide. “I just remember, afterwards, um, just watching the sadness of my mom and watching her cry and wanting to comfort her.” This pattern of wanting to reach out, support, and comfort her mother continued for Candace as time passed after the suicide.

A lot of times I would sleep in her bed if I was scared or if I thought she that was lonely, you know. If she was lonely I’d go and sit by her, and ask her if she needed anything and stuff. I feel like there was support going both ways. If she was sad and crying, I would just sit there and give her a hug.

Candace was especially sensitive to her mother’s sadness and potential loneliness; she took on the role of comforter and companion to her mother.

Candace also attributed the remarriage of her mother soon after the suicide as her mother looking for better support, help, and to show love to Candace and her siblings. “My mom was very supportive. She made sure that we were loved, and I think she really wanted to make sure that we had a father again, like in our lives, you know? and like that void was filled.” Candace interpreted the relatively quick remarriage of her mother as a communication of love and help from her mother.

Cory. While Candace describes access to many forms of support after the suicide, Cory did not remember much support available to him. He describes a process of not knowing that his
father died by suicide. He continued to ask his mother about his father’s death: He shared: “Later on. A few years later. All I remember at first was asking: ‘Mom, who killed Daddy?’ and I think she must’ve just said it.” Even after being told that his father died by suicide, young Cory continued to have questions about his father’s death. He said:

…and I was like ‘oh.’ And then it was like ‘why? Why did he do that?’ . . . And my mom would just say that he was sick. He was mentally ill, he had imbalances, and stuff like that. We dealt with it pretty well. My mom didn’t really talk about it.

After the suicide, Cory mainly attributes his mother as the main support available to him.

Cory’s mother answered his questions of why by explaining that his father was struggling with mental illness. His mother also included how his father died and a few details of what the scene was like. Cory recalled:

There wasn’t too much detail. But I remember the scene was described to me, him hanging there, his face was swollen and purple, I remember talking about all that later.

But we dealt with it pretty well, if it ever came up mom would kind of just say the same things. You know, just – he was sick – that’s what she said a lot.

Cory asserts that he did not feel held back by emotions or fear and although his mother did not really talk to him about the suicide, she handled the aftermath of the suicide well.

**Bethany.** Much of Bethany’s perceptions of her father, as well as her relationship to him came from how her mother talked about him. Her mother said few kind or positive things to Bethany about her father. Bethany said:

Mom doesn’t have a lot of positive things to say about him, to be honest. . . .Because he really hurt her in every possible way and so it’s something that’s difficult to hear. That’s
just because I didn’t know him, so whatever she says about him, it impacts my view of him.

Bethany’s understanding of her father was shaped and in part created by how her mother viewed him. In particular, one anecdote the mother relayed to Bethany about the time before the suicide was how difficult Bethany was as a baby. Bethany said:

Mom says that I was her Mother’s Day present from hell. She says it jokingly, but apparently I was the worst baby ever and I was born on Mother’s Day. I was extremely fussy. I cried all the time. I was just a terrible child. Mom says I was just, a huge stress, basically.

Bethany’s mother asserted Bethany was a terrible, fussy baby who took quite a bit of work and attention. Hearing this as a child made Bethany worry that her father had chosen death by suicide because she had been born and was difficult to live and cope with, and therefore stressful for her parents, particularly her father. She said:

This makes me feel like he abandoned me. It makes me feel like maybe he did that because of me because I was born. It took me so long to get over and my mom did not help with this part. Me hearing how difficult I was as a baby and then my dad committing suicide when I was so young. I was like, “Oh my gosh, I must have been a part of the reason, if not the whole reason,” you know.

Young Bethany feared that she was responsible for her father’s choice; that fear was accompanied by a feeling that her father had left her specifically, abandoning her. Her mother’s stories of how difficult Bethany was as a baby, exacerbated the feeling that she was responsible for putting undue and unbearable stress on her father, causing him to choose suicide. She said:
I’m over it now. I realize that there is no way that an innocent baby could be the cause of such a terrible thing. I understand now, just because I have my own child now and I know that’s not possible for them to do that to a parent. It doesn’t matter how terrible they are; no child can put you in that dark of a place.

As an adult, Bethany realized that as a baby, no matter how difficult she was, she could not be responsible for her father’s choice.

Overall, Bethany’s father was not an encouraged topic of conversation while Bethany was growing up. She said: “With me and my siblings, it was pretty much forbidden to talk about in my house. We avoided it. My mom didn’t hardly ever talk about it unless I addressed it specifically with her.” Also, Bethany had limited access to visual reminders of her father while she was growing up. She made the following comments:

I’ve hardly seen any pictures of my father...I only have one in my house and it’s extremely old. It’s him flexing, so it’s not a good picture of him. I’ve seen very few pictures of him and I know very little about him.

She reiterated, “So yeah, it was pretty, taboo to talk about him.”

Young Bethany had limited access to photographs and information about her father and his life. As an adult, Bethany has one photograph of him. The lack of photographs and stories of her father while Bethany was growing up created a scenario where Bethany knows very little about her father. The negative descriptions of Bethany’s constant crying as a baby combined with the prohibited access to information and family memories of her father, contributed to Bethany’s perception of her mother’s limited emotional support and limited communication about the father’s life and suicide.
Support Following Mother’s Remarriage

Candace. Candace identified her mother’s remarriage a year after her father’s suicide, as healing and supportive for her and the family. “I think as time went on, I just like, I healed, because my mom—you know remarried someone else and he became a dad in my life. And he is an amazing person. He’s been a wonderful dad.” Her mother’s remarriage signaled the entrance of another father figure in Candace’s life, which she felt had a positive impact on her. Candace identified the brevity of the time between her father’s death and her mother’s remarriage as a good thing, even something to be grateful for, because she felt she was not without a father figure for very long. “We’re all so grateful for him, he’s been a huge blessing in our life. Mom met him probably a year after my dad died, so it wasn’t like I went that long without having a father in my life.”

Along with bringing a father figure back into her life, her mother’s remarriage meant that Candace inherited four step-siblings. She felt this was a happy and even fun development. “He had four kids, and they were our age, and it was really fun because we would hang out with them and stuff like that. . .” Candace acknowledged that things in her new blended family were not always smooth and easy, but overall she felt the remarriage and blending of the family was positive. She said:

I never felt like it was a bad thing. I was really happy about that. And I think some step-parent situations can be difficult, or, you know, cause problems. In our situation, it was, it was wonderful. I mean, it wasn’t always easy. My parents had their moments here and there because you know, there are kids from both sides. But overall, it was a huge blessing for all of us. It was a really good thing.

Candace’s mom and step-father did not have a perfect marriage and there were
difficulties with raising a blended family, but none of that dimmed Candace’s positive view of
the remarriage and how it helped her after her father’s death. A contributing factor to Candace so
readily and positively accepting her new family situation was because she had an experience
praying where she felt her father gave his blessing to the remarriage and specifically to her step-
father’s presence in her life. She said:

I would pray, I would always say, “Say hi to my dad, tell him I love him.” And I felt like
he was grateful that we had a new dad coming in to take care of the family, to be there.
Including her father in her prayers helped Candace feel close to her family as well as helped her
accept her new family situation with her step-father.

Cory. Cory described his mother’s remarriage soon after his father’s death as positive.:
My mom got remarried pretty quick. So for me, it was like pretty quickly there was a
replacement father figure and he was cool. He’s a great guy. They would fight a lot
though, him and my mom. But I liked him. He didn’t butt heads with us kids too much.
There were some things that he changed that were different in the household like he
didn’t want us to eat cereal after breakfast, that was a big one.
Although his mother and stepfather fought, Cory saw their relationship and the figure of his
stepfather as a positive thing in his own life. Cory and his stepfather got along, with minimal
conflict, and changes to family life that were manageable.

Bethany. Bethany attributed her mother’s hasty remarriage to her mother having small
children and few resources. Bethany shared: “She got remarried pretty quickly. Within six
months. I don’t blame her though, I mean, she had four kids and nothing except for the house
she was living in.” Bethany says she always knew her stepfather was not her biological father,
which was another factor in leading her to conclude her biological father was dead.
“I mean I kind of figured it out. It basically stemmed from me knowing that my stepfather wasn’t my real dad.” Bethany did not definitively connect her mother’s remarriage to her stepfather as something particularly supportive to Bethany, but she did link the remarriage to financial stability and help for her mother in raising her and her siblings.

Support From Faith Community: Religious Beliefs and Spiritual Dreams

Candace. Candace describes how her faith community offered support in the form of meals, money and visits.

The people in our church were super kind and really supportive. They definitely brought dinners for a long time, like for weeks and weeks, you know. There was always someone bringing food, and gifts, and money, and all sorts of stuff, like--just everyone was willing to help.

In the time following her father’s death by suicide, Candace also found comfort in spiritual dreams she would have where her father was present.

I do remember having several dreams, where... um, he would come to me and just tell me that he loved me, or he would be alive and I would be like, “He isn’t dead!” You know, just dreams like that. And I think they were mostly just sweet little blessings, you know, that I could see his face and talk to him.

Having spiritual dreams where she interacted with her father helped Candace feel her father’s love and feel as if he was not far from her, although he had passed; all of which made her feel happy. She said:

The dreams would make me happy. . .And I’d feel like he was close to me, you know?

And he would [crying] always let me know that he loved me. And I’d honestly feel like
his hugs and that was a really cool experience, ‘cause I knew that he was, you know, saying goodbye.

Candace felt loved by and close to her father through these dreams, which gave her comfort.

Candace continued to feel comforted and helped by her faith. Candace believed she would see her father again and that he was continually watching over her. She identified this perspective as a way to have a positive outlook:

I think it was important to stay positive throughout that, just to know that “Hey, it’s going to be okay, we’ll see him again, like your life is still going to be full and happy, he can still see everything you do,” even though he wouldn’t be there for my wedding or my graduation, I knew that he was watching over me. And just staying positive and knowing that he loved me. Never losing hope, and faith--were big for me.

That faith, which was taught to her by her father before his death and her mother after his death, gave Candace a sense of connection to her father as well as a feeling of hope. She said:

When I felt my dad’s spirit, I could feel him watching over me, I had a reassurance that it was all true, the things he had taught me. Even before he died, he taught me things, you know--to pray, and that there was a Heavenly Father that loves me. And so it was really cool to, listen to what he said, and then actually feel that in real life, you know?

Praying, belief in God and heaven were all faith-based beliefs Candace held onto from her father and helped her feel both connected and reassured that there was love and purpose for her through her grieving process following her father’s death.

Cory. Cory did not seem to find the same solace in his religious beliefs as Candace did. He describes an experience of being in church and asking the Sunday School teacher if someone kills themselves can they go to heaven. Without hesitation, the Sunday School looked at Cory
and replied, “No.” Cory explained: “He gave me a pretty frank answer and was like ‘well, it’s technically like a form of murder and so you can’t really go to [heaven],’ or whatever.” When asked, the Sunday School teacher equated Cory’s father’s suicide with murder and told him his father would not be accepted into heaven. The Sunday School teacher’s quick response impacted Cory’s belief that he would never see or be close to his father again.

**Bethany.** Other than Bethany sharing that sometimes, while growing up, her siblings would quietly talk about wanting to die so they could go to heaven to be with their father, she did not identify faith or religious beliefs as particularly helpful or unhelpful as she coped with her father’s suicide. Bethany focused on other topics in her discussion.

**Support From Extended Family**

**Candace.** Candace pointed out extended family members specifically being an important source of love and support following her father’s death by suicide. “Everyone in my extended family was super loving. I have, like, aunts and uncles who would make sure that they showed love and support. My grandparents were really loving and supportive, too.” Candace felt surrounded by extended family members’ loving help.

**Cory.** Unlike Candace, Cory did not perceive his extended family as being helpful or very supportive. “I don’t think [Mom’s] siblings were supportive. I’m sure initially they were probably supportive.” He sensed his extended family (i.e., his father’s side of the family) blamed his mother and had a memory of his uncle blatantly blaming her for Cory’s father’s suicide. “My uncle called her a ‘husband killer’ one time or something like that.” This comment seemed to typify the anger and resentment present in extended family relationships. “I know there is a lot of anger and resentment in my family from both sides. Neither side of the family really gets along
and I don’t see any of my father’s siblings anymore.” The anger and resentment were to the point where at the time of the interview Cory had not interacted with his father’s family in many years.

Bethany. Bethany not only described extended family as not supportive, she disclosed the harmful long term effects she suffered from a member of the extended family. When Bethany was younger, she and her siblings would spend weekends with their cousins. She related:

When I was growing up, I was very close friends with a younger cousin. I would go to his house every weekend and have sleepovers with him because we were best buddies. It was me, my brother, my younger cousin, and my older cousin. When I turned about nine years old, every time I would go over there, my older cousin would molest me and do other terrible things to me. He did that to me for about three years. I finally got the courage to tell somebody because I was feeling pretty terrible about myself. I hated myself actually. I turned into such a mean, nasty, little child because of that. I hated myself and everyone. I was super sassy and no one could talk to me and I was just in a dark place. My brother finally sat me down and asked, “What is wrong with you? You’re not normal. What’s happening?”

After experiencing years of abuse and the psychological and emotional repercussions of repeated abuse, Bethany was able to tell her brother about the abuse. After the abuse came to light, there were major consequences for Bethany’s cousin and extended family. Bethany continued:

I told my brother and it got solved. My older cousin was 16 years old at the time. It turns out he was doing it to my little cousin and my brother too. It was just crazy. I’m glad I told my brother. After I told my brother, my parents got involved and my cousin went under investigation. I was also interviewed by detectives. Then my cousin went to juvy,
and was on house arrest. I have not seen him since. Basically, our whole extended family got torn apart.

Bethany told her brother about the abuse, and her parents got involved, all resulting in her cousin being placed in juvenile detention. Bethany described her cousin’s crimes and subsequent incarceration as having huge implications for her extended family. Although Bethany remembered her younger cousin with fondness, she had nothing positive to say about her extended family’s involvement in her life after her father’s suicide. In fact, their involvement in her life in the form of weekly sleepovers, was actually damaging to her because of the sexual abuse she suffered at the hand of her older cousin.

**Support From School Community and Neighbors**

**Candace.** Candace also felt supported by classmates, teachers, neighbors, and people in her school community. The school community offered support through notes and teachers checking in on how Candace was feeling.

> Once they heard what I had been through, I remember fellow students giving me gifts and writing me notes, and I remember teachers putting their arms around me, you know telling me that they loved me [crying] and I thought that that really was sweet and supportive of them, to—you know—to go back to school and know that everyone wasn’t just talking about me. They were on my side.

**Cory.** Although Cory did not talk extensively about school or community support, he did suggest that returning to school helped to normalize his life after the suicide. He shared the following memories:
I remember going back to school. It was a preschool. It was at this lady’s house up the street in her basement. She had a classroom. I think going back to school must’ve helped to just normalize things because I felt pretty normal then.

Cory returned back to school soon after his father’s suicide and he identified it as helpful in normalizing his life.

**Bethany.** Bethany did not talk about school or community support to her or her family after her father’s suicide. During the interview, she focused on other topics.

**Challenges After the Suicide**

Candace, Cory, and Bethany all experienced challenges after their father’s suicide. Although the three had separate experiences after their father’s death by suicide, there were trends of what at least one or more of the siblings spoke about. These included challenges with how to talk about their father’s death and general issues of dealing with his death long after the actual suicide.

**People Asking About the Suicide**

**Candace.** Although Candace felt loved and supported by her family, had a positive experience with her mother’s remarriage, and felt her faith helped her after her father’s death, she still struggled with her father’s death. She said:

I felt really ashamed that my dad had killed himself. And when people would ask me what happened, I would often lie about it. It wasn’t until I got older that I was actually able to say what really happened to him. When people would ask me, I would either say “I don’t want to talk about it” or I would say, “I don’t know, I think that maybe a truck fell on top of him when he was working under it.” I would make up different stories, just because I did feel embarrassed and ashamed. I don’t think that was healthy.
Although adult Candace was concerned that she felt compelled to lie about her father’s suicide, when she was young, the feelings of shame and embarrassment were significant. She sought help from her mother to overcome her shame. Candace recalled:

I would tell my mom. I would say “Mom...I feel embarrassed when people ask me what happened, I don’t dare to tell them that my dad killed himself. I feel like they’re going to look at me different.” And she would always say, “Candace, there’s nothing to be ashamed of. When someone asks me that, I tell them what happened.” And she was like, “Think about being in my situation. It’s even more embarrassing for me to say something like that, because they could think it was because of me, you know.” And I was like, “Yeah, that’s true...” but it was still a struggle to admit what really happened.

Candace’s mother offered help in the form of encouraging Candace to take her mother’s example of honesty, and to take her perspective: that if Candace felt bad telling the truth, her mother felt worse and yet she still told the truth; her mother believed Candace did not need to feel shame or embarrassment. Despite her fears to the contrary, Candace did find acceptance when she was honest about her father’s suicide. “But then when I learned to be open and honest about it, it was like, people won’t judge me. Everyone goes through hard things. I felt more love when I actually told someone the truth.”

Cory. When meeting new people, Cory would watch the people in order to gauge how to explain his family situation.

I remember I would anticipate it because every time you would meet new people, a friend’s parents or anything like that, you know, they’re inevitably going to start asking about family and all that so you kind of start to anticipate that question coming up and try to measure your response.
Cory would think ahead to scenarios of meeting people and explaining or not explaining the circumstances of his father’s death. He thought about how to explain his family situation. Cory often decided to tell the truth in simple terms. He commented. “I would generally just say something, like, I would just tell them, like, ‘Oh, he killed himself.’”

Bethany. Bethany, did not share her feelings about how she addressed people asking her about her father’s suicide. This was not a topic that Bethany discussed.

Living Long Term With Father’s Death by Suicide

Candace. Candace felt a long-term consequence of experiencing her father dying by suicide was her becoming a stronger, more empathetic person as she overcame the difficulties associated with the death. In addition to feeling she was personally stronger because of the experience, she felt a stronger connection to her family because of the difficulty of her father’s death by suicide. She reported the following perceptions:

I just feel like the more hard things that you go through, you do become stronger, because you can either let it break you or you can rise above it. You develop a lot of empathy, you feel for others, you’re there for them, and then you feel stronger. You learn when hard things come in your life, you can deal with them in a positive way, in a healthy way. Instead of just breaking down. And so I think, going through that at a young age, it has prepared me for some other really hard things that I’ve gone through, you know, as I’ve grown up. Now, I always look back at it we were lucky it happened to make us strong. You know, it really bonded our family together.

Overall, Candace attributed the difficult circumstances surrounding losing her father to suicide when she was small to positive traits she has and strong relationships with her family.
Cory. Cory did not express feeling that his father’s suicide impacted him in any long term, negative way as he was growing up. Yet Cory did describe an ongoing sense of ambiguity in his life. “Yeah, it was mostly fine growing up. I don’t remember it particularly hindering me in any, respects or anything like that.” Yet, as Cory continued to share about his father’s untimely death, Cory began to question whether he had fully processed his father’s death and the associated emotions. “Sometimes, I still, think back and, I wonder about stuff. Maybe I’m still going through the grieving process very incrementally. I definitely have more resentment towards him now that I’m older.” Cory also grieved that his immediate family was not as close as they should be. Although he was not sure if his family was on that trajectory before his father’s death or if his suicide contributed to the family’s distance from each other: “Our family—we’re not as close as we should be. It’s hard to tell if it’s because of that or if it’s just the way that we would’ve been anyways.”

Bethany. Pertaining to the long term effects from her father’s suicide, Bethany focused on the tangential effects of the suicide, such as the abuse she received from her cousin and the associated long term negative effects. She said:

I’m going to therapy now. I don’t know that it is about my father though. So, with all of my therapies, the reason why I’m going to therapy now is mainly stemming from what happened to me when I was younger because I have a lot of issues from that. Although Candace, Cory, and Bethany each experienced the death of their father by suicide in their early childhoods, each had a different story to tell related to the time before his suicide, how they found out about the suicide, the immediate aftermath, and the long term effects of their father’s suicide. The siblings’ experiences and memories varied immensely and reveals the differentiated nature of a group of individuals experiencing the same trauma.
As adults and at the end of the research interview, Candace, Cory, and Bethany were presented with a group of books that could potentially be used to help a child bereaved by suicide understand and process their emotions surrounding the suicide. The three siblings reacted strongly to different books and explained why they did or did not like a text.

**Participant Reactions to Books About Suicide, Death, and Loss**

**Candace.** When presented with a group of children’s books that might be helpful to a child bereaved by suicide, Candace immediately identified the explanations about chemical imbalances in the brain as a factor in a person choosing to die by suicide in this book as being a positive in this book based on her personal experience. She relayed:

> When I was young, they explained this to me and it was really helpful, like, that there can be a chemical imbalance in the brain. Explaining that, like, not everyone’s brain, you know, is perfect, and that things can go wrong, and it’s not a normal thing that that person would do.

Candace had been told that her father had a chemical imbalance in his brain and it helped her to make sense of his choice. “They explained that my dad had a chemical imbalance, and I remember thinking that that was really helpful, because then I didn’t feel like he didn’t love me and that’s why he did this, you know?”

Because of her personal experience, Candace liked that *After a Suicide: An Activity Book for Grieving Kids* by The Dougy Center and The National Center for Grieving Children & Families explains that usually a person would not choose death by suicide but might move towards that choice because of issues with their brain chemistry. For Candace, the information in the book would help place the responsibility of the decision on issues outside the child survivor’s control and outside her relationship with her parent. She believed it was a positive and helpful
aspect of the book. “I really like this book. It covers the ins and outs, everything. . . and whoever is helping the child will be able to learn a lot about what is needed to help that child get through it.”

Candace also felt the explanations in *After a Suicide: An Activity Book for Grieving Kids* by The Dougy Center and The National Center for Grieving Children & Families would help a child feel supported and less alone in her feelings. “I think it’s good. I think it can help a child understand, like I’m not the only person feeling this way. A child might be able to relate to that.” Information as an inoculation to feeling isolated in the suicide survivor experience and as a way to take away feelings of confusion or guilt were some of Candace’s favorite aspects of this book. She said:

I liked how they kind of explained that, you know, that sometimes people get sick just to explain the situation, you know, if someone’s feeling that way it’s important that they remember to get help, you know, and stuff like that.

Candace also points to this book as encouraging children to remember to get help if they have thoughts or feelings that may lead to suicide as being positive.

Even though Candace responded positively to *After a Suicide: An Activity Book for Grieving Kids*, she suggested this book may not be appropriate for young children. She said: “I mean you would have to be at least 10 or older for this book. It would not be good with a young child.”

Candace had very few negative reactions or opinions about the books presented to her. She did note a word of caution about *The Little Flower Bulb* by Eleanor Gormally.

Candace cautioned that this book would require an adult’s active explanations in order to help a child understand the text and how it relates to their experience. “I think if I were younger,
and my mom was reading it to me, it would be good as long as she, explained things throughout the reading, and made it personal to our life or our situation.” Although, in Candace’s view, *The Little Flower Bulb* would require explanation, she did think the idea of the flower bulb as a representation of a loved one who died by suicide was positive. “But I like the idea of the flower and watching it grow and having it symbolize my dad that he’s still kind of alive in the flower.” The idea of endowing a growing, living object with the memory of the father who died by suicide, was positive and seen as potentially helpful to Candace.

**Cory.** When presented with a group of children’s books that might be helpful to a child bereaved by suicide, Cory responded to fewer of the books presented to him and seemed to demonstrate no strong positive reactions to any of the books. However, he did display a strong negative, visceral reaction to *The Little Flower Bulb* by Eleanor Gormally.

As soon as Cory saw the cover of the book, he immediately reacted negatively to the illustration style. “I don’t like the art style, right away.” The cover, an illustration of a small boy with his head tilted to one side surrounded by flower pots and a toy bear, was particularly off-putting for Cory. “He kind of looks dead right there, to be honest, like, that hollow look in his eyes.” He identified the main character on the cover as looking dead in his eyes. He then went further and connected a cause of death to the dead-looking boy on the cover, based on the boy’s body posture. “And his head is kinked. And now, we’ve been talking about my dad so much, it makes it look like he’s hanging.” Cory went on to say that the overall feeling of the illustrations was completely negative. He went on to assert that maybe the negative feeling of the illustrations was an intentional style choice by the illustrator. “Maybe it’s intended that way to, like, you know, let kids know that life can be scary and dark and rough and stuff like that. But this is not a book for children.”
**Bethany.** When presented with a group of children’s books that might be helpful to a child bereaved by suicide, Bethany was immediately drawn to *The Invisible String* by Patrice Karst. She reacted most positively to the central metaphor in the book as something that would be good for children who survived a parent’s suicide. “I like how the book talks about how kids would take the invisible string with them wherever they go to feel connected.” Bethany specifically liked the idea the book asserts that no matter where a loved-one is nor what their temporary emotional state is, the “invisible string” stays between the child and that loved one. Bethany continued:

The book says, “Can a string reach all the way to Uncle Brian in heaven?” That’s good. I would’ve enjoyed this book as a kid. When the book says, “‘does the string go away when you’re mad at us?’ ‘Never,’” I like that. Because that was my greatest fear with what happened to me as a little girl.

As a child, Bethany had two fears related to loved ones being angry with her. (a) That her father’s suicide was somehow her fault because she was described as such a difficult baby and (b) she felt scared to disclose that she was being sexually abused by her older cousin to family members because she was worried the adults would be angry with her. Therefore, Bethany was drawn immediately to the main character in the book, the mom, telling the children that no matter how she feels whether it’s angry or not, their connection would not be broken. Bethany also responded positively to the fact that the idea of the “invisible string” between a child and a loved one can apply to death or other situations in a child’s life.

In addition, Bethany thought the versatility of the central metaphor of the book was something that would be helpful to a child. For example, she noted that one of the settings
portrayed in the book, a mother and two children sitting on a chair during a thunderstorm, would address typical childhood fears. She said:

I felt like it addressed a lot of things. Like it addressed death, it addressed the simple fears of a child. . . Like their mother or father being angry at them, the string is still there even if the parents are angry at the child. That gets at a child’s main fear of someone not liking them or someone being mad at them.

In contrast to her older sister Candace, Bethany had a strong negative reaction to *After a Suicide: An Activity Book for Grieving Kids* by The Dougy Center and The National Center for Grieving Children & Families. She described this book as very cold. “I don’t really like this book. It’s just, cold, not creative. It would be hard for a kid to relate to this. I don’t get this.” Bethany felt that the lack of creativity and warmth would make the book inaccessible to children and potentially alienate young readers.

Bethany identified the book as being more related to an informational pamphlet for adults, rather than a story book for children. “I guess this could be, like, a health pamphlet. . . Or an informative pamphlet for an older child. I guess if a parent doesn’t know how to talk to their kid, they can just hand them this.”

Bethany also commented on the impersonal language. “I shouldn’t be so critical, but it is just cold. It’s not a story. Kids connect with stories, big time.” Bethany believed the language choices and lack of story would hinder a young child understanding and connecting with the information the book is trying to convey to the reader. Bethany pointed out that perhaps changing the colors and typeface would help the book feel more child-friendly.

Bethany did respond positively to one line in the book:

This page is okay, “you may think you did something to cause this to happen, this is not
true.” But see, once again it’s not really a story. This just isn’t really a book for children to me.

Bethany responded positively to the fact the book asserts to a young reader that a loved one’s death is not their fault. This one positive did not outweigh the issue of the book lacking a story. She concluded:

So they could’ve been way more creative with this and it could have been just as informative. This book [tapping on The Invisible String] is something that kids will always remember. Yes, The Invisible String. Kids would connect to it.

Comparing Participant Reactions to Books

Although Cory and Candace both had negative reactions to The Little Flower Bulb by Eleanor Gormally, their reactions centered on different aspects of the book. Cory’s reaction was strongest towards the illustrations and the tone set by the visual style of the book. He said “I don’t like the art style, right away.” The overall style seemed dark and unoptimistic to Cory. “It seems hollow.” Cory also found the way the main character on the front cover was positioned as one of the most inappropriate or upsetting aspects of the book. The cover includes a small, dark haired, dark eyed boy whose head is tilted to one side as he hunches a bit over a flower pot. Cory commented, “He kind of looks dead right there, to be honest, like, that hollow look in his eyes. And his head is kinked. It looks like he’s hanging.” Cory saw a person hanging and dead in the posture of the boy in the illustration on the cover of The Little Flower Bulb by Eleanor Gormally.

Candace also reacted negatively to The Little Flower Bulb by Eleanor Gormally. However, whereas Cory reacted in a viscerally negative way, Candace’s negative reaction was only marginal in the form of a caution. Candace did not mention the visual of the book as being an issue. Instead, she cautioned that the book was inaccessible to children without adult
intervention. Candace found the text would not be readily understood by children without an adult helping them to decipher the metaphor of the flower bulb being a symbol of the loved one they lost and/or explaining the situation. Although she cautioned that an adult would need to explain the situations of the text to a child, Candace did like the central metaphor of the book. The metaphor being that a child might plant a flower bulb and sort of endow it with the memory of a lost loved one and to take care of it with love.

The book, *After a Suicide: A Workbook for Grieving Kids* by The Dougy Center and The National Center for Grieving Children & Families was the source of Candace’s strongest positive reaction and conversely the source of Bethany’s strongest negative reaction. Candace found the straightforward explanations of suicide in *After a Suicide: A Workbook for Grieving Kids* by The Dougy Center and The National Center for Grieving Children & Families to be the most positive attribute of the book. She found this type of explanation helpful as a child and felt the book would be useful to other child survivors of a parent’s suicide as well. In addition, Candace appreciated the straightforward and less story-driven style of the book. She highlighted the way the book laid out facts and details a child bereaved by a parent’s suicide might need and want to know.

To the contrary, the very characteristics Candace loved about the book, Bethany found off-putting. Bethany identified the text’s overreliance on facts, without creating some sort of metaphor or story to explain about suicide, as being cold and potentially difficult for a child to understand. The lack of warmth and relatability in *After a Suicide*, is what Bethany identified as the main reason the book would not be helpful for children bereaved by suicide.
CHAPTER 5

Discussion

When they were young children, Candace, Cory, and Bethany all experienced the death of their father by suicide (hanging). Although each grew up in the same home, with the same mother, the same siblings, and the shared trauma of their father dying by suicide, Candace, Cory, and Bethany had varied memories and focused on different aspects of losing their father. The distinctions between the three siblings’ experiences and perspectives on shared trauma are significant and important. The disparate ways in which each of the siblings reacted to books and their perceptions on whether or not a specific book would be helpful to children bereaved by parent suicide was noteworthy.

These three case studies serve as a view into how shared trauma does not equate to shared experiences, reactions, or perspectives. This is important for people to keep in mind when interacting with children who have experienced trauma, but has special weight for those school based mental health professionals who may be participating in helping the children understand, process, and move through that trauma. Each child’s trauma and experiences surrounding that trauma need to be treated individually.

This idea is supported by the Ecological System Theory of Bronfenbrenner (1979) and the writings of Cohen, Mannarino, and Deblinger (2017) on trauma narratives. When helping a child process trauma, the limitations and restrictions of effectively applying bibliotherapy as a treatment highlights the need to attend to a child’s individual experiences and perceptions.

Bronfenbrenner’s Ecological Systems Theory

Bronfenbrenner’s Ecological Systems Theory (EST) outlines the idea that a child’s development is influenced by the ecological environment surrounding the child (Bronfenbrenner, 1979). His theory can be demonstrated by putting a child in the middle of ever-widening circles
or nests wherein each circle represents a system of persons and broadening influences.

Bronfenbrenner suggested five ecological nests or systems which influence each child. These nests include: (a) the child’s immediate nuclear family and caregivers, (b) healthcare and education systems, (c) individuals who may have relationships with people close to the child such as extended family, (d) the cultural and religious communities in which the child grows, (e) the child’s heredity which tends to interact with all the other ecological systems to exert influence on the child’s development (Bronfenbrenner, 1979). Figure 3 demonstrates the ecological systems working on a child survivor of parent suicide.

*Figure 3*. Ecological system of a child survivor of a parent’s suicide.
Bronfenbrenner argues that the interrelated nature of the different ecosystems impacts how families, caregivers, and schools interact with the various other systems in which a child grows up. The hope is that each system works together in ways to optimize growing and learning environments (Bronfenbrenner, 1979).

Figure 3 demonstrates how the nests within an ecosystem of a child bereaved by suicide interact. It is important to note that each system also operates on the child through interacting timelines. For example, within the system of nuclear family, the child survivor may have memories of the deceased parent as well as the way things were with the family before the suicide. Next, there is an interplay between the ecosystems as the child finds out and the immediate aftermath of the suicide. How a child finds out about a parent’s death is an important factor that impacts the child’s experience and potential reactions to treatment attempts. The nuclear family is still part of the child’s experience but in this stage, it is the reaction of the nuclear family to the parent suicide that can be most impactful. Then the long-term repercussions of the parent suicide must be considered. The ongoing health and support of the nuclear family ecosystem is a chief concern here. Also, the larger ecosystems of the child’s school, faith and cultural communities’ views and reactions to the suicide can impact the child into adulthood.

The interplay of the ecological nests along with the three timelines of before, during, and after the suicide continually inform each other, have an impact on the child and ultimately help form a child’s reactions to different treatment methods and approaches. Although a child may be chronologically living in what would be considered after the suicide, the child’s experiences and memories of before a parent’s death and what happened immediately after (including how the child found out about the death) can have a continual and even perpetual influence on the child.
Although Candace, Cory, and Bethany were all young children when their father died by suicide and experienced the same ecological systems before, during and after their father’s suicide, their experiences and perceptions of those systems as positive or negative varied. Each had a unique experience with the ecosystems in the timelines before, during, and after, as well as unique reactions to those experiences. A person seeing the surface level story that Candace, Cory, and Bethany were three siblings with the same mother, growing up in the same household, who were under the age of nine when their father died by suicide through hanging could come to the conclusion that the siblings would have similar experiences associated with their father’s death and similar perceptions of those experiences. On further investigation one notes that Candace, Cory, and Bethany are individuals with individual experiences, thoughts, emotions, and perceptions of the timelines and ecosystems associated with their father’s suicide.

If a school based mental health professional had approached Candace and Bethany assuming they had the same perceptions of and experiences with extended family after their father’s suicide, the professional would have been mistaken. Children with shared trauma do not necessarily share the same experience of that trauma and need to be supported by school based mental health professionals as individuals. Candace had a positive experience with and perception of her extended family’s involvement after her father’s suicide and Bethany had a damaging experience and negative perception of her extended family after the suicide. They experienced the same ecosystems in completely different ways with completely different consequences to their well-being and outcomes. Treating their experiences as the same would be unhelpful for Candace and Bethany and could potentially be damaging.
Trauma Narrative and Bibliotherapy

Candace, Cory, and Bethany all shared the trauma of their father’s suicide, but when sharing their experience, the stories they told varied from sibling to sibling. Each had an individual story to tell around the trauma they experienced. Cohen et al. (2017) in *Treating Trauma and Traumatic Grief in Children and Adolescents*, describe how trauma narratives are individual to each child survivor. A particular child’s trauma narrative will be different from other children who have experienced the same trauma because of the particular child’s characteristics, personality, and general reaction to external factors. Cohen et al. suggest that even if the trauma was shared among a group of children, (e.g., a set of siblings who share the trauma of a parent dying by suicide), each child should be treated separately and individually to process their trauma through a trauma narrative.

When Candace, Cory, and Bethany were presented with a variety of books that could potentially be used in a bibliotherapy context to help children bereaved by suicide, each sibling reacted differently. For example, while Candace reacted positively to the facts-driven language and layout of *After a Suicide: A Workbook to Help Grieving Kids*, Bethany found the lack of a narrative plot and characters to be something that would be completely inaccessible to children. This inaccessibility renders the book useless in helping children cope with their parent’s suicide.

Even when the siblings generally reacted in a similar vein, they did so for disparate reasons. For instance, even though both Candace and Cory both reacted negatively to *The Little Flower Bulb*, Cory specifically pointed out that the character on the front cover of the book looked like he was hanging and no child should look at such an illustration. On the other hand, Candace reacted more generally to the illustrations and text being inaccessible to children. Treating their shared trauma as a monolithic experience for the siblings as a whole unit rather
than treating and hearing each sibling’s trauma and narrative surrounding that trauma as individual and distinct would be a missed opportunity for a school based mental health professional to help the child process and move through their trauma.

**Need for Training in Bibliotherapy**

The differing perceptions of the books amongst the siblings mirrors their differing experiences with their father’s suicide and seeks individualized consideration when considering a bibliotherapeutic route to helping them cope with their grief and other complex feelings and thoughts related to the suicide. This sort of consideration is only possible if a school based mental health professional is properly trained in bibliotherapy.

Bibliotherapy has been shown to be successful in supporting children through trauma; however, it is imperative that a qualified, trained professional implement the therapy (Newhouse & Loker, 1983). Books chosen for a bibliotherapy experience are often chosen because of their emotional content. That emotional content that could potentially help a child process their own difficult emotions also poses risk when someone who lacks proper training tries to lead the child through identifying, processing, and then finding ways to cope with strong emotions. Someone trained in bibliotherapy has the education, skills, and experience that match the severity of the child’s issues or traumatic experiences (Heath et al., 2005).

Of particular importance is a therapeutic match between the mental health professional’s training in bibliotherapy and clinical expertise with the severity of the child’s trauma and their recovery needs. Meaning a professional trained in bibliotherapy will carefully and deliberately consider alignment between the child’s experience and needs when choosing a book and bibliotherapeutic activities related to that book. Considering the individual characteristics of the child, the professional needs to thoughtfully review the book’s content and how the story’s
characters are portrayed. This includes the child’s and book character’s age, gender, ethnicity, family situation, native language, socioeconomic status, and cultural and religious beliefs (Heath et al., 2005). These considerations help the child identify with the story’s characters. As the child identifies with the story, the professional is able to scaffold an experience in which the child learns and practices coping skills. This learning experience provides comfort, hope, and support for the child (Heath et al., 2005). Bibliotherapy for such traumatic experiences, such as a parent’s suicide, requires a higher level of professional skill than expected for common developmental needs, such as coping with bullying, strengthening social skills, and supporting basic interpersonal needs. These differences distinguish clinical bibliotherapy from developmental bibliotherapy and routine classroom story time (Heath et al., 2005).

**Limitations**

Because of the qualitative nature of this study, the interpretation of the participants’ narratives may be considered somewhat subjective in nature. This type of research may be questioned by researchers who rely on quantitative data and conventional methods to determine the reliability, validity, and generalizability of the findings.

This study’s sample included only three participants. Future research may consider including additional sets of siblings with a similar make up (i.e., three siblings with two sisters and a brother; siblings of similar age; siblings experiencing similar trauma).

The data is retrospective in nature and participants reported on their memories of their experiences following their parent’s suicide. Data that are longitudinal may offer differing perspectives of child survivors’ experiences. Additionally, follow-up interviews may help in determining the reliability and consistency of participants’ reports.
Another point to consider, the information gathered was not primarily focused on the participants’ perceptions of the books and bibliotherapy. Future research may focus specifically on this aspect of therapeutic intervention and investigate the effectiveness of bibliotherapy in addressing survivors’ needs.

**Implications for Practice**

Candace, Cory, and Bethany are siblings who share the joint trauma of their father dying by suicide when they were young children. Even though these three children may have all experienced the same event, they reported a diversity of experiences, perspectives, perceptions, and emotional outcomes. If siblings with common family circumstances and shared trauma can have such individualized experiences and reactions, then this would lead a person to believe that children who have nothing but their trauma in common would have a wide variety of experiences and perceptions. This variety and individuality asks for school-based mental health professionals to treat each child in an individualized way.

Candace, Cory, and Bethany all had different positive and negative reactions to books meant to help children bereaved by suicide presented to them. If a school based mental health professional simply looked up books that have to do with suicide bereavement and used the same book to help Candace, Cory, and Bethany process their trauma then it may have been helpful for one and potentially harmful for another. Again, if this diversity occurs in a group of siblings who share many common circumstances, this would be even more the case for a group of children with no relation except for shared trauma. A school based mental health professional needs to be thoughtful when seeking books for bibliotherapy or any other treatment option to really tailor make it to the individual child.
The major implications for practice include the importance of knowing the specifics of each child’s perceptions and providing supportive interventions that match the individual child’s needs. Also, when selecting therapeutic books to share with a grieving child, mental health professionals must consider presenting options and allowing the child to select a book. Additionally, mental health professionals need to contemplate that a book that is preferred by one child, may not be preferred by another. Moreover, certain pictures included in children’s books may trigger memories of the parent’s suicide that further traumatize the child. This caution is noted in a study conducted by Regher, Heath, Jackson, Nelson, and Cutrer-Parraga (in press). In their study, counselors who worked with child survivors of suicide noted that one book’s water color illustrations contained red in the tree leaves, on the ground, and in the water. Several of this study’s participants noted that these illustrations looked like blood and would most likely traumatize children who witnessed their loved one’s suicide that involved blood (suicide by cutting or gunshot).

In conclusion, this study looked at three siblings’ experiences, feelings, and thoughts surrounding their father’s suicide, as recalled when they were adults. Candace, Cory, and Bethany each had different reactions to both their father’s suicide and the books presented to them as potentially helpful for children bereaved by suicide. Their disparate experiences as siblings, who people may assume would have similar experiences and feelings associated with their father’s suicide, sheds light on the idea that each child survivor of trauma is unique and deserves unique and individualized help from their support network. In particular, child survivors of parent suicide need individualized intervention from their community and school-based mental health professionals.
REFERENCES


Cerel, J. (2015, April). *We are all connected in suicidology: The continuum of "survivorship."* Plenary presentation at the 48th annual conference of the American Association of Suicidology, Atlanta, GA.


Memorandum

To: Melissa Heath  
Department: BYU - EDUC - Counseling, Psychology, & Special Education  
From: Sandee Aina, MPA, HRPP Manager  
Wayne Larsen, MAcc, IRB Administrator  
Bob Ridge, PhD, IRB Chair  
Date: December 06, 2019  
IRB#: IRB2019-365  
Title: bibliotherapy support for child survivors of parent suicide

Brigham Young University’s IRB has reviewed the amendment submitted on December 5, 2019. The IRB determined that the amendment does not increase risks to the research subject and the aims of the study remain as originally approved. The amendment to add Caitlin Cotten and Cortland Watson has been approved.

All conditions for continued approval period remain in effect. Any modifications to the approved protocol must be submitted, reviewed and approved by the IRB before modifications are incorporated in the study.
Memorandum

To: Melissa Heath  
Department: BYU - EDUC - Counseling, Psychology, & Special Education  
From: Sandee Aina, MPA, HRPP Manager  
Wayne Larsen, MAcc, IRB Administrator  
Date: December 04, 2019  
IRB #: IRB2019-365  
Title: bibliotherapy support for child survivors of parent suicide

Brigham Young University’s IRB has approved the research study referenced in the subject heading as exempt level, Category 4: Secondary research for which consent is not required. Secondary research uses of identifiable private information or identifiable biospecimens, if at least one of the following criteria is met:

i. The identifiable private information or identifiable biospecimens are publicly available;

ii. Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;

This category does not require an annual continuing review. Each year near the anniversary of the approval date, you will receive an email reminding you of your obligations as a researcher and to check on the status of the study. You will receive this email each year until you close the study.

The study is approved as of . Please reference your assigned IRB identification number in any correspondence with the IRB.

Continued approval is conditional upon your compliance with the following requirements:

1. A copy of the approved informed consent statement can be found in IRIS. No other consent statement should be used. Each research subject must be provided with a copy or a way to access the consent statement.

2. Any modifications to the approved protocol must be submitted, reviewed, and approved by the IRB before modifications are incorporated in the study.

3. All recruiting tools must be submitted and approved by the IRB prior to use.

4. Instructions to access approved documents, submit modifications, report adverse events, can be found on the IRB website, IRIS guide. http://orca.byu.edu/irb/IRIS/story_html5.html

5. All non-serious unanticipated problems should be reported to the IRB within 2 weeks of the first awareness of the problem by the PI. Prompt reporting is important, as unanticipated problems often require some modification of study procedures, protocols, and/or informed consent processes. Such modifications require the review and approval of the IRB. Please refer to the IRB website for more information.
APPENDIX B

Interview Protocol: Guided Interview Questions

Pre-Interview
Establish rapport
Review research study
Explain Consent Form
Demographic sheet
Answer any questions

Signed consent form from participant _______
(1 copy of Consent Form remains with participant)

Demographic sheet from participant ___________
(check for complete answers and legible handwriting)

Part A: Guiding interview questions
Start audio recording
Show empathy
Express appreciation

(1) Thank you so much for participating. I realize this probably isn’t an easy thing to talk about. If at any time you need to take break, redirect questions that might be uncomfortable, or end the interview, please let me know. We can stop at any time, if needed.

Let’s start with a general question—Having a parent who died by suicide – what was that like for you? Tell me about your experience.

(2) In the immediate aftermath of the suicide,
   (a) What did you perceive as most helpful?
   (b) What did you perceive as least helpful?
   (c) Who was helpful and who was not helpful?

(3) In the year following the suicide,
   (a) What did you perceive as most helpful?
   (b) What did you perceive as least helpful?
   (c) Who was helpful and who was not helpful?

(4) Since the death, have you received professional counseling services to help you cope with the suicide? If so, what type of counseling and for approximately how long?

Part B: Reviewing books
Invite the participant to review 3-5 children’s books on loss, death, suicide, or related topics.

Present hard copies of the picture books with give the participant a chance to review them.

Ask the participant to indicate which books they would recommend to children bereaved by suicide (and those supporting them) and why.

Ask the participant if there are any additional books or resources they would recommend.
Wrap up
Check-in: How are you doing?

Regardless of how they answer, remind the participant of what resources are available (Professor Melissa Heath, survivor groups, providers in Utah County such as Wasatch Mental Health, websites that offer support including Hope4Utah.com, afsp.org, sprc.org, and the 24/7 suicide hotline 1-800-273-8255) if they should feel the need at any time.

Ask the participant if they would be willing to review a transcript of the interview to ensure accuracy and make any corrections or modifications; if so, direct the participant to include their email address on the Informed Consent document.

Thank the participant for their cooperation and give them gift card.