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CHAPTER

The Meanings of Suicide A Narrative Approach to Healing

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There are many things that we take for granted about our world, perhaps most importantly our relationships with those to whom we are closest. Our assumptions about the world include its safety and predictability, and the continued availability of our loved ones. A sudden death, such as suicide, may violate much of what we believe to be true about our lives. Perhaps more than any other death, a suicide leaves those left behind searching for an answer to the question “Why?” The quest to make sense of that which makes no sense often becomes a central healing task for suicide survivors (see Chapter 9). As Chapter 1 noted, one of the characteristics that all unexpected deaths seem to share is this “shock effect” on the assumptive world of the mourner (Currier, Holland, Coleman, & Neimeyer, 2008; Currier, Holland, & Neimeyer, 2006).

Suicide appears to be particularly potent in its ability to shatter the most fundamental of assumptions in life. For a period of time, many survivors are truly unable to make sense of why the suicide has happened, what role they played in the death, and its implications for their

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identity and their understanding of the world. Although clinical experience suggests that these effects are most prominent when the mourner was “blindsided” by the suicide and had no awareness that their loved one was considering ending his or her life, this shock effect appears to be a central issue to some extent after almost all suicide bereavements (see Chapter 9).

AQ1 In this chapter, we seek to explore a central question: How does the suicide of a loved one affect the assumptive world of a survivor? Our intention is to respond to this question from a constructivist approach to mental health, one predicated on the construction and reconstruction of meaning to accommodate the vicissitudes of living (Neimeyer, 2009; Neimeyer & Mahoney, 1995). We begin with a brief overview of the constructivist, or narrative, approach to bereavement. Next, we describe a number of domains of a survivor’s assumptive world that can be affected by a suicide. We then present a new meaning-oriented model of bereavement after suicide called the Tripartite Model of Suicide Bereavement (TMSB) (Sands, 2008, 2009). We also discuss ways that the work of rebuilding one’s assumptive world may contribute to the emergence of post-traumatic growth after the suicide of a loved one. Finally, we conclude the chapter with a case study that uses the story of one family’s journey through the loss of a daughter to offer an example of therapeutic interventions that facilitate the healing process of meaning reconstruction after a suicide.

Grief and the Quest for Meaning: A Constructivist Contribution

A constructivist theory of bereavement posits that grieving entails an active effort to reaffirm or reconstruct a world of meaning that has been challenged by loss (Neimeyer, 2001, 2006b). In this perspective, people are viewed as meaning-makers, drawing on personal, social, and cultural resources to construct a system of beliefs that permit them to anticipate and respond to the essential themes and events of their lives (Kelly, 1955/1991). Across time, this “effort after meaning” confers a sense of identity and intelligibility, giving rise to a *self-narrative* that integrates the “micro-narratives” of daily life into a “macro-narrative” regarding life’s purpose and direction (Neimeyer, 2006a). The death of a loved one, however, can challenge this framework, sometimes calling into question the most basic premises that anchor one’s “assumptive world” (Janoff-Bulman & Berger, 2000), necessitating efforts to integrate the discrepant

experience of loss into one's autobiographical memory (Boelen, van den Hout, & van den Bout, 2006).

According to this conceptualization, *resilient survivors*, who take the loss in stride without profound distress, would likely be those who are able to assimilate the loss into a stable and positive meaning system, perhaps drawing on secular or spiritual beliefs that help them make sense of the loss and the life transition they are forced to undergo. *Adaptive grievers*, by comparison, may wrestle profoundly for a time with practical or existential questions concerning the death of their loved one and its implications for their sense of self, but ultimately accommodate their self-narrative to the changed reality in a way that engenders renewed stability and perhaps even personal growth. In contrast to these resourceful responses, a minority of *foreclosed survivors* may assimilate the loss into a stable, but predominantly negative or pessimistic meaning system, finding in their loss yet another life experience that validates their sense of life's cruelty and meaninglessness or their own failings. Finally, *chronic grievers* may contend with an anguishing invalidation of their central assumptions about God, the universe, their loved one, and other people, often experiencing an ongoing struggle to reconstruct a life narrative that accounts for their past loss, their present circumstances, and their changed future (cf. Neimeyer, 2006b).

This basic theoretical perspective accords well with a growing body of research that associates resilient and adaptive trajectories through loss with an absence of searching for meaning in the first instance and a successful quest for meaning in the second (Bonanno, Wortman, & Nesse, 2004; Calhoun & Tedeschi, 2006; Coleman & Neimeyer, in press; AQ2 Davis, Wohl, & Verberg, 2007). Conversely, an ongoing attempt to search for meaning in the loss and a chronic inability to make sense of it is associated with profound and protracted grieving among such groups as bereaved young adults (Holland, Currier, & Neimeyer, 2006), parents who have lost children (Keesee, Currier, & Neimeyer, 2008), and older widows and widowers (Bonanno et al., 2004; Coleman & Neimeyer, AQ3 2010). In fact, "sense making" is such a critical predictor of adjustment to loss that one study found it to be a near-perfect mediator of the impact of bereavement by violent death. That is, although loss through suicide and other forms of violent death was indeed associated with higher levels of complicated grief symptoms than loss through natural death, nearly all of the difference could be attributed to a failure to find meaning in the loss in the former instance (Currier et al., 2006). More suggestively, recent evidence also accords with the conceptualization of a group of *foreclosed survivors*, whose world assumptions are pessimistic, fragile and self-critical, and whose distress is exacerbated by the loss of a loved one (Currier, Holland, & Neimeyer, 2009).

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In sum, a constructivist approach that views the challenge of bereavement through the lens of a meaning-making model seems to hold considerable promise in understanding a survivor's attempt—whether successful or unsuccessful—to rebuild a workable model of the self and world in the wake of loss. Such a perspective seems to hold particular promise when applied to the seismic event of suicide, which can rock the foundations of a survivor's personal world of meaning and launch a protracted search for sense in a seemingly inexplicable death. To further
AQ4 mine this promise, we turn to an exploration of the many ways that suicide may devastate the assumptive world of its survivors. After that, we present one specific conceptualization—the Tripartite Model of Suicide Bereavement (TMSB)—of particular relevance to this tragic form of loss, before considering its implications for post-traumatic growth and anchoring these in a brief case study.

Suicide and the Challenge to the Assumptive World

The experience of each mourner is unique to that mourner. Attempts to describe a universal set of responses after any type of death must always be seen as incomplete and imperfect. Nonetheless, clinical experience and the small amount of research on this subject suggest that certain domains of an individual's assumptive world may be particularly challenged after a suicide, which Jordan (2001) has called the “thematic issues” of suicide bereavement. This damage to the assumptive world becomes apparent as survivors seek to repair the psychological havoc created by the death
AQ5 (Jordan, 2008; Neimeyer et al., 2002). Sands has set forth in the TMSB a tripartite organization for understanding these domains, including the survivors' relationship with the deceased, with themselves, and with others in their social networks (see below and Sands, 2008, 2009). The impact of a suicide on these three foundational elements of a survivor's assumptive world will be discussed below.

Relationship of the Self with the Deceased

With a long-term relationship with another individual comes a feeling that “I understand the thinking, feelings, and motivations of this person—I know this person.” Through this understanding, people also come

to believe that they can predict the behavior of their loved one and organize their relationship accordingly. In reality, however, people can really only know the observable behavior of another person. Internal thoughts and feelings can be understood only if an individual is honest about his or her internal experience, or shows it in a way it can be correctly deciphered from verbal and nonverbal behavior. The inherent ambiguity in this interpretive process of the behavior of others (including their words) is made more difficult by the fact that human beings are capable of masking their inner thoughts and feelings, while outwardly acting in ways that can be quite incongruent with their internal state. They can also engage in behaviors that are kept hidden from their close associates (e.g., sexual activities, use of drugs, etc.). This existential “separateness” of the inner consciousness of each one of us from others is the foundation for the psychological boundary between self and others. In a very real sense, it is also the condition that allows suicide to happen in a way that people who “know” the deceased may be utterly stunned by the act. AQ6

A woman seeks therapy after the suicide of her husband. He had been charged with embezzling from his employer and was scheduled for a court appearance. He had managed to keep all of this information hidden from his wife. On the day of his court appearance, his attorney informed him that he was probably going to be convicted and would have to serve time in prison. Shortly after receiving this news, he shot himself in the family car near his home. His wife had absolutely no idea that her husband was in legal trouble or facing a probable prison sentence, let alone that he had been considering suicide for the last several months. She was utterly dumbfounded that her husband could have kept this hidden from her.

It is not unheard of that survivors report that their loved one seemed untroubled, goal directed, and enjoying life just prior to the suicide. It is also not unusual for survivors to be deeply surprised not only by the suicide of their loved one, but also by some of the behaviors that may have preceded the act. For this reason, suicide can be a profoundly disorienting experience for the survivor because the observable behavior of the loved one masks the inner experience of the deceased, including the intent to die.

Of course, in many instances, the trajectory leading to suicide was more obvious, and the suicide may have been feared but not really unexpected. The deceased may have communicated (sometimes for years) his or her wish to die, leaving survivors on “suicide watch” for a considerable period of time before the death. This pathway seems most common when a suicide occurs at the endpoint of a long struggle with depression, substance abuse, or chronic suicidality, making the suicide “fit” with the AQ7

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person known to the survivor. Still, even when the life trajectory of the deceased seemed to clearly point toward an eventual suicide, it is remarkable how many survivors find it difficult to believe that their loved ones could actually die by their own actions.

A mother who came to a survivor support group reported that her son had battled bipolar disorder for many years prior to his death. He had been hospitalized on several occasions, had made a number of previous suicide attempts, and had told his mother directly on many occasions that he expected to kill himself some day. In the past, when he had become suicidal, she had been able to talk him out of carrying out the action, convincing him to seek emergency psychiatric treatment. On the day of his death, however, he called his mother and told her that he was standing outdoors with a firearm, and that he had made an irrevocable decision to die. He said goodbye, hung up the phone, and shot himself. Despite her son's longstanding suicidality, his mother expressed disbelief that this time she had been unable to stop her son from carrying out the suicide. She had been sustained through previous crises by believing that somehow, she would always be able to rescue him from his death. His suicide destroyed the hope that had sustained her through the long ordeal of dealing with his psychiatric illness and chronic suicidality.

A suicide may also reveal to the survivor that the deceased had aspects of his or her life that were unknown to the mourner, thereby challenging assumptions survivors may hold about the nature of the deceased's life and of his or her relationship with the survivor. Established relationships evolve relatively stable patterns of interaction within confines of the relationship. Human beings then draw conclusions about the "nature" of the relationship from these habitual patterns. After suicide, survivors may be stunned to find out that these conclusions were mere assumptions, not unchanging truths. For example, the survivor may believe that the relationship with the deceased was very close psychologically, that the deceased trusted the survivor and was in turn trustworthy, and that the deceased would naturally turn to the survivor for help if really desperate. These and many other assumptions about the nature of the relationship can be violated by the suicide of a loved one.

A middle-aged man who had been a stable provider and loving husband and father had recently been diagnosed with some potentially life-threatening heart problems. He was also facing a possible, though not certain, lay-off from the company at which he had worked for many years. He had been somewhat agitated and physiologically dysregulated for the previous two weeks, sleeping and eating poorly. Although he confided some of his worries to his wife and family doctor, he gave no hint that he might

be considering ending his life. Both of these people, in turn, had no idea that he might have been suicidal, seeing the man as only mildly and understandably worried about his work and health. Returning home from school, his daughter found his body in the family garage, where he had asphyxiated himself with fumes from the family car. The couple had lived a very close and confiding relationship over the course of their long marriage, and the man's doctor had been his primary care physician for most of his adult life. Both survivors were incredulous and deeply upset that their partner/patient had not confided the level of his distress to them, nor asked for their help in finding alternative solutions.

Relationship of the Self with the Self

The suicide of someone to whom we are intimately attached changes how we think and feel about ourselves. From a constructivist perspective, the "self" experienced by most people can be viewed as a psychological "fiction" that appears to have solidity and continuity, but is actually better thought of as a flowing process (like a flowing river that is simultaneously constant yet always changing). A central component of the construction of this self is the manner in which others relate to and treat our own self (Guidano, 1991; Neimeyer, 2000). Consider then, what "relational messages" about the self a survivor might perceive in the suicide of a loved one, and what those messages might mean for the survivor's own identity.

Many survivors experience the suicide of their loved one as a deep rejection or abandonment by the deceased. The suicide is interpreted as a profound statement about the unworthiness of the survivor as a person. This is perhaps most obvious when the suicide is of a spouse or partner, where the feelings evoked may resemble those of someone whose life partner leaves the relationship for another person—a profound combination of abandonment, anger, and failure.

Another possible interpretation of the suicide might be as an act of hostility, abuse, or aggression by the deceased that is meant to punish the survivor. Early psychoanalytic formulations suggested that the motivation for suicide might include just such murderous feelings toward the survivor that are acted out by murdering oneself (Menninger, 1933).

A man divorces his wife after a long and highly conflicted marriage. She is enraged with this perceived abandonment by her husband. That rage is intensified when he remarries two years later. On the first Thanksgiving morning after his remarriage, his former wife telephones her former husband and angrily tells him "This is because of you!" She then shoots herself while on the phone with him.

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Understandably, being the recipient of such enmity can permanently “scar” a survivor, producing feelings of both deep shame and unworthiness, or of intense counter-rage at the assault on the survivor’s self acted out in such an “other-directed” suicide. Other survivors seem to experience the suicide as a statement about their general competence in the world. For example, parents who lose a child to suicide almost always feel that the death reflects on their capabilities as a parent. They may believe that a “good” parent would surely know that their child was suicidal and would naturally take the “proper” steps to save them. Unfortunately, this perception is sometimes held by people in the larger community, who also attribute problematic behavior in children exclusively to their upbringing (Range, 1998; Range & Goggin, 1990). Most survivors experience what a client of the second author once called “the tyranny of hindsight.” That is, after a suicide, survivors can often see warning signs of the deceased’s suicidality that were not apparent before the death. Nonetheless, survivors feel that this evidence would have been obvious had they been more knowledgeable or more vigilant. To other people not so closely involved with the deceased (including therapists), these deductive conclusions about the self are cognitive distortions. Nonetheless, they are extraordinarily powerful and emotionally compelling beliefs for survivors, ones that are not easily reasoned away.

To summarize, from a constructivist perspective, the attitudes that we have toward ourselves, most importantly our worthiness to be loved and our competence to navigate in the world, are to a great degree a compilation of the relational judgments about these traits that others have communicated to us through their behavior toward us. Suicide is frequently understood by the survivor as a relational communication from the deceased about the worthiness and competence of the survivor. Both the ambiguity of the intended message in the suicide (“What was he trying to say to me?”), and the obvious negative connotations that are easily constructed about a suicide (“She did this at home because she wanted to punish me—she must have hated me,” or “I couldn’t have been very important to him if he could do such a selfish thing,” etc.) can add greatly to the bereavement burden of suicide survivors.

Relationship of Self with Others

Suicide also changes how we relate to, and are related to by other people in our family, work, and community networks (Calhoun, Selby, & Walton, 1985; Range, 1998). In other historical settings, the stigmatization of

survivor families by the community was overt and usually brutal. The body of the deceased might be dismembered and placed in a public setting as a warning to others. Moreover, the family would be prohibited from inheriting the assets of the deceased, and members were frequently shunned by the community for many years to come (Colt, 2006; Cvinar, 2005).

At least in most developed nations, such overt prejudice appears to be giving way to a more subtle form of unhelpful interaction with survivors. Suicide can create an ambiguity about the “rules” of social interaction between the survivor and their social networks (Calhoun, Abernathy, & Selby, 1986; J. Jordan, 2001; van Dongen, 1993). That is, friends, colleagues, and even family members are often uncertain about what kind of response is appropriate or needed after a suicide death. Although this can occur after any type of bereavement, it is often particularly problematic after a suicide. As in most social situations where the “correct” behavior is unclear, people tend to stay away from emotionally charged and socially ambiguous issues altogether, attempting to avoid interpersonal situations that might result in awkwardness and misunderstanding.

From this perspective, social avoidance by family and friends that actually springs from simple discomfort may be misinterpreted by survivors as condemnation of their “failure” to be a good enough spouse, parent, sibling, and so forth. It is also probable that some survivors “self-stigmatize,” that is, they assume that others are thinking negatively of them because of the suicide (Dunn & Morish-Vidners, 1987; J. Jordan, 2001). Survivors may isolate themselves to avoid what they expect to be emotionally painful interactions with others (Neimeyer & Jordan, 2002). Paradoxically, although this social withdrawal of the bereaved may serve some positive functions for a mourner (energy conservation, attending to family members first, etc.), it can sometimes be viewed by members of the social network as an abandonment of them by the mourner. Thus, reciprocal avoidance between members of the community and the mourner may set up a self-reinforcing feedback loop of misunderstanding and hurt feelings that make future interaction more difficult (Séguin, Lesage, & Kiely, 1995). This process may account for much longer term social disruption that can follow a suicide. Many survivors report that after the loss of their loved one to suicide, they “found out who my real friends were,” referring to those who did not avoid or abandon them, but instead stayed engaged and available.

Note that these same processes can occur within family systems, and the loss of relational availability of family members to one another can lead to strain and estrangement between intimates (Cerel, Jordan, & Duberstein, 2008; Kaslow & Aronson, 2004). The suicide of a family

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member may alter the relational dynamics between marital partners and between parents and children. Established relationship systems such as families typically evolve toward stable patterns of interaction, with shared constructions about the personalities of the family members and the meaning of certain behaviors. Catastrophic losses such as a suicide can drastically destabilize these patterns of interaction and their related meaning systems (Nadeau, 1998).

After an intense argument with her parents, an adolescent daughter storms up to her bedroom and hangs herself. Her parents cope with this catastrophic event very differently. The father responds by focusing on restoring orderly functioning within the family, seeking to shield his other children from the negative psychological effects of the suicide and protect his already strained marriage from dissolving. He expects that everyone in the family, including himself, will return within a few weeks to their “jobs” as breadwinner, housekeeper, parent, and child/student. His wife, in contrast, spends enormous amounts of time in her bedroom crying, sleeping, and ruminating about where her daughter’s spirit is after the death. She is barely able to function as a parent with her other children, let alone relate to her husband as a marital partner. She feels misunderstood and abandoned by her husband for his failure to literally and metaphorically “be with me in the bedroom.” The relational strain between the couple escalates rapidly as resentment about their radically different ways of coping grows.

To a great extent, such tensions within the family as these can reflect different—and often gendered—styles of coping with bereavement, in which “instrumental” grievers may adopt a more controlled, “cognitive” and practical style, while “intuitive” grievers naturally adopt a more “emotional,” expressive stance (Doka & Martin, 2010). Marital partners may find their mate “becoming a different person” as each individual seeks to heal their own internal psychic wounds, thereby changing the familiar emotional availability of partners to one another. Thus, a suicide may change the perceptions that family members have of one another and of the typical patterns of interaction that have guided family life prior to the death. Direct scapegoating of the survivor may also emerge within families; with one or more members developing a narrative about responsibility for the suicide that directly places blame for the death upon another family member. This disruption of emotional and role availability of family members to one another may have long-term consequences for family developmental processes, reverberating on into the dynamics of the next generation in the family (Bradach & Jordan, 1995; Jordan, Kraus, & Ware, 1993).

Similar to the dynamics within families, a suicide may change the perceptions and interactional patterns between survivors and members of their larger social network of friends, colleagues, professional caregivers, and others with whom they interact. Many survivors report the feeling that others interact with them differently after a suicide (Range & Calhoun, 1990). Friends may sometimes become intrusive, asking for an explanation of an event that the survivors themselves cannot understand. More commonly, friends may avoid interaction with the survivors around the specific subject of the suicide, or may withdraw from social contact completely. In a fashion quite similar to scapegoating within a family, survivors may also encounter outright stigmatization and blaming from members of their community. Recent empirical evidence on bereavement following traumatic death links the occurrence of such negative interactions with more complicated grief symptomatology in survivors (Burke, Neimeyer, & McDevitt-Murphy, 2010; Feigelman, Gorman, & Jordan, 2009).

A father in a family takes his life after struggling with alcoholism and depression and eventually losing his job. A neighbor, whose children have played with the deceased's children for many years, forbids her children from interacting with them anymore. She tells her children that the man has committed a sin, and is now in hell. The children of the deceased are no longer invited to birthday or holiday parties at the neighbor's house, and the woman also withdraws from socializing with the man's wife.

Lastly, for survivors whose loved one was involved with the mental health or other institutional caregiving systems, the comforting assumption that professionals are experts who always have the knowledge and skill to "save" someone who is suicidal may be shattered by personal and institutional realities. For example, evidence exists to suggest that at least for beginning counselors, suicide threat in a client can engender more anxiety (and possibly avoidance) than a range of other serious presenting problems, such as substance abuse or incest (Kirchberg & Neimeyer, 1991). Moreover, even when competent clinicians are involved, the limitations of the system to prevent all suicide may become all too evident, as the frequency of suicide in psychiatric hospitals suggests (Ajdacic-Gross, Lauber, Baumgartner, Malti, & Rossler, 2009). This loss of faith in trusted institutions can add to the distress burden of survivors.

A devoutly religious woman who loses her young adult daughter to suicide turns to her church and pastor of many years for solace and answers about how this could have happened, and what it means for her daughter's soul.

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Her pastor, however, is clearly made uncomfortable by her distress, and seems at a loss for words when she pleads for guidance about the reassurance of her daughter's acceptance into heaven. After an initial and perfunctory condolence call on the family, he avoids contact with the mother in the weeks following the girl's death, and avoids bringing up the subject when he unexpectedly finds himself alone with her. He also declines to let the mother engage in certain memorialization activities that are commonly allowed after other deaths in the church. Moreover, the woman finds that many members of her congregation avoid talking with her about her daughter's death after the initial few weeks. She attributes this behavior to her pastor's failure to help the community deal with the suicide in a forthright and open manner. The woman is left feeling bitter and abandoned by the response of the clergy and church community, whom she assumed would be the obvious source of support to help her through her grief. She ends up changing churches, feeling that she no longer can find a home in her previous faith community.

In all of these examples, the suicide results in profound changes in the relational meanings and associated interactional patterns that occur between survivors and their social networks. Both the survivors themselves, and often those around them, now view the survivor through the newly acquired identity of suicide survivor, an identity that can be saturated with misinformed and often negative connotations for all concerned. How the survivor negotiates this status and attempts to reconstruct meaning in the wake of devastating loss is the subject of the next section.

Meaning Reconstruction and the Tripartite Model of Suicide Bereavement

The TMSB (Sands, 2008, 2009) is a meaning-making model that focuses on key themes that the bereaved struggle with as they re-story their loss in the aftermath of a suicide death. The model is a relational model that considers meaning-making themes within the context of the bereaved person's relationship with self, the deceased, and significant others. The search for meaning-making proceeds through discourse, dialogue, and re-storying, but the model stresses that it is emotional engagement with relationships that is at the heart of adaptive and transformative grief processes (Sands & Tennant, 2010). The TMSB identifies how relationships are changed, modified, and reframed as the bereaved construct flexible and more emotionally tolerable narratives about their loss. The model sets out a nonlinear, three-by-three matrix, providing a framework to identify meaning reconstruction in suicide bereavement (Figure 11.1).

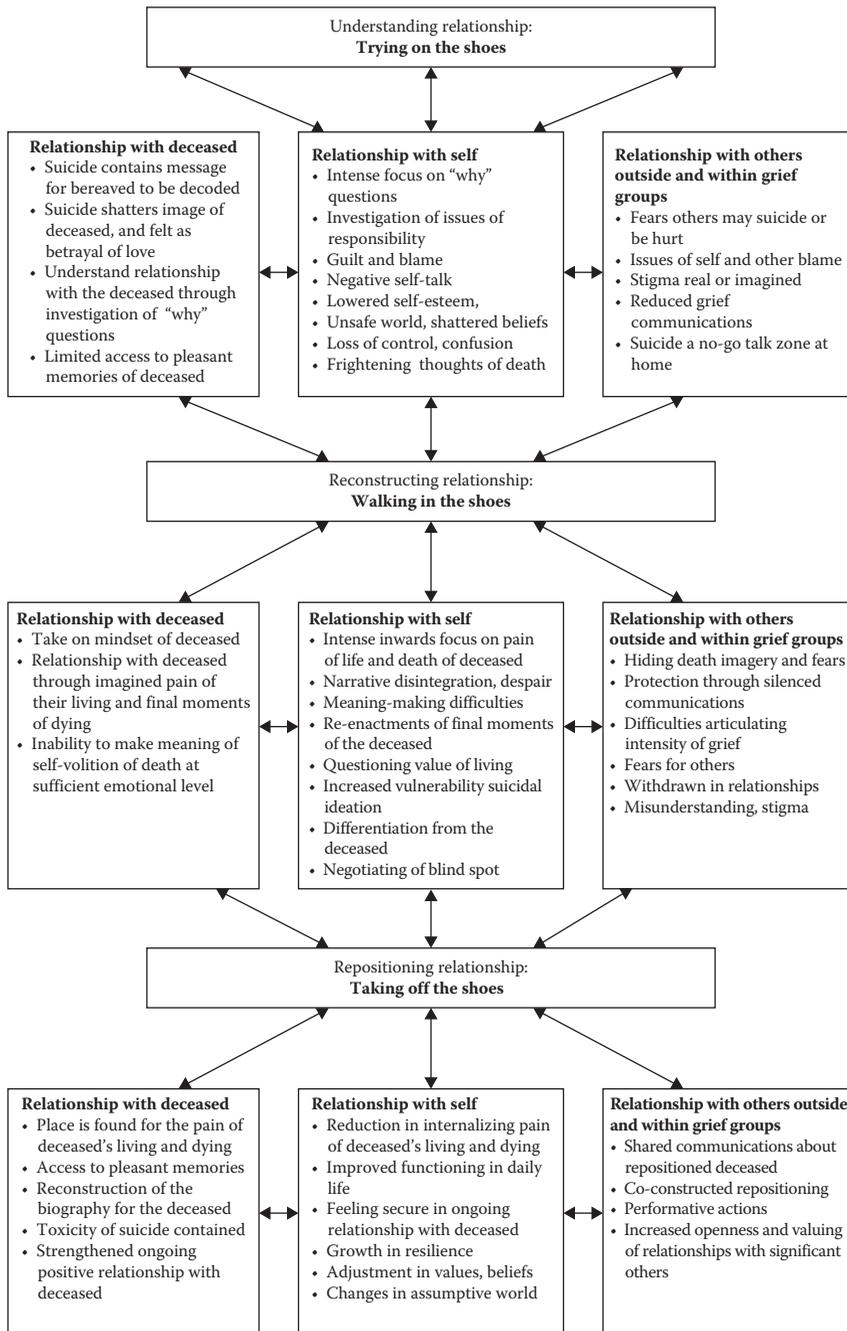


FIGURE 11.1 The Tripartite Model of Suicide Bereavement

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Drawing on narrative and relational theories, the model conceptualizes suicide bereavement as a nonlinear process of adaptation in which the bereaved engage, with fluctuating degrees of intensity, in recursive meaning-making processes concerned with the intentional nature of suicide, reconstruction of the death story, and repositioning of the suicide and pain of the deceased's life. The metaphors of "trying on the shoes," "walking in the shoes," and "taking off the shoes" of the deceased are used to illustrate the different dimensions of the grief process (Sands, 2008, 2009). Range (1998) described the search for meaning by those bereaved by suicide as, "emotionally draining ... because they are struggling with existential questions for which there are not ultimate answers" (p. 215). However, as previously described, research confirms that the ability to make meaning that is tolerable is linked with improved grief outcomes and self-growth (Currier et al., 2006; Murphy, Johnson, & Lohan, 2003), and indeed, that in the wake of violent death, such sense-making is a far stronger predictor of overcoming adverse grief symptomatology than is the passage of time (Holland & Neimeyer, in press). The grief literature provides many lists of indicators or symptoms describing suicide grief, including guilt, blame, abandonment, and broken trust; the TMSB groups these issues within an integrated relational meaning-oriented framework to illustrate a transformative process of adaptation in suicide loss.

The core of the TMSB is concerned with the development of the ongoing relationship with the deceased. The post-loss attachment of the bereaved to the deceased has been termed the "continuing bond" by Klass, Silverman, and Nickman (1996). It is important to note that the relationship between the bereaved and the deceased can be adaptive or maladaptive (Klass, 2006). Research suggests that the formation of the continuing bond and imaginal communications between the bereaved and the deceased are part of a complex process in which the bereaved readjust from the living person to a constructed imaginal presence of the deceased that attains an ongoing place in the bereaved person's life (Klass et al., 1996; Walter, 1996). The continuing relationship with the deceased undergoes a process of adaptation, as the bereaved disengages from the living person and transfers the attachment to a transformed reconstructed mental representation of the deceased (Boerner & Heckhausen, 2003). In this process, meaning-making about the life of the deceased and the manner of his or her death is pivotal in the formation of the ongoing relationship (Walter, 1996). For example, factors such as whether the deceased suffered, whether the death was expected and in keeping with the natural order of life and death, and whether it was considered by the bereaved to be a "good death" are significant markers in the bereavement process (Nadeau, 1998). A death by suicide

can therefore create a number of complex meaning-making challenges for the bereaved that can complicate bereavement and the development of the ongoing relationship (see preceding section about the challenges to the assumptive world of the mourner presented by suicide). Rynearson (2001) discussed these challenges and noted a disjuncture between the violent actions of the deceased and the caring behavior of the bereaved that complicated construction and narration of the death story, creating a structural “dead end” (p. 21). Of particular importance is research that confirms that when there is an intense attachment or bond to the deceased coupled with an inability to make meaning, the bereaved are at risk of grief complications developing (Neimeyer, Baldwin, & Gillies, 2006). The model draws attention to meaning-making difficulties in a death due to suicide that may influence the maladaptive or adaptive nature of the ongoing relationship with the deceased. AQ10

The TMSB also highlights how the ability to make meanings that assist the construction of an adaptive relationship with the deceased has consequences for the bereaved person’s sense of self. Rappaport (2009) stated, “Suicide demands to be explained by the living as a way to absolve or condemn the survivors” (p. 7). For the bereaved, the suicide of a loved one is a devastatingly personal and intimate act that can fundamentally question the relationship with the self (Barrett, 1989; Bolton, 1986; Jamison, 1999; Lukas & Seiden, 1990; Neimeyer, Prigerson, & Davies, 2002). The intimate nature of suicide is captured in the words of a suicide-bereaved child asking, “Why did he do that to me?” (Sands, 2003). It is acknowledged that grieving is a uniquely personal process, and, as noted in the previous section, it is understood that this process involves profound changes to an individual’s sense of self and assumptions about his or her world (Hedtke & Winslade, 2004; Janoff-Bulman & Berg, 1998; Neimeyer, Botella, Herrero, Pacheco, Figueras, & Werner-Wilder, 2002). AQ11

The TMSB identifies how the assault on meaning-making also has implications for the bereaved person’s relationships with significant others. Nadeau (1998) demonstrated that meaning-making conversations are a major factor in storying the death of a family member, friend, or work colleague. However, issues of confusion, contagion, stigma, blame, and responsibility all tend to reduce meaning-making opportunities and compromise communication following a suicide death. As Jamison (1999) pointed out, suicide causes fear and confusion in others and disrupts grief conversations. A bereaved child speaks of her confusion in trying to make sense of her father’s suicide: “I would rather him die of a heart attack because it’s more understandable than killing yourself ... [and] you wouldn’t have to think why and stuff” (Sands, 2003). In her autobiographical account following her sister’s suicide, Linn-Gust (2004)

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explained that the death of her sister left her family vulnerable to community censure, as the suicide “exposed to society what we thought was wrong with our family. After all, society says something must be amiss with the family if one of its members decided not to live anymore” (p. 119). The suicide of a family member can irrevocably change family interactions and the way the family experiences itself. This experience within the family can be understood as a microcosm of the “empathic failure,” isolation, and stigma in the wider relational web and community that tends to disenfranchise and silence grief following a suicide death, thus severely impeding survivors’ capacity to narrate and construct meaning in their loss (Neimeyer & Jordan, 2002).

Trying on the Shoes

To capture the overwhelming nature of the grief process following a suicide death, the TMSB uses the metaphor of “trying on the shoes.” Carl Rogers (1951) argued that to understand and empathize with another person we need to stand in their shoes. For the bereaved, trying on the shoes of the deceased is prompted by their need to understand and make meaning of the intentional nature of a suicide death. Rynearson (2001) noted his compulsion to return repeatedly to the suicide death of his wife in an effort to find a way to live with the intentional actions that ended her life. The bereaved often believe there is an implied message in a suicide death, a message that is confusing and difficult to decode. The following quote illustrating the model is taken from conversations and writings of a study participant in Sands’ (2008) research.

A wife talks of her profound bewilderment: “There was absolutely no prelude to anything, he was the most wonderful father, husband, my soul mate, [and] I have to try and comprehend something that happened so out of the blue.”

Rappaport (2009) shares her sense of bafflement over her mother’s suicide note written at the same time as a grocery list in preparation for the arrival of her children that day. Confusion and concerns with regard to the intentional nature of suicide present in a range of relational themes that saturate the thinking and conversations of those bereaved, frequently explored through various forms of “why” questions. As another of Sands’ participants acknowledged, “I ask all these

questions. Why I didn't know? Why didn't I see anything?" These AQ12 questions can be understood as part of an ongoing dialogue that is both internal and external. The intentionality of suicide tends to subsume other aspects of the deceased's life and challenges the griever's understanding of the fundamental basis of their relationship with the deceased.

Walking in the Shoes

Chapter 9 of this book describes one of the healing tasks for survivors as the need to conduct a personal "psychological autopsy" of the state of mind of the deceased. In similar fashion, the TMSB conceptualizes the focus on meaning reconstruction of the death story with reference to the Native American adage that to understand the experience of someone else, we must "walk in his or her moccasins." The metaphor "walking in the shoes" focuses on the prevalence of themes concentrating on details and material related to the pain of the life and death of the deceased. The model draws attention to themes in which the bereaved either physically or mentally repeatedly revisit the death scene, as well as the sequence of events prior to the death, and the difficult issues in the deceased's life, in an effort to make sense of the actions of the deceased. A bereaved person in Sands' (2008) study captures the visceral, embodied sense of this quest for meaning, writing "[I] can now feel your pain ... your emptiness ... your loneliness." Sands (2008, 2009) observed that often the bereaved feel an intense need to understand the frame of mind of the deceased. It is suggested that the process of reconstructing the imagined, or known pain in the deceased's life, and the events preceding the death, assist the bereaved in meaning reconstruction efforts that facilitate integration of the loss (Rynearson, 2001; Walter, 1999). A bereaved daughter in Sands' (2008) research explains how thoughts of the deceased led inescapably to the shock and distress of the death: "It's there every day, I think it colors—it's in every pore of my skin ... I can't get that vision out of my head." A bereaved mother says, "I obsess about what she went through when she was dying." In a similar vein, another bereaved mother, 2 years after the death of her son, reflects, "I often go there, in my mind ... [I] think about the actual suicide: How? And how long did it take?" Sands found that for a proportion of those bereaved, in the initial stages, the ongoing relationship with the deceased was primarily formed through the pain of the death event. Quotes such as the following capture the exhausting nature of these reconstruction efforts: "I think about the day [he] was found a

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lot, any time of day ... [I] still can't come to terms with it ... the suicide issue is just huge."

Significantly, the TMSB identifies the function of reconstruction efforts in assisting with psychological differentiation processes. The following reflections by a young woman in Sands' (2008) study as she walks in her father's shoes illustrate this process.

- AQ13 Like a forensic investigator, the young woman reconstructs the death event, stating, "I re-enacted my dad's hanging ... I put the chair in the exact place dad kicked it from. Everything was the same." The daughter tells us, "I put the rope on, and I now know if Dad wanted to get out of it, he could have, the chair was close enough." The meaning she makes is significant, "My dad did not want to stop or pull out." This knowledge becomes a point of differentiation and adaptation in her relationship with her father as she reflects, "I get much more peace knowing he didn't want to get out and could—so this has helped me."

A similar process is mapped in the following quote, in which a sister describes the impact of her sister's suicide.

"The violence of her jumping haunts me." The sister walks in her sister's shoes, wanting "to know what she was feeling," and reports her experience that it is "[as if] I am walking on that cliff, and to fall off would be the natural progression." She imagines her sister's death: "The violence, the image of her being airborne, the image of her smashed up body." However, as she openly makes meaning she articulates her ambivalence, "I want to run either to the edge, or as far away as possible," and affirms her difference, "The effort is to pull back ... I can't bear to be near the edge of a cliff."

It is clear that those walking in the shoes of a suicide victim can experience a similar challenge to their assumptive world to that experienced by the suicide victim. Survivors undertaking this are vulnerable to experiencing comparable feelings of hopelessness and suicidal ideation. Some of the bereaved may stay interminably ruminating within the mindset of the deceased. It is difficult and sometimes frightening to listen to death story reconstruction attempts that contain suicidal ideation and traumatic detail, but without a listener, the bereaved are silenced and left to navigate this process in isolation. The deceased's death leaves a potent message for the bereaved about the futility of dealing with the pain of living, a message that can cause the bereaved to doubt their meaning-making efforts and ability to resolve the pain of their grieving. It is important that the bereaved are supported with appropriate interventions that

assist reconstruction of static, fixed narratives to increase narrative flexibility, affirm the focus on the bereaved person's own experience, and assist with the differentiation processes that are central to reconstruction of the death story and navigation of what Sands (2008) refers to as the *blind spot* at the core of suicide.

The blind spot refers to the inherent inability of the survivor to ever fully comprehend the mind and motivation of the deceased, and therefore the reasons for the suicide. Finding a way through the blind spot is not about making meanings that are profoundly comprehensive so much as getting to a place of meaning that allows the bereaved to reinvest energy in themselves and re-engage in daily life (Sands, 2008, 2009). Rappaport (2009), commenting on her own exhaustive meaning-making efforts to reconstruct and understand her mother's suicide, noted "knowledge helps ... The accumulation of details may never add up completely, but they do provide scaffolding for understanding and work-lights for the darkness" (p. 278).

Taking off the Shoes

With the metaphor "taking off the shoes," the model identifies the differentiation of the bereaved from the deceased. Repositioning themes tend to become more prevalent once the bereaved have differentiated from the deceased and negotiated the incomprehensibility of the blind spot (Sands, 2008, 2009). As ruminations on intentionality and the death story lessen, a transformative space is created for positive remembering, repositioning, and development of and adjustment to an adaptive valued relationship with the deceased. Repositioning themes illustrate how reconstruction processes integrate difficult and complicated material with more positive memories of the deceased. For example, a mother in Sands' study stresses she is no longer focused on walking in the shoes reconstruction efforts: "I choose to remember him when he was well and when we shared so much of our lives together." A bereaved sister explains that she is bringing her deceased sister back into the family: "She might have given up on herself and removed herself, but that's not the place that I ... want her in our lives. I want her in there as much as my other [family members]." Transformative shifts in the relationship with the deceased from maladaptive to adaptive can be identified in repositioning themes that separate painful death story ruminations from more positive and hopeful rememberings of the deceased's life. A mother is able to smile as she recalls, "At work today, I felt like a butterfly kiss on my cheek. And this to me is like a sign from

AQ14

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her.” Repositioning themes reconstruct the death story in ways that bear witness to the suffering of the deceased, but do not sanction the manner of their death. Repositioning themes also function to increase a sense of worthiness and personal autonomy, and importantly, assist in healing broken trust and recreating a sense of order and safety in the world.

A bereaved brother explains, “I have learned to focus on the rest of his life ... and see the whole picture, not just the bad part ... Good and bad washed in together.” He affirms, “There is no point focusing on the worst point in his life.”

Although grieving continues, the pain of the deceased’s life and death are separated from more nurturing memories that support growth through grief. For clinicians, the implications of “taking off the shoes” suggest the benefit of “punctuating” micro shifts in the way the bereaved are talking about their grief. It is important to notice and affirm small differences while creating opportunities that support meaning reconstruction through rituals that honor, celebrate and value the best memories, qualities, and legacy of the deceased.

The TMSB maps pathways in suicide bereavement in the context of meaning-making and the griever’s relational world, but we would stress that many people bereaved by suicide will manage their grieving without experiencing the themes and features identified in this model. The way in which individuals negotiate suicide bereavement is inevitably intertwined with the manner in which the loss challenges their assumptive world, sometimes even changing it in ways that deepen the survivors’ sense of purpose in living. It is this prospect of positive reconstruction in the aftermath of suicide bereavement that we will now consider, drawing further on the metaphors inherent in the TMSB model.

Post-traumatic Growth After Suicide

When do the bereaved accept the knowledge that the unfamiliar landscape in which they find themselves is the place where they now live? Attig (2004) described the process of picking up the pieces and beginning again as *relearning the world*, explaining that when a significant other dies, a person’s life patterns are disrupted and the shape of that person’s life is forever changed, requiring the griever to relearn the world.

It is generally accepted that there is no “recovery” of the griever’s preloss state of being; bereaved people do not “get over” losses, but rather they “adapt and adjust to the changed situation” (Stroebe, Hansson, Stroebe, & Schut, 2001, p. 9). The process of adaptation to the changed reality provoked by grief is uniquely individual, involving options that may continue to be revisited and reworked over a lifetime. And for some griever, given the circumstances of the loss and their own personal factors, only limited adaptation and adjustment is possible. Many researchers, however, have commented that paradoxically there are possibilities for growth through the suffering and struggle that grief provokes (Calhoun & Tedeschi, 2001, 2006; Neimeyer et al., 2002). As the wheel turns and returns, every ending carries within it the space of a new beginning. It is important to note that growth through grief does not suggest an absence of suffering. Given this understanding, the optimal conditions for growth through grief would allow “room for a relationship with grief that is livable, acceptable, creative,” and that supports the changes and personal development that accompany grieving (Moules, Simonson, Prins, Angus, & Bell, 2004, p. 100). Tedeschi and Calhoun (2006) studied growth through grief and noted, “Post-traumatic growth might be considered the highest form of change associated with grief” (p. 31). In their research, Calhoun and Tedeschi (2006) identified five domains of positive post-traumatic growth: the development of personal strength, new possibilities, including an increased ability to relate and connect with others, a greater appreciation of life, and spiritual and existential change.

Suicide bereavement studies are consistent with Calhoun and Tedeschi’s (2006) findings, in their descriptions of the trauma, degree of disruption, and patterns of post-traumatic growth through grief following a suicide death (Begley & Quayle, 2007; Jordan, 2009; Neimeyer et al., 2002; Rynearson, 2001). There are, however, thematic differences in suicide bereavement post-traumatic growth narratives. Sands’ (2008, 2009) research described rumination and reconstruction themes in suicide bereavement that preceded post-traumatic growth, and identified a number of post-traumatic narrative themes. Taku, Calhoun, Cann, and Tedeschi (2008) also noted the significant role of rumination and cognitive reconstruction processes in post-traumatic growth. Like alchemy, in suicide bereavement, reconstruction narratives transmute and integrate complex grief elements into a valuable resource in the bereaved person’s life to assist growth through grief. Sands (2008) noted *redemptive narratives* that transformed the death separating the deceased from the trauma of the death in ways that validated the suffering of the deceased but not the action of suicide. The following quotes illustrating post-traumatic growth through grief in suicide bereavement are taken from conversations and

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writings of study participants in Sands' (2008) research, and are referred to within the TMSB as repositioning relationship themes; that is, taking off the shoes.

- AQ15 A suicide-bereaved parent's *redemptive narrative* illustrates this distinction between the deceased and the manner of their death: "I am not angry with him [for killing himself]. I feel great compassion and sadness ... for somebody who was so brave with the mental illness that he suffered."

A bereaved sister reflecting on the transformed role of the deceased as a supportive guide also makes this distinction, "I feel so guided by him [the deceased]—and I didn't feel that before ... And the way he died [suicide]...well that just happened then, and now we are over here and he is helping."

Narratives of containment functioned to control and contain a range of fearful and toxic elements associated with the death to assist reconstruction of order and safety, and reduced suicidality.

A bereaved person talks of how she has recovered her sister from the black hole of suicide and in doing so restored her own sense of safety, "[I feel] safer ... I'm not scared anymore that I [also] have a mental illness. I have been able to bring my [deceased] sister back from the black hole I felt she had disappeared into."

In a similar manner, a mother's narrative suggests reduced suicidality and increased resilience and stability. "I am starting to learn that ... I can survive, now, but ... I would have been really high on that suicide list. I was not stable."

Narratives of forgiveness are another distinctive theme in post-traumatic growth in suicide bereavement. Having struggled with complex meaning-making issues, the bereaved may reach a place in their growth where they are able to talk of forgiving both themselves and the deceased for leaving them in that way. The bereaved in Sands' (2008) research reported increased resilience and feeling "calmer and more at peace" and less hard on themselves about the way the death happened.

A mother reflected, "I no longer feel that my daughter's death was my fault. It's like a great weight has been lifted ... I have the strength to go on with life ... I am finding a place in my life for her suicide."

A sibling's narrative also illustrates growth through forgiveness: "To survive this loss has required every strength and every ounce of knowledge and experience gained throughout my life ... I never thought I could forgive myself for what happened ... it has found a place within me."

Sands (2008) also found *narratives of reconnection* that mapped relational efforts to reconnect in ways that integrated the suicide. Significantly, many narratives talked of reconstructing an ongoing connection with the deceased, for example when the relationship had been severed due to the overwhelming nature of the pain saturating the deceased's life and death.

A mother's comments illustrate the quality of this kind of reconnection, "I just kind of draw her essence back into my life ... you don't stop your relationships with the people that you care about when they are alive so ... you [don't] stop developing a relationship with someone that's died ... some bits are good and lots aren't good ... but you try and ... move on with it."

Notably, *narratives of reconnection* are also about repairing relational connections damaged by issues of blame, guilt, and stigma within the bereaved family and the community of grievers. The following quote illustrates family and friends working together to integrate and move past the manner of death. "The family ... [and] close friends ... all of us moving on ... and trying to hold him [the deceased]—to get past the way that he died ... [and] celebrate the good things ... the good times."

In accord with findings by Calhoun and Tedeschi (2006), suicide bereavement narratives demonstrated *narratives of increased appreciation of life*. These narratives also frequently contained spiritual and existential themes, as evident in this man's words, "I will live out my days with a better appreciation of life and people and relationships ... then when I eventually pass, there will be plenty of forever to spend time with him [the deceased]." Community service is another aspect of growth through grief found in suicide bereavement narratives. Armour (2003) noted that narratives of performative actions such as community service or volunteer work promoted a sense of agency and continuity. In this quote, a bereavement group member asks others to join her in such an endeavor: "This group has such a wealth of diversity and people that we could help, maybe another group." Those who have suffered a loss through suicide may become involved in increasing public awareness of suicide postvention and prevention through the media, educational talks, arranging remembrance days, setting up foundations, raising funds for services, participating in research, writing, and numerous other activities to benefit the community.

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Distinctive themes in post-traumatic growth in suicide bereavement can be traced in *redemptive narratives* that reconstruct the death story in ways that reclaim the deceased and validate their suffering but not the manner of their death. *Containment narratives* confine and hold toxic, traumatic, and fearful elements concerned with the death to rebuild trust, order, and safety and reduce suicidality. *Narratives of forgiveness* function to release the bereaved and deceased from blame, anger, and guilt and illustrate the development of resilience. Post-traumatic growth *narratives of reconnection* illustrate relational reconnection themes that integrate the suicide in relationship with the deceased, the self, the family, and extended relational web. Finally, and consistent with other forms of grief, *narratives of increased appreciation of life* illustrate a valuing of life and service to community within a redefined sense of self and reconstructed existential beliefs, as the bereaved engage in the process of living in a world forever changed.

A Case Observed

The day that Tricia and Scott received the fateful notification of the suicide of their 19-year-old daughter, Christine, was, in their words, “a Monday after work, an ordinary day like any other.” Although their daughter’s increasingly volatile life over the past few years had placed her on the brink of self-destruction on at least one other occasion, the news ruptured any sense of normality in their world, and, as Tricia said, “left a lot of questions unanswered, and the *guilt*. And so by the time we reached for help, I was having trouble sleeping and concentrating, I couldn’t stop thinking about her. I thought about her 24-hours a day and I felt like I wasn’t a good mom if I didn’t think about her. I wasn’t doing her memory justice if I didn’t think about her all the time, and I couldn’t get on with life because I was just mourning her all the time.” As a result, she and her husband sought therapy with one of the authors (RAN) some 6 weeks after this traumatic loss and began a 6-month journey through an alien terrain, which can be aptly described in terms of the components of the TMSB.

Trying on the Shoes

When Tricia and Scott arrived for their first session, their encapsulation in the harrowing experience of the suicide was palpable, as was Tricia’s

preoccupation with the death and its significance. As she noted, "How could I go on with life and not think about her every minute because she has gone? And it just didn't seem right that life went on without her, that the birds would keep singing, that people would get in their cars and go to work. How could that be when my daughter had died?" to which Scott added, "That was the cruel injustice of it all... that Christine passed away and the rest of the world just continued to go forward without her. Our world stopped, but nobody else's did." The surreal landscape of loss was made still more threatening by the collapse of foundational assumptions in their own ability to protect their children from adversity, and by the erosion of their belief in a beneficent universe. Wrestling with the perturbing question of the cause of their daughter's fatal decision, Scott acknowledged, "You find you're blaming yourself for what happened. What could I have done differently? What did I do to make her do this?"

If anything, this corrosive quest to decode the meaning of their daughter's death cut still deeper for his wife, who shared that, "It made me question God and the whole thing about, 'How can God create this beautiful girl with this fatal flaw?' You know, 'Why did God do this to her? Why would he allow this?' Your whole belief system is changed. It's like, 'Why did I have this child with this defect, and how could she be so perfect in so many other ways and just so wrong in this part of her being?'" The result was a ruminative engagement with an elusive explanation for the death, accompanied by a "24/7" form of grieving from which Tricia, in particular, found no respite.

As their immersion in the quicksand of anguished questioning deepened, the couple began to grow disengaged from each other and increasingly concerned for the safety of their younger daughter, Chelsea, who seemed to be sinking into her own suicidal morass in the wake of her sister's death. At the same time, Tricia feared that she was "going crazy," as all that she could recall about Christine was the "bookends" of her birth and death, with all the years of pleasant memories between rendered inaccessible by the trauma.

Therapy in this early period attempted to stabilize the family system, to reach out to Chelsea, to provide a safe context for articulating and pursuing answers to the seemingly impossible questions that Christine's death posed, and to help Tricia and Scott as individuals and as a couple to "dose" their grief work by also finding ways to re-engage their changed world without guilt for "leaving Christine behind." For example, faced with Tricia's apparently obligatory grief, the therapist asked her whether she "had ever put her daughter down, perhaps in her bed or bassinet, when she was a baby." Surprised, Tricia acknowledged that she had, of course, many times during the course of a given day. The therapist then

asked, “And did that make you a poor mother?” To this Tricia shook her head, as she replied, “Of course not, I was a good mother to her,” a claim fully supported by her husband. “What then prevents you from putting her down now from time to time,” the therapist continued, “without failing her as a mother?” Tricia registered a slight look of shock, and for the first time in the week that followed, found herself able to “take breaks from the grief without guilt,” in order to reconnect with her husband and the world. Returning for the next session, Scott remarked, his arm around his smiling partner, “I feel I have my wife back.” Though much work remained to be done, each was learning to modulate the intense affect engendered by the suicide, without losing themselves or one another.

Walking in the Shoes

A second phase of therapy began with a more experiential engagement with the “blind spot” at the center of their daughter’s elective death. Informed by a constructivist view of suicide as an act that, however bizarre and tragic when viewed from the perspective of others, appears to represent a “logical” or ineluctable choice from the perspective of the suicidal person herself (Neimeyer & Winter, 2006), the therapist prompted the couple to pursue the quest for meaning differently. “How,” he asked, might they “look at her suicide from the *inside out*, instead of looking from the *outside in*, and wondering, ‘How do we explain this inexplicable event?’ [but instead] to try and step into *her* view and look at it and ask, ‘What did her death mean to *her*?’” Reflecting on this question in a follow-up session 3 months after the termination of their formal therapy, Scott noted, “That was a big change for me. I look back on that now and I saw something that I didn’t see until we started talking to you, that maybe this is something that she really *wanted*, and for whatever reason, being here on this earth with us just was too much for her.” What followed was a reconstruction, led entirely by the couple, of their understanding of the existential pain and anguish implied by their daughter’s tragic choice. In which they came to understand her death as the result of her escalating “mental illness.” However, the perturbing questions about “How God could make a person with this fatal flaw, when she had always been so perfect as a child?” continued to haunt them, giving rise to a “crisis of faith,” with which they contended for months to come.

Particularly trenchant were Tricia’s self-accusations for having “failed” her daughter, despite nearly 3 years of devoted mothering that

repeatedly pulled her daughter back from the dark abyss into which she ultimately tumbled. As this self-blame was coupled to Tricia's agonizing attempt to understand why her daughter, now living a thousand miles away, had not called her at the moment of her final crisis, the therapist suggested that they "reopen the dialogue with Christine that was interrupted by her death, and pose the question to her directly." Perplexed but intrigued, Tricia accepted the suggestion to place her daughter symbolically in an empty chair in the office, and address to her in an emotionally resonant way the burning questions that were yearning for answers. With courage and tears, Tricia plaintively gave them voice, and then, with the therapist's gesture, switched chairs and assumed the position of her daughter. Instantly her voice changed to a more teenage timbre, as she voiced Christine's response: "Mom, this is *so* not about you." She went on to explain that when she was little she had "orbited around" her mom as the center of her universe, but that as she moved toward adulthood, Tricia was "no longer her *sun*, but more like her *moon*," as Christine herself was drawn into the thrall of a darker star. Completing the 10-minute dialogue, as Scott witnessed the scene with intense concentration, Tricia expressed nearly immediate relief from the self-accusation that had dogged her for months. Looking back on this "pivot point" in therapy in the follow-up session, Tricia recalled,

When we did our counseling together, there was the one thing where you said that I didn't have to end the relationship with Christine, that I could still have conversations with her, talk to her, or have moments with her. And it's been helpful when I find myself having a question, I do the role-playing: "Christine, *why*?" And then I let her answer. I can hear her, you know.... And that role-playing really helped me as I could talk to her. And I found that I couldn't do that before, like I had lost that and I couldn't. I would be like paralyzed and I couldn't answer the questions until I really spoke directly to her, and then that really helped to answer those questions. And it continued at home. I took that home, and like talked to her in the shower, or in the kitchen. I told Christine, "Why did you do this, why didn't you call me? *Why? Why? Why?*" It was as if I could hear her telling me, "Mom, don't be ridiculous. It wasn't about that. You are *so* off the mark here." I could hear what she would've said and that really, really helped me.

Gradually, her "conversations" with Christine melded into "special moments" of privacy in her car, as she would play music reminiscent of her daughter, and began to access and share with the family the loving story of Christine as a young girl that had previously been obscured by the "dominant narrative" of her traumatic death.

Taking off the Shoes

As Scott and Christine began to reconnect more fully to one another, to Chelsea, and to pleasant memories of Christine, they also began to harvest the bittersweet fruit of their loss in the form of post-traumatic growth. In part, this growth was seeded by some remarkable “coincidences.” One such was finding a business card containing on one side an image of Vincent van Gogh’s *Starry Night*, in the darkness under the bed of their hotel room as they prepared to return home from the funeral. For the grieving parents, the image invoked the turbulence in Christine’s soul, as in the painter’s before he took his own life, and also conjured Don McLean’s song *Vincent*, which recounts the beauty and tragedy of van Gogh’s life. In an uncanny conjunction, Tricia had been learning that very song on the guitar the week of her daughter’s death, and it replayed endlessly in her head as she flew to bury her. The plastic card—which also functioned as a compact flashlight—struck her profoundly as a “message from God” that her child was in a place of light, and that the family would ultimately find their own way through the darkness.

With courage and determination, both Scott and Tricia began to sift through the pieces of their lives following this seismic loss, and reassemble a framework for living that, in its own way, took on still greater meaning for all their family had suffered. As Tricia noted in the follow-up session of therapy, “I think it has brought us closer as a family. I think we value our relationships more. We know that any moment could be your last moment. So you value those moments. And the one thing we have really learned as a family is that there is a lot of stuff that just doesn’t matter. There are so many things that we stress over until you lose somebody, and then all of a sudden everything has a new perspective, life has a new perspective. You think, ‘That doesn’t really matter, that’s not important, no one died.’ Your *perspective* changes and in that way, I can say that it has been a *positive* thing, I guess.” Echoing this, Scott noted, “I try to live for the moment now. I try to appreciate what I have, at this moment, and I try not to look too far in the future now, because I can really drive myself crazy if I do that. In my profession it is a lot about planning for what could happen and I always find myself looking at the future and thinking probably more negatively of, ‘Oh, what if this happens, or what if that happens?’ And I really just try not to go there anymore. I try to live my life for today, appreciate what I have today, and what tomorrow brings.” For both, life ultimately took on a deeper value, though they continued to seek a workable psychological and spiritual framework that acknowledged that life had no “sure bets,” and that God gave no guarantees that the lives we cherish today will continue tomorrow.

□ Coda

Viewed through a constructivist lens, suicide bereavement typically poses distinctive challenges to survivors' worlds of meaning, as they engage in an anguishing attempt to reconstruct their relationships with the deceased, with themselves, with significant others, and with a broader community. In keeping with recent research on bereavement that links an inability to "make sense" of this seemingly senseless loss with a profound and protracted course of grieving, we have sketched a tripartite model of the psychological, relational, and existential tasks faced by survivors as they attempt to grasp, step into, and ultimately differentiate from the mind-set that led their loved one toward a tragic relinquishment of life. In our own clinical practice, we have found this to offer a useful heuristic for creative engagement with our clients' efforts, and hope that the TMSB will offer something of value to other readers who provide professional companionship to those who strive to move from mourning to meaning, and from grief to growth, in the wake of this devastating loss.

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Author Queries

- AQ1: Do you intend the paragraph beginning “In this chapter...” to serve as an abstract? T&F style is not to include abstracts. There is a note a bit later where much of this information is repeated. Please consider removing it from one location or the other to avoid the repetition, unless you have other reasons for keeping it. Thank you.
- AQ2: Is there an update to the in press citation?
- AQ3: This reference does not seem to appear in the reference list. Is this citation meant for “Coleman & Neimeyer (in press)”?
- AQ4: Beginning with the sentence “To further... and through the end of the paragraph, haven’t you already presented your approach in your opening? Does it need to be repeated here? See my query earlier in this chapter.
- AQ5: Would it be better to cite and place the figure about here in this chapter as you begin to discuss the model, rather than where it is currently placed?
- AQ6: Sentence beginning “Internal thoughts...” OK as edited?
- AQ7: Could not find a definition of suicidality. Correct as is? If not, please note a different term and I can search the text electronically for it. For ease in your review, I will not continue to flag the term in this chapter.
- AQ8: Changed “Clergyperson” to “pastor” because in this example, you use the term later. It also makes the example more personal.
- AQ9: Can this citation be updated?
- AQ10: Please specify the section referenced by name.
- AQ11: Please specify which section.
- AQ12: Should it be “Why didn’t I know?” rather than “Why I didn’t know?”
- AQ13: Format OK in this section, beginning with “Like a forensic...”?
- AQ14: “rememberings” or substitute “memories”?
- AQ15: Format of this section OK?
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- AQ18: Is this Washington, DC? Please confirm location.
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