USING NARRATIVE AND RE-MEMBERING CONVERSATIONS IN A BEREAVEMENT GROUP WITH STUDENTS IMPACTED BY SUICIDE

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USING NARRATIVE AND RE-MEMBERING CONVERSATIONS
IN A BEREAVEMENT GROUP WITH STUDENTS IMPACTED BY SUICIDE

A Research Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Counseling and Guidance

by
Krystal Jaydenne Howard
Caryn Lynn Kruse
June 2015
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Approved by:

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Counseling and Guidance
John Winslade, Ph.D., Committee Member
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ABSTRACT

To date, there have been no studies utilizing a narrative bereavement model for students impacted by suicide, in a group counseling setting. The present project intends to fill a gap in the literature. We sought to answer the research question, “Do narrative lines of inquiry, specifically re-membering conversations, help to ameliorate the pain of a loved one’s death by suicide?” We hypothesized that re-membering conversations would help to reduce pain, based on the premise that re-membering conversations reconnect the bereaved to the life of their deceased loved one, using a narrative which allows the life, values, thoughts, and wishes of the deceased to be brought forward and reincorporated into the life and future of the bereaved. The present research project consisted of a five-week bereavement group for college students impacted by the suicide of a friend or loved one. The group was structured like a case study in that we conducted a counseling group while collecting research data. Therefore, it was both research-oriented and therapeutic in nature. A sample of convenience was used to recruit and screen previously bereaved college students from a large state university in southern California. The group members self-selected and identified as having been affected by the suicide of a loved one. Each session lasted approximately 120 minutes. Research data consisted of open-ended questions, which were previously prepared by the researchers. This data was collected through audio recorders, transcribed and organized according to related themes. Benefits of the project include:
decreased emotional pain due to the suicide, group camaraderie, reconnection with a deceased loved one, and hopefulness for future. The overall findings seem to suggest the following: The deceased always play a role in how we come to understand our own identity. Bringing other people’s voices into the room, whether living or dead, lightens the burden of grief. Having never met the person does not prohibit the living from having a relationship with the dead. Removing places for the deceased loved one to live on only increases pain. The present project seems to support the hypothesis that re-membering conversations help to ameliorate the pain associated with the death of a loved one by suicide. Future research may include quantitative data collection, random samples, larger sample size and varying demographics. Other studies could involve using control groups and then comparing those results with the counseled group. The anecdotal evidence found in the present research project seems to support the further study of the use of re-membering conversations with thosebereaved by suicide.

Key Words: narrative therapy, suicide, re-membering, bereavement, college students, and grief groups.
ACKNOWLEDGEMENTS

We would like to thank our advisors, Dr. Lorraine Hedtke and Dr. John Winslade for their patience, expertise, and guidance in learning a new approach to bereavement counseling. It was through their tutelage that we were able to meld our personal paradigms of death and relationships with a practice, which makes sense out of terrible pain and uncontrollable circumstances. We are grateful to both of them for their mentorship and roles in this project. We would also like to thank our partners and family, for their kind and loving support through many absent months (approximately 36) and some emotional breakdowns. Finally, we would like to offer special thanks to all of our group members, and their loved ones (both alive and deceased). Without their commitment, this project would not have been possible, let alone impactful. We continue to be moved as a result of having been introduced to these people through story and memory, and having been invited into relationships with those have died, but are still very much loved.
DEDICATION

to

G-PAW

and

Daniel Theodore
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CHAPTER ONE
INTRODUCTION

Project Focus

General Statement of the Problem

Suicide continues to be a major problem in the U.S. and around the world, impacting thousands of families every year. According to the American Foundation for Suicide Prevention (2014), one person dies by suicide approximately every twelve minutes in the U.S. According to Cerel, Jordan, and Duberstein (2008), while suicide is often viewed as a solitary act, friends and family of the individual are left trying to understand the reasons for the death and continue living. The impact of suicide extends to a larger circle of survivors beyond just immediate family members. It is believed that each suicide touches at least six immediate family members, ten to fifteen close friends and family, and as many as one hundred non-family survivors (Cerel, Bolin, & Moore, 2013). The effects of suicide are far-reaching and can be catastrophic for those impacted. Suicide can be debilitating to surviving family and friends, who are left questioning and searching for meaning (Cerel et al., 2008).

The impact of suicide is a challenging topic to address and acknowledge, due to the sensitive nature of the act and the social stigma attached to it (Hedtke & Winslade, 2004). In order to shed light on suicide as a cultural problem and to understand the aftermath that this particular death creates, the graduate student
researchers have conducted a five-week bereavement group for students who have been impacted by the death of a loved one by suicide. The researchers’ purpose in doing so was to create an opportunity for those living with bereavement to have their stories acknowledged, witnessed and appreciated. Aside from more visibility and awareness, the researchers’ aim is to open space for those living with bereavement to make meaning of their loved one’s passing by exploring what they stood for in life, beyond only the story of tragic death.

Significance of the Project

The current project is one that is both clinically needed and academically innovative. The group members were the recipients of a counseling style that upholds a place for the stories of loved ones to live on well past death. It is also a counseling practice that fosters the restoration of stories, especially when violent death eclipses the stories of love and strength. The group offered members of the CSUSB campus community the opportunity to participate in such a process and provide relief from the silence that is often associated with the death of someone by their own hand. The project, to explore what might be useful in these group counseling conversations, also has the potential to unearth a unique paradigm through which to emotionally support the bereaved person to find meaning in the fragments of shattering events.

Currently, there is a large body of research on group counseling (Corey, Corey, & Corey, 2006; 2010; Geroski & Kraus, 2009), bereavement counseling (Hedtke, 2012; Hedtke & Winslade, 2004), and narrative conversations
However, there is little research on using re-membering conversations with those impacted by suicide, and even fewer studies focusing on how this can be done in groups. This research project intends to fill a major gap in the literature, benefiting the group members, the narrative counseling community and society as a whole.

Bereavement in the World

Conventional discourses around death and bereavement are often dominated by the unspoken, taken-for-granted truths about how we should think, act and feel after a death. They shape and can even define the possibilities for how an event can be storied. Discourses are often recapitulated to the point of becoming rules for how we are to respond and live. All too often, these messages go unquestioned (Hedtke & Winslade, 2004). For example, conventional discourses around death and bereavement invite conversations about letting go and moving on from deceased loved ones. This emphasizes the finality of the death and disconnects the bereaved from access to the deceased loved one’s stories and connections. It suggests a right way to do death and anyone who operates outside of these norms is often pathologized as not expressing bereavement correctly (Hedtke & Winslade, 2004).

Conventional discourses around suicide alienate the bereaved from the deceased, pathologize the death and often pathologize the surviving loved ones. Pathologizing the act of suicide has the potential to dishonor the deceased’s life, their agency and their choices regarding their life and death (White, 2011). The
negative images and perceptions associated with the way in which someone dies keeps the story of the relationship stuck at the moment of the death (Gold, 2007).

Violent death silences a life. The way in which a person dies is often the first story told and is the part the bereaved ruminates over regarding what might have been. Other stories are omitted and conversations stop moving forward (Hedtke & Winslade, 2004).

**Conventional Bereavement Psychology**

The focus of bereavement psychology has been to help the bereaved move on with their life by moving on from the relationship. Bereavement becomes complex when the bereaved person is not only experiencing the pain of the unexpected death, but also the pain from the impact of the discourses surrounding the death (Hedtke & Winslade, 2004). The graduate student researchers’ aim is to help the bereaved acknowledge and unpack the discourses operating on their lives, thereby supporting the bereaved to construct more useful stories and meanings.

**Alternative Ideas About Bereavement: Narrative Counseling**

The narrative approach of re-membering conversations offers an alternative to conventional bereavement counseling. It opens up possibilities for the bereaved to make meaning of their loved one’s passing, which becomes all the more important when the death is by suicide or another unexpected violent death (Hedtke & Winslade, 2004). The assumption that people should complete stages of bereavement, *let go* and *move on* is *not* the focus of a re-membering
conversation. Rather than generating stories of goodbye, the narrative approach seeks to find ways in which the influence and values of the loved one can be folded into the life of the bereaved after death. This is not to ignore or discredit the pain associated with the death, but to help ameliorate the pain by creating meaning within a continued relationship (Hedtke & Winslade, 2004).

Re-Membering Conversations

Based on the work of Barbara Myerhoff (1982), narrative re-membering conversations keep memories alive by the retelling and folding in of the deceased' stories into the life of the bereaved. These stories give meaning, agency and hope to the living (Hedtke & Winslade, 2004). In re-membering conversations, the counselor guides the bereaved through the process with carefully crafted questions building a story of values and memories. Working in the subjunctive voice (the voice of possibility), using the verbs would and could, for example, counselors can inquire into the areas of the relationship that the bereaved wishes to hold close (Myerhoff, 1978; 1982; 1986). In the case of a difficult relationship, they can help the bereaved articulate the areas of the relationship that they would prefer to be more distant (Hedtke & Winslade, 2005). From this perspective, bereavement becomes an evolving story of transition and change as opposed to an unfortunate task to be worked through as quickly as possible (Hedtke & Winslade, 2004).

Re-membering conversations aim to keep relationships alive through ritual and storytelling, believing that, just because the person is no longer physically
present, the relationship and influence do not have to end (Hedtke & Winslade, 2004). These conversations provide comfort and hope for people living with bereavement that their loved one will not be forgotten (Myerhoff, 2010). They reinforce the idea that aspects of the relationship can remain and grow even after death (Myerhoff, 1978; 1982; 1986). If members come to understand that the relationship with their loved one can continue in narrative form, they may experience relief in not having to go through the potentially wrenching experience of letting go (Hedtke & Winslade, 2004).

Personal Relevance

Krystal. My G-PAW (Grandpa) Ken is one of the most important men in the world to me. He first began referring to himself as G-PAW in letters and e-mails he wrote me. He would sign them, “With love, G-PAW.” It was a special name that only I could call him. He had many grandchildren, but I always knew I was his favorite. And he was mine. We could do no wrong in each other’s eyes. We were as close as any grandparent and grandchild could be. His rough, calloused hands showed that he was a laborer in his youth, yet his loving embrace was always gentle and kind. He stepped in as a father figure in place of his son, my biological father, and kept a feuding family together through nearly impossible circumstances. Looking back at my childhood, I marvel at what an amazing man he was, and how lucky I was to have him. So when he died in 2009, I was absolutely devastated. At first, I too was captured by the discourses
associated with death by one’s own hand. I felt guilty about not being able to prevent it, or at least not being able to see it coming.

When I first met Dr. Lorraine Hedtke, I was privileged to hold a remembering demonstration in front of my counseling peers at Cal State San Bernardino. I introduced my G-PAW and my love for him. Much to my surprise, the questions asked opened up space for my continued relationship, as opposed to inquiring into how successful I had been at letting him go. Talking about my G-PAW in this way was revitalizing and brought on a sense of hope and reconnection. Although she intentionally did not ask any questions about the circumstances around his death, I thought it was very important to acknowledge publicly that he died by his own hand. For me, the idea that it was intentional and purposeful was meaningful. It created a space for agency in his choice.

Through conversation and story, I was able to connect the act of his death to the values he held when he was alive, and therefore could continue loving and respecting him, in spite of the negative discourses around suicide. When I could see his personal agency, I could also actively look for love in his actions. While I would prefer him to remain alive with me, I have come to see his decision to die as an act of love for his family. I find this more helpful and hopeful than letting him go, or scorning him for his choice. I must say firmly here that I do not support suicide as the best option. I believe it is painful for those left to cope and to make meaning. However, I can understand how some people may see suicide as a viable option or a solution to their problems. I also acknowledge,
much like Gold (2007) that sometimes, “some problems are just too big to overcome.”

I was fortunate to hold another conversation with Dr. Hedtke. This time we recorded a brief re-membering conversation with the intention of showing it at an international narrative counseling conference in Vancouver, B.C., Canada. In watching that conversation, and then discussing the recording in front of leaders in the narrative counseling field, I have come to know my G-PAW even better than before. I learned that my unique reaction to his death has much to do with the fact that he could never do wrong in my eyes, just as was our mutual understanding when he was alive. Sitting on stage at the conference, with an extra chair placed next to me for G-PAW, talking about our special relationship, I never felt closer to him. From that experience, my passion for counseling people impacted by suicide, and doing so through re-membering conversations, became completely solidified.

This project will not only help me in my own professional development as a counselor, but it also helps me honor my G-PAW. My relationship with G-PAW has grown since familiarizing myself with re-membering. With every opportunity to speak about him in demonstration, in video, at conferences, in role-play, in paper and in discussion, I am giving him more and more of a voice in my life. Honoring my G-PAW in this way has been my inspiration for this project. I am grateful to have been introduced to re-membering, and grateful to Dr. Lorraine Hedtke for continuously providing me a platform to talk about my G-PAW. He
would love that I talk about him so much. So thank you for letting me do so, and often.

Caryn. Many years ago, I had a friend whose brother died by suicide. He had been living with schizophrenia for many years and finally decided that he no longer wanted to live under those conditions. I remember her shock, sadness, anger and distress. But I also remember, all too well, her isolation and silencing. I did not know what to say to help her feel any better, and I know others struggled with knowing how to comfort her. There was a feeling of wrongdoing, failure, and a tangible impression that to speak about his death would be to condone the act.

Then, nine years ago, school experts labeled my 14-year-old son as suicidal. For over a year, I lived with fear and confusion. Prior to that year, he had been a happy, well-adjusted kid. But in his sophomore year of high school, he experienced three suicides of classmates and two other deaths of friends by fatal car accidents, all within the span of ten months. Instead of acknowledging the depth of his bereavement, school officials and experts pathologized him. His shock and sadness was misconstrued as suicidal ideation, instead of reaction to the unexpected and violent deaths of his close friends. Our lives became upended.

My ignorance and inability to help him through this devastating time left me needing to know more about suicide, suicide survivors and how to help people living with bereavement. When offered the opportunity to study a different model for bereavement counseling, which promoted hope instead of despair, I
saw it as an opportunity to learn more. I wanted to make sure I no longer felt helpless in the face of suicide or other deaths. Finally, I had a means to make sense of those high school suicides and other deaths that had impacted me so greatly. I became able to live with and acknowledge those lives and what they meant. Learning how to help the bereaved reconnect with their deceased loved ones, whether by suicide or otherwise, in a way that provides a sense of hope and meaning, is my motivation behind this project.

Research Question

People die by their own hand for reasons that are complex, multi-dimensional, and often poorly understood. The purpose of this project is not to investigate the causes of suicide, but rather, the effects of suicide and discourses around suicide on the bereaved. The graduate student researchers are most interested in understanding how people continue living, and how they are able to make meaning of this specific mode of death. The graduate student researchers also seek to inquire into the best practices for counseling bereaved persons. Utilizing narrative lines of inquiry and re-membering techniques, the project seeks to answer the research question, “Does narrative counseling and its practices (specifically re-membering conversations) help to ameliorate the pain caused by the death of a loved one by suicide?”

Research Hypothesis

While re-membering conversations do not claim to remove all pain, the graduate student researchers believe these practices may make a difference in
how members view the death and the memory of their loved one. The bereaved persons may experience bereavement as more tolerable. The researchers hypothesize that narrative lines of inquiry, specifically re-membering, will help to ameliorate the pain of a loved one’s death by suicide. This is based on the idea that re-membering conversations support the continuation of the life through story, rather than dwelling on the finality of death (Hedtke & Winslade, 2004). We operate under the assumption that members will benefit from invitations to actively re-member their deceased loved ones, and that relational bonds needs not be severed by the biological reality of death.

**Basis for Qualitative Methodology**

The re-membering conversation data found in this project is qualitative, taken from a small sample of seven college students at a Southern California university. Qualitative studies generally use smaller sample sizes and examine members’ words in depth, rather than looking for statistically unifying themes. Qualitative data does not allow for the analysis of numbers or the measurement of degree; its value is found in that it yields information about personal meanings. Qualitative methods showcase the shifts in meaning that are often subjective and personal to an individual. Emotional pain, love and joy, for example, are subjectively measured through stories and self-reporting. To claim that one person’s sense of grief is greater or lesser than another’s (as in a quantitative measure), or that any one way of expressing grief is correct or incorrect, is simply not intended. The ways in which a person expresses their grief as a measurable,
objective quantity is not as important as the ways in which they cope. Because the project was not intended to quantify levels of bereavement effects, a qualitative study is most appropriate. It is suggested that the following data be read in context as informative of the differences in how people cope with the death of a loved one by suicide, rather than measuring the degree or level of these differences.

**Group Counseling**

It was imperative to conduct the project with as many members as practically possible. Individual counseling can be effective and helpful, although not as practical for obtaining abundant data for a research project with a limited frame. Therefore, to be able to obtain the greatest amount of information within the allotted time frame, the graduate student researchers opted to conduct a group counseling project. Group counseling has many known and relevant benefits, including camaraderie, feelings of inclusion, and gaining understanding from other members’ insights and experiences (Corey et al., 2006; 2010). Group counseling allows members to bond quickly and be able to support each other when discussing the emotional and taboo subject of suicide.

**Definition of Terms**

*Grief, mourning* and *bereavement* are expressed through complex, multidimensional emotions and somatic symptoms. While most literature uses the three terms interchangeably, there is a difference between them. The term *bereavement* is reserved for the immediate period of time of one’s emotional
suffering, specifically due to death. Grief involves the emotional feeling of loss. This can be due to divorce, job loss, catastrophe, hardship, or other significant sadness (Merriam-Webster, 2014). The challenge in mourning is for the bereaved to adjust to a life without deceased (Nieves, 2014; Worden, 1982/1991 as cited in Hedtke & Winslade, 2004). Historically, by any name, this period of time has been interpreted by counselors as a normal/natural process, or pathological, depending on the dominant counseling paradigm of the time. More recently, counselors have come to view this period as an ongoing transformative and creative process, focused on redefining the relationship with the deceased. For the purpose of this paper, we will use the term bereavement as this term more accurately reflects the experience of death from a postmodern perspective. However, there may be points in this paper where the terms are used interchangeably to reflect the referred to literature.

The term survivor of suicide is often defined as someone whose “life has been personally impacted by suicide” (Cerel et al., 2013). In most cases, it is appropriate to let the bereaved decide how they wish to be referred to, as opposed to labeling them victim, or survivor or neither. To impose any label on the bereaved would be to pathologize them (Denborough, 2006). Pathologizing is to define a person in terms of deficit, and using these labels to categorize or make sense of people’s experience (Paré, 2013). Many factors affect whether the bereaved will identify as a survivor of suicide or not. In several studies looking at self-identification, on average about 30% to 40% of the bereaved will
identify as a survivor. In the same studies, women, persons close to the deceased, and persons who had experienced more than one death by suicide were more likely to identify as a survivor (Cerel et al., 2013). However, for the purposes of this paper, persons experiencing grief will be referred to as the bereaved and persons experiencing grief due to suicide will be referred to as survivors of suicide, as appropriate. It is the preference of the group members associated with this research project to be referred to in writing as a survivor of suicide, and so, this will be the case. That said, it is recognized that there are implications for the term survivor of suicide. The politics of being called a survivor positions the person as having to fight against the influence of survivorship. This inference was discussed within the group.

Throughout this project, many references to postmodern and narrative counseling terminology will be made. For the purpose of clarity, brief descriptions will be offered here, and elaborated on in the next chapter. Social constructionism is the theory of how social discourses come to be created and understood. From a social constructionist perspective, one’s identity is created through social discourse and interpersonal relationships (Paré, 2013). Discourse is a belief, story, or body of knowledge that circulates within the wider culture, within a specific subculture or institutional context. Deconstruction is a postmodern/narrative counseling technique used to challenge the universality of discourses. It is a conversational practice that involves exploring the origins of thoughts and ideas, tracing them back to their cultural origins (Paré, 2013). This
practice *externalizes* in that it helps separate people from problem identities not previously questioned or challenged (White & Epston, 1990).

*Externalizing*, originally coined by Michael White and David Epston (1990), is a linguistic practice that separates people from problems and reduces blame and *totalizing* (all-encompassing) descriptions of people. It is a practice that assumes people are always *multistoried*, meaning many interpretations can coexist with different versions assuming dominance at different times (Paré, 2013). When counselors assume people are multistoried, they can listen for the *alternative story*. This is an interpretation, account, or description of events in contrast to the problem story and more in line with preferences, hopes, values, and so forth (Paré, 2013). Counselors listen for *exceptions* or the *subordinate storyline*, which are descriptions and stories that are initially in the shadow of a dominant problem-saturated account (Morgan, 2000). To find the alternative story, counselors may listen for the *absent but implicit*, which are the unspoken expression of value and purpose that can be read between the lines of problem-saturated stories (Paré, 2013). Often hidden underneath these problem-saturated stories are rich stories of *resilience* (the capacity to recover from difficult circumstances), *agency* (acts of free will, volition, and deliberate choice), and *resistance* (a person’s deliberate action against the trauma impacting their life) (Denborough, 2006). Once deliberately separated from problem narratives, the counselor may *map the effects of the problem* (White, 2007; Mann, 2002).
This requires asking questions that help to elaborate the effect of the problem in various contexts (Denborough, 2006).

The graduate student researchers are proposing an alternative way to understand thanatology, or the study of the effects of death and dying on personal, interpersonal and societal levels (Merriam-Webster, 2014). Conventional discourses promote the need for the bereaved to de-cathect, or stop loving or caring about a person after their death. However, the majority of this project will focus on the benefits of re-membering conversations. These practices call attention to the re-aggregation of membership in one’s life (Myerhoff, 1982). Members include the figures that belong to one’s life story, or one’s own prior selves, as well as any significant others who are part of the story. The term re-membering (with an intentional hyphen), first coined by Barbara Myerhoff (1982), refers to the active process of calling forth membership in a restorative way. It is a creative process that develops the narrative of the living through a process of interaction with the dead. It does not take the time of death as a moment of finalization of the relational possibilities (Hedtke & Winslade, 2004). Based on this premise, the graduate student researchers believe this could bring about a new paradigm, or model of thought or theoretical framework (Merriam-Webster, 2014) for bereavement counseling.

Rationale for a Collaborative Project

The counseling field boasts a long-standing history of co-facilitation and collaborative research. Pairs or groups of counselor researchers co-conduct
most group work and research studies. The benefits of such work have long been recognized by the ethical guidelines of the American Counseling Association, and counselors alike. An entirely collaborative project is in line with the ACA standards of consultation and collaboration, as well as group counseling guidelines and research standards.

Each phase of the project has been conducted in an entirely collaborative fashion. Each researcher participated equally in the development of the project and the recruitment and screening responsibilities. Both researchers were present for group session planning and the development of discussion questions and activities. The researchers co-facilitated each session of the group process, taking equal responsibility for note taking, discussion, and transcription of the sessions. The researchers collaborated on the data-coding process, the organization of data into themes, and the selection of which themes were to be analyzed and presented. The writing of the project has been conducted similarly, while still maintaining space for individual, graduate level work.

Under the guidelines for completing a graduate research project, each researcher must be assessed for graduate level work. Because the current body of literature on narrative bereavement groups for people impacted by suicide is small, there is not enough literature to justify writing two distinctive literature reviews. Despite every level of the project being conducted collaboratively, there are still many sections of the paper that have been entirely written by one researcher, with the other acting as a primary editor. The individually authored
sections include the introductions of personal relevance to the subject of suicide, and several aspects of the discussion and personal reflections. The end result is a longer, comprehensive paper written collaboratively by both researchers.

Limitations and Delimitations

Limitations. The qualitative design of the project is limited, in that it targeted a very specific population with narrow participant characteristics. The project sample was one of convenience, rather than randomized. The relatively small sample of seven students was drawn from only one California State University. All group members were university students of varying ages and class ranks. Sex and gender was distributed unevenly within the group. Furthermore, all members were either Caucasian or Hispanic. Therefore, the project may not be representative of other diverse cultures or cultural practices. For all of these reasons, the findings may not be applicable to a wider population.

In addition, the counseling employed was not a conventional bereavement counseling model, but the postmodern model of narrative counseling and remembering conversations in a group setting. This may not be an appropriate style of counseling for people of cultures that do not believe in speaking about the dead. In conducting the sessions, there was a break in the five successive weeks of group counseling. This was due to scheduling around a holiday break in the academic year. This break could have impacted the results. Lastly, because of the duality of conducting a research project while running a counseling group, there was mutually exclusive component of research and
counseling. This limited the counseling aspect because the graduate student researchers had specific questions in mind. It also limited the research aspect, because the members may have wanted to please the graduate student researchers and responded how they believed they should respond (response bias). This restricted the openness and direction of dialogue in the group.

Because of this mutual exclusivity, there were limitations on the questions and therefore, the data that could be gathered.

**Delimitations.** Due to IRB concerns, the graduate student researchers intentionally excluded any members who had previously been diagnosed with a mental illness or reported suicidal ideation during screening conversations, was under the age of 18, or were not currently enrolled at one of the two CSUSB campuses. Because of this exclusion, it is recommended that the data be read critically in terms of its applicability to a wider population.
CHAPTER TWO
LITERATURE REVIEW

Bereavement Psychology and Theory

This chapter begins with a brief history of bereavement psychology, which has laid the foundation for the dominant paradigms of grief work today. We will offer a critique of these models, before moving on to discuss postmodern theory, which forms the basis of our work on this project. We will review research on the perceived differences in bereavement by expected and unexpected, violent deaths, and the implications for suicide bereavement. This includes examining research on the prevalence of suicide in America, and the effects of suicide on those living with grief. In addition, the chapter will include a discussion of the harmful effects of the discourses around suicide in this culture. We will explore the various factors, which have a tendency to affect bereavement patterns, including multicultural and religious factors. Next, we will look at literature concerning college students and bereavement. We will look at conventional bereavement counseling models, and suicide-specific counseling models, before reviewing literature of narrative bereavement counseling models. This chapter will finish with a look at the significance of re-membering conversations in bereavement work, group counseling, re-membering in groups, and the use of therapeutic documents with the bereaved.
Conventional Grief Psychology

Sigmund Freud. Much of what is known from conventional bereavement models can be traced back to the early work of Sigmund Freud. Freudian principles have become a part of lay psychology and professional theory, and are continuously referenced when people are bereaved. Freud was interested in the differences between mourning (bereavement) and melancholy (depression) in his 1917 article that compared these two states (Freud, 1917/1957). He found the differences to be the following: Mourning is a natural process when one is grieving the loss of life. It is not considered pathological, because there is an identifiable reason for the grief. Freud states, “although grief involves grave departures from the normal attitudes to life, it never occurs to us to regard it as a morbid condition and hand the mourner over to medical treatment” (Freud, 1963, p.165). Whereas in melancholy, “dissatisfaction with the self on moral grounds is by far the most outstanding feature” (Freud, 1917/1957, pp. 247-248).

Now in what consists the work which mourning performs? The testing of reality, having shown that the loved object no longer exists, requires forthwith that the libido shall be withdrawn from its attachment to the object. Against this demand a struggle of course arises- it may be universally observed that man never willingly abandons a libido-position, not even when a substitute is beckoning to him . . . The normal outcome is that deference for reality gains the day . . . When the work of mourning is
completed the ego becomes free and uninhibited again (Freud, 1917/1957, pp. 244-245).

Freud’s work on the topic of denial and repression form the basis of most bereavement counseling models today. He asserts that one’s libido must separate from the loved object. If this does not happen, one is disconnected from the reality that a person has died, and is denying this biological finality (Freud, 1917/1957). His work has defined grief pathology; repression of grief (inability to detach) may lead to internalization, depression, or complicated grief (Berzoff, 2003; Hedtke & Winslade, 2004).

A major component in this work is recognizing expressed and latent emotions in working through grief. This requires relentless questions about the circumstances of the death itself. The bereaved may be required to relive the trauma in the retelling and examination of these emotions (Hedtke & Winslade, 2004). Freud was the first to introduce the notion of catharsis, the expression or release of emotions. This notion forms the basis of talk therapy and Freud’s concept of free association (Berzog, 2003). However, it is now known that forced catharsis can re-traumatize the bereaved (Denborough, 2006).

Freud believed that one must decathect, or emotionally separate, from the deceased in order to be able to love again (Berzoff, 2003). From this perspective, the bereaved should become “free and uninhibited”, as if the object never existed or had any personal value (Freud, 1917/1957, p. 244). Freud concludes that the bereaved must detach and go on with life without the burden
of the deceased loved one, in order to regain a sense of fulfillment (Freud, 1917/1957). In this treatise, Freud set the trajectory for Western civilization regarding how bereavement should be treated and what successful bereavement should look like. This has been the reigning bereavement model for over one hundred years, and has since been universalized. With this foundation firmly in place, other psychiatrists, psychologists, counselors and the like, continued to adapt and build upon this model.

**John Bowlby.** John Bowlby (1969/1980) is best known for his work on childhood attachment theory. Attachment theory describes the developmental process of affectionate ties with one's mother or primary caregiver as the groundwork for all other relationships. The theory is primarily concerned with the accessibility of the caregiver to the child in times of distress or need. Given the proper amount of care and nurturance in times of pleasure and comfort, a child learns healthy emotional attachment (Bowlby, 1969). With this foundation, he is able to proximally distance himself, knowing that he may rely on his caregiver if he needs help. The balanced divergence of nurturance and independence develops healthy autonomy (Berk, 2007). Bereavement psychology is heavily influenced by Bowlby's attachment theory. When a child does not learn healthy attachment, he is subject to anxiety in regards to his needs being met in relationships (Bowlby, 1980). When a loved one dies, there can be insurmountable anxiety and grief, regardless of the age of the bereaved. This is due to sudden, forced, detachment and inaccessibility of the secure base.
Attachment theory reinforces the paradigm set in motion by Freud (Hedtke & Winslade, 2004) and has been widely used to shape the practices of bereavement psychology.

Elizabeth Kübler-Ross. Elizabeth Kübler-Ross, through her work with terminally ill patients, came to recognize five stages of grief. She wrote with the intention that doctors, nurses and family members would become aware of, and be able to speak about the emotional needs of dying patients (Kellehear, as cited in Kübler-Ross, 2008). *On Death and Dying* (1969) describes the emotional stages that patients went through as their illness progressed; she observed the linear stages of denial, anger, bargaining, depression, and final acceptance of death. These would become universalized and known as the *five stages of grief* (Kübler-Ross, 1969). The observations gathered from these conversations were then overgeneralized from dying patients to the greater population of the bereaved (Granados, Winslade, DeWitt, & Hedtke, 2009). This five-stage model has become the standard by which counselors consult with the bereaved (Kellehear, as cited in Kübler-Ross, 2008).

According to more recent adaptations of Kübler-Ross' theory, not everyone will experience all of these emotions, or in this exact order. In fact, the five stages are not intended to act as a comprehensive guide to all of the emotions that one may feel when coping with a death (Kübler-Ross, 1969). However, the assumption is still that the bereaved must complete each of these emotional phases in order to progress healthily through bereavement, wherein
“successful navigation through this process brings the promise of an endpoint to the pain of grief” (Granados et al., 2009, p. 5). From this perspective, bereavement is something to work through, where at the end of the final phase, the bereaved should have a sense of accepting the death and being able to move on from the pain of the grief, as well as from the relationship with the deceased. Until the bereaved have completed these phases, they must always be moving somewhere; it is not acceptable to simply be or to sit with discomfort or pain (Hedtke & Winslade, 2004).

**William Worden.** Adapting Kübler-Ross’ five stages of grief, Worden wrote on the **four stages of mourning.** In *Grief Counseling and Grief Therapy, Fourth Edition: A Handbook for the Mental Health Practitioner,* he explained that mourning entails a series of tasks to be finished before one is able to complete the mourning process and be re-established with a sense of wholeness (Worden, 1982/1991). He explains the tasks, which the bereaved must complete:

- **Task 1.** To accept the reality (significance and impact) of the loss.
- **Task 2.** To work through the pain of grief.
- **Task 3.** To adjust to an environment in which the deceased is missing.
- **Task 4.** To find an enduring connection with the deceased while embarking on a new life (p.10-16).

According to Nieves (2014), the first task requires the bereaved to face the reality that their loved one is not coming back. In the second task, the bereaved must face the grief and deal with the pain of loss. If the bereaved fails to
complete the second task, “they will carry the pain with them throughout their lives, and the pain can manifest into physical symptoms” (p. 54). Nieves (2014) describes three areas of adjusting that must take place in the third task:

External adjustment usually develops approximately three to four months after the loss. It involves coming to terms with being alone and assuming responsibility for the different roles previously played by the deceased. Internal adjustment requires the bereaved to adjust his or her sense of self. Finally, spiritual adjustment means adjusting to the world in the absence of the deceased. It involves searching for meaning within these life changes, both to make sense of them and to regain a sense of control of life (p. 54).

Task 4 has been rewritten several times. Originally the task was written as follows: “To emotionally relocate the deceased and move on with life” (Worden, 1982/1991, p. 16). Since then, the task has been redefined. According to Nieves (2014), the fourth task requires the bereaved to “find ways to remember the deceased without allowing them to get in the way of continuing his or her life” (p. 54). Although there is still an emphasis on moving on with life, this marks an interesting shift in paradigm; moving on from the deceased loved one, to finding a lasting connection with them instead (Granados et al., 2009). The tasks are designed so that one can work through the emotions involved in bereavement and then decathect. Worden described complicated grief as the following: “When a person is overwhelmed and resorts to maladaptive behaviors
or remains interminably in a state a grief, without progression of the mourning process toward completion” (Nieves, 2014, p. 54). From this perspective, we conclude that the inability to progress healthily from one stage to the next, toward a completion of grief, results in the pathologizing of the bereaved.

Worden’s writing contributed to conventional bereavement psychology in supporting the concepts of saying final goodbyes and completing unfinished business (Hedtke & Winslade, 2004). In summary, Worden proposes the tasks of realizing the certainty of the death, managing both overt and covert emotions and reentering society as a healthy and functioning member. In these tasks, saying a final goodbye and making peace with unfinished business is the only way to reestablish one’s own life, with the express implication that the bereaved will leave the memories and the relationship behind and move on.

**A Critique of Conventional Bereavement Models.** Discourse around death, as solidified and retold through dominant psychology, mandates that in order to have a healthy bereavement process, the bereaved must move through phases, completing steps along the way, in a predetermined, but unspecified period of time. From this perspective, death is a natural and inevitable event, which the bereaved must come to terms with. These practices can create distance between the bereaved and deceased loved ones and can cause more distress (Hedtke & Winslade, 2004).

Dominant bereavement psychology, as with most psychology, has been widely developed within white, Western (Eurocentric), male-dominated cultures.
Therefore, bereavement practices largely remain biased towards a description of normalcy in the contexts of which these theories were developed (Hedtke & Winslade, 2004; Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008). For example, Bowlby saw attachment as a universal evolutionary need. However, it has been shown that attachment styles and needs vary across cultures. Interestingly enough, research on death studies has brought many of these assumptions into question. For example, research studies have failed to support grief stages (Hedtke, 2002a; 2002b). Research has found that there is no endpoint to grief, which would count as recovery from grief (Hedtke & Winslade, 2004). In addition, Neimeyer et al., (2006) found that grief work that amounts to dwelling on what is lost does not produce any positive psychological benefits.

Berzoff (2003) suggests that bereavement consists of socially and culturally constructed patterns of behavior, reflecting the cultural values and principles of the bereaved and the deceased. In this way, death is not just a biological event and grief is not just a natural phenomenon. Grief experiences will always be shaped by discourse and culture (Hedtke, 2002a; 2002b). If discourses around bereavement are socially constructed, then perhaps they can be deconstructed (analyzed for origin and evaluated for relevance) (Paré, 2013). Furthermore, pathologies, diagnoses and complicated bereavement may also come into question. As graduate student researchers, we might postulate about the implications of individual bereavement models; if the expression of
bereavement is not universal, but socially constructed, who is it that is privileged to define normal versus complex bereavement (Hedtke & Winslade, 2004)?

While it is important to acknowledge the contributions made to the study of bereavement by dominant psychology, we take the stance that these contributions are a product of discourse, which have been perpetuated by the continual retellings, in spite of its possible harmful effects. “These models, based in deficit ideas, only inhibit our coping abilities and undermine our confidence” (Hedtke, 2000, p. 7). In addition, conventional bereavement counseling can often blind the bereaved to stories of love, strength and hope (Hedtke & Winslade, 2004). It is important for counselors to understand possible bereavement reactions, but know that these could only be fragments of a full description. Furthermore, rather than making assumptions about the proper way for people to experience bereavement, counselors should facilitate conversations around individual and collective meanings made. With this postmodern framework in mind, we will now shift focus to a social constructionist point of view; a model that acknowledges the above discourses, but leaves space for alternative meanings.

Postmodern Theory

In the late 20th century, postmodern approaches to death and bereavement began to take shape. In the literature noted above, not much therapeutic value is given to the deliberate fostering of continued relationships, or to re-membering the deceased loved one, because to do so might hinder the
bereaved’s “acceptance of reality” (Granados, et al., 2009, p. 7). The assumption is that the desire to maintain a relationship with their deceased loved one is problematic and possibly even pathological. According to Granados et al. (2009), “this trend persists despite recent developments in the grief literature that are marked with new assumptions about bereavement.” (p. 7). To understand the postmodern views regarding death and bereavement, one must be privy to some essential assumptions and beliefs held by postmodern theorists.

Postmodern theories embody different assumptions about working with people, than do conventional theories. From this perspective, there is no foundation from which truth can be derived (Gergen, 1999). Because there is no access to absolute truth, knowledge instead consists of fragments of information and understanding. Knowledge is developed by the use of cognitive beliefs, built within the local environment, wherein there is no single official reality (Paré, 2013). The utility of local knowledge and experience is valued over theories and scientifically derived truths (Morgan, 2000). Finally, people’s interpretation of the world is defined by past experiences, and therefore we all see the world differently (Gergen, 1999). This is critical for counselors, because it means that people base future behaviors on what has worked in the past, not necessarily what science says will work (Morgan, 2000).

Counselors who work from a postmodern framework structure their counseling conversations within the context of several beliefs. People are understood to give meaning to the events in their lives by linking them in a
sequence, across time, according to a plot, in order to form a story (White & Epston, 1990). The social context of gender, class, race, culture and sexual orientation are powerful influences on the plotlines we live by (Gergen, 1999). The stories we tell are a reflection of our culture. The most dominant stories shape our interpretation of past, present and future events (White & Epston, 1990). There exists social pressure for people to fit their own experience into socially constructed narratives and norms. Because of this, personal narratives may become subjugated by more dominant discourses (Gergen, 1999). These counselors focus on the stories of people’s lives and promote the idea that problems are not internal states, but are manufactured in social, cultural and political contexts (Paré, 2013).

Social Constructionism. Social constructionism is a dramatic shift in psychological paradigm that has departed from the assumptions of modernism. This postmodern way of seeing the world asserts that persons can derive their own meaning from their experiences and these meanings can be individual or collective (Gergen, 1999). Contributors to this perspective believe that meaning is never devoid of cultural influences, which operate in the background (Gergen, 1999). According to this perspective, identity is formed interpersonally, between people, through conversation, rather than simply in internal processing (Granados et al., 2009). From this perspective, we are relational beings. Personal identity is formed in relationship with other people. Life is relational, and therefore so is death. If death is relational and not just a natural, biological,
individual event, then grief is relational (Granados et al., 2009). This is a shift away from the modernist view that knowledge is only knowledge when it is objective and verifiable truth.

A socially constructed perspective, almost ironically, treats a person’s experiences and meanings as more important local knowledge (White, 2007) than the knowledge embodied in professional discourses. This shift in emphasis grants the bereaved expertise in their own lives, instead of assuming the professional always knows best (Gergen, 1999). Counseling theories that stem from social constructionism support the counselor in maintaining a gentle curiosity about the way in which people cope, rather than the extent to which they experience bereavement (Denborough, 2006). This practice supports the bereaved to establish a sense of agency in their past, present, and future and to create the meanings that most fit with their relationships and cultural practices.

By contrast, counseling is often focused solely on the analysis of past experiences and introspection that privileges the present (Neimeyer et al., 2008).

E.K. Rynearson. Rynearson’s (2005) view of bereavement counseling takes a step away from conventional models. From his perspective, bereavement is not a progression through linear stages from which to heal. Acceptance of death is important, but understanding how the bereaved has changed as a result of the relationship with the deceased is paramount (Rynearson, 2005). Rynearson encourages the bereaved to find meaning in the deceased’s life and in relationship with him or her, in a process he calls
Restorative Retelling. When bereaved persons are able to remember, connect, and focus on stories of life, they may find stability and reclaim their identity (Rynearson, 2001). The bereaved will feel “calmer, safer, and more hopeful when they allow themselves to remember and reconnect with their loved one’s living more than their dying” (Rynearson, 2005, p. 357). To Rynearson, closure is an unattainable goal. Restorative attitudes toward embracing uncertainty are thought to be more beneficial (Rynearson, 2005).

Rynearson cautions against choosing counseling that incorporates the expression of emotions (catharsis) or re-exposure to imagery of the death. This is especially true when the death is violent, like that of suicide. “Recounting the events of violent dying, in the absence of vital memories of the loved one, risks intensifying trauma distress and interfering with the counseling goal of re-engaging with life” (Rynearson, 2005, p. 353). To him, there is a dissonance in the retelling of a violent death with that of claiming a vital life. The bereaved holds two stories, one of love and relationship and the other of violent death and agony (Rynearson, 2005). One technique he uses is to imagine the presence of the deceased by looking at photographs and trying to bring more desirable stories to life. He also suggests that in times of distress, the bereaved should ponder what the deceased would say to comfort them. This re-storying broadens the account of death and makes room for life and hope (Rynearson, 2005).

Michael White and David Epston. The work of Michael White and David Epston (1990) laid the foundation for the vast majority of the narrative counseling
paradigm. Based on their ideas, narrative counselors assume that people already have the skills, competencies, knowledge, and abilities that enable them to respond to the problems of life (Hedtke, 2014a). “This assumption shifts the emphasis away from knowing best, diagnosing unseen problems, and telling people what to do, toward being curious and inquiring into the usefulness of people’s existing resources” (Hedtke, 2014a, p. 2). One well-known tenet of narrative counseling, which lays the foundation for all other key principles is, “The person is not the problem, the problem is the problem” (White & Epston, 1990, p. 16). When problems are viewed in this way, they can be externalized, the effects can be mapped and deconstructed, dominant discourses can be weakened and preferred stories can be strengthened (White, 1992; White & Epston, 1990).

When the problem is named and externalized as separate from the person, the problem is allowed to be examined as an external force acting upon the life of the bereaved (Morgan, 2000; White 1995; White & Epston, 1990). The effects of the problem are identified and mapped across time, revealing where, when, how, with whom, and why they occur (White, 1995). The dominant story can then be deconstructed to show how and when it gained its destructive strength (White, 1992). Throughout the conversation, the counselor listens for instances of resistance against the problem, as well as for times when the problem is not present (White & Epston, 1990). Also, the counselor listens for the hopes and preferred stories that are to be strengthened and lived out (White, 1992). This preferred story is made rich with examples of landscape of action or
landscape of identity questions (Morgan, 2000). Jerome Bruner defines the landscape of action as the plot events, which confront the dominant problem, wherein the bereaved did something to counteract its effects on his or her life. Landscape of identity involves the themes or meanings the bereaved derived from the actions (Denborough, 2006). These stories of resistance are thickened by the bereaved’s own words, ideas and actions (White, 1992). This becomes the preferred story of the bereaved’s hopes, dreams, and future (White, 1995).

White (1989) developed the metaphor “saying hullo again”, in an article entitled the same, when speaking with a woman who was bereaved by her long-term partner’s death. He used this phrase to specifically counter the narratives of saying good-bye that dominate in conventional psychology. In counseling those impacted by the death of a loved one by suicide, this can be a helpful way to relocate the relationship with the deceased. The dominant discourse of moving on is deconstructed and the preferred story of a continued relationship is built.

Robert Neimeyer. Neimeyer’s work and writings on grief are supported by attachment theory and postmodern thought. His work is largely concerned with helping the bereaved cope with the death of a loved one through making sense of their relationship with the deceased and through deriving meaning from the life they lived (Neimeyer et al., 2008). Neimeyer suggests that being able to do so is a way to continue the relationship post-mortem (Neimeyer, Baldwin, & Gilles, 2006). This not only allows the bereaved a sense of control in an out-of-control situation, but it may also support the calling-upon of personal agency to
help the bereaved gain some understanding of the event (Neimeyer, Baldwin, & Gilles, 2006). In so doing, it may help the bereaved to understand the death within the broader context of the loving relationship (Neimeyer et al., 2008).

In his abundant books, studies, and publications Neimeyer writes about the benefits that come from reconstructing the relationship within a thoughtful process of meaning making. This reconnects the person to the deceased in spiritual, realistic, and personal ways (Neimeyer, Baldwin, & Gilles, 2006). Furthermore, he posits that being able to make meaning assists the bereaved to internalize a psychological union with their loved one, in lieu of focusing on the impossible physical bond with the deceased. This union, then acts as the continuous connection to hold close the legacy, support, memories, and special existing bonds of the relationship (Neimeyer, Baldwin, & Gilles, 2006). It also supports the movement of this relationship into the future (Neimeyer et al., 2008).

Barbara Myerhoff. Anthropologist, Barbara Myerhoff, is credited with first using the term re-membering (Myerhoff, 1978). The intentional hyphen differentiates the passive remembering of deceased loved ones, and active re-membering, or allowing the deceased’s membership in one’s life to remain (Myerhoff, 1986). Often in death, loved one’s memories or voice no longer have a place in the everyday life of the bereaved. Conventional grief discourses dictate that lives be moved on from and relegated to a past memory, with no pertinent or continuing influence. However, re-membering revitalizes the relationship and carries this ongoing connection with the deceased into the future.
(Hedtke & Winslade, 2004). Myerhoff writes, “Re-membered lives are moral documents and their function is salvific, inevitably implying, “All this has not been for nothing’” (Myerhoff, 2010, p. 36). Myerhoff defines this intentional re-connection as active re-membering, which is fostered through re-membering conversations:

To signify this special type of recollection, the term “re-membering” may be used, calling attention to the re-aggregation of members, the figures who belong to one’s life story, one’s own prior selves, as well as significant others who are part of the story. Re-membering, then, is a purposive, significant unification, quite different from the passive, continuous fragmentary flickering of images and feelings that accompany other activities in the normal flow of consciousness (Myerhoff, 1982, p.111).

Re-membering conversations are based on the concept of membership in one’s life (Myerhoff, 1978; 1982; 1986). Myerhoff wrote about how the bereaved may navigate death by honoring the deceased as a member of a community, and thus strengthen the survivor’s sense of identity through belonging to that community (Granados et al., 2009). Such re-membering is an active process that involves the reincorporation of the deceased’s stories, love, voice, and membership in the ongoing community of the living. These practices have long and rich cultural histories (Granados et al., 2009). From this perspective, when a
loved one dies, the relationship changes, but their membership need not be cancelled (unless the bereaved prefers to keep the deceased distant).

**Unexpected Death Versus Expected Death**

Discourses around death and bereavement dictate how people respond when someone close dies and how they respond to others who have had experienced a death. It is often assumed that there are differences in the caliber and trajectory of grief between expected and unexpected death, particularly violent deaths. Any combination of whether or not a death was anticipated, and whether or not it was violent, can influence the survivor’s bereavement reactions, and their sense of trauma (Sakinofsky, 2007). Research seems to indicate that the bereaved are much more likely to consider the death of a loved one traumatic if it was unexpected, violent, or both (Schneider, Grebner, Schnabel, & Georgi, 2011). Research also suggests that the bereaved are much less likely to exhibit complicated bereavement reactions if the death was expected, due to natural causes, and/or was nonviolent (Sakinofsky, 2007). Despite these research conclusions, we take the stance that whether expected or unexpected, death can be traumatic for the loved ones impacted by it. The intent of the project is not to quantify levels of bereavement. However, we will speak to some of the possible reactions to expected versus unexpected, violent death.

Much of Rynearson’s (2001) work contributes to the constructivist view of natural (expected) death versus unexpected violent death. He posits that natural death and violent death result in different bereavement. Natural death is the
product of biological causes, such as age, disease and deterioration. It entails a medicalized progression of disease, which follows a linear course and ends in expected death (Rynearson, 2005). In a natural death, family and friends are often united in their stance against the illness and support the dying so that they are not alone. From this perspective, the living loved ones may experience bereavement differently. They might have time to make financial preparations, death arrangements, visit the dying person, and make arrangements to be present at the time of the passing (Rynearson, 2005). According to this model, simply being at the bedside of the dying can promote personal agency and meaning, because the bereaved is able to be involved. As often agency is found to be an important component of emotional well-being, this pre-knowledge and planning can be possibly beneficial in making meaning for the loved one following the death (Rynearson, 2005).

This advantage, however, does not necessarily mean that it will be easy to make sense of the death. There are far too many other factors that might impact a family’s or an individual’s ability to make useful meaning following a death. This includes situations in which a family has periods of uncertainty about when their loved one will pass or when they have been witness to their loved one’s mental and physical deterioration. They may have watched their loved one struggle with medical procedures or pain and/or known of their loved one’s fear of dying. These experiences could possibly produce a sense of relief, when their loved one dies (Rynearson, 2005).
Unexpected death may yield a very different bereavement response in some people. In conventional grief psychology when loved ones or dying persons have limited time to prepare for the passing, grief is thought to be more dramatic and difficult. Grief is assumed to be worse when families have no time to say goodbye, visit, make arrangements, or prepare emotionally. If family and friends are not able to be present for the passing, it is assumed that people will be feeling anger, depression, guilt, confusion, and possibly despair. This may be compounded if the deceased passed young or left behind children or a spouse (Sakinofsky, 2007), as stories are then told of the tragic nature of the death above all else.

Bereavement can be further complicated if the unexpected death was violent. Unexpected violent deaths involve external actions, such as accidents, homicide or suicide. In a violent death, like suicide, the deceased is often alone at the moment of death. Because of this, the last moments before the death are imagined by friends and family members, which often result in the bereaved’s traumatization (Rynearson, 2005). Furthermore, the reasons behind the death are confusing and oftentimes unknown; searching for the reasons why violent death occurred can be a tortuous journey (Rynearson, 2001). This retelling can result in a story, which recounts only gruesome and distressing details (Rynearson, 2005).

Much research has been conducted on the bereavement of expected/natural death versus unexpected or violent deaths. One study found
that various groups of people experience unexpected or violent death differently (Cerel, Jordan, & Duberstein, 2008; Bailey, Kral, & Dunham, 1999). Compared with children whose parents died of a terminal illness, children who lost a parent unexpectedly experienced more depressive symptoms, negative mood, interpersonal difficulties and loss of interest in activities they once enjoyed. These same children reported less acceptance of the death and less relief (Cerel, Jordan, & Duberstein, 2008). Being able to anticipate the death may make it easier for people to create meaning, which affects bereavement. One may be able to make meaning of a life that ends in a natural death because it can be infused with values, purpose, and closeness. A violent death can thwart meaning because the final act becomes the focal event of every story (Rynearson, 2001; Rynearson, 2005).

Suicide. According to the data collected by the Centers for Disease Control and Prevention (CDC), in 2010 (the most recent year for which data is available), 38,364 suicides were reported in America alone. Every 13.7 minutes, someone dies by suicide, making suicide the ninth leading cause of death in the United States (Facts and Figures, 2014). However, suicide is the third leading cause of death in young people between the ages of fifteen and twenty-four (Mitchell, Kim, Prigerson, & Mortimer- Stephens, 2004). Of those deaths, approximately 1,900 children and teens will die by suicide leaving parents, siblings and other survivors to search for meaning (Cerel et al., 2008). The highest rates of suicide in the United States, in any age group, were among
persons over sixty-five years old. Younger groups have had consistently lower suicide rates than middle-aged and older adults (Mitchell et al., 2004). In 2010, adolescents and young adults aged fifteen to twenty-four are represented by a suicide rate of 10.5 per 100,000 deaths (Facts and Figures, 2014). For many years, the suicide rate among men has been four times higher than that of women. In 2010, men had a suicide rate of 19.9 and women of 5.2 (Facts and Figures, 2014). Of those who died by suicide in 2010, 78.9% were male and 21.1% were female. While men are four times more likely to die by suicide than women, women attempt suicide four times as often as men (Facts and Figures, 2014). The ratio of suicide attempts to suicide deaths in youth is estimated to be about 25:1, compared to 4:1 in the elderly (Facts and Figures, 2014).

Over the course of one’s lifetime, 20% of Americans will be impacted by the suicide of a loved one (Mitchell et al., 2004). Every year, over 60,000 children experience death by suicide in their family. Of those, 8,000 children will experience sibling suicide, and 12,000 will experience the suicide of a parent (Cerel et al., 2008). For every one suicide, there is an estimated six to fifteen people close to the deceased left to find meaning (Mitchell et al., 2004). The affected persons are family members, friends, co-workers, community members, and even acquaintances of the deceased, and are often termed *survivors of suicide*. Data on the exact number of survivors impacted does not yet exist, however rough estimates suggest that one out of every sixty-four Americans may identify as a survivor of suicide (Cerel, Chandler-Bolin, & Moore, 2013).
According to Skehan, Maple, Fisher, and Sharrock (2013), a survivor of suicide is “someone who experiences a high level of self-perceived psychological, physical and/or social distress for a considerable length of time after exposure to the suicide of another person” (p. 224). For these people, the effects of suicide can be complex and devastating (Cerel et al., 2008).

**Effects of Suicide on Those Living with Bereavement**

There has been much debate in the literature about whether or not suicide bereavement is different from bereavement by other deaths. According to Cerel et al. (2008), there continues to be compelling evidence that the subjective experience of bereavement after the death of a loved one by suicide is substantially different from other deaths. Some research supports this notion, demonstrating that suicide can be traumatic while expected deaths have a tendency to cause much less complicated bereavement patterns (Sveen & Walby, 2007). Literature reporting the nature of suicide has suggested that this type of bereavement is “characterized by guilt, shame, difficulty in family relationships, loneliness, isolation, fear of social stigma, and a fixation on making sense of the death,” which appears to be unique to suicide (Skehan et al., 2013, p. 224; Bailey et al., 1999). Survivors may have increased susceptibility to diagnostic conditions, and are also limited in their ability to talk about the experience (Skehan et al., 2013).

Edwin S. Schneidman, a pioneering authority in suicidology in the 1970’s classified types of bereavement differently: “There are essentially only two kinds
of mourning and grief: those which accrue to deaths from the heart, cancer, accident, disaster and the like, and those which relate to the stigmatizing death of a loved one by suicide” (Sveen & Walby, 2007, p. 13). In summary, the differences in bereavement reactions are not caused by deaths that are expected or unexpected (as Rynearson believed) or in those that are more shocking than others. Instead, Schneidman believes that deaths that are not chosen are possibly more acceptable than deaths that are intentionally chosen (Sveen & Walby, 2007).

Some believe suicide bereavement is no different than other kinds of bereavement. Sveen and Walby (2007), suggest, “there are many more similarities than differences between suicide survivors and other bereaved groups” (p. 13). They analyzed whether or not persons bereaved by suicide differed from other bereaved groups by comparing three main categories: overall mental health, levels of grief, and unique reactions. They found “no significant difference between survivors of suicide and other bereaved groups regarding general mental health, depression, PTSD symptoms, anxiety, or suicidal behavior” (Sveen & Walby, 2007, p. 13). They also found no significant differences regarding measurements of grief. Finally, Sveen and Walby (2007) found that the only significant differences for survivors of suicide and survivors of other modes of death were in their perceptions of the following experiences: rejection, shame, stigma, concealment of the death (probably due to higher levels of shame or stigma), guilt, blaming, feelings of responsibility for the death,
isolation, lack of social support, searching for meaning or an explanation, and significantly lower levels of acceptance (probably due to the shocking and taboo nature of suicide) (Sveen & Walby, 2007). They consider these to be suicide-specific reactions (Sveen & Walby, 2007).

There is still no consensus in the literature about whether or not bereavement as a result of suicide is different or worse than other types of bereavement. Sakinofsky (2007) found that “post-suicide bereavement reactions represent an interaction between circumstances of the event, quality of the relationship between the deceased and the survivor, and the vulnerability and resistance of the survivor” (p. 131). Despite research presented to prove or disprove the intensity of bereavement following death by suicide, the common discourse among professionals and laypersons alike suggests that suicide is still more traumatic. It is this stigma in part, that keeps this kind of grief silenced.

Despite conventional psychology’s best attempts to summarize all the various ways that people may experience bereavement, we take the stance that it is best not to make assumptions about how the people who consult with counselors will experience bereavement, especially due to suicide. While it is important to have a general understanding of the ways in which suicide may impact the bereaved, it is probably best to err on the side of caution, and simply ask. To do so is in line with what Michael White calls experience-near descriptions, or “language which is closest to the subjective experience of the person rather than derived from professional knowledge” (Gold & Anderson,
It is crucial to note that while people can become affected by the suicide itself, they are also affected by the related discourses, and the messages they receive about how they are supposed to respond to this kind of death.

**Suicide-Specific Effects.** Many suicide survivors not only experience the emotions associated with the unexpected violent death, but may also face preoccupation with the possibility that they could have somehow intervened or prevented the suicide. These preoccupations are often accompanied by feelings of shame and guilt (Briere & Scott, 2013; Bailey et al., 1999). Survivors may experience unanswerable questions about why the death occurred. Many survivors experience feelings of abandonment and being left behind by their loved one. Survivors have a sense that the death was a choice; that their loved one decided that they wanted to die and/or leave them. These feelings are often compounded by ideas that the act was selfish (Schneider et al., 2011). Depending on the relationship, they may blame themselves for their shortcomings as a parent, sibling, partner, etc. This is particularly true of the responsibility felt by parents whose child died by suicide (Schneider et al., 2011).

Violent death complicates cognitive and emotional processing and the bereaved person’s ability to make meaning of the death. The impact of unexpected violence can result in psychological confusion, impairment and distress (Rynearson, 2001; Neimeyer et al., 2008). The inability of the bereaved to assimilate the death into their psychosocial worldview can further complicate bereavement reactions. The bereaved may perseverate on distressing images
because their ability to make sense of the death is impacted (Neimeyer, Herrero, & Botella, 2006). According to Neimeyer et al. (2008), bereaved persons who cannot make sense of the death, have a more difficult time coping than those who could. Some survivors use illicit substances, alcohol or other risky health behaviors as a means to cope (Schneider et al., 2011). Many develop eating-related difficulties, comorbid with depression (Cerel et al., 2008). Some survivors may make suicide attempts themselves shortly after the suicide of their loved one (Cerel et al., 2008).

One study showed that survivors of natural deaths reported receiving much more emotional support than did survivors of suicide (Cerel et al., 2008). This may be because suicide has a long history of stigmatization within Western cultures (Sakinofsky, 2007). According to Cerel et al. (2008):

Suicide is a confusing death. Its causes are complex, multi determined, and poorly understood. This ambiguity seems to increase the need within social networks to affix blame. Indeed survivors of suicide are judged more negatively than survivors of other types of loss. They are seen as more disturbed and deserving of blame for the suicide (p. 39).

Survivors have a higher tendency to want to hide the circumstances of the death from other loved ones (Skehan et al., 2013). Survivors may expect that they will be judged harshly and therefore withdraw from their social networks (Cerel et al., 2008). Cerel et al. (2008) call this self-stigmatization. This may be because survivors experience higher levels of blame, rejection, shame, and stigma (Sveen
& Walby, 2008). This cycle of avoidance between survivors and their support networks can only exacerbate bereavement (Cerel et al., 2008). While it is important to get a sense of the various ways people can be impacted, this is not intended to be an exhaustive list. It is important to note that persons living with grief will be impacted differently, and respond in vastly different ways.

**Complicated Bereavement.** Overwhelming emotional and mental health responses impact a person’s ability to function on a day-to-day basis (Cerel et al., 2008). Survivors of suicide have an increased likelihood of developing disorders such as complicated bereavement, major depression, generalized anxiety disorder, traumatic bereavement and post-traumatic stress disorder (PTSD) (Murphy, Johnson, Chung, & Beaton, 2003; Thompson, Norris, & Ruback, 1998). This is especially true for children exposed to the suicide of a parent or of a parent confronted by the suicide of a child (Briere & Scott, 2013). Being witness to such events can produce significant psychological distress and symptomology, especially because the death is perceived as a purposeful statement of separation from the living (Briere & Scott, 2013).

According to Mitchell et al. (2004), in this clinical picture, the survivor exhibits “an intrusive, distressing set of core symptoms which include yearning, longing for, and searching” (p. 13). Similarly, Currier, Holland, and Neimeyer (2006) define complicated bereavement as “a form of bereavement marked by elevated and persistent separation distress, seriously impaired functioning, and difficulties moving on with life following the loss of a loved one” (p. 404).
According to the DSM-5 diagnostic criteria for complicated bereavement, the survivor must meet at least one of the following four criteria in order to be diagnosed (Nieves, 2014, p. 55):

- Persistent, intense yearning or longing for the deceased.
- Frequent feelings of intense loneliness or emptiness.
- Recurrent negative thoughts about life without the deceased or recurrent urge to join the deceased.
- Preoccupying thoughts about the deceased that impair daily functioning.

In addition, the bereaved must meet at least two of the following eight criteria in order to be diagnosed (Nieves, 2014, p. 55):

- Rumination about circumstances of the death.
- Frequent disbelief or inability to accept the death.
- Persistent feeling of being shocked, stunned, or emotionally numb.
- Recurrent feelings of anger or bitterness regarding the death.
- Difficulty trusting or caring about others since the loss.
- Experiencing pain or other somatic symptoms that the deceased person had, hearing the voice of the deceased, or seeing the deceased person.
- Intense emotional reactions to the deceased.
- Excessive avoidance or excessive preoccupation with places, people, and things related to the deceased or death.
Complicated bereavement is often seen as the result of an inability to assimilate the death experience into one’s current system of meaning, or to find meaning around the death (Bonanno et al., 2004; Davis et al., 1998). According to Nieves (2014), “Unresolved complicated grief can severely impair a client’s ability to function, but the condition may remain hidden behind other symptoms and presenting problems, unless the counselors listen carefully and ask the right questions” (p. 53). Evidence suggests that those who have been impacted by suicide, and especially those who exhibit symptoms of complicated bereavement, have much higher rates of suicidal thoughts, behaviors, attempts, and suicidal follow-through (Mitchell et al., 2004; Jordan & McMenamy, 2004).

Effects of Discourse: Pathology, Social Stigma, and Trauma

Conventional discourses around death and bereavement position the bereaved in a place of pathology, particularly if they are not expressing grief correctly, or are not progressing healthily through the set stages (Hedtke & Winslade, 2004). The deceased is often pathologized for having died by his or her own hand. In turn, this implicates the bereaved and opens them up to outside judgment. The discourses around suicide are silencing; not only silencing of the life of the deceased, but also of the survivor’s stories (White, 2011). The taboo nature of suicide in Western culture limits the range of possibilities for reaction, which makes maintaining a connection with the deceased difficult (Hedtke & Winslade, 2004). White (2011) describes the effects of suicide and its associated discourses on the lives of the bereaved:
Usually this person who has taken his or her own life has become invisible. People find it difficult to make mention of them. The details of their lives are cloaked in silence. Very often, the suicide has become a mark of shame. Suicide is totalized, despite the fact that it is a decision taken in a wide range of contexts, and is the outcome of a universe of considerations. There is rarely an honoring of the meanings in which the person who took his or her life was engaging (p.135).

The church, criminal justice system, and media all play a major role in the stigmatization and silencing of suicide (Cerel et. al., 2008). Therefore, the discourses associated with each can also impact a survivor’s reaction to suicide. Many suicide survivors often feel a need to conceal the cause of death of the deceased in an effort to avoid being judged by others, and society as a whole (Schneider et al., 2011). The impact of social stigma ranges across cultures and has changed over time. While a suicide in a family may be less of a secret today than it was even fifty years ago, there is still tremendous stigma associated with the death of a loved one by suicide, not only for the deceased, but also for the survivors and immediate family (Cerel et al., 2008).

Survivors of suicide are often considered or labeled *traumatized*. This is in itself a mode of victimization and limits the possibility for personal agency (Denborough, 2006). Victimization disables identities and ignores a person’s resilience. Victimization distances a person from all of these aspects of survival and has potentially devastating effects on a person’s ability to re-story their lives.
(Denborough, 2006). For the bereaved to manage their experiences of trauma, they must connect with their coping abilities. To see how they have managed to cope, the bereaved must be able to see where they have resisted the effects of trauma, or have been agents in their own lives since their loved one’s death (Denborough, 2006). These principles point to an identity based on stories of resilience. Models based on deficit ideas only inhibit the coping abilities and confidence of the bereaved (Hedtke, 2000). We argue that there are other possibilities for bereavement that do not necessitate pathologizing the survivors or their deceased loved ones.

Factors Affecting Bereavement

Many variables affect bereavement, including gender, relationship to the deceased, socio-cultural and historic context, cause of death, and time since death (Berzoff, 2003; Mathews & Servaty-Seib, 2007; Seah & Wilson, 2011). Survivor factors, such as age, sex, gender, income, race, ability, previous and current mental health status, religious beliefs, and relationship to the deceased can all affect how the bereaved experiences suicide (Schneider et al., 2011). For instance, children under the age of fifteen are more likely to be impacted by anxiety, aggression, or withdrawal immediately after the death (Cerel et al., 2008). In addition, Schneider et al. (2011) showed that survivors, whose deceased relative was younger, suffered more intensely than those whose relative was older. They also suggested that factors such as the age and health of the deceased at the time of the death might play a role in the degree to which
the survivors will be affected. Findings indicate that survivor emotions, such as depressed mood, lack of energy, guilt, feelings of abandonment, and anger occurred less frequently with increasing age of the deceased (Mitchell et al., 2004). Sveen and Walby (2007) state, “It may be that the mode of death becomes less important as the deceased approaches the expected lifespan” (p. 23). Schneider et al. (2011) suggest that previous mental illnesses and whether the deceased leaves children or a dependent spouse behind affect the survivor’s ability to cope or find meaning. When the deceased had drug or alcohol dependency issues, aberrant behavior, or had previously attempted suicide, the loved ones are much more likely to experience relief after the suicide, than any other bereavement response (Schneider et al., 2011).

Mitchell et al. (2004) suggest that persons who had close relationships (specifically those who are of direct kinship) with the deceased are predisposed to more complicated bereavement reactions than those who had less close relationships. These findings suggest that the context, level of closeness of relationship, and value placed on the relationship are significant factors that contribute to the degree to which a survivor is bereaved after a death of a loved one. For example, parents of the deceased reported feeling more shame, guilt and shock than any other relationship to the deceased (Schneider et al., 2011). Siblings of the deceased are more likely to feel the effects of new onset depression than other groups (Cerel et al., 2008). In addition, women whose husbands have died by suicide experienced more guilt and blame than other
groups (Cerel et al., 2008). One study compared the reactions of bereaved spouses and found that those who had a significant other die by natural causes, however unexpected, began to report significantly less distress after six months, as opposed to those who were bereft by suicide who reported feeling significant distress beyond one year (Cerel et al., 2008). More important than the relationship title is the level of closeness between the deceased and the bereaved (Mitchell et al., 2004). The amount of time spent with the deceased prior to death and the context of conversations held with the deceased (messages of love versus dispute) also influence reactions (Sakinofsky, 2007).

Certain factors can make the taboo of suicide slightly more acceptable for some survivors. If the survivor can find meaning, love or importance in the way in which their loved one died, their grief can be directly impacted. For example, if it was clear that it was the deceased’s wish to die in this way or if the death stood for something important, the bereaved could potentially find meaning in their loved one’s death. In addition, if they can continue to find connection to the relationship beyond death, survivors may find relief (Hedtke, 2012). The relationship with the deceased, as well as meaning derived from the death, are key factors, which can impact a survivor’s ability to cope. This point is instrumental in our purpose for the current project.

**Multicultural Factors.** In Western cultures, suicide has a long history of stigmatization, where survivors and family members often experience much guilt, shame, and social ostracism (Cerel et al., 2008). Different cultures respond to
suicide differently. In fact, “All forms of suicide in all cultures do not represent the ultimate transgression - in some circumstances, it has been considered to be an act of honor, in others an act of necessity” (White, 2011, p. 147). In some non-western countries, suicide is more acceptable, and especially of the elderly, so that they do not become a burden to their living relatives (Mitchell et al., 2011). In some developing countries, the social stigma of suicide varies greatly and in many places continues to be a major source of distress for its survivors (Cerel et al., 2008). A negative reaction to suicide in a culture will be mirrored in the survivor. In countries where suicide is an accepted tradition, survivors’ reactions will differ from survivors in America (Schneider et al., 2011). Researchers interested in how survivors cope have recognized that there are likely differences in reactions to suicide between different cultures, races and ethnicities (Mitchell et al., 2011). Given that there is no prescribed way of dealing with suicide bereavement across the globe, it stands to be recognized that meaning made around this kind of death can be very influential in how survivors respond.

Religion and Spirituality. Though many religious denominations condemn the act of suicide, views of suicide differ across religions. Reactions to this kind of death range from acceptance in the light of personal choice or suffering, to that of prohibition, or shunning those who have died by suicide, as well as their loved ones (Gearing & Lizardi, 2009). Cultural and historical perspectives also add to how suicide is viewed. For example, some cultures regard death by one’s hand as martyrdom. Kamikazes, political suicide bombers or even those some think of
as terrorists might be seen as martyrs in their home communities. Note that even within specific religions there are differing views and an exhaustive study of religious beliefs in regard to suicide is beyond the scope of this project.

Continuing relationships postmortem is not an entirely new idea. Global cultural and religious practices honor their dead and retain those beloved relationships (Lord & Gramling, 2014). Research on the influence of religious commitment and emotional well-being suggests that many religious people can access comfort and strength in times of overwhelmingly difficult experiences (Balk, 1997; Gearing & Lizardi, 2009; Lee, Roberts, & Gibbons, 2012; Lord & Gramling, 2014). Most people find strength and hope in religion when they have experienced a death of a loved one (Balk, 1997; Lee, Roberts, & Gibbons, 2012; Lord & Gramling, 2014). This is because religion provides three important safeguards for the bereaved; it explains existential questions of life and death, gives a structure to negotiate bereavement, and gives social support and strength (Lee, Roberts, & Gibbons, 2012). Research has found that religion is an instrumental coping strategy for the bereaved (Lord & Gramling, 2014; Seah & Wilson, 2011). During bereavement, the depth of the relationship and the values of the bereaved are revealed. These values can be anchored in religion, thus strengthening and giving meaning to the bereaved. Religious commitment can also serve as a deterrent to suicide because many religions believe in the sanctity of life and its preservation (Gearing & Lizardi, 2009). These survivors
have a tendency to cope better than those who do not ascribe to religious beliefs (Schneider et al., 2011).

Religion is not always a healing salve, but can sometimes be a negative factor in bereavement. Negative religious discourses surrounding suicide are not uncommon and can lead to increased suffering. In addition, religion has had a direct impact on how people have come to perceive suicide in a negative light. Affiliation with church and spiritual beliefs heavily impact a survivor’s reaction to suicide, as well as their ability to cope (Cerel et al., 2008). For these people, feelings might include confusion about the relationship and role of their God, feeling that their God is angry, punishing, or abandoning, or that evil has been involved with the death (Lee, Roberts, & Gibbons, 2012; Lord & Gramling, 2014). The bereaved may believe that the deceased has sinned, is not forgiven, or may even spend eternity in damnation (Gearing & Lizardi, 2009). Many begin to question their spiritual or religious beliefs, or even struggle to find the meaning of life (Schneider et al., 2011).

Traumatic events call into question basic human relationships . . . they shatter the construction of the self that is formed and sustained in relation to others. They undermine the beliefs systems that give meaning to human experience. They violate the victim’s faith in a natural or divine order, and cast the victim into a state of existential crisis (McQuaide, 1995, p. 419).
College Students and Bereavement

Developmental issues and unique circumstances of college students have been sufficiently addressed in the literature (Cooley, Toray, & Roscoe, 2010). However, studies regarding how to best counsel college students impacted by bereavement are limited in scope and number. There are even fewer studies on best practices for how to counsel college students impacted by suicide. Some studies are discussed here and in the coming sections.

On average, between 22-30% of college students will experience a death of a loved one in any twelve-month period (Neimeyer et al., 2008). College is a time when peer and family relationship support is critical to the student’s identity development. During times of bereavement, if support is not available, students may become socially withdrawn and are at a higher risk of dropping out of college (Balk, 2001; Parikh & Servaty-Seib, 2013). College students may experience intrusive thoughts of death, and social and interpersonal problems, all of which may impede psychological development. It is not uncommon for college students to experience isolation, loneliness, interpersonal, and academic difficulties while bereaved (Balk, 2001; Parikh & Servaty-Seib, 2013). The bereaved may find little empathy or space to talk about their deceased loved one. Loss of concentration, break from social ties, invasive thoughts, and insomnia are among some of the reported challenges (Neimeyer et al., 2008).

Seah and Wilson (2011) conducted a phenomenological study on a small number of college students to gain some understanding of the particular ways
that college students cope with bereavement. Though individual bereavement is subjective and dynamic, this study found that students benefited from talking with family and friends, crying, prayer, being active, and choosing positive ways of thinking. These coping skills were seen to help them personally as well as academically. Parikh and Servaty-Seib (2013) researched the unique needs of bereaved college students. They note numerous benefits of friendship and altruism. Contrary to other studies that demonstrate the benefits of talking with supportive and empathetic friends and family, this study also posits that discussing bereavement can cause a myriad of uncomfortable emotions (Mathews & Servaty-Seib, 2007).

Making Meaning of Violent Death/ Suicide. The experience of knowing someone who has died by suicide is common among college students. Cerel et al. (2013) found that 90.7% of college students knew someone who had either attempted, had experienced suicidal ideation, or died as a result of suicide. In another sample, 40% of college students knew someone who had attempted or had died as a result of suicide, while the students were still enrolled in college. Seventeen percent of members in this college study knew more than one person who had died by suicide (Cerel et al., 2013). Some refer to this prevalence as a “silent epidemic” (Neimeyer et al., 2008, p. 28).

Currier, Holland, and Neimeyer (2006) researched the effects of violent death of a loved one on the experiences of college students. They were interested in students' ability to make sense of the death and how their ability to
do so affects bereavement. Believed to be the first study of its kind, the researchers were looking for the connection between violent death, complicated bereavement, and the ability to make meaning of the death. They hypothesized that being able to locate meaning in their loved one’s actions and having a subjective understanding of the death would result in reduced symptoms of bereavement. They believed this to be true for violent and non-violent deaths alike. Their hypothesis was supported. They found that the ability to make sense of an unexpected violent death resulted in a higher level of well-being and lower levels of complicated bereavement (Currier et al., 2006). Numerous studies have found that bereavement is more difficult for those who are unable to make sense of the death. In fact, by merely searching for meaning and creating even the smallest sense of meaning, the bereavement experience is often lessened (Currier et al., 2006; Davis et al., 1998; Davis et al., 2000).

Other researchers also believe that the key to productive bereavement is the ability to make meaning of the experience (Currier et al., 2006). Davis, Nolen-Houseman, and Larson (1998) found that students who were able to find meaning in the death had a more positive adjustment than students who did not. Seah and Wilson (2011) found meaning-making to be one of the most beneficial outcomes. Other beneficial outcomes included personal growth, increased empathy, positive outlook, and hope for a new and different future (Mathews & Servaty-Seib, 2007; Michael & Snyder, 2005). Meaning may include appreciating life more, thankfulness for the end of their loved one’s suffering, and
changing to become a better person (Neimeyer et al., 2008). Cooley et al. (2010), found that students who self-identified as being changed and refocused after the death, had a more positive affect and increased well-being than those who did not perceive their bereavement as having positive outcomes.

Neimeyer et al. (2008) write about the relationship between meaning-making and violent death in college students. Students who were able to make meaning of the death were found to have greater personal growth after the death (Neimeyer et al., 2008). Neimeyer, Baldwin, and Gillies (2006) studied the relationship between closeness and meaning-making and how those impact positive adjustment and well-being after violent death. They found that students who continued to feel close bonds with their loved one were able to make meaning of the death. Those that were able to make meaning of the death had less complicated bereavement than students who were not able to. We emphasize that meaning made and the closeness of the relationship with the deceased are the two factors which contribute most to survivor’s ability to cope with suicide. This is a major discussion point of the project and a key element of the research question and hypothesis. These two factors form the basis of narrative re-membering conversations, which will be discussed in later sections.

**Coping Skills, Resilience and Hope In College Students.** The unique needs of college students during times of bereavement cannot be stressed enough (Seah & Wilson, 2011). Some students turn to alcohol, drugs, and other high-risk activities to cope. However, being able to find healthy coping strategies
drastically impacts a person's ability to locate agency and resilience (Neimeyer et al., 2008). Seah and Wilson (2011) offer ideas for healthy coping skills; talking with others, resting, journaling, meditation, writing, exercising, or learning new hobbies. Getting back to mundane and predictable activities can also bring a sense of normalcy and agency (Rynearson, 200; Seah & Wilson, 2011).

Resilience is closely linked with the personality trait hardiness (Seah & Wilson, 2011). Hardiness and resilience have been shown to help minimize debilitating symptoms and support positive functional responses (Rynearson, 2001; Seah & Wilson, 2011). Resilience is defined as having an internal locus of control, a great degree of commitment, and the ability to view change as an adventure toward personal growth, as opposed to something dreadful (Mathews & Servaty-Seib, 2007). Lang, Goulet, and Amsel (2003) described hardiness as “a learned ability potentially amenable to change” (p. 870). In a study on bereavement and hardiness in college students, Mathews and Servaty-Seib (2007) found that high levels of hardiness were a predictor of health and emotional wellness. Furthermore, greater degrees of closeness with the deceased were positively correlated with hardiness and personal growth after a death. In addition, there was an inverse relationship between high levels of hardiness and lower levels of intensified bereavement. A positive attitude in which one makes a decision to embrace a new way of thinking towards productive, realistic outcomes has been shown to reduce bereavement in college students (Seah & Wilson, 2011).
Michael and Snyder (2005) researched the effects of hope versus rumination on bereaved college students. In this study, hope is considered the inverse of painful rumination. They define rumination as “repetitive thoughts focused on negative emotions and what these emotions mean without getting any closer to finding a solution that lessens these feelings” (p. 437). Rumination is the continual persistent focus on thoughts and emotions of an event and can be maladaptive when those events are traumatic and painful (Michael & Snyder, 2005). However, it is not the consistent rumination on the traumatic event that proves maladaptive, but the inability to find meaning (Morrow & Nolen-Hoeksema, 1990). The way in which the loved one died is often the only story told and retold. Therefore, it locates the bereaved in a place of rumination, hopelessness, and despair (Hedtke & Winslade, 2004; Neimeyer & Anderson, 2002; Rynearson, 2001). Unhopeful bereaved persons continue ruminating on negative aspects of the death and loss, and are unable to focus on future events. Hopeful bereaved persons are goal-oriented and focused on future activities (Neimeyer & Anderson, 2002). It is suggested that the decrease of rumination and increase in the ability to make sense of a death are related to positive well-being (Michael & Snyder, 2005).

**Conventional Bereavement Counseling**

It is estimated that many more survivors feel a need for mental health services than actually seek out and receive them. In a recent study, researchers conducted a telephone survey of 144 next-of-kin survivors in America (Jordan &
McMenamy, 2004). While 75% of respondents indicated that formal help was desired, only 25% indicated that they had received either formal or informal help in the time since their loved one’s suicide. Many respondents in this study expressed the need for continued, long-term outreach and supportive services. They noted that the outreach component was essential, as they had difficulty initiating the search for help on their own. Many do not know where or how to get help. They lack knowledge of available resources and do not always understand the depths of their distress and need (Levine, 2008). In addition, social stigma and shame can keep them from finding available resources when they may need them most (Sveen & Walby, 2007).

**Counseling Goals.** The primary goal of conventional bereavement counseling is to gain closure through completing unfinished business and moving on with one’s life (Hedtke & Winslade, 2004). “The emphasis has been to identify and express emotions” in order for the bereaved to “cathartically move through the bereavement process, recover from loss and say goodbye” (Granados et al., 2009, p. 6). This is done through meeting additional bereavement counseling goals, such as working through feelings of guilt, anger, anxiety, and completing unfinished business (Worden, 1982). It is important to help the bereaved distinguish between their feelings of bereavement and their feelings of anxiety and address the two appropriately (Nieves, 2014). Counseling may include helping the bereaved to no longer meet criteria for complicated
bereavement, where, in so doing, the bereaved may continue to experience brief moments of sadness, but which are not prolonged nor debilitating (Nieves, 2014).

**Counseling Styles/ Tasks.** Conventional bereavement counseling may require working through Worden’s *four tasks of mourning* until both the counselor and the bereaved feel it is time to move on (Worden, 1982/199). This may include adaptive coping and building a satisfying life through the attainment of personal goals, as well as adjusting to the death (Nieves, 2014). Typically, conventional bereavement counseling involves a psychoeducational component, where the counselor provides the bereaved with age-appropriate information regarding the five *stages of grief* (Kübler-Ross, 1969). The bereaved might be educated on the differences between normal and complicated grief and discuss with their counselor whether or not they meet the criteria for diagnosis (Nieves, 2014). The counselor must help the bereaved reduce anxiety by reiterating that these symptoms are natural aspects of grief (Granados et al., 2009).

**Counseling Techniques.** Nieves (2014) suggests the benefits of using a daily bereavement-monitoring diary, wherein the bereaved monitors her/his most intense reactions and the events associated with those reactions. They may rank their reactions on a scale from one to ten, making sure to create at least one entry per day. Currier, Holland and Neimeyer (2006) suggest telling the story of the death to others and revisiting the scene of the death. This helps the bereaved face the reality that their loved one is gone (Nieves, 2014). Some counselors may even accompany the bereaved to the grave site to help them say goodbye.
to their loved one (Granados et al., 2009). Another technique may include recounting (into a recording device) the story of when they first became aware of their loved one’s death. The bereaved is then instructed to listen to the tape of their own voice recounting the story every day between sessions. Discussing what it was like to hear the story in their own words is the beginning of a technique called *imaginal revisiting* (Nieves, 2014).

Another technique, often used to gain closure, is gestalt therapy’s *empty chair* technique. This technique invites the bereaved to hold conversations with their deceased loved one as if they were sitting in the chair next to them. Community and institutional-based activities, such as building memorials, candle lighting services and other physical activities can help the bereaved to create a sense of community (Neimeyer et al., 2008). Because a lack of support can increase the likelihood of prolonged bereavement, it is essential to include a supportive ally in the counseling process (Nieves, 2014). Counselors may also build whole conversations around the stages of grief. Using this style, counselors may ask questions such as, “What stage of grief are you in right now?” and “What might it take to get to the next stage?” (Granados et al., 2009, p. 6). However, following these lines of inquiry may inevitably blind counselors to the larger stories of strength, hope, love, and meaning made (Hedtke, 2014a).

**Overall Effectiveness.** “Although there exists a plethora of programs, few have been subjected to rigorous evaluation of their efficacy. Meta-analyses of programs that allow this analysis are mixed and show paltry effect sizes”
Using dominant bereavement models (which do not focus on making meaning) to counsel people demonstrates low overall effectiveness (Currier et al., 2006). Sakinofsky (2007) found that bereavement models with a strong psychoeducational component show greater reductions in anxiety and depression than a non-treatment control group. However, this may be attributed to the idea that some counseling is better than no counseling and may not speak to the overall effectiveness of the specific model chosen.

**Suicide-Specific Bereavement Counseling**

When examining the reasons for the considerable discrepancy between the number of survivors in need of services compared to the number who actually seek help, it is important to consider specific variables experienced by suicide survivors. According to Jordan and McMenamy (2004), “Relatively little effort has been made within suicidology, thanatology or trauma studies to develop empirically-based interventions for survivors” and there is a “poverty of resources for survivors and a flawed entry system for those services” (p. 337). Many believe that suicide has a genetic component. Based on this premise, many believe immediate survivors are often more at risk for mental illness and suicidal behavior (Cerel et al., 2008). It is this reasoning that explains why the majority of suicide-specific bereavement counseling focuses primarily on preventing future suicide reactions. This model is often termed *postvention*, and is often considered necessary for prevention (Schneider et al., 2011). Postventions include “activities developed by, with and for suicide survivors, to
facilitate recovery after suicide and to prevent adverse outcomes, like reactive suicidal behavior” (Schneider et al., 2011, p. 118).

**Counseling Goals.** The counselor’s goal is to find “how to balance a need to grieve and remember the person who has died, without unintentionally glorifying the death” (Skehan et al., 2013, p. 226). This idea has been reinforced by research, which claims, “indirect exposure to suicide may sometimes promote suicidal behavior in the short term, through contagion” (Sakinofsky, 2007, p. 131). The primary goal of suicide-specific counseling is to prevent further high-risk behavior in the survivors. It assumes that anyone who seeks counseling after the death of a loved one by suicide must initially be assessed for his or her own suicide risk. Goals and techniques are chosen specifically around preventing further suicide. According to Sakinofsky (2007), exposure to suicide may initially cause suicidal thoughts and attempts in the bereaved. However, he goes on to say, “Over a longer period of time, the personal pain resulting from direct exposure serves as a restraining influence” (p. 131). Levine (2008) encourages counselors to challenge faulty thinking and help survivors find positive and acceptable means of coping.

**Counseling Styles/ Tasks.** Sakinofsky (2007) conducted a study using Cognitive Grief Therapy (CGT), which focuses on revisiting the death and having imagined conversations with the deceased. It also emphasizes role-transition and future life goals. In the discussion of this study, Sakinofsky describes its poor results for working with bereaved persons of violent suicide, especially
mothers, because it “seems a less experiential, empathic treatment” (p. 133). According to Levine (2008) suicide survivors who maintained social and family support cope better than those who only rely on counseling. It has been suggested that family counseling may be the best approach for counseling survivors of suicide, because the overall functioning of the family is impacted when a loved one dies by suicide (Levine, 2008). Therefore, counseling only the individual may be less effective (Cerel et al., 2008). Cerel et al. (2013) found that there is a considerable need for self-selected counseling for suicide survivors, however, no standard of care or model is widely agreed upon. As suggested by Jordan and McMenamy (2004), the one-size-fits-all approach to counseling survivors that has been dominating since the inception of conventional suicidology, needs to be refined. While there are numerous positive descriptions of groups and programs for survivors of suicide, there are far fewer empirical studies that have been conducted to assess the effectiveness of these programs (Jordan & McMenamy, 2004).

Counseling Techniques. Suicide is taboo and carries social stigma wherein the survivor may feel responsible for the death. One technique often used with survivors of suicide is to “point out the powerlessness of survivors to prevent an action once someone is determined to take his or her life” (Sakinofsky, 2007, p. 134). The intention of this technique to help the bereaved to feel less anxiety related to what they could have done to prevent the action. In turn, this is supposed to reduce guilt and general depression in the long term.
One study conducted by Kovac and Range (2000) suggested the therapeutic value of a letter-writing technique for survivors of suicide. Writing activities allow the survivors to express themselves. Writing about the death allows them to express themselves without the risk of becoming isolated (Kovac & Range, 2000). Furthermore, writing is seen as an acceptable bereavement practice in light of a socially stigmatized death (Kovac & Range, 2000). Results indicated significant decreases in suicide-specific bereavement because participation had allowed them to better “understand why the death occurred, helped them explore new avenues of thought about the death, and enabled them to talk about the death to others” (Kovac & Range, 2000, p. 58). Although this technique did not show a decrease in general bereavement, trauma, or health symptoms, it did seem promising for suicide-specific bereavement (Jordan & McMenamy, 2004).

Overall Effectiveness. Much of the current research on violent death has been based on conventional bereavement paradigms. However, due to the fact that suicide and its effects on survivors are far-reaching and complex, the unique circumstances surrounding a death by suicide require specialized skills and knowledge on the part of the counselor (Schneider et al., 2011). According to Sakinofsky (2007), “Guidelines at the present time with regard to helping survivors shorten or ameliorate their suffering following the suicide of someone they love are based only on weak evidence” (p. 134). The general pattern of effectiveness seems to indicate that the more complicated the bereavement, the
better the chance of counseling leading to positive results (Jordan & McMenamy, 2004). Again, this is from the standpoint that success is measured in terms of how many suicides are prevented by any given program. While suicide prevention is absolutely critical, not all survivors who seek counseling will need it. Most do not wish to die; most simply wish their loved ones were still living.

Current research indicates that many counseling models are insufficient in strength and duration to make what could be considered a significant impact. However, results indicate that there are better outcomes associated with the following factors: more highly trained counselors, individual counseling in conjunction with group counseling, a greater number of sessions, and sessions that take place closer to the death (Jordan & McMenamy, 2004). Reports from survivors indicate the perceived need for longer-term support and care, post suicide, than what is typically offered in conventional bereavement counseling (Jordan & McMenamy, 2004). This may be because bereavement after a suicide can be a long-term adaptational process, which can become increasingly difficult in the second and third years (Jordan & McMenamy, 2004). More studies should be conducted on the effectiveness of these programs for people who do not need suicide prevention, but rather counseling for the effects of suicide on their life.

**Narrative Counseling**

There are several distinctions between the conventional and narrative orientations to bereavement counseling. The primary difference is that conventional models emphasize the individual orientation of grief, while narrative
and other constructionist models emphasize the relational aspects of grief (Hedtke & Winslade, 2004). In addition, conventional models focus conversations around the past, while narrative orientations (specifically re-membering conversations) focus on the present and the future of the relationship (Hedtke & Winslade, 2005). Maintaining connection with the deceased is the focus, while letting go of relationship is primary in conventional models (Hedtke, 2001; 2003). This includes the primary objective of introducing the deceased to others and an ongoing commitment to giving the deceased a “voice,” rather than effectively rendering them silent (Hedtke, 2002a; 2002b). Essentially, the narrative model emphasizes multiplicity and possibility of relationships and stories, rather than one singular story (White & Epston, 1990).

We will now shift focus from conventional bereavement models to a social constructionist point of view; one that acknowledges the above discourses, but intentionally creates space for alternative meanings. We find that these meanings become crucial for those trying to make sense of the death of their loved one, particularly when people die by suicide. Making meaning of the death is often key for the bereaved to find relief. Michael White (2011) put it best:

To honor these meanings is not to celebrate suicide. It is not to break from the lament for things to have been different. It is not to resign oneself to the idea that the act was necessary. It is not to step back from the efforts to attend to the politics of living so that people’s choices might be
widened. Instead, the task can be honoring ceremonies that are two-sided (p. 135).

For the purposes of this paper, we will first describe the way in which narrative counselors typically counsel survivors of trauma, before discussing what they may do when working with survivors of suicide. Finally, we will discuss the specific technique of re-membering and how it can be effective in working with people, not only impacted by bereavement, but those impacted by suicide.

**Narrative Means of Counseling Survivors of Trauma.** When a loved one dies, particularly if the death is unexpected or violent, the frame of the story can become frozen at the moment of the death and the circumstances around the death (Hedtke & Winslade, 2004). The story of the trauma is told and retold; it is the part of the person’s story that continues to be replayed. The bereaved can become so focused on the details of the death and its tragic nature, they forget about the relationship that existed before that point (Denborough, 2006). Who the deceased was before death, the values that she/he stood for, and the love she/he provided get lost in the story of death. In so doing, the deceased are reduced to leading characters in a tragic scene. Everything else about the person is omitted (Hedtke & Winslade, 2004). According to Neimeyer and Anderson (2002), the problem with this storyline is that focusing on sadness does not produce any positive gain. When people focus solely on the tragedy, they aren’t producing anything that is useful.
Unexpected violent death, like that of suicide, stops conversations from moving forward and silences life. The trauma-saturated narratives of the death can often story the bereaved as traumatized (Denborough, 2006). These are usually thin descriptions (Morgan, 2000), which give little other information, characteristics or dynamics of the deceased. Thin descriptions create incorrectly perceived stories, which represent the totality of the deceased’s existence. Through the act of double listening, narrative counselors can acknowledge the traumatic event, but not allow it to masquerade as the only, totalizing story of the bereaved, or of their deceased loved one (Paré, 2013).

It is important for the bereaved to be able to speak about things that have been silenced by the effects of suicide. While the counselor is listening, s/he must also look for the values that go unsaid; what both the bereaved and deceased person value(d). This is called listening for the absent but implicit; being able to rescue these values from the effects of a violent story around death (Paré, 2013). For example, the pain of loss represents the value and depth of love. If there was no love between the deceased and the survivor, there would not be pain. Counselors can solicit questions about the compassion that is embedded in a story of emotional pain. Similarly, distress could be a tribute to the relationship held with a value that has been stifled. Severe distress could indicate the degree to which the person maintains their relationship with that which is held precious (Denborough, 2006). It can be viewed as a refusal to give up what has been stifled by the effects of the suicide. In this way, suicide is often
corrosive to what people hold most precious in life. It can invalidate one's purpose. Things that people give value to diminish in significance. Narrative responses seek to find what people value and breathe richness into these values (Hedtke & Winslade, 2004). Narrative counselors focus on several lines of inquiry (Denborough, 2006):

- What hopes or values were violated through the trauma?
- How can counselors make those hopes and values available again?
- How were these values developed and when did they become important (mapping the history of these values)?
- How has the bereaved managed to cope and survive?
- What thoughts and actions have gotten them through the trauma to be here today?

Counselors may also wish to inquire about the distress the bereaved has been managing. In doing this, the counselor is focusing on the agency evoked in response to the trauma (Denborough, 2006). Counselors may ask about which values the bereaved holds precious, particularly if these are values shared with or learned from the deceased. In so doing, traumatic experiences are validated and shifted to open new dialogue. The bereaved can then make sense of their experiences without being defined by them (Hedtke & Winslade, 2004).

Conventional psychological discourses indicate that when a person experiences a major trauma, like that of suicide, it can take several years to reclaim a sense of purpose. Rynearson (2001) states that persistent suffering
due to trauma distress can remain months or years after the event and this trauma can hinder one's ability to reconnect to one's life. This is the dominating paradigm, which has been solidified through the colonization of dominant psychology (Paré, 2013). However, narrative counseling actively looks for the other side of the story: the agency and the steps taken to reclaim their lives after such events.

No one is a passive recipient of trauma. Regardless of the circumstance, people always take steps to work against the trauma they are subjected to (Denborough, 2006). It is the counselor's responsibility to help highlight these acts of resistance. These responses to trauma are based on knowledge of one's life and skills of living, which are developed in their histories and relationships with others (Denborough, 2006). These acts are often overlooked as insignificant or made invisible in the face of trauma. When the bereaved's resistance is disqualified or rendered irrelevant, the outcome is often personal shame or self-loathing (Denborough, 2006). By acknowledging their responses, counselors help the bereaved develop a sense of agency, which makes the bereaved less susceptible to an overwhelming sense of loss. Narrative techniques are based on the assumption that people already possess the skills and knowledges to help them respond to life's biggest challenges (Paré, 2013). Rich stories of perseverance and agency are always present, even in subtle forms, but they take time to develop (Denborough, 2006).
Hope is an “expression of agency in the face of significant challenges” (Hedtke, 2014a, p. 7). Hope is achieved by taking action, even in small and simple steps. It is also a collaborative project. The art of re-membering conversations fosters hope and collaboration, both with the living and the dead (Hedtke, 2014a). Rather than dwelling on stories about loss and despair, narrative counseling (especially re-membering conversations), can build upon existing stories of strength, resiliency, and hope in the face of difficult circumstances (Denborough, 2006). In other words, rather than arguing for hope and attempting to exclude stories of despair, or only focusing on the tragic experience, it often can be more beneficial to invite the bereaved to experience the fluctuations between the two; cautiously developing responses to despair and hopelessness in efforts to restore agency (Hedtke, 2014a).

**Narrative Means of Counseling Survivors of Suicide.** Narrative counseling offers unique and useful techniques for working with bereavement. One approach, taken by many narrative counselors, is to work with bereavement, particularly due to suicide, as they would with other traumas. The emphasis would be to acknowledge the effects of the trauma and attempt to find moments of strength, courage, resilience, hope, or resistance in the midst of said trauma (Denborough, 2006). The counselor may inquire into how the bereaved sees themselves responding to extreme challenges or what they know of their own stories of strength and resilience. They may inquire into the histories of these strengths or how these strengths and values are forged in community. They may
even inquire into the bereaved’s spiritual or community resources or methods of coping (Hedtke, 2000). “This form of conversation calls forth from people their ability to rise to the occasion, to handle things they did not know they could” (Hedtke, 2000, p. 7). Deliberately inquiring into the history of the skills implicit in their acts of self-preservation, is to honor their expert knowledges (Stout, 2010).

The literature reveals other techniques used by narrative counselors. In many cases, counselors may invite the bereaved to stand up against dominant discourses about death and bereavement (Hedtke, 2000). The following excerpt describes a counselor’s internal attitudes, which helped formed the lines of inquiry used with bereaved persons:

I made a conscious choice not to join with the dominant discourse in this situation which could be voiced in words like, “Oh how horrible! This will take you a long time to get over. You will need lots of bereavement counseling or support groups.” Instead I assumed that there might exist an alternative story to the tragic one, even though this alternative story might still be small and not yet very loud. Even in the midst of what appears to be tragic, I assume that something good can be born. There are still many possibilities for laughter and love in the presence of death and pain (Hedtke, 2000, p. 6).

According to Hedtke (2014), “Rather than dwelling on stories of loss and despair that potentially enfeeble families, a narrative approach builds on stories of strength that engender hope by asking questions that separate the person...
from the problem” (p. 1). A major component of this work is to name the problem and externalize it, outside of the person. “Naming allows us to respectfully join alongside a family to combat the problem that is bothering them . . . Without naming it, it is like fighting against something unknown and wrestling the air” (Hedtke, 2014a, p. 3). This naming allows counselors to externalize the problem. “The narrative practice of externalizing assists people to separate from problems, as it reflects a commitment to see problems not as residing inside people but instead as a product of history, culture, and discourse” (Stout, 2010, p. 5).

Naming the problem allows the counselor to inquire into the effects of the problem discourse, while minimizing the effects of blame and shame. After mapping the effects of the trauma or suicide, people can now sit in judgment of the problem, rather than of each other (Hedtke, 2014a).

Additional narrative techniques for working with people impacted by suicide include deconstructing the negative discourses around the death and evaluating the impact on the family (McQuaide, 1995).

Deconstructive listening, is where clients are invited to relate their life narratives as actively constructed stories, not as passively received facts, and to choose stories they prefer and which enable them to make meaning. Questions with a deconstructive intent allow the bereaved to see their stories from a different perspective, and notice that their stories are constructed, that these stories may have limitations and that other narratives are possible (p. 422).
Through deconstructing guilt-saturated narratives, the counselor and bereaved may co-construct alternative or preferred narratives. For example, McQuaide (1995) worked with a family who had been storying the death of their son as if they had full responsibility. “If they continued to re-interpret their time with their son in such a guilt-saturated way, privileging only times that could have been potentially damaging to their son, they would end up with a narrative that would prevent their recovery from trauma” (p. 418). They were considered firstly traumatized by the death of their son, and then further traumatized by the reactions of their social networks, and the discourses around suicide. In this situation, the counselor chose to acknowledge the pain and trauma they were experiencing, but not allow it to be the only description of their relationship with their son (McQuaide, 1995).

One way in which counselors may tap into a bereaved person’s stories of strength and knowledge is to inquire into their desire to stand as an advocate on behalf of suicide awareness. Many bereaved persons derive meaning from the death when they are able to increase awareness about suicide and to become involved in disseminating suicide prevention messages (Skehan et al., 2013). Some people may find this a meaningful platform from which to educate others. Others may find solace in simply telling their story. Some may find this a valuable means to “validate the existence of the person and keep them in their lives” (Skehan et al., 2013, p. 227). This telling is done with the intention of
“making a difference in breaking down the stigma, talking about suicide, the s
word which so often draws the awkward silence” (Skehan et al., 2013, p. 228).

One unique technique in working with survivors of suicide stands apart
from conventional models of suicide bereavement counseling. White (2011)
discusses the importance of exploring how the act of suicide connects to possible
values, skills, and character traits of a person’s life. This requires asking about
the process involved in rendering suicide mindful, meaningful, and agentic.
White (2011) assumes that the skills, values, and abilities required to take one’s
life, may be in line with skills, values, and abilities held while the person was
living. This allows for the suicide to be re-storied as in line with the deceased’s
values, and for the deceased to be storied as an agent in his or her own life and,
ultimately, their death. White crafts meaning with the bereaved that links
decisions, decisiveness, commitment, and follow-through in the face of fear and
uncertainty. It is critical to note here that the goal is to not glorify suicide or
encourage it as a viable option. However, his approach may create new
meanings for the bereaved in the face of suicide; they may possibly come to see
the act as one in which love was present. According to White (2011):

It is possible to honor the ‘insider meanings’ of suicide. Suicide comes to
be seen as a mindful act and in the process of the person’s life and
values, becomes visible again. This can make it more possible for the
loved ones to feel linked with the person who has died (p. 148).
We argue that being able to find meaning in the death and a continued link to the deceased, is precisely what impacts a person’s ability to cope with the pain of bereavement. This claim seems to be supported by research, which states the most effective techniques may be those that put the survivor’s strengths and ability to cope, as well as their ability to make meaning of the death, at the center of the counseling conversation (Neimeyer, Baldwin, & Gillies, 2006). Currier, Holland, and Neimeyer (2006) found that only when counseling is focused on finding meaning or making sense of the death, can it benefit the bereaved. Other counseling orientations which make the focus of counseling something other than meaning-making, were found to be far less beneficial in the long run (Currier et al., 2006). Suffice it to say, meaning-making can certainly impact on the bereaved’s experience of their loved one’s death (White, 2011; Neimeyer, Baldwin, & Gillies, 2006; Neimeyer et al., 2008). Our ideas and goals for this project were largely informed by the above ideas.

**Re-membering Conversations and General Bereavement.** When a loved one passes away, the bereaved often feel as though the relationship has ended, as this is a central focus in conventional bereavement counseling. However, re-membering conversations build a bridge between the living and the dead. Using the flexibility of stories, relationships can develop new qualities and dimensions. These conversations promote keeping one’s connections with loved ones alive through continuous revision in response to the changing context of life (Hedtke & Winslade, 2004). These conversations capitalize on closeness (or desired
closeness) with the deceased, where the continued relationship is in the forefront of the conversation. These conversations connect the bereaved with the memory and life of their loved one through community and story and continue building that relationship over time (Hedtke & Winslade, 2004).

Conventional bereavement counseling, which encourages the revoking of membership without offering alternative possibilities, is said to be dis-membering of the deceased (Hedtke & Winslade, 2004). However, through re-membering conversations, the bereaved may decide to what extent they would like to grant the deceased access to their membership club or club of life (Myerhoff, 1978; 1982; 1986; White, 1989; 1997; 2007). The bereaved may negotiate the membership that the deceased is to have in their present and future life. They may reactivate the deceased’s membership in their lives, or revoke it. A mandatory termination is no longer necessary, but a new, continuing connection with the deceased is possible (Hedtke & Winslade, 2004). According to White (1997):

The notion of re-membering, and the club metaphor, suggests possibilities for the … revision of the membership of their club of life. Through re-membering practices, persons can suspend or elevate, revoke or privilege, and downgrade or upgrade specific memberships of their lives. Various classes of honorary memberships can be established and bestowed, including life memberships. It is in this way that persons can have more to say about whose voices are to be recognised on matters of
their identity, and about who might be authorised to speak on such matters (p. 19).

Re-membering requires the active conjuring of people’s lives, not just passively reminiscing (Myerhoff, as cited in Hedtke & Winslade, 2004). These conversations also counselors to think of bereavement in relational terms, rather than the individualistic focus that is dominant in conventional psychology (Granados, et al., 2009). Relational models of grief include the dead in conversations, find ways of incorporating other living people into one’s club of life, and focus on creating new ways in which the relationship will move into the future (Hedtke & Winslade, 2004). What they do not do is intentionally build conversations around the way in which their loved one died, forcing them to continuously relive the traumatic experience. These conversations avoid questions about the circumstances of the passing, and instead focus on the impact the deceased has made on the life of the bereaved (Hedtke & Winslade, 2004). Re-membering conversations, whether conducted individually, or in groups, are based on the following principles (Hedtke, 2000, p. 9):

- Affirming the ongoingness of life and relationships beyond death.
- Appreciating how the emergency of death provides opportunities for the telling and performing of loving stories.
- Asking questions to generate affirming and resourceful memories for future times of reflection and re-membering.
• Seeking out resources that people can call upon to handle the challenges associated with the transition of death.
• Using the power and flexibility of story to transcend physical mortality.
• Promoting the re-membering of lives and relationships.
• Refuse the assumptions that people should complete a process of farewell in order to progress healthily through the crisis of death.
• Tentatively offering re-membering as another option, which may have cultural implications.

Informing all re-membering questions are the following basic assumptions:
• Love need not die just because the person died.
• Asking to be introduced to the deceased is the first step in any re-membering conversation.
• Grief is not an internal, individual process. It is relational.
• These conversations build a bridge between the living and the dead.
• These questions use subjunctive questions to access the voice of the deceased.
• These questions act like a portal to time travel.
• Re-membering creates spaces to fold the deceased into the ongoing stories of life.
• Re-membered lives have a community of witnesses to the past and future.
• A re-membered life uplifts and shows a way forward.
• These conversations bring loved ones closer.
• These conversations build strength to be called upon in times of need.
• Re-membering conversations bring other stories forward beyond just the tragic story of the death (Hedtke, 2014b).

Counselors can use re-membering conversations to help the bereaved make sense of the death and find meaning in ways that would not normally be available to them (Hedtke & Winslade, 2004). It should be noted here that these kinds of continued relationships are not the same as, and are no substitution for, the relationship that existed when their loved one was alive. Because physical reality dictates the psychological story in the West and relationship is defined by the physical body, the bereaved will likely prefer that their loved were still with them physically (Hedtke, 2014a). However, re-membering conversations can create a shift from focusing solely on what has been lost, to a renewed sense of what may continue on in the future (Granados et al., 2009). This transcends the concept of losing a loved one, and focuses on finding them in the relationship once again (Hedtke, 2001; 2002a; 2002b; 2003). They are invited to move forward in life, bringing forward their loved one’s voice as a resource for living (Hedtke & Winslade, 2004) and/or a resource for an identity narrative (Hedtke, 2012; 2014).

Re-membering Conversations and Survivors of Suicide. While re-membering may be apart of the experience for many bereaved persons, and may be utilized by some counselors, it remains under-utilized in most bereavement
counseling models. Even though re-membering conversations have commonly been used in narrative bereavement counseling conversations, they are only very seldom used with those impacted by suicide. That is the significance of this particular project. It intends to fill a gap in the narrative counseling literature. In using these practices, counselors actively avoid asking questions about the way in which their loved one died, but instead focus on the many ways in which their person lived. This highlights the life of the deceased rather than only focusing on the story of the moments before the death. Because of this, we hypothesized that this model may be especially helpful when counseling those bereaved by suicide. However, because this is a relatively new way of working with suicide, we stumbled upon complicated ethical questions about best practices, during the planning of this project. For example, thought was given to questions like, "How does one use re-membering questions, avoiding the mode of death, in conversations in which suicide is already pervasively silenced? And is this advisable?"

When counseling people impacted by suicide, the mode of death is forefront in the conversation, whether spoken out loud or not. The narrative counselor should avoid asking questions about the details of the suicide. If the bereaved elects to speak about this, then it is important to help them make meaning about these details. However, speaking about the details of death is not necessary to reclaim the love and stories during a remembering conversation. In turn, counseling survivors of suicide may first require unpacking
discourse and discussing the bereaved’s response to such trauma. Because the effects of suicide are often so silencing, it is possible that actively avoiding questions that initiate conversations about the mode of death, may be a disservice to the bereaved; it may keep suicide silenced. Counselors may need to utilize other techniques and ways of viewing the bereaved to first account for the effects of suicide, before focusing on the relationship. If done delicately, counselors may be able to acknowledge the discourses around suicide and trauma that are operating on the bereaved, validate their responses as reasonable reactions to a traumatic experience, and then honor the life of the deceased through re-membering conversations.

The benefit of re-membering conversations is that they engender hope for people living with bereavement that their deceased loved one will not be forgotten (Hedtke, 2014a). We believe that the deceased would not want to be forgotten. Because these conversations provide such hope, they can be especially useful for counseling people impacted by suicide. In the planning of this project, we operated under the assumption that the bereaved will benefit from invitations to actively re-member their deceased loved ones, and that relational bonds needs not be severed by the biological reality of death.

**Group Counseling**

Support networks and community resources seem to be directly related to a person’s ability to cope with suicide. This is mainly because “a lack of communication can delay the healing process” (Schneider et al., 2011, p. 124).
Support groups, group counseling, and social support may greatly impact a person’s ability to heal (Cerel et al., 2008). According to Skehan et al. (2013), “people bereaved by suicide need significant support. This support could be through people who have been through similar circumstances and who understand how they are feeling at that particular time” (p. 234). Schneider et al. (2011) posit that support groups and group counseling can potentially be very beneficial to suicide survivors, as it is often more difficult for these individuals to talk about their complex feelings. According to Sakinofsky (2007), “common sense suggests that some people will feel the benefit of support groups comprising persons in a similar predicament and sharing their experiences with each other and also the coping lessons they learn from these in a mutually nonjudgmental environment” (p. 134).

Groups are particularly useful when compared to individual counseling because they often have more than one facilitator, stand against the isolation that grief sometimes brings, provide an effective audience to acknowledge changes and growth, are time efficient for counselors and are an economical use of resources (Hedtke, 2012). Group counseling has many known and relevant benefits including camaraderie, feelings of inclusion, and gaining understanding from other members’ insights and experiences (Corey, et al., 2006; 2010). Group counseling allows members to bond quickly and support each other when discussing the emotional and tabooed subject of suicide (Hedtke, 2012; Hedtke & Winslade, 2004).
At the present time, systematic, qualitative data on the effectiveness of such groups does not yet exist. Information about the overall effectiveness and helpfulness of such counseling is anecdotal and informal (Corey et al., 2006; 2010; Geroski & Kraus, 2009). In some cases, persons bereaved by suicide can expect increased anxiety when beginning a support group due to the silencing and taboo nature of suicide (Jordan & McMenamy, 2004). However, in most reports, the majority of the bereaved have stated experiencing positive changes by the end as a result of participating in such groups (Granados et al., 2009). This is a sentiment shared by Gold and Anderson (2007), in that, at times, witnessing is the best we have to offer.

Re-membering Conversations and Group Counseling. Re-membering conversations build strength to be called on in times of challenge (Hedtke, 2001; 2003). Group members can draw upon the stories of the dead to support the development of agency in themselves, and in other group members (Hedtke, 2012). When working with traumatic death, remembering conversations can be very useful to support a multistoried experience of a person’s life (Hedtke, 2001). This can be done by helping group members upgrade their deceased loved one’s membership status in their life (White, 1997). Although re-membering is a political act that stands against dominant ideas that force individuation, re-membering is often found in the ordinary (Hedtke, 2003). Group counseling creates opportunity to recall the simple parts of the connection in a way that can be honored by the other group members (Hedtke, 2012). It stands to reason that
the bereaved are better able to cope when others support them (Hedtke, 2001; 2003; 2012).

Some specific re-membering techniques have been found to be quite helpful for group settings (Hedtke, 2012). The following will be briefly discussed to provide a basis for understanding how we have come to decide upon the group structure and format. The elements discussed here have been utilized in re-membering conversations in both group and individual settings (Granados et al., 2009; Hedtke, 2012; 2014). Hedtke (2012) offers the following structure as a platform to open up re-membering conversations:

• Introduction of the deceased. This sets the tone for conversation. The counselor asks questions about the deceased’ life (“What did he/she do for a living? How does this life choice speak to who he/she was as a person? What did he/she value?”).

• Analysis and deconstruction of discourses around death and bereavement. Example questions may include “Since your loved one’s death, what messages have you heard about how you were supposed to act, think or feel? Where do you think these messages have come from? Which of these messages have been helpful/unhelpful to you making meaning around your loved one’s passing?”

• Present re-membering as an alternative idea. Discuss how re-membering differs from the dominant ideas about death and dying, in
terms of fostering connection with the deceased as opposed to cutting off all ties and moving on.

- Invite the bereaved to learn more about their deceased loved one’s life. Ask the bereaved to bring in any artifacts, special items, or photographs to share. Elicit conversation about the relational value of these artifacts.

- Discuss the concept of membership and membership clubs. Invite the bereaved to start thinking about where they may like to position the bereaved in relation to their future life.

- Discuss cultural rituals and ceremonies. Invite the bereaved to learn more about and discuss any rituals and ceremonies taken on by people in their culture or in other cultures.

- Bring the deceased’s voice present in conversations. Example questions may include: “What is something you have found difficult since your loved one’s passing? What might he/she say about how you have been handling it? What advice would he/she give you about approaching this difficulty in the future?”

- Connect with other living persons who help best re-member their deceased loved one. Invite the bereaved to connect with and ask questions of at least one other living person, to strengthen the commitment to re-membering.
• Encourage growth of relationship into the future. Discuss with the bereaved how re-membering may be used as a resource for coping in the future, and how they would prefer to see this relationship continuing in the future.

• Evaluation: “Has this been useful? What is one aspect of our time together that you particularly enjoyed or found helpful?”

We believe that these practices are well suited for group contexts. In this way, the bereaved may engage in re-membering with others who share a similar experience (Hedtke, 2012). They can explore and deconstruct what messages have been helpful or sustaining from various cultural perspectives and can support each other in maintaining a sense of meaning in their ongoing re-membering of their loved ones (Granados et al., 2009). Responses from members in these groups have been encouraging enough to advocate that these practices continue to be developed and researched (Granados et al., 2009; Hedtke, 2012), hence the purpose of the current project.

Therapeutic Documents

Therapeutic letters are documents that record storylines, which are counter to the dominant story of one’s life (Fox, 2003). Fox explains that often after a dynamic counseling session, the conversation is forgotten by both the counselor and the person consulting him or her. Although the counselor makes clinical notes, which aid his or her memory for the next meeting, the person consulting the counselor leaves with nothing tangible. When the issues that
brought them to seek counseling confront them, they do not have the ammunition to fight against the thoughts, which weigh them down. Fox (2003) believes that therapeutic letters can act as a reminder to bolster skills, knowledges, decisions, and acclamations against those dominant themes, particularly during difficult times (Fox, 2003).

What distinguishes a narrative letter is that it is literary rather than diagnostic; it tells a story rather than being expository or explicatory. The letter engages the reader not so much by developing an argument to a logical conclusion, but by inquiring what might happen next. Structured to tell the alternative story that is emerging along with therapy, it documents history, current developments, and future prospects (Freeman, Epston, & Lobovits, 1997, as cited in Fox, 2003, p. 26).

Therapeutic letters document knowledges about how to survive and cope, preferences for establishing connection, and commitments to re-membering the deceased (Denborough, 2006). These letters serve as a resource for those living with bereavement. During or after sessions, the counselor documents the bereaved’s words, actions, desires, abilities, past victories, preferences, knowledges, values, commitments and hopes for the their future (Denborough, 2006; Fox, 2003). The letters contain verbatim notes from the session, counselor observations, encouragements and questions of derived and hoped-for meaning. The counselor then sends these notes to the bereaved to remind them what was said throughout the session. Letters may be accessed several times to remind
the bereaved, in their own words, of their preferred story (White, 1995; White & Epston, 1990). Examples of therapeutic documents include lists, certificates, letters, e-mails, drawings, agreements, diagrams, journals, or even handbooks. These documents “collectively convey a range of hard-won skills and knowledges, in parallel with rich acknowledgement of the circumstances in which these have been hard-won” (Stout, 2010, p. 4).

Another way to use therapeutic letters is to distribute them to people who are a part of the bereaved’s life, thus bringing in others as means of support. Letters may be distributed to friends, parents, co-workers, teachers, and so on. Anyone who wants to help support the person in the pursuit of a new way of being can be involved (Fox, 2003). Therapeutic letters are a means to highlight social support, which has been shown to be helpful in working with the bereaved (Denborough, 2006). When these letters are created and added to by several people experiencing similar circumstances and knowledges, they are called living documents (Stout, 2010). We used therapeutic letters with the group members, in hope that the members would find them as helpful and beneficial as the literature suggests.
CHAPTER THREE

METHODODOLOGY

Research Design

Overview of the Project

The graduate student researchers conducted a five-week bereavement group for students impacted by the suicide of a person they have known. This group was offered in accordance with the narrative practices of re-membering, which is a particular model of bereavement counseling as explained in the literature review. The group process ran similarly to a case study, in that the graduate student researchers reported on what actually happened, as it happened, as opposed to just reflecting upon results after the fact. The counseling group met once per week for five sessions, each meeting lasting approximately 120 minutes. The group sessions were conducted in a private, reserved counseling space at the main campus of California State University, San Bernardino. The graduate student researchers co-facilitated and co-investigated the group counseling process. This was done under the supervision of Dr. Lorraine Hedtke, who was onsite while the groups were being facilitated, but did not co-facilitate the sessions. Researchers provided the support group format, based on the structure of the practiced-based evidence bereavement counseling of Hedtke (2012).
The graduate student researchers gathered qualitative data during the course of the group through audio recording. Inquiry was made into the stories, perceptions and meaning made about the life of the person who died, as well as around the death of a person by suicide. In accordance with re-membering practices, group members were supported to reconnect their relationship with the deceased through the restoration of stories and addressing questions of legacy. To this end, specific therapeutic process questions, which also doubled as research questions, were asked of group members. These questions included, but were not limited to:

- How do you think your loved one would like to be remembered?
- What did he/she value?
- When you tell the story of your loved one’s life, what do you think he/she hopes you will share?

Basic counseling skills such as active listening, paraphrasing, reflecting, and summarizing were used throughout the sessions (Paré, 2013). These skills helped to ensure members felt listened to, as discussing sensitive topics, such as suicide, requires the utmost care. Concurrently, researchers noted the group members’ body language and nonverbal cues, and took handwritten notes on relevant feedback.

**Ethical Issues**

**Confidentiality.** Because we counseled in a group setting, confidentiality is an ideal to be aspired to, but cannot be 100% guaranteed for group members.
We strongly encouraged everyone to keep discussions confidential. The researchers themselves strictly adhered to the confidentiality and research standards of the American Counseling Association Code of Ethics, (ACA Standards A.2.a., B.1.c., B.4.a., G.1.b., G.2.c., G.2.d., & G.4.d). As researchers, we took the necessary steps to safeguard members’ private information. This included explaining confidentiality and addressing any ongoing questions raised by group members. Group members were informed in the initial screening interview that their participation in the sessions would be audio-recorded, and that their words may be quoted in the dissemination of the research (ACA Standard B.6.c). All recorded sessions were stored on a university-owned, digital voice recorder, which was locked in a secure location on campus for the duration of the process. The graduate student researchers transcribed the recordings and all identifying information was removed.

The consent forms, including consent for audio recording, were reviewed and collected at the first meeting. All identifying material was stored in a private locked filing cabinet, under the care and supervision of Dr. Lorraine Hedtke, until they were no longer needed (ACA Standard B.6.b). These recordings never left the location in which they were stored. Audio-recordings and other identifiable information were only kept for thirty days after the cessation of the group meetings, in order to have enough time to transcribe the data. The personal computers used for transcription and analysis were password protected and secured for the duration for the project. While transcribing, all names and
identifying information were eliminated. This entails not including in written form, any names or identifying information of any person who spoke or was spoken about (the group members, their deceased loved ones, other family members, friends, or other individuals mentioned in the process of the group discussions). The group members were granted the opportunity to choose the names used to represent them in writing. In order to preserve the confidentiality of living friends and relatives, and deceased persons who did not have a say in which name was selected, personally relevant pseudonyms were encouraged, as opposed to real names. These names are used in chapter four, the presentation of data.

Risks and Benefits. Because we were working around a sensitive topic (the death of a loved one by their own hand), there was a modest risk of emotional or psychological distress in the group members. In addition to this, group members might have felt discomfort while discussing this sensitive topic in a group setting, with other students whom they did not know. However, focusing the conversation around their loved one’s life, as opposed to the way in which they died, minimized this risk. The theoretical orientation of the group process (narrative counseling) and the specific technique used (re-membering conversations) both are aimed at creating meaning for effective living. In addition, they differed from a medical orientation geared towards risk assessment at the expense of stories of strength. Conventional bereavement treatments tend to focus on the experience of loss associated with the death, which potentially
reifies the traumatic circumstances of the death itself. Any undesirable influence the project may have on group members was intentionally minimized.

In the unlikely event that risks could materialize and a group member did become negatively affected during the course of their participation, the graduate student researchers ensured group members' distress would be addressed immediately. Dr. Lorraine Hedtke was onsite during all sessions. If after speaking with Dr. Hedtke, the group member desired continued support, the researchers would have been prepared to facilitate a referral to the CSUSB Psychological Counseling Center. The collaboration with the Psychological Counseling Center would further safeguard the group members from negative effects caused by discussing this sensitive topic. In addition, between the skills of the researchers and the expertise and availability of Dr. Hedtke, the group members were sufficiently protected from any immediate undesirable effects.

Group members were reminded during the telephone interview, before the start of group meetings, at the initial meeting, and at the first session, that they had the option to end their participation in the project at any time, for any reason, without penalty. Despite the minimal risk of discomfort or psychological distress, re-connecting with the deceased has the potential for benefits in the lives of people living with grief. This seemed evident in that no member opted out of participation due to discomfort. Also, no member requested a referral to the Psychological Counseling Center, or requested to speak with Dr. Lorraine Hedtke.
Research Methodology

Recruiting Group Members. The group members were all university level students currently enrolled at the main campus of CSUSB. The project was only open to undergraduate and graduate students over the age of eighteen. The group members were recruited through campus e-mail, via flyer. Researchers sent a project recruitment letter (via student e-mail) to both main and Palm Desert campuses explaining the purpose of the project and who may benefit from participation (See appendix A). Additionally, printed recruitment flyers were posted on both campuses (See appendix B). An all-call was sent to all enrolled counseling students through the Counseling and Guidance blackboard using the same project recruitment letter as above. The graduate student researchers presented an informational PowerPoint (in person) to current cohort members of the Counseling and Guidance M.S. program (See appendix C). Students who were interested were instructed to contact the graduate student researchers via e-mail. Once a list of interested students was gathered, the researchers contacted each student (by e-mail) inviting them to participate in an initial telephone-screening interview (See appendix D). To preserve the confidentiality of group members, at no point in the process did we include members in mass e-mails, or mass correspondence. They were always contacted individually.
Each telephone-screening interview lasted approximately five to ten minutes and was comprised of several screening and safeguard questions (See appendix E). The questions were designed to evaluate the appropriateness of the student for participation in the project, as well as the appropriateness of the project for the student. No student was screened out on the basis of academic major, sex, ethnicity, citizenship status, disability, physical health, primary language, or educational level. Students were not screened out based on the relationship with the deceased at the time of death. Students were not excluded on the basis of knowing other group members in the group, or on the amount of time passed since the death. They were screened using a minimum of requirements that met the need of the project. These specific circumstances included necessitating that members were at least eighteen years of age. Additionally, students could be excluded on the basis of relevant chronic mental health diagnoses (e.g. schizophrenia, bipolar disorders), which would be identified during the screening process. In addition, students could have been screened out for self-disclosed suicidal ideation. In the event that a student was screened out for one or more of the reasons above, we would have facilitated a referral process for the Psychological Counseling Center. However, this did not prove necessary during the course of screening or of group sessions.

As with any research discussing potentially sensitive topics, screening questions are necessary. The questions asked of possible members could have, in themselves, been of a sensitive nature. But this was required to avoid causing
harm. Screening included questions about possible suicidal ideation or psychiatric histories. In answering these questions, potential group members could have found the questions disturbing or implicating. While the ideal research circumstance would be to protect possible group members from emotional distress by providing them the screening questions ahead of time (in the event they would want to opt out of the pre-group interview), this step would not have been feasible before the first phone contact.

The graduate student researchers made all screening phone calls in private areas to ensure the conversations were confidential. Group members were informed at the outset of the interview that they may refuse to answer any question asked. They were also informed at the outset of the screening call, that depending on the answers to their questions, further steps may be taken and a referral process may be collaboratively initiated. If they had chosen not to answer a question, we would have decided on a case-by-case basis how to proceed. This precaution was not needed, as all potential members felt comfortable and answered the screening questions.

At the conclusion of the interview, students had the opportunity to ask questions of the researchers. The only questions asked were logistics questions. The possible candidates who met the criteria and who believed they would benefit from a bereavement group, were e-mailed an Informed Consent form (See appendix F) and Project Information Sheet (See appendix G), which described the purpose of the audio-recorded project. The researchers asked the
students to review and sign the forms and bring them to the first meeting. The list of interested group members’ names was stored on a secured, password-protected device, and was securely erased directly after the screening process. The informed consent forms (with student names) were stored in a secured lock box in Dr. Lorraine Hedtke’s office at the CSUSB main campus. These were stored until the completion of the research project, after which they were shredded.

The graduate student researchers submitted a detailed proposal to the university’s IRB and completed the full board administrative review process. We responded to any IRB suggestions regarding safeguards for the members, and made edits to the project plan accordingly. After completing the review process, we were granted an IRB approval. Attached is the approval letter attesting to the status of the current project (See appendix H).

Group Member Demographics. The goal was to recruit six to ten university students for the support group. After recruitment flyers were e-mailed, twenty-four interested students responded to the initial inquiry. In addition, five students who had not been personally impacted by suicide but felt the project was important, responded and offered to be involved or support the process should there be something fitting for them to offer. There were also responses to the initial e-mail inquiring about possible reimbursement, but when it was explained that the project was free of tangible incentives, they withdrew. Of the twenty-four interested parties, fourteen opted out due to conflicts with time,
previous commitments, school obligations, lack of replying, and/or not wanting to re-visit the pain. These candidates were offered the contact information for the Psychological Counseling Center on campus. After the initial screening calls were completed, ten people were interested in moving forward and being included in the group. Between the screening interviews and the first session, three people contacted us saying they had changed their mind due to a combination of scheduling conflicts and being nervous to discuss this sensitive topic, leaving us with seven group members for the first session.

After the first session was completed, one of the members opted out due to time conflicts. The data presented does include this member’s quotes. The final group composition was six members, two male and four female university students. Students varied in ages, twenty to sixty years, and education, four undergraduate students and two graduate students. Areas of study also varied; counseling and guidance, education, English, fine arts, gender studies, and sociology. There were three Caucasian and three Hispanic group members. All members lived in the adjoining two cities to campus, within a twenty to thirty mile radius. Relationship with the deceased also varied, including father, friends, lover, niece, and son. The mode of death, besides knowing that the person died by their own hands, was not part of the obtained demographics and had no bearing on the research or counseling process.
**General Process of the Group**

At the beginning of each session, group members were welcomed and the researchers summarized common themes from the previous session. Group members were reminded at the outset that if at any point during the conversation they began to feel distress, they should not hesitate to notify us. We began each session following the agenda, asking if there had been any shifts or changes since the previous session. Questions were asked about what differences or changes were made for them. Each week had a particular theme or focus connected with scaffolding a re-membering conversation. Each focus included numerous questions and conversation, explored by all group members, leaving space for individual meaning making. The agendas are noted below.

Throughout the sessions, the researchers reflected on what the group members shared, offering paraphrases and restatements to ensure that the members were being understood correctly. Toward the end of the session (at approximately ninety minutes), researchers summarized any new themes discussed. Space was created for members to reflect on the session and ask questions. The final question in every session was a scaling question regarding their level of calmness and sense of distress. This question pointed to whether it was a safe place to end the conversation, or whether further calming techniques were required. If a group member had needed more time to come back to a homeostatic place, the researchers would have coached them through a breathing exercise. However, this was not needed during the course of the
groups, as members never expressed feeling panicked. In closing, all members were thanked for their insight and willingness to share. Although members acknowledged the difficult and sensitive nature of the project, they all left each session feeling better having attended (as stated by the members).

**Session One.** The first session took place before the holiday break. In speaking with members during the telephone interview process, many stated that the holidays were a particularly difficult time for them. The graduate student researchers opted to begin the group before the break, even though this meant there would be a gap between sessions. The reason for this was to provide the members with something to look forward to, and hope for what was to come, in order to help them cope better during the holiday season. During the first meeting, we greeted the group members, and retrieved the consent forms. We discussed the informed consent, information sheet, confidentiality, and reiterated that they may opt out of participation at any time, without penalty. We also informed the members that all five counseling sessions were to be audio-recorded for research purposes. The purpose of the group - building the relationship with the deceased, as opposed to focusing on the nature of the death - was discussed at length. The graduate student researchers were prepared to facilitate a referral process to the Psychological Counseling Center, had a group member requested such referral, but this was never needed.
Session One Group Plan.

   Introductions/Welcoming.

• Icebreaker activity: Go around the circle and say our name, and one thing we are looking forward to about the upcoming school break.

• Researchers ask questions to generate discussion: Has anyone experienced group counseling before? What was it like for you? Was it helpful? What exactly was helpful about it? What do you hope to get out of this experience? At the end of the five weeks, how will you know if this group has been helpful? What will be different?

   Beginning the Group.

• Check feelings by asking the following: What feelings, thoughts or sensations are you experiencing as we start this group together?

• Pre-session data to be able to compare at subsequent points: We are curious to know where you stand today, on a scale from one to ten. We are curious to see if that changes at all during our time together, and what may or may not have contributed to it.

   Share About Us.

• Express why we wanted to run the project and why this is important to us personally, professionally, and academically.

• Be transparent about the research question and hypothesis.
Discuss Assumptions.

• This is not a conventional model of dealing with bereavement. Remembering is different. We know you have assumptions coming in, and have heard messages about how you are supposed to deal with bereavement. However, relationships can carry on.
• Address elephant in the room. Name, and discuss out loud any feelings (including perceived apprehension) associated with starting a group with others who have experienced this kind of death.

Housekeeping.

• Confidentiality, audio-recording, ground rules, and informed consents.
• You may opt out at any time, for any reason, without penalty.
• Dr. Lorraine Hedtke is onsite should anyone desire additional support while the group is in session. Explain procedures for when the members may wish to speak privately.

Closing Comments for Discussion.

• Any questions at this point?
• What’s it been like to talk about your loved one like this? Would he/she appreciate how we are talking like this?
• Remind members that if anyone would like to speak separately, we can be available to do so after the group.
• Choose one word to describe what you are experiencing now, as we start this group together.
• Choose next dates and goodbyes.

**Session Two.** The second session took place after the holiday break, with a three-week break in between the first and second session. The researchers reiterated the purpose of the group and that we were far less interested in the mode of death, than we were in building the relationship with their deceased loved one. We took time for each group member to introduce his or her deceased loved one. Our purpose was to get to know their loved one apart from the discourse around the way in which they chose to die. The graduate student researchers inquired into the relationship, what they enjoyed doing together, and any stories they wanted to share with the group. We also asked questions about what societal messages they have heard about suicide. We asked if the group members found these messages to be helpful or unhelpful, and deconstructed the dominant messages about death and suicide. The graduate student researchers closed by asking the members to bring a photo of the deceased to the next session. All members indicated that they were glad that they came and that they felt calm, although pensive.

**Session Two Group Plan.**

**Introductions/ Welcoming.**

• Icebreaker activity: Go around the circle and say your name and one thing you enjoyed about the winter break.
Housekeeping.

- Briefly review confidentiality/ audio recording. Ask permission of the group members to take notes.
- Remind group members that Dr. Lorraine Hedtke is onsite should anyone find it helpful to speak with her.
- Remind members that being quiet is okay.

Checking-In Questions.

- What made you want to come back?
- Any shifts since we last saw each other?

Summary of Session.

- This is not a conventional model for dealing with bereavement. We aren’t going to talk a whole lot about conventional bereavement, because you are already very familiar with this. We are going to offer something different, and at the end, we will ask about what has been helpful, and what has not.
- Focus questions: First, inquire about group member’s perceptions of suicide. Following this, focus can be shifted to introducing group member’s loved ones and creating re-membering conversations.
- Perceptions of bereavement and suicide questions include the following: When your loved one first died, what messages did you hear about how were you were supposed to feel? Were these messages helpful, unhelpful, or something else? Does the term
survivor fit for you? What messages have you heard about suicide? Have these messages been helpful or unhelpful? How have these messages influenced reactions to the death of your loved one?

• Different cultures ascribe different meaning to death by suicide. At this point in your life, what meaning do you make of your loved one’s death?

Introduction of Loved Ones.

• Name and relationship?

• What did they look like?

• What did they do for a living?

• What activities did you enjoy doing together?

• Name one favorite memory.

• What is one value they stood for in life that you really appreciate about them?

Closing Reflections.

• Questions, comments or concerns at this point?

• What’s it been like to talk about your loved one like this?

• What would he/she think/feel about how we are together like this?

• How are you feeling now?

• If anyone would like to speak separately, we can be available to do so afterward.

• Goodbyes.
Session Three. The group members were asked to bring a photo of the deceased and a photo of someone who helps them best “re-member” the deceased. Individual re-membering conversations were facilitated. These conversations highlighted the values and character of the deceased person and their place of influence and encouragement in the group member’s life. Additional stories were solicited about who the person was, what values they held and how knowing them has been beneficial or special. We closed by asking if the group members had any concerns or questions about this session. The members stated that they were, once again, glad they came and that they felt better for having attended.

Session Three Group Plan.

Introductions/Welcoming.

• Any shifts since we last saw each other?

• Focus: Introduce our loved ones and hold re-membering conversations.

Creating Re-Membering Conversations.

• Did you bring anything to share?

• How would you describe him/her to others who have not had the chance to meet him/her?

• Describe the character of your loved one.

• What qualities about himself/herself would he/she want others to know about him/her?
• What’s something they stood for in life?
• What are the qualities you want to keep close to you?
• How has knowing your loved one benefitted you? What gifts have they given you?

Invitations for Next Session.
• Invite them to inquire about their loved one, continue to bring in objects and to connect with at least one living loved one about their deceased.

Closing Comments.
• How has this been for you?
• As always, if anyone would like to speak separately, we can be available to do so after the group.
• Goodbyes.

Session Four. Group members participated in an activity where they divided into pairs. They were invited to speak to one another about each other’s loved ones in a structured conversation, in which we provided them with specific prompts. If they needed assistance, we helped them generate a conversation about their loved ones. Afterwards, we facilitated a letter-writing activity regarding what they had learned as a result of being introduced to another person’s deceased loved ones and how that might influence them in the future. These letters were then given to the other member, and they were encouraged to read them out loud for the group. Each member decided that they preferred to read the letters in private when they returned home. A discussion of this
activity’s impact followed. We closed by asking if the group members had any concerns or questions about this session. Once again, members discussed how attending sessions was sometimes emotionally difficult, but that they had felt better for having attended.

**Session Four Group Plan.**

**Introductions/Welcoming.**

- Focus: Talk about the concept of *membership* and do a re-membering activity.
- Any shifts since we last saw each other?

**Concept of Membership.**

- Use the concentric circle diagram to explain membership and re-membering.
- Why its called *re-membering*:
- Invite them to think about the following:
  - It is possible to have things you want to process out, and things you want to keep close?
  - Take a moment to think about the memories and parts of the relationship you want to keep close and the ones you would prefer to distance yourself from.

**Pair Work: Re-Membering Conversations.**

- Facilitate a structured re-membering conversation between the dyads. Provide them with re-membering/legacy questions (See appendix I).
Pair Work: Letter-Writing Activity.

- Facilitate a structured letter-writing activity between the dyads.
  Provide prompts for the content of the letter (See appendix J).

Activity Debriefing.

- What are your initial reactions to doing that activity? Was it useful?
- Invite them to read their letter out loud.

Closing Comments.

- How has this been for you?
- As always, if anyone would like to speak separately, we can be available to do so after the group.
- Invite them to share their letter with a loved one outside of the group.
- Goodbyes: Remind them that next week is the last session.

Session Five. We structured the conversation around how members will be able to carry the relationship with their loved one through to their future successes. Each group member was given a therapeutic letter (See appendix L), co-written from both graduate student researchers, indicating the impact having met them and their loved ones had made. In addition, these letters included questions we had been curious about, which we wanted to allow the members to think about after the group ended. For example:

  - What do you think that says about the safety of your relationship, that your niece’s only good memories from childhood were at your home?
  - What do you think that says about you, that you provided that for her?
Although the letters were primarily meant to be individually reflected upon, they were read out loud and responses were solicited. Feedback revolved around the impact of the letters and the movement members felt as a result of bearing witness.

We focused the remaining conversation around the impact group participation had made in their lives. We inquired into what kind of difference the group had made for them in comparison to other bereavement counseling they were aware of and what group members thought had contributed to the difference. We closed by asking whether the members had any concerns or questions about this session. We delivered a combined Debriefing Statement and Contact Information Sheet (See Appendix K), at the cessation of the final session. This form included contact information for the researchers, their supervisors, the relevant IRB Chair and the CSUSB Psychological Counseling Center. Finally, the group members delivered helpful data on the benefit of the group process, and implications for future projects of this nature.

Session Five Group Plan.

Introductions/Welcoming.

• Focus: What difference this has made and celebrating our time together.
• Any shifts since or changes since we last saw each other?

Last session Follow-Up.
• What does it mean to have been given a letter from your fellow group member? What difference does this make?

• How do you think you can use this letter as a resource in the future?

  Therapeutic Letters.

• Group leaders present and read therapeutic letters to the members.

• Invite them to respond, if they wish. Invite others to respond to hearing these letters and to add anything else they may wish.

  ▪ What’s it like to introduce your loved one this way, instead of only focusing on the way they died?
  ▪ What’s it like to have these stories reflected back to you?

Research Questions for Discussion.

• What difference has participating in this group made (bereavement, relationship with loved one, attitude about suicide)?

• What has contributed to this difference?

• What did you enjoy or appreciate? What was not as useful for you?

• Were your expectations of the group met?

• Where have you been moved to as a result of this project?

• Is this kind of counseling helpful for bereavement/suicide bereavement, compared to other models you may be aware of?

• How do you now think of your loved one’s presence in your life?
• We are curious to know where you stand today, on a scale of one to ten. We are curious to see if it has changed since the start of the group or not, and what might have contributed to it.
• Feedback about how to improve our counseling with survivors of suicide?

Debriefing.
• Debrief with the group members and offer follow-up contact information.
• Questions comments/ concerns about the group?
• Invite the members to select a pseudonym they want used in the dissemination of the research, when quoting them, or when talking about their loved one.

Closing Questions.
• What feelings, thoughts or sensations are you experiencing in ending this group?
• Turn the discussion over to their loved one and ask the following: What's one word you think they would use to describe our time together?
• Goodbyes and best wishes.

Data Collection

The data collection took place through small group discussion and observation. The discussion questions listed above formed the basis of the data
collection. The answer to these questions provided the data that will be presented in subsequent chapters. The researchers focused on the personal experiences of the group members (the stories of their loved ones), as well as the stories that their experiences said about the dominant cultural view of suicide (society’s view of suicide). We collected data via audio-recording of all five sessions. The recordings began at the outset of the session, and ended at the closing. All sessions were recorded on two university-owned voice recorders, which were stored in a locked filing cabinet in the office of Dr. Lorraine Hedtke. Collection methods included taking notes (with the group members’ permission) on observations of group members’ body language, and their answers to questions. Any hand-written notes taken, omitted identifying information and were securely stored until the cessation of the research project, after which, they were shredded.

Data Analysis

We have conducted a piece of qualitative research that is interested in understanding meanings around three things:

• The effects that re-membering conversations have on a bereaved person when their loved one died by suicide.

• The effect that discourses about suicide has had on their experiences.

• Individual meanings made around suicide, as well as the relationship.

The data analysis consisted of an examination of the meanings made, and of shifts that group members reported in these meanings, and so on. The
discussion questions formed the basis of the data collection and analysis. We used open-ended questions to allow for deeper reflection and individual meaning. The data is comprised of the members’ answers to these discussion questions. Once the five sessions were transcribed, the quotes were grouped by categories and themes, to understand what has been most relevant. Themes that were prevalent across all group members were included in the analysis. Themes were analyzed to inquire into the effects of re-membering conversations and were selected for clear social assumptions and discourses around suicide. Each theme has related subthemes, and is organized as such.

Four readers coded the data. All readers selected out similar themes. It is probable that most other readers, based on the prevalence of the data across all members, would have selected similar themes. Finalized data was presented in the document and supported with quotes and conversation transcription. It is important to note that the data analysis was qualitative in nature. Although we did include scaling questions, no analysis of statistical significance took place. Instead, we looked at the overall changes in data, as self-reported by each participant, rather than the degree to which this changed. This is an important component of qualitative data analysis. It is suggested that the data be read through this lens. We attempted to preserve the integrity of the members’ words, and therefore included as many direct quotes as possible, related to each theme. It is apparent that the data collected speaks for itself in terms of the benefits of such a group in the lives of persons living with grief.
Dissemination of Data

Group members were notified that information gathered in this project would be used in a published report, designed to answer the research questions. Research has been presented using member-selected, non-identifying pseudonyms. We plan to use the data collected to publish academic articles and/or books on the topic of using re-membering practices with people impacted by suicide. All dissemination will be in accordance with the American Counseling Association code of ethics, university guidelines and/or IRB approval, and with the strictest of confidentiality in mind.
CHAPTER FOUR
PRESENTATION OF DATA

Introduction

The purpose of this chapter is to present the broad themes found in the data collected by the group members. The themes will be supported with direct quotes from the group members themselves. For the purposes of confidentiality, all names have been changed to pseudonyms selected by the group members. Researchers names are used appropriately. Each theme may have relevant sub-themes. As explained in chapter three (methodology), themes were selected based on the prominence of data regarding common topics of conversation. Some data represented below are individual quotes, taken out of the context of conversations. If this is the case, the context is provided. Other data may include segments of conversation between group members, or between researchers and group members. It is suggested that the data be read as indicative of the kinds of changes described, rather than the degree of these changes.

Effects of Suicide

During the first session, researchers wanted to explore the effects of the suicide on the lives of the bereaved. The graduate student researchers found that the effects of the death itself mirrored the effects discussed in previous chapters; emotional pain, cognitive effects, existential dilemmas, and so on.
DeWain: I gained thirty-five pounds after she died. It's like this slow-moving depression. I feel like I was living with shrapnel. I was standing next to a suicide bomber and I've got their bones stuck inside my body. That has to be processed out.

This theme was prevalent in that all members expressed that they had experienced similar reactions.

**Unexpected, Violent Death**

There is a divide in the social discourse regarding expected, non-violent death as opposed to unexpected, violent death. There is an acceptance and empathy with expected deaths that is often not present with a suicide. Members felt that an expected death due to disease or accident was more acceptable than death by suicide.

Jean: I think the only way this has meaning is when someone's been suffering for a long period of time, had cancer or was in pain, and now they are finally out of pain. Otherwise, it's like, “No, I want them here”. My mother also passed away. I miss my mother horribly, but I'm so glad she's not suffering. That was easier to deal with than Kitty's suicide.

Jade: You encounter people who have lost a family member, but this is so different. It's not, “My grandmother passed away last week”. There is inevitability in something like that. But this is something much more traumatic. When someone is terminally ill, you can say, “They're in a better place”. But suicide is dark in its very nature.
The group members made several comments comparing their loved one’s death to that of a “natural death”. They discussed how other kinds of death are preferred and easier to cope with than suicide, as a result of the negative discourses specifically associated with suicide.

DeWain: It would be easier if the person had cancer or some sort of sympathetic visual. At the same time, my person was young. Valentine had a life ahead of her. It wasn't like, “I’m sitting waiting to die because of cancer or because of some sickness”. That would make it easier. It would make it more acceptable. Because it's not cutting off a life, or trimming a branch that hasn't quite fully grown yet.

All members communicated the pressure associated with suicide as giving up or cutting short possibilities for life.

Effects of the Discourses Around Suicide

Along with living with the effects of suicide, the members spoke about the negative messages and common expressions associated with death by suicide and how those messages impacted their bereavement. Often, these messages compounded the effects of the death itself.

Jade: When somebody does take their own life, everybody is so quick to jump to conclusions like, “They left all these people behind”. They focus on the act but don't actually take into consideration the people left behind, or their feelings.
Jade: I heard people say that he was selfish for doing this. I don't know what he was going through. Nobody knows what he was going through!

Tammy: I work at a high school. Do you know how many times a day I hear kids say, “I just want to kill myself”? I try to get myself to calm down.

Additionally, the members also spoke to the damage that people’s responses sometimes caused. They mentioned that while other people’s responses were well-intentioned, they were often awkward, shallow, or clichéd.

Fritz: It's the messages we get from society, well-meaning people, and friends. “You need to get over your grief. You just need to go on.”

Renee: I don't think people really knew what to say. It was just a lot of, “Sorry for your loss” and “My condolences”.

Jean: They don't know what to say, but they don't acknowledge that they don't know. They just fall back on the cliché.

Fritz: In their well-meaning efforts to support us, they may actually be saying stupid things and make things worse.

Members reported even though people intended to be helpful, they often were not. They explained that this was usually because they felt like the unique meanings they derived about their loved one’s death were misunderstood by those not directly involved, or that people just did not really understand what they were going through.
Tammy: I have a hard time connecting with people who didn't know Bobby. You talk to them about it, but yet you know they're not going to get it. They didn't know him.

Fritz: They don't quite get it. People who have never experienced the loss in that way don't know how to relate on a very deep level. Even though their intentions may be good, and certainly supportive, as much as they can be, I think they just don't have the capacity sometimes. Sometimes, even though it may be more comfortable talking about it, not everybody is able to hear very well.

Some of the members said that when people found out about the suicide, they had expectations of how the bereaved should respond.

Jean: We don't want to put our loved ones away, but I had to because that's what people expect you to do.

One member discussed how even on days when she was coping well and doing okay, others expected her to be emotionally fragile, posing questions to her that undermine her knowledge of her own experience.

Jade: She said to me, “How are you feeling today”? I said, “Oh, I'm good”. But then she said, “No, really. How are you actually feeling”? She said it with such a serious tone, like I should have been a mess.

Several agreed that they had experienced pity from other people, who simply did not know what to say. They spoke about the ways in which the responses were limited to an expression of sorrow or misfortune.
Jade: I just wanted the opportunity to talk about my dad with people who wanted to listen, not people who felt like they had to out of pity.

Morgon: When someone finds out that we've lost someone to suicide, they pity us. They don't know what to say. They might be well-meaning, and they might be trying to be helpful, but it just seems like nothing can undo the fact the moment of death is the piece that trumps everything else.

Renee: I felt like there was a lot of pity. They said, “I'm so sorry for you”. That's not what it's about and that's not how they should have responded.

We acknowledged and validated these comments and inquired into what reactions or responses would have been more helpful or preferred. According to the members, some of the most helpful responses included merely being present without trying to find the right words to say.

Fritz: I'm thinking of a dear sweet friend of mine. I don't remember anything that he said, but I remember that when Neal died, he was at our house. He came over and he was glued to my side. Wherever I went, he was right there. I'd sit down and he was right there. And his presence was just so... it just felt so attentive. It was like he was saying, “I know you're in pain and I am here”. Just to know that other people appreciate us and care about us makes a difference. It can't relieve our grief. It can't make it so that we don't have to work through it. It can't take it away. But for me it does provide a sense of comfort.
Another member talked about how the only thing that could help was to get a sense that the suicide was not in vein, but could stand as a means to help others. She wanted to know that people learned from what happened to her friend and tried to make a difference in others’ lives because of it.

Renee: I was hurting, but I would rather them think about Ezra. I would rather them ask themselves, “How can we change the world” in some sense, you know? They need to see that we have to change all the things that happened before - the things that led up to the suicide. Hopefully now they can take that image into their lives, and look at how they treat people, before someone gets to that point.

**Judgments.** Members shared experiences when other people responded to their grief in ways that felt judgmental, critical, or insensitive. Group members stated that people often stereotyped and characterized the deceased as selfish, thoughtless, and uncaring. Members often expressed frustration and anger at strangers’ ability to harshly judge their loved one.

Jean: It's hard enough to talk about it, period. And then to add on top of it, hearing messages about the person you love being selfish . . .

Jade: He started talking to me about how people who commit suicide are selfish and he just went on and on. I kept telling him to stop but he wouldn’t. At some point I pulled him aside and I said, “You need to listen. I've known you for two years, and I'm going to be honest with you, this is not okay and this is why”.
Fritz: People are so willing to tell us about how the people we love, who killed themselves are going to hell, or they're so willing to judge. As if they knew. And I sit back and think, “How dare you!”

One member talked about how damaging these negative messages can be when enforced with power or influence. This particular member felt that she was not able to say anything or stand up to the person making the remarks, because of their professional status. The following passage also speaks to an individual meaning made by someone who had recently experienced the death of her nephew to suicide. But primarily it speaks to how much easier it is to put forth ideas about suicide when they conform to the dominant messages and how difficult it is to challenge these powerful, dominant discourses when the meaning made is against the norm.

Renee: Two days ago, my professor said . . . I guess someone in her family had committed suicide recently, and she was talking really negatively about it. She was saying how people who kill themselves are cowards and selfish. I wish I could’ve stood up to her or stayed after class, but she was just so set on them being cowards. I really would have liked to say something, but I didn't have it in me. I mean, she loved her nephew. If that's her grieving process, I can't really impose on it. But she shouldn't be hindering other people’s grieving process.

The messages perpetuated about suicide can leave a bereaved person feeling confused, judged, and as though they must defend themselves, their
dead loved one, and their loved one’s memory. This was a strong theme, mentioned by all of the group members.

Jade: That's not a selfish act, when you know wholeheartedly that there are so many other people involved. My dad, Gabriel, knew he had a three-year-old daughter and he took that into consideration when he made his decision. For me, that is the definition of selflessness.

Members often found themselves trying to convince others that the suicide was not an uncaring act and that their loved ones were compassionate and loving people. There was a frustration expressed towards the minimization of their loved one to a single, shallow description of the moment of death.

Jade: It was more about standing up for my loved one. I've been on the edge of it, and it's not a selfish act! It's not something that you consider lightly. It's not that you don't take other people into consideration. That's all you're thinking about, everybody else. And it was hard for me to hear people talk about him like that because I know that's not where he was. He wasn't like, “To hell with everybody else”, there's just no way.

On the other hand, some members had the experience of people in their lives justifying or sensationalizing suicide. This did not sit well with them either, and it increased their pain to think of the suicide as a desirable event.

Jean: My teacher presented a short story about a man and wife who committed suicide. He was trying to convince us all about how beautiful it was and I could hardly stand it. I just couldn't. But he was insistent to
bring it up week, after week, after week and it was really hard. I've lived with it. I don't think that it was beautiful in any way, shape, or form, for the people that are left.

No one thought that these things were said in malice, but all said they were unhelpful and unsupportive. These kinds of conversations caused members to feel their experiences as invalid and this produced a silencing effect.

**Silencing.** We understood from reviewing the literature (and our own experiences) that the discourses around suicide have the effect of silencing the bereaved and these ideas were echoed in the group process. Members said that, whether it was family who avoided the topic or strangers who immediately changed the subject, suicide is not easily discussed.

Jean: People become uncomfortable, even other people that knows them well. The worst is when they are like, “I don't really want talk about them”. You know they will change the subject.

Renee: I feel like anywhere outside of this group, that word [suicide] would never be said out loud.

Jean: We just didn't talk about it at all after it happened.

Fritz: So many people don't want to talk about death, especially suicide.

The taboo nature of suicide inhibits a person’s ability to speak freely. Even in speaking about suicide, members referred to the subject as *it*, feeling uneasy to say the word *suicide* out loud.
DeWain: We all agree that certain words mean certain things, and that limits the unspeakable in ways that silences it.

Tammy: I don't talk about it. I never say it. Even if it happens in a movie, I never . . . even if it's just a reference.

Renee: Just hearing the word makes me sick to my stomach.

Jade: I shut everybody out and stopped talking about it. I didn't start mentioning it again until much later and only because I've been asked.

The researchers noted that silencing can limit possible social support, which can comfort and help with meaning-making.

Religious teachings against suicide also make talking about suicide taboo. The members stated that these ideas had influenced their reaction to the suicide and had also impacted their bereavement.

Fritz: I heard a lot of people talk about, “She's in a better place; the Lord needed her in His heavenly choir”. And I'm thinking, “Jesus doesn't need this mom more than a twelve-year-old does. Give me a break”. It just pisses me off when people say things like that because I think, in spite of their being well-intentioned, they don't realize how shallow and meaningless that sounds to the person in pain. And also, it seems that sometimes people start to resent their faith. They start to resent their picture of their deity when they hear those kinds of things. That's not fair to the idea of spirituality.
This added to members’ silence as sharing meant opening to others’ religious views and interpretations.

**Blame, Guilt and Shame.** Often, other people’s reactions to the suicide left the bereaved feeling shame and alone. This further silenced the bereaved.

Jade: So many people don't want to talk about it. When I was really young, I actually made the mistake of telling somebody I shouldn't have and I was picked on for it. I don't know who teases about something like that, but I actually quit talking to people about it for a very long time.

All members stated that because of the past reactions when they shared their stories, they were careful with whom they shared their experiences. Each member confirmed that being silenced limited their confidence to talk about the death, as well as to form new relationships.

Blame was another theme members had experienced. Again, this points to the isolating effects of suicide. Most had experienced being blamed for the death by friends or family for the harm they were unable to prevent.

Jean: I think if you talk to somebody that hasn't had this happen to them, they look at you like, “Why didn't you do something?” I was blamed for it. There was a lot of anger and putting it away was a lot easier. When someone accuses you of being the reason why someone chose suicide, you have to ask yourself, “Could I have fixed it?”

Jade: When somebody dies, we all go through that, “What could I have done?” thing and the “What did I do that might have caused this?” thing.
One member discussed feeling guilt associated with temporarily separating from his loved one. He stated struggling with feeling as though he could have prevented the death had he stayed in the relationship.

DeWain: I didn't believe her at the first drop of the depression hat. But through her trajectory downwards, at a certain point I can only hear so much about how Valentine wanted to die before I lost my temper. But I feel that guilt and shame that comes with it too. I didn't want to have this feeling. I did not want to revisit this fear because it was something that I had been toiling with from the day that it happened. I mean, how can I possibly not have the what if's?

This self-incrimination accompanied by blame from others felt like it was more than members could bear at times. One member was even publicly blamed for her loved one’s death by the pastor at her church during the funeral service.

Jean: There was a lot of anger from my sister, because Kitty was coming and talking to me the last few months of her life. She blames me for her death. In fact, the pastor blamed me during the service for her death.

The effects of these negative messages were compounded as group members expressed having fewer people to turn to for support.

Tammy: Unfortunately, it was my friend who committed suicide. His sister (obviously, I can't even imagine what she was going through) started to put the blame on me, because she was angry with everyone. I had no
one to speak to and Bobby’s friends wouldn’t speak to me anymore, so it pretty much left me by myself.

Social Isolation. Another effect of suicide is social isolation, or the inability to locate social support. This often occurs within the bereaved’s social circle, and is due to the negative discourses around suicide. After countless attempts at having conversations about their loved ones and being silenced by others, members said that they stopped talking about it altogether and were left to cope and derive meaning alone.

Jean: I don’t have anybody I can talk to. Nobody wants to talk about her.
Fritz: I think it’s so easy for us to feel isolated anyway, particularly when talking about hard things.
Tammy: I have a hard time talking with people about it. I lost my friend Bobby and I do not speak to one single person that knew him.
DeWain: I’m ostracized here. I don’t see a lot of other people. People just went their separate ways. I don’t see how they’re grieving and I’m kind of away from it all. I really am by myself. To everybody out here,
Valentine is just a specter that I carry with me.

All members said that for the most part they did not have the social support that they wished they had.

Conventional Bereavement Counseling

A desire for social support leads many bereaved persons to seek counseling. Conventional grief counseling would have people progress through
stages or tasks with the end result of *letting go* and *moving on* from the deceased. Some of the members were either currently working with another counselor or had experienced some formal bereavement counseling in the past with models that reflected a conventional orientation. Others had found some of the discourses around conventional grief work to be unhelpful.

Morgon: I didn't feel counseling was very helpful. I was a kid. I was eight years old and I didn't really understand. And they tried to make us get different things out of counseling then.

One group member spoke of how she preferred group counseling because it provided something that individual counseling did not.

Renee: It was helpful in the sense that you get to hear other people’s different opinions rather than just a one-on-one. Maybe one thing that someone says just clicks with you. It’s also nice . . . well, not *nice*, but *comforting* to see other people dealing with things like you are.

Another member remarked at the importance of having suicide-specific counseling and how there is a need for this kind of ongoing support.

Jade: I think it's really nice to be here. I haven't had counseling before, so I'm really excited to be part of something that is specifically for suicide.

Even if they had not experienced bereavement counseling before this point, members were quite familiar with the discourses around *moving on* and felt angry at being hurried along in a process. They were clear to make a point that bereavement is *ongoing*. 
Renee: It was really nice to get to talk to people that are willing to listen for once. People don't want me to talk about it anymore. They get sick of hearing about it. They're like, “Okay, I'm sorry for your loss, but there are other things to worry about. Get over it”. But it doesn't just stop. This is ongoing.

Jade: Nobody wants to acknowledge it, but grief is ongoing. I am grateful for the opportunity and for people who are willing to acknowledge that.

The bereaved continuously receive messages about the length of time regarded as *appropriate* for bereavement, after which they must move on with their lives and from their loved one.

Morgon: It's been twenty years since we lost Thomas. I’d like to think that I'm doing okay with everything. Like others have said, some days are much harder than others. But by now, I *should* be fine.

Jean: If you say anything about it a year, or two, or three later, they are like, “Well haven't you gotten over that? You have worked through your stages, right? Your anger, your grief, and all the things you're *supposed* to work through?”

If members were not fine, they risked appearing as if there was something wrong with them that is worthy of pathology or diagnosis. The group members explained why it was difficult to move on from their loved ones, as they did not want to move on from the relationship, nor did they think that it would be possible. Some felt that conventional models set them up for failure. But more
than that, no one wanted to let go of his or her loved one. Thinking about letting go was as emotional as the death itself.

Tammy: I only got to know Bobby for two years and it's already been four years since he's been gone. One of my worries is that I will forget. I push it down and hide it because I don't talk about him. And I'm afraid I will forget the little things. I'm afraid I will forget his smile or I'm going to forget his laugh. So that's part of the reason why I am here.

Caryn: Because you don't want to forget?

Tammy: I shouldn't have to, but that's what people want you to do.

Protesting the Effects: Motivations for Joining

Each member acknowledged a desire to be part of a group that challenges the dominant discourses around grief and suicide. Members stated that the idea of joining the group caused anxiety, because they had not known what to expect. However, despite this discomfort, members had made a commitment to the group. One reason for this commitment had been that they wanted a safe place in the face of suicide and to find ways to better cope.

Tammy: I don't really have anyone to talk to about this. I just wanted to be able to talk about it and hopefully gain some skills, so I can cope with it. I mean it's been four years, but it feels like it was yesterday.

Interestingly, they all wanted to challenge the discourses around suicide; not only to un-silence and un-stigmatize suicide, but also to discover discourse possibilities that would be more helpful to the bereaved in the future.
Fritz: It's just something that I don't want others to have to experience. So when this opportunity came up, it was important for me to be able to un-taboo the topic.

Some just wanted to be heard and listened to.

Jade: Just getting the opportunity to open up with other people about it and not be judged, makes it worth it for me.

Tammy: Just being able to talk about it is really all I'm excited for . . . and nervous. That's what I'm looking for. Just to be able to discuss it and share stories and get to hear from other people.

We also noted that some of the members had been so impacted by the suicide that they began to take an advocacy stance. All stated that they wanted a different way of talking about and dealing with the very real effects of suicide.

Fritz: If other people aren't comfortable hearing about suicide, I say, “Either get over it or get with the program”, because I'm not going to stop talking about it. It needs to be talked about. People need to know about it. I'm not here to deny my grief in an effort to make somebody else feel okay about things. I hope that we can help them along the way. I want us all to realize that talking about people we care about who have killed themselves is okay- they are still part of our lives.

DeWain: I felt like this was necessary to honor Valentine and make it so it isn't all wasted- that everything she went through wasn't for nothing.
During the group discussions a major theme of reconnecting with or honoring their deceased loved one became a focal point.

Jade: I just want the opportunity to be here and to honor my dad, Gabriel.
Fritz: I'm just grateful to be speaking openly about Neal, how much I love him, and will continue to love him. I want to make sure I express that. We need to experience their humanity as still apart of our lives. So this is an opportunity that is valuable and meaningful.
Tammy: I'm looking at it as a way of honoring my person.
DeWain: I want to honor you and help you by honoring my lover. And I want to try to help everybody. I see it as a chance to honor my love and to give back.

There was a sense of wanting to contribute to something important for future generations. They wanted to contribute to a body of research that would continue on after their participation.

Fritz: I appreciate the academic side of what you're doing, and I know it's important to help other health professionals gain insights and for people to learn how to support folks who are grieving. So I wanted to be a part of that and support this study.
DeWain: This is an opportunity to be recorded. We're all here to help whomever in the future. Somehow, these words will get thrown out into the academic world and maybe they will disburse. It's like a time capsule sent across time and space.
One of the biggest motivations for participating in this group came from wanting to help others.

Renee: A big reason why I wanted to do this is to know that in some way I could be helping others with something that I dealt with. It feels kind of comforting. It's a satisfying feeling.

Morgon: I'm just hoping that through this, maybe in the future, what we're discussing now can help other people deal with the same thing.

Jean: Ultimately, it will help other people to talk about their loss.

Jade: I am glad to have the opportunity to speak on this topic, to be involved, and for the possibility of helping others later.

**Anxiety About Starting the Group**

Despite committing to this project and acknowledging the benefits that could come from it, the group members were all nervous about starting the group. Their responses ranged from dread or worry to anxiety. This mainly had to do with how the anticipation of starting the group had brought up emotions or memories that they believed they had worked through or moved past already.

Renee: There's always days where it will peak. Today was hard, probably because I knew I was coming here, so it's all a little more fresh. It's the anxiety of it all that makes it a little tougher.

Fritz: I sort of dreaded opening up again because it's a lot of energy that has to come out when you're dealing with things that we're dealing with.
For others, there was a fear of the unknown and a fear of opening up to new people they did not yet know. This may have been a product of having been conditioned to keep to themselves regarding this topic, as many members talked about being teased, blamed, shamed, or ridiculed for their experiences.

Morgon: It's the anxiety of knowing that we're coming here, not knowing anybody, and bringing up some old memories. That's been a little rough.

Jade: The anxiety of coming in here was stressful, but it's still exciting.

Fritz: I think it's important to address that and just say that out loud, because it is anxiety. As we start this, it could be great but it could also be hard and uncomfortable and we don't really know.

Another reason that starting and participating in the group was difficult was because they were unsure of what we were going to talk about. At the first session, however, we addressed the idea that relationships do not have to die when the loved one dies. The group members seemed very interested in the idea, but were unsure exactly how it would unfold in their unique circumstances.

Renee: It's sad but I'm happy to talk. I'm just remembering Ezra. Also, I'm really excited and interested in this take on the grieving process. I’m really excited to go about that and see it in a different way.

DeWain: This is what actually drew me into this idea -this new paradigm. It's kind of interesting to me, because instead of focusing on the loss, we focus on the life and reconnecting with that.
Along each step of the way, we encountered mixed emotions. We discovered that members were trying to make sense of their complicated and somewhat contradictory feelings.

Tammy: I am excited to go with it and see what happens. At the same time, it's obviously hard to talk about Bobby. But it's necessary. DeWain: This is where the complexity lies. I don't know if this is the correct word . . . *dichromatic emotions*? It is not one or the other, it's both equally.

Relating to others and having them understand was an area of mixed emotions for the group members. There was joy with finding companions but sadness for the commonality of their sorrow.

Jade: I'm glad to be here. It's unfortunate, of course, being involved in something with other people who understand. It's not something you want to relate to others about, but it's kind of nice to know that you're not alone. Fritz: I walked in the room, not knowing anyone. I knew we all shared a similar experience. On one hand, that was good. But knowing that we're going to be talking about this awfully hard subject, my first empathetic thought was, "I'm so sorry you [other group members] have to go through this". I get it. And I really do hope that it will be helpful. Renee: For me, it's kind of hard because I feel like I'm a very empathetic person. I feel like it's a very good quality to have, but to see other people and know . . . just to imagine what their pain must have been like is hard.
Acknowledging the Painful Memories

It became evident that acknowledging the “difficult emotions” was going to be just as necessary and therapeutic as offering an alternative way to view death and their relationship with their loved one. We provided space to discuss the painful memories, while highlighting the helpful ones. In this, the group members seemed to come together, and make a commitment to one another and the group process. It demonstrates that grief is relational, not an individual process.

Renee: I feel like it's up to us. The topics that make people uncomfortable are usually the ones that need the most talking about. They are the ones that need the most reform. It's good that we're acknowledging it's uncomfortable, but we have to get past that. We have work to do.

Jade: Because it needs to be done. It has to start somewhere.

We needed to negotiate a flow between re-membering conversations and acknowledging the trauma associated with suicide. We took care to not create trauma by overly focusing on the details of death, but also the details were germane to why we were gathered in a group. As it is with suicide, the story of the death is often the first story told which often gets recapitulated. We found this to be evident during the group process as well. We did not want to stop this nor reify it, but rather, give it acknowledgment and to be able to create something in addition to the death story.
Krystal: I'm assuming that you had an idea in mind about what you hoped to get out of this process and what you hoped would come from it? I would be really interested to know your take on that.

Tammy: I just kind of wanted . . . I've never been to any kind of therapy before. I don't really have anyone to talk to about it. Unfortunately, it was my friend who committed suicide. It feels like it was yesterday.

The excerpt above was taken approximately fourteen minutes into the first session. It represented the first exchange between a facilitator and a group member, during which the mode of death was mentioned very quickly. It was the first story that she told about her deceased loved one. It seemed difficult for her to answer the question regarding her hopes for the process, without first mentioning the suicide. We recognized the need to address this particular elephant in the room. We wanted to acknowledge the pain and trauma associated with this particular kind of death, but without asking directly about the details of the death. We wondered whether the group members would have an easier time re-membering the positive aspects of their relationship once the painful aspects had been heard and acknowledged. This was particularly important, because the researchers did not want to unintentionally perpetuate the silencing experience of people’s stories, voices or their loved one’s legacy.

**Making Sense of the Suicide**

Coming into the group, most members had reflected on the death itself and had tried to make sense of it in relation to what they knew of their loved one.
This proved to be a particularly painful process, as members were trying to assimilate what they knew to be true of their loved one (their values, character and so on), in accordance with the fact that they chose this mode of death.

DeWain: I remember looking at the face of this person that I loved and that I traveled across country for. It was like the vessel was there but the person wasn't. The heart was still beating, but Valentine was just sort of a retreating negative. “How are you the person that I loved this whole time and what happened to you? Where did you go? You are a shadow.” I was so lost by this recession. What happened to the person that I knew? Jean: She was in a really bad accident, and she changed. She had been on medication that made her worse. She was definitely not herself.

It seemed the members all had come to understand, at least to some degree, that their loved ones were in immense pain. Acknowledging their loved one’s pain seemed to help the members make more sense of the mode of death. This was an important theme, as it spoke to the importance of acknowledging not only the group members’ pain, but the pain of their loved ones as well.

Jean: Towards the end, she didn’t think much of herself at all. I think she thought she couldn’t do it anymore; that she was not good enough to live. DeWain: These pictures, to me, speak to the potency of the hardship that Valentine must’ve been going through.
Although they all seemed to agree that their loved ones were in pain, they remarked feeling guilty for still wanting them alive or for wanting a continued relationship with them.

Renee: Ezra was in so much pain . . . I do not want to make anyone here mad, but I just feel like if he was in so much pain, who am I to say? I don't want him to feel how he was feeling, but I feel selfish for wanting him back. Because if he was suffering . . . I just feel like I shouldn't want him back if it was painful for him to be here.

Jean: If they're hurting so bad, then who are we to say one way or the other? But I miss her and I don't want her to be gone.

Members seemed to acknowledge that after being impacted by suicide, their lives would be forever changed. It would never feel the same as when their loved ones were still alive.

Tammy: I don't think any of us will ever feel like we are at a ten again.

Never going to happen.

Fritz: I think it's unrealistic to think that everything is going to be great. I kind of think it's like when you blow up a balloon. When you let the air out, it's never going to be the same.

Some of the most painful memories existed around the idea that the members should have or could have prevented the act.

Tammy: After all these years, I'm thinking that he was reaching out.

Bobby needed somebody. He wanted me to be there any way I could be
there. I wonder if it could have been different, if I had been there. Or maybe it would have just pushed it back a day or a week or whenever.

DeWain: One thing my mother told me was, ‘It’s not your fault. You couldn’t have stopped this”, which was helpful. It was also hard because I believe that I could have. Emotionally, I believe that I could’ve helped or I could’ve stopped it. Intellectually, I understand that I could not have, but these are two different things.

There appeared to be a constant struggle between feeling they could have prevented their loved one’s death and rationally understanding that they could not have. This was particularly painful for each of the members.

Jean: My mother also passed away. But that was easier to deal with than the suicide. It wasn't something I could do anything about. I couldn't make her younger or make her well.

DeWain: You couldn't do anything about Kitty taking her own life either.

Jean: No, but you feel like you can.

Holidays, birthdays and anniversaries of their loved one’s death proved to be especially difficult for group members. Discourses around death promote the idea that death date anniversaries should be more meaningful than other dates, even birthdays. One thing we did not anticipate in starting the group was that members would be experiencing heightened anxiety because their loved one’s death date had either recently passed, or was coming up.
Morgon:  The date of Thomas’ death was about a month ago. That was a little rough. That probably brought me down a little.

One member noted that the group meetings coincided with her niece’s death date anniversary. The following quotes reflect the level of anxiety as the date approached, and subsequent heightened anxiety even after the date had passed.

Jean:  It's been two years. On a scale from one to ten, I'm feeling about a four right now, because I know the anniversary is coming up next month.

Jean:  The anniversary of her death was a week ago. Coming here was like falling on gravel with my knee. It just shredded a little bit. But I am glad I came.

For some, starting the group around the winter holiday was particularly poignant.

Fritz:  I think the holidays are a tough time for us. As I am checking off the gift list, I still consciously remind myself that Neal is gone. It's been nine years now. It's not that I ever felt wonderful that he killed himself, but as far as my emotional response, right now it’s particularly tough.

Two group members derived unique meanings around birthdays, both their loved one’s and their own.

DeWain:  The holidays were not a big deal for us. It was more Valentine’s birthday. I definitely have a drop or fallout around then.

Jade:  My dad passed five days after my birthday. Christmas and the holidays are easier than thinking, “My birthday is coming up.” I’m only as
excited as I can be before another birthday- it's another year since I lost my father.

The researchers responded to these revelations by facing the discomfort with them. Members also revealed how being affected by this experience had the potential for positive outcomes. They were changed indefinitely, but some managed to focus on how they had been changed for the better.

Fritz: Coming through the tough stuff that we dealt with, like the suicide of people we love, makes us stronger in different ways. It's a life-changing thing. We've all been through this piece of our lives. This has really changed us. And I think it can change us for good in many ways.

Jade: It's all I have grown up with and all I have known. I feel like I had to do something. If I am going to live with this, I'm not going to let it eat me up inside. There has to be something good about this.

Agency and Resistance Against Silencing

Most members had come in to the group already having taken a stance of protest against some of the dominant discourses around suicide. Each had derived a special meaning, albeit they did not feel comfortable speaking freely about it at first.

DeWain: This is not something I would typically run around saying. I was waiting for it to actually reveal itself during the group process. Sometimes, as a devil’s advocate, you have to wonder if this is their . . . what I'm trying to say is that this [the suicide] is their sovereign choice.
Renee: If he had to do it, he had to do it. But I would never say that outside of this group.

As previously mentioned, standing against or challenging dominant discourses can be particularly difficult when the unique meanings people derive fall outside of the norm; outside of the ways in which people normally talk about suicide. The group members were tentative regarding these unique messages at first. As the group continued, they became more assertive in their unique meanings, particularly when they found that they were in like-minded company.

Several group members had recently taken active stands against the messages regarding suicide in their personal or academic lives, particularly the discourse that would try to silence or shame them. One member talked about a recent change in a friendship, wherein opening up about the effects of suicide had had positive effects. It had brought them closer and had given them a deeper understanding of one another. It also spoke to their discomfort knowing that talking openly about their experiences can make others feel awkward.

Jade: A month ago I got really close with one of my friends that I wasn't particularly close with before. She and I had a really good heart-to-heart about our own pasts. I told her about my thing and I was really excited.

In other cases, members had found themselves enraged by people’s insensitive comments regarding suicide. They had taken active measures to inform these people that their words carried a heavy effect. These actions were fueled by a desire to stop the perpetuation of this discourse.
Jean: My teacher had us write a notebook entry every week and I wrote a very angry notebook entry that week. There must have been other people in the class of eighty to ninety people that had experienced the same thing. I don't know what the others said about his attitudes or how they were affected, but I told him it wasn't okay to talk about suicide like that. I hope that he learned.

The following passage represents a therapeutic exchange between one member and a researcher regarding the courage it had taken to stand up to her high school coach in regards to his negative comments about suicide. It demonstrates the member’s ability to stand up against unhelpful discourses, despite that being difficult. It also represents how sharing her experiences inevitably invited a closer relationship between them.

Jade: We were killing time before a game . . . I don't even know how we got on the subject but he was being so insensitive about suicide. I told him my story. And afterwards he was just like, “I'm so sorry. I didn't know.” I was thinking to myself, “No you didn't. You didn't take into consideration that this is could be a possibility for somebody”. It's already difficult enough to talk about it, and if you really don't know what you're talking about or if you've never experienced something like that, it's hard to imagine being around somebody who has lived it.

Caryn: I'm wondering if it was hard for you to pull your coach aside? Where did that courage come from?
Jade: Anger. I couldn't get him to stop. A couple of the girls on the team knew because we'd been in school for a long time together. And they just sat there uncomfortably because they were afraid to approach him. I stayed behind and said, “Look, I need to talk to you about this.” It did make us closer because he understood more about what was going on.

Group members were hoping that they could make an impact in the lives of those who did not understand; to advocate on behalf of, enlighten, or teach them what it means to be impacted by suicide.

Jade: I felt it was more or less enlightening for somebody who doesn't understand what it's like to go through something like that.

For others, the refusal to submit to the silencing was not out of anger but a decision to keep the memory alive.

DeWain: I have made a conscious effort not to silence it.

During our third session, one member shared how she was noticing a change in her attitude about hiding the suicide from others. She found herself experiencing the topic of suicide differently throughout the course of the group and this change gave her impetus to respond in new ways.

Jade: A couple of nights ago, I got the chance to tell my other best friend about it. We have been friends for three years and she didn't know. She knew that I was going to counseling but she didn't know what for. It's really nice to talk because I feel like I have more people who understand.
As the sessions progressed, their boldness and desire to talk about their loved ones increased and they stated that they had been seeking opportunities to talk. This may have shifted over time due to building trust with other group members, or finding that they were with like-minded company. They demonstrated a remarkable resilience, not only to the effects of the suicide itself but also to its associated discourses.

Fritz: This is like being at some of the lowest ebbs of our life, and getting through them. We can be in such deep pain, feeling distraught and have such deep grief that we think it may never end. But you live through it anyway. I wouldn't want to try it again to see if I'm resilient in future, but I have at least a sense of confidence. I don't think that's universal. Certainly we all respond in different ways, but for me I'm grateful to still able to keep going. Life is hard sometimes, but it doesn't mean that it's not worthwhile. It doesn't mean that it's not worth going on.

In this resilience lies the seed for deriving and evaluating new meanings made throughout the course of the group. It also provides a path through which, meaningful re-membering conversations can be held.

**Valuing Loved One’s Life**

We were looking for avenues in which we could tie in re-membering conversations with previous discussion regarding suicide. We found openings to do this as soon as the members began talking about how they had come to value their loved one’s life as more important than the events surrounding their death.
Renee: I want to be able to think about Ezra and not just think of his death. I want to be able to look past it, so I can remember other memories and not let that one overpower everything. That's how I will know that some progress has been made.

Renee: I only knew Ezra for two and half years, but I feel like the duration of time is not what matters. We really clicked. There was a real depth in our friendship. It just shows how much I valued the relationship, and his life. And how much I valued him.

Some members took to the idea of a continued relationship and drew upon their experiences to create interesting connections and metaphors regarding the concept of re-membering.

DeWain: We were artists in New York. She comes to LA to go to this grad program. Valentine was dropped into this little community, quickly engages everybody and within two years she had a large following at her wake. And she touched everybody because she was like this beam of energy. But then that snuffs out. And people eventually trickle away. It's like a tree that gets cut down. The roots are still there but the grass eventually grows over it. And those who haven’t see that tree forget that there was ever a tree. So this is an opportunity to acknowledge the roots, and to acknowledge that grass overgrowth.
Fritz: I don't know if you remember *Designing Women* years ago? One of the characters said to the woman he loved, “I would hate to think you stopped loving me just because I died”. I think that was so insightful.

Jade: This is one opportunity to really acknowledge those people. And that's what I want. Because it is very centered around the person. There are a lot of waves that are made and they are very lasting waves that need to be acknowledged just as much of the incident itself.

**Introducing Deceased Loved Ones**

We invited each member of the group to introduce their loved one, and speak to some of their best qualities. We began with simple questions such as, “What was his or her name? What did he or she do for a living? What is one activity you enjoyed doing together?” This was a different way for the bereaved to speak about their loved one. They commented that it was especially nice to remember the good things and not talk about how they died. Every group member was able to elicit descriptions of their loved ones, and qualities about them that were worth remembering. These qualities were elicited through remembering conversations, which focus on these cherished memories.

Jean: My niece loved Hello Kitty. That was thirty years ago, and it’s back. Everywhere I go, I see Hello Kitty and I think of her because she loved it. Her claim to fame was her Cabbage Patch Kid. You know they always have birth certificates? Hers was zero years old. So she thought she had the best of them all. It was very meaningful to her.
Fritz: Some days I laugh a lot, because he was funny. He was a really exceptionally clever, clever person. I laugh about things he did and things he said. I remember him so affectionately.

We continued with questions that required deeper reflection, such as, “Tell us a little bit about his or her character? What did he stand for in life? What was one value of hers that you really appreciate?” They produced beautiful descriptions of the character and life of the deceased, which would have otherwise been lost to the tragic story of the suicide.

Fritz: He was really smart, very smart. But even beyond the intelligence and humor, he had tenderness, compassion and a sense of fairness and equity about him, even from the time he was little. Things were supposed to be fair and right. He was a kid that didn't step away from confrontation when it was necessary. Not that he got in trouble or fights or anything, but he would stand up for others.

DeWain: Valentine had this ability to just fall into a group, engage and make everybody feel like they're the most important, unique, person that she's talked. Everybody was important and unique to her.

As we spoke about each loved one, the stories of their lives began to deepen. One member even used the analogy of a mosaic to describe the beautiful details that made up each individual.
Fritz: If you view the mosaics from far away you get an image of what the person looks like. But when you get close, you see the different components and aspects that make them who they were.

Caryn: They were human.

Fritz: Just like everyone else is human. And the way they died happened to be suicide.

Jean: But it doesn't make them less human.

Re-membering conversations are meant to bring the personality and values of the deceased back into the framework of the life of the bereaved. Often, these characteristics are forgotten and fade after the death. It was our purpose to bring these ideals back to life in order to reinvigorate and strengthen the relationship. When this became an option for them, they produced heartwarming stories about the impact the deceased’s life had on their own.

Fritz: I remember what a kind, very sweet young man he was. He frequently told me how proud he was that I was his dad, and how glad he was that I was happy in my life and my relationship with my partner. We had a wonderful relationship.

Renee: I knew him. I knew the real him. We got close really fast. I think Ezra would like to know that he is still on my mind or I could still find a smile in thinking about him. He would be happy about that. Ezra would see things from every angle. He just valued taking yourself out of your
comfort zone, and just learning and enlightening yourself. That’s something I try to do, for him, and for myself.

Unique meanings around the relationship began to be acknowledged.

Renee: I feel like I did a good job of letting him know that I was a safe place for him. Ezra was gay and his family wasn't okay with it. They were very religious. I was a safe place for him. We had a common belief that people with . . . we called them people with monsters, have a way of finding each other. We just had a lot of similar backgrounds, upbringings and downfalls. I feel like we really bonded over of that. I think his main value was to take a step back and look at all situations, all opinions, all biases, all your prejudices, and critically think about them.

Re-membering is not always easy, but members seemed to appreciate the possibilities that it opened for them; for responding to their loved one’s physical absence.

DeWain: It's always helpful to confront your fears and this is just another fear that would've gotten bigger had I not confronted it. I had not had any what ifs for a while, so maybe I was in a comfort zone. And it was always her that pulled me out of my comfort zone. So is it helpful? Yeah. I had to confront another fear; one that was semi-familiar and one that I was trying to avoid. But at the same time, this is bigger than us in this room. So to respect you, Valentine and myself, I need to go through the process and not ignore these questions.
Fritz: It's been nine years now since Neal died. And some days, I laugh a lot, because he was funny. But then there are other days that I sit and cry. And I hope I never get over that.

The Voice of the Loved One. Re-membering conversations allow the bereaved to keep, and even enhance, the voice of the deceased.

Fritz: It's funny. Today, I was thinking of him as a younger child. I can remember what he sounded like as a little boy, but when I think of him now, or if I have a dream, I hear his voice as an adult. It's very distinctive. I always get a feeling like, “That's Neal.” It's very interesting how those characteristics are unique to him.

Renee: I remember reading this passage. It was one of those instances where the author is saying this much but it could be condensed to this much. And I just heard Ezra's voice saying, “That's dumb”. He was cynical. It kind of makes it fun.

Fritz: I can almost hear his voice saying, “It’s all good. It's all good”.

When asked what their loved one would think of them participating in such a group, during which they were actively trying to re-member, they gave insightful responses.

Jean: I think Kitty would not like it to be about her, but she loved people. She loved groups of people. I think she would be glad for me.

Tammy: He would probably be really excited because it was always about him. Bobby was twenty-four when he passed away. He was a typical
young man who thought he was *everything*. He would get a kick out of it like, “Oh yeah? You're still thinking about me, huh?” He would love it.

Re-membering conversations evoke memory and drives active participation in the daily lives of the bereaved.

Renee: After this group, I'd be washing the dishes or doing something random and Ezra would pop into my mind more than usual. I think that's a good thing.

Sometimes, re-membering does not involve words or voice. In this case, it involved a presence, or images.

DeWain: I see her laughing and smiling. I don't have words for it yet. I don't have a word for Valentine. I don't have her speaking. I have all these little images. She was small, but she was potent. She was infectious. She was powerful. It comes in feelings and pictures.

**Membership.** Conversations around *membership* (as noted in the literature review) were a major focal point of the group. The researchers explained the concept of the *membership club* and how all of our important relationships, whether alive or dead, exist within that club. Although they needed time to reflect on this new way of looking at the relationship, they all came back in subsequent weeks stating that they had been incorporating it into their thoughts about the deceased.
Renee: I like it. It's different. It's just prettier and better. It's just more positive. It takes away from the overwhelming dark cloud that hovers over how we think of a person. It's like little tools in your toolbox to get by later.

Through conversations around membership, the group members highlighted stories about the value of the relationship with their loved one, and subsequently, the value of continuing to hold it close.

Jean: It was a beautiful, close, loving relationship. I was very fortunate to have it. We just shared a different relationship that was special.

Tammy: I only had the pleasure of knowing Bobby for two years, but those two years completely changed my life.

Fritz: We had a wonderful relationship. When he died, I often felt comforted in that. Sometimes when I think of him, I just laugh about stuff that he did. Other times, like today, I miss him so deeply that I just had to sit and cry.

Engaging with the Relationship

Although most members were unfamiliar with re-membering and re-membering rituals, some had already begun taking steps to honor their loved one’s life. These members were valuable to the group process because they provided other members with examples of the benefits of re-membering rituals.

DeWain: This is kind of the artist's mind right now, but it's about actions and small gestures. I still want to do an exhibition of Valentine's work to continue this memorialization, so there isn't a forgotten memory.
Jade: If it were all only darkness, I wouldn't have tattooed his portrait on my thigh. It would just be in a box on the shelf. I wouldn't have pictures all over my bedroom and on my cell phone. I think doing this gives me a relationship with him now. I'm still trying to maintain that relationship.

All members stated a reinvigorated commitment to active re-membering of their loved one. They did not want, and even feared, forgetting aspects of their loved one’s voice, smile, or laugh.

**Re-entry of Relationship.** One of the most uplifting aspects of the group process was learning about the various ways in which the members began to reconnect with their loved ones, once they realized that they did not have to forget and move on. It was also uplifting to see members smile and laugh while talking about their loved one, many of them for the first time since the death.

Prior to the group, one member had put her loved one “on a shelf”. She chose not to think about her niece or talk about the suicide. The following discussion gave light to a reinstatement of the deceased into her life:

Jean: Even at the funeral, it was all about my sister. I think that was the beginning of putting Kitty away. I want to bring her back.

Caryn: Bringing her off the shelf? Is that a way of giving her a new life?

Jean: Uh huh. I think so, because I enjoyed seeing the pictures of her.

Caryn: You had put her on the shelf and now, even though it's painful, is there anticipation in getting to know her again?

Jean: Yes. I think so.
Krystal: What does that mean for you?

Jean: It means I can enjoy her again, I think.

Krystal: What difference does that make in your life?

Jean: It’s like she’s part of the family again.

**New Meanings Discovered.** Throughout immersion into re-membering conversations, many made a new discovery about the significance of the relationship. The members began to declare how strongly they felt about redefining their relationship with their loved ones. They asserted that their loved ones should not be defined by the act of suicide; that the death should not be allowed to masquerade as the only, true, totalizing description of their loved ones. This theme was particularly prevalent.

Jean: She was *someone*. She should not be defined by the act. And she wasn’t just someone to me, but someone in all the ways I knew her. She wasn't just my niece. In a lot of ways, she was my daughter. She was my daughter's friend. She was my husband's niece. She was my daughter's best friend, because they grew up together. She was someone who took care of her little brother and loved him. She was so many things and those things just come out more as we talk about her.

Again, while these claims started out more tentative, their voices grew stronger and more assertive through the course of the group.

Jade: We don't focus on the death, but the life. It is great to be able to remember all of the good things and redefine our loved ones as *people,*
not victims. Even after knowing the darkest parts, I still have him. He is still my angel. He is still the light. He is not defined by what he did.

The same member reflected on the voice of her loved one, and made declarations about her new meanings based on his intentions, and what he would have hoped for. She was incorporating his wishes into her unique meanings.

Jade: It wasn't just a selfish act. It wasn't something that defined them. That is definitely something that he would have preferred.

Krystal: He preferred not to be defined as this man who killed himself?

Jade: Yeah, because I don't think anybody wants to be defined that way.

The Value of Re-membering

As stated throughout this paper, discourses around conventional grief invite people to move on with their life without their loved one. Grief is considered an individual exercise. Social support, which has been shown to be vital for bereavement, is often not emphasized by professionals. Furthermore, omitting the social and relational seems to overlook the context in which most of us live. Members began this group feeling the poignant effects of the loss of a relationship, which had not existed in isolation, but with other family, friends, colleagues and acquaintances. Re-membering conversations encourage and mobilize these kinship relationships and do so in the context of a social support system. Again, this emphasizes that grief is relational.
Caryn: You were able to find meaning in your friend for his support, and in your sons? In that family bond? You were thinking of each other and not just yourself?

Fritz: Yeah, grief is a shared experience for sure. It still is.

Members discussed the value of introducing loved ones in the group setting and the effects this process had on their ability to engage with their loved ones, others in the group, as well as other group members’ loved ones. Notice a tentative shift to the present tense when speaking about deceased loved ones.

Fritz: I was just amazed how intimately I felt I had connected with her through Jean’s description. I think it’s really impressive how you can feel like you know somebody, just by the description of someone who loved them. I don’t know Kitty personally, but I have a sense of who she is and I feel grateful for having met her. It’s just very interesting to hear about people that we don’t know but it feels like we have a connection.

Jean: It feels like I know these people. If I met them on the street I would say, “I know you”. I don’t know about everybody else, but talking about them has made them less people who committed suicide and more the people they actually are.

A re-membering conversation works to actively emphasize relationships whether a person is living or dead. Therefore, the importance of a re-membering conversation is that it reconnects the bereaved with their deceased loved one.

The members seems to appreciate this approach to working with grief.
Fritz: I think the whole process and approach you're taking with narrative therapy, has some really wonderful value to it. To incorporate the stories of people's lives that we care about, and weave those into our lives, creates alternatives for us to hold on to, live by and celebrate. It helps me go away from this with a bit more optimism and freshness about my memories of Neal. It's uplifting and a positive connection, rather than some sort of trying to forget or resolving or putting away. I don't want to do that and never have. I think that's one of the gifts that we have from this re-membering process. There is a real validation and permission. We're finding ways to keep them in our lives.

DeWain: As for the re-membering, I think that this has helped me keep what's good. The concept is helpful. It is a way across the river. There are things that are positive that I want to stay with me and others that I want push away. And this process let me know that's okay.

Jean: This has helped me weave Kitty back into my life in a positive way. It amazes me that every one of us is so different. The way in which each one died is so different. I think it's amazing that all these different ways of dealing with grief can be dealt with in the same place. I don't know if you could do it any other way, in any other place, other than a group like this.

Jade: I think so much grief counseling is about coming to terms with and moving on from loved ones, like the *five stages of grief*. But this isn't like that. This isn't ordinary grief counseling.
**Re-Membering Rituals and Actions.** Some members had already taken to the idea of re-membering rituals before being familiarized with the concept at the outset of the group. But for others, their ability to participate in rituals at all was new, and a direct result of being able to derive new meanings about the relationship.

Jean: I like to put pictures on my binders. I wouldn't have done this before, but I put a picture of Kitty here. It wasn't okay before. It is now.

For some members, more drastic measures were preferred in order to honor their loved one. These actions were often creative and symbolic of the relationship they had when their loved one was alive.

DeWain: I am growing out my hair as a tribute. It's like a subtle performance. At some point, when it's long enough, I'll give it to *Locks of Love*. It will be within the time frame of six years, because that was the total length of our relationship. In my appearance, I still carry Valentine.

DeWain: I have a handful of Valentine's art. Some other people have another handful. I've kind of taken it upon myself, as another way of honoring her, to photograph her artwork and put it on Flickr. I try to connect with all her other friends in New York, San Francisco, San Diego, and wherever else. That way, we all know where her artwork is. One day, I would like to do a little catalog and an exhibition.

Using active re-membering as a mode of self-expression, a few members had tattoos in honor of their loved ones. These were intentionally drawn on
conspicuous places to instigate conversation about their loved one. There was an intentional display demonstrating that their loved one was not forgotten.

Jade: This tattoo is the only portrait that I have. It was the one that I wanted to stand out the most. It's the one that shows most of the time. I wanted to have the invitation for people to ask me, because I want the opportunity to share it - in hopes that, in situations like this, they won't feel alone. It's like an icebreaker, because so many people don't always want to talk about it. It definitely gives me the opportunity to be open about it because now I don't have a choice.

One member found meaning in a ritual developed by his other sons, in memory of their loved one. Again, it demonstrates that grief is not an individual act, but a relational one.

Fritz: They have a ritual on his birthday. They have a birthday party for him every year and we (the parents) are not invited. I don't think I want to know what all goes on there.

Incorporating Memory into Identity. Members began incorporating the memory and perceived wishes of their loved one into their identity. Members also began to see themselves through their deceased loved one’s eyes.

Jean: I think she would say, “It's not your fault, it's not your fault”. She would say, “Don't blame yourself.”

DeWain: She challenged me by saying, “I would respect you more as an artist if you went to grad school”. I felt I needed to step up to the
challenge. Valentine would send out calls for opportunities to participate in lectures for “her aspiring scholar”. I don’t think I ever saw myself like that, but she did. I think she would admire that I continue to rise to the occasion, and that I take chances. I think she recognized my innate compassion and willingness to adventure and try.

The following exchange represents one member appreciating his son’s qualities, and how through reflection he had come to think that perhaps his son had learned some of those qualities from him. This demonstrates a connection to the values of the deceased, and seeing oneself through their loving eyes.

Krystal: If he were sitting with us here in the room, and we asked him what character qualities he would want people to remember about him, what would he would say?

Fritz: Kindness and compassion.

Caryn: What would he say about the qualities that he gained from you?

Fritz: He got those qualities from me. Yes. I think he would say so.

The impact their loved ones had is long lasting and will continue to shape the decisions that the members will make well into the future. The following excerpt is taken from a conversation with a member that had few memories of her father. Because of this, other people’s memories and stories of her father were all she had. But because of a supportive mother and stepfather, who had helped her re-member her father, she has a continued relationship with him nearly seventeen years after his death.
Jade: All that I know are other people's memories. I only know what I've been told. I only have photos and I only have what my mom has told me. I don't have any concrete memories. I only know that he's gone. And I only know what people have told me. I didn't really get the chance to grieve, because I wasn't really there. But that also keeps him with me in everything that I do. My mom remembers it. She has definitive memory of everything happening, but I don't. Everything post that . . . that's all I have. That definitely stays with me more than anything. It's a giant dictation for everything I do as a person. I am going to college and wanting to be well-educated, because that's what he would've wanted. And it opened up seventeen years of a positive relationship. As positive as I can make it. It helps with the relationship I have with my mom also.

Not Erasing the Deceased. Through the course of the group, members spoke about the benefits of actively re-membering their loved one and how that felt better than moving on without them.

Jean: We want to honor them and can talk about them here. As I was looking at pictures, I came to think the same way. She became more a part of me again, because I had just put her away. That's a good thing, to make them part of your life again, to honor them and to talk about them. In addition, these conversations seemed to demonstrate the value behind group members connecting with one another through the stories of their loved ones.
Fritz: It sounds like you've been working at maintaining a relationship with your dad in a way that is positive and loving, when sometimes the messages we get about people who have killed themselves are not so positive and loving. I don't know how you did that, but I admire you for it.

Jean: Jade’s dad Gabriel died so long ago that she doesn't remember him. But look at all the positives that she is bringing out of it. I am just amazed. I look at her and think, “Oh my goodness, you are so strong that you are able to pull this stuff out and make your life better because of it”.

Not erasing loved ones after they die allows for people who have never met the deceased to connect in new and creative ways.

Fritz: I thought about your niece a lot this week. I really feel like I knew her through your description.

Jean: I felt real disappointment that she and your son had not known each other.

Re-membering loved ones allowed for group members to imagine a presence in the room, and to describe how their loved ones would speak to one another if they had been able to meet. These conversations were imaginative and a spontaneous, unexpected product of discussion. It seemed to be helpful for the members to give voice to the deceased in the present.

Fritz: I can see it. Standing right beside her, I see Neal saying, “It’s all good”.

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Jean: I can see him saying that. If they were both sitting there, they probably wouldn't be sitting very long. They would be making some mischief. I appreciate you sharing about Neal because I feel like it helps me connect with Kitty more.

Having a conversation in this way allowed for the deceased to weigh in on the value of the group experience when their voices would have otherwise been silenced at the moment of their death.

Renee: Ezra would have loved this. He would have enjoyed it because he would like how we are looking at suicide in a different light.

Meaning Made Around the Relationship

When members were able to talk about the impact suicide had on their relationship with the deceased and on other family members, they were able to derive special meanings. For one member this meant making a commitment to himself and others that he would never choose suicide.

DeWain: It was someone right next to me, so it was like shrapnel on the face. Because of that, I made this commitment to myself, never by my own hand. That's a commitment to my life.

Another member was touched by the commitment made by his other sons to never have to go through this kind of pain again; they all committed to one another to never choose suicide.

Fritz: I remember the night Neal died, I was up in Idaho. It was a three-hour drive and by the time that I got home, all the other boys had already
had a meeting. They basically committed to each other, “We will not go through this again. You have my word on this, I will never do this”. If they were in trouble, they would try to get help. I thought the bond they had was just really quite impressive and reassuring. The support they offered each other was very meaningful.

**Unique Meanings Made Around Suicide.** Members discussed unique meanings they had individually derived around the death of their loved one, which were typically against the dominant discourses around suicide. A common theme expressed was empathy for and understanding of the deceased.

Jade: He went through some really awful things with his family. It's no wonder he would've been pushed the edge. It was just one thing after another, over a prolonged period of time. Basically his entire life that led to that. I can't imagine going through what he went through. I would probably hate my life as well. I understand the motives and the outcome.

Jade: I was his *second chance* after my sister had been taken away by her mom. It's so hard thinking that I wasn't enough. But then again, I can also see how the prolonged distress would make anything *not enough*.

They started the group by tentatively offering these unique meanings, but as the group continued, they refined their perspective and began to share more openly and vividly. This deep sharing could only be done once trust and understanding was established, and when each member began to feel supported and understood by like-minded people.
Fritz: If someone was having emotional difficulty and really struggling and agonizing over, whatever the issues were . . . whether it was isolation or some form of depression, we don't know what's in somebody's head. But maybe that (suicide) would represent a relief of some sort, or some respite from that pain.

Jade: As I've gotten older, it's become less of, “How could he do this to me?” and more like, “What led to this and what does it really mean?”

Fritz: Neal talked a lot about suicide. His first attempt was nine years before he actually died. He spoke about it a lot. I know it's been hard for people to hear, but I've expressed several times that, in some ways, I really respect him for doing what he felt he needed to do. I don't think that says I don't care about him. I don't think that says I don't miss him or love him, or that I'm not angry that he died.

One member derived a particularly poignant meaning, which was contrary to dominant notions. She had decided that her father’s suicide was actually carefully considered with her best interests in mind. She felt that her father’s decision to die was not selfish, thoughtless, or careless but, in fact, it was an act of love. She spoke to her understanding of how her father must have carefully planned his death with his love for her in mind. That meaning was critical in her ability to not only accept the death, but also continue a relationship with him.

Jade: Suicide seems so sudden and impulsive. But for him it wasn't. He planned it. I think he had me in mind. You don't just go through
something like that and not take into consideration everybody that it's going to involve. Because it's not just that one person dies. It affects so many people. He had to take that into consideration. He intentionally spent my birthday with me. He spent the whole day with me, and then five days later he passed. So he wanted the opportunity to get to spend time with me before this, because he knew it would be his last chance. I think all of that was important to him because he couldn't continue anymore. Which was definitely a personal decision, but he didn't want to completely leave me there on my own either.

Jade: I think he just didn't want me to have to go through any of that, because he was severely troubled. He probably wanted to spend as much time with me as possible without having to subject me to a memory of his being troubled, or of his death. I think that's the definition of selflessness. It was him saying he would rather not be part of my life, then to be a part of it and have me suffer through it. That's why I have a hard time with people who say it selfish.

She stated that she could have either chosen to be a person marked by the suicide of her father, or that she could turn it into motivation to get to know him through others' memory, and continue strengthening her bond with him. She chose the latter.
Carrying the Relationship Forward into the Future. The members expressed a commitment to future planning, carrying their loved one and restoring their memories.

Jean: I see it continuing. I will continue to talk about her with the people that loved her and cared about her. I want to bring her presence into all of our lives. I'm going to ask some of the questions of my husband so we can talk about her. I will focus on the positive. Before, it was all negative.

Fritz: We do have some of his things. That'll be fun to talk about and pass along to his son when the time comes.

DeWain: What qualities of Valentine’s do I want to keep? Trying to be present and compassionate with people. I will try to be physically active. I want to go to a meditation retreat, which is something we would have done together.

Value of the Group Experience

Aside from the benefits of the re-membering conversations, another helpful aspect of the group was the social support they gained from participating. This support may have had the biggest impact, second only to re-membering, on their ability to make sense of the death, re-incorporate their loved one, and reduce pain.

Social Support as Standing Against the Isolation. Early on in the sessions, all members commented on the desire to have safe persons and places to talk about their grief, but had not been able to find such places.
Participating in a group setting allowed them to feel validated in their responses to suicide and their coping abilities, but also feel less alone and isolated. Bonding with the group members was yet another example of intentionally protesting the isolating effects of the discourses around suicide.

Jade: I want people to know that they're not alone in this.

Jean: It's nice to know that other people here understand me.

Jade: Although it's terrible to relate to other people, it's also kind of comforting to be surrounded by people who do understand.

Fritz: I think a good part of this is being with our own humanity. That's what I'm looking for, being with other people who share my humanity.

Tammy: I just need to know I'm not alone in my feelings.

DeWain: Group support makes it so you don't feel so isolated. We are all having our own tragic experience and it helps that we talk about this. As awkward as it can be at times when embarrassed, we are not isolated.

Being Heard, Validated, and Understood. In the first session, it was immediately evident that group members needed to be heard and validated. We continued to do this in subsequent sessions.

Fritz: I find this is validation that we are human beings. We have a sense of optimism that life is what our loved ones mean to us. I find it validating to be with other people with similar pain, who seem to get it. I don't know if it will ever become tolerable, but I think it's helpful for me to feel and to be able to say it out loud. And to get some sort of validation for the way I
view Neal, my relationship with him, and the loss that I feel from his death.

It should be an acknowledgment of the love that I have for him.

Many stated that one of the reasons they had volunteered for the group had been to be able to talk with others who had had a common experience. Although, they had come to a point of recognizing or enduring the silencing, they all wanted a safe place to be heard and understood.

Fritz: I find it very meaningful. I like the idea that we don't have to do something prescribed. We don't have to fit any mold, we just have to be ourselves. I think that's the key. I think it's to acknowledge that people are doing the best they can with what they have to work with.

Morgon: It's like this group lets us know we're not crazy!

During the final session, one of the things they had come to appreciate the most about the experience was being able to go through this process in a group setting. They all appreciated people who were interested in learning about their loved one and actually wanted to understand.

Jade: I really enjoyed being surrounded by people who are in the same boat, and know how it feels.

Fritz: I think it's refreshing to be in place that is safe and comfortable with good-hearted people, who are making an effort to make sense of the craziness of life.

Members particularly appreciated the intimacy of a small group, because they felt they could get to know the members better and build trust easier.
Jean: I don't think it would have been as effective in a very large group. I feel like if there were twenty people out there, I would feel like it wasn't intimate. I would get lost in the crowd. I wouldn't get to know everybody like I have.

DeWain: Small group does help build intimacy. I think that the smaller broken up groups allows that to be more intimate.

One of the benefits of being in small group is conducting activities that allow the group members to learn and heal with each other. This not only highlights the importance of support and being understood, but also the value of group members coming together, learning from one another, and making sense of this kind of death, together.

DeWain: She is helping me learn. She's helping me heal as much as the leaders were helping. We all have agency to help one another.

_Becoming Unsilenced._ One of the most prevalent themes, becoming unsilenced, pointed to a specific benefit of a support group format. However, it also can be attributed to the kinds of questions avoided and the kinds of questions used to facilitate conversation. Re-membersing questions open up space for the unsilencing of group members, not only regarding the effects of suicide, but also of the lives of their loved ones.

Jade: It's been nice just being in this group, being surrounded by people who actually want to hear it. It was really comforting to know that I don't have to be quiet about it anymore.
DeWain: For us to be able to talk about it here, we give it voice. It's not as bad as it was when we were stewing silently. Another example of how becoming unsilenced was helpful was in regards to their loved one’s life, relationships, and stories.

Renee: I enjoyed just being able to talk about him, and hearing everyone’s description of their person. It also opened up possibilities for responding to and including other people. The members appeared to take comfort in becoming bolder in their descriptions in ways that other people in their lives were appreciating and participating in.

Jade: It's given me the chance to talk to people who want to hear about it. This has also made me more open to talking to my friends and my mom about it more. It's also given me the relief of knowing I don't have to go through this alone.

Benefits of the Group

Overall, the group members spoke highly of the benefit of participating in a group. This speaks to not only the value of the group experience, as told by the members, but the therapeutic modality and practice of the group.

Jean: A different perspective is important.

Renee: It’s really nice to have these tools. It's a resource. Definitely. It just showed me another way.

Fritz: I was very pleased with the way things worked.
The members expressed an appreciation for the leadership in terms of support and warmth.

Fritz: I thought your attentiveness to us was warm and supportive. I very much appreciated that. Your sincerity came through and I never felt like I was the guinea pig in the whole process.

The members also expressed a gratitude for the project. Although it had been difficult at times, they expressed feeling better because of it.

Fritz: I really appreciate your doing this. I know it's not easy and I am so grateful that people are willing to be here together and participate. I am grateful that I've been here. I appreciate the opportunity and you making the effort to structure the activity for the folks who are here to share what's important. To me, it's very meaningful.

**Changes as Result of the Group.** The members stated that there was a noticeable reduction in pain as a result of re-membering. Group members regaled the differences made, because they could incorporate their loved ones back into their lives. This was a substantial change for many group members. For one group member the difference was that she began to see her niece as the person she had been before she died, rather than a person who had been totalized by an action she had chosen.

Jean: I had a definite shift. I just felt a whole lot better. It's okay; not that Kitty committed suicide, because I am always going to miss her. But I am more okay with it than before.
Another member commented on how there was a distinctive difference in negative feelings and anxiety when she was around people talking about suicide.

Jade: Normally, when something like that comes up, like the beginning of the monologue, *My Father Died Today* . . . normally things like that make me uncomfortable. But this time it just didn't. I thought, “This is okay”.

Members spoke to how they may continue to have ups and downs, but they were optimistic in their ability to cope with this in the future.

DeWain: I'm handling this cogently and lucidly, and not being torn apart like I was before. I feel very positive and I feel like this has been helpful.

Fritz: I think on any given day, if we take a snapshot, any member might be a little down. But overall, I think we feel like we're making progress.

They spoke to how coming to group was sometimes difficult, due to the effort and energy it required to open up. They often voiced thinking about staying home instead. However, they continued to come back. That was in protest to the discourses impacting upon their lives. It was also in commitment to the group members and leaders. But primarily, they said it was because they knew they would feel better for having come.

Fritz: I'm better off for having been here. So thank you.

Jean: It would have been easier not to come, but I always feel better.

For some members, the difference from the start of the group till the end was life-changing. It demonstrates the value of the approach and its helpfulness in helping members make meaning in their lives.
Jean: When I started this group, I know I was really low. I was feeling like a two. I was having a rough time. If we say that ten is the best I've ever been, then I'm feeling like a ten. This is the best I have ever felt about this situation. I am definitely far beyond what it was. I think it made a huge difference for me.

**Contributions to the Difference.** The members all seemed to appreciate and benefit from the group experience, albeit in different ways. Each needed something specific from the group, and each described positive changes as a result. As previously mentioned, the value of the group counseling experience is a major theme discussed throughout all group sessions. However, the nature of the questions asked in re-membering conversations seemed to open up opportunities for reinvigorated relationships, which the bereaved did expect before beginning the group. It was a major contributor to the positive changes discussed by each group member.

Jean: Before it was all negative, like a black cloud. Even if you can talk about it, you only talk about the black cloud. Now, it's a big relief to me. The cloud is still there, but it shrunk. It's higher up and there is light underneath and around it. There are a lot of positive feelings about her. It's okay to be positive about her and not just see the negative.

Fritz: I think it's very easy to neglect people who are important to us when we are busy. We do that with family and friends who are alive and I think we do it with family and friends who are dead. I have appreciated these
last few weeks having these visits with Neal to refresh that closeness and the appreciation I have for him. I thrive on relationships that are important to me and I want to make sure that that doesn't ever fall through the cracks, especially with him.

DeWain: Before I came to the group, it wasn't that Valentine was forgotten or that I moved on, but she wasn't as prevalent. We were able to, through this group, bring her present and put her back in my pocket. But this time the guilt isn't as bad. It's not as strong as it was before.

Jade: My expectations for the group were above and beyond met. I wasn't sure how I was going to feel in the end, but I definitely feel better. It's still so new but I feel like this group helped a lot of us. If no one else, it really helped me. As we end this group, I am feeling sad that it is ending but thankful that I was able to be apart of it. Also, I feel relief that I was able to make a difference for others in the group, like others did for me.

When asked what they believed contributed to these positive changes, the group members responded poignantly.

Jean: Before, the picture was turned. All I could see was the outline of the big black frame. We've been pulling it forward, little by little, to see that whole mosaic of everything they were. I think the benefit in this group is not only bringing Kitty back and making her part of my life again, but also getting a different perspective on it all, instead of having to just get
over it and move on. After I shared about her, it just seemed like it made it okay for her to just be.

Fritz: It seems we are all freer to speak their name in casual conversation. I hope I never forget people that I love. I don’t want to forget and move on. I want them to be part of my life. Finding ways to laugh or cry about something we did together, it still means something to me - as a way to keep that person close in our lives and our heart. That’s re-membering in a way that is honoring what this person means in my life.

DeWain: It's good because we had a chance to celebrate Valentine and our other loved ones through song and memory. It’s not that she was forgotten, on a shelf, or pushed away, but this is more focused on her memory, our relationship and my experience as a survivor. I feel like this is more focused, like a jackhammer, pulling off the grime.

Jade: It’s given me the chance to talk to people who wanted to hear about it and made me more open to talking to my friends and my mom about it. It’s also a relief to know that I don't have to go through this alone.

To summarize the benefits of the group, we have included a brief letter we received from one group member, Jean, after the cessation of the project. We believe it speaks to the benefits that re-membering conversations offer, when working with people impacted by suicide.

Hi Krystal and Caryn. I just wanted to give you an update on my life and to thank you again for your study. I have found myself thinking of my
niece every so often as I go through the motions of my everyday life since then. Before the study, I had not thought about Kitty at all unless someone brought up the subject. I'm not sure why I had buried her memory. Perhaps it was just too difficult and painful to bring it back. It was as if I had buried her memory when we buried her at the cemetery. Now, however, I will be doing my homework or cleaning house or . . . and she will come to mind. A feeling of joy, peace, and pleasure at having been a part of her life will come to me. I find myself recalling a snippet of memory of something she did, or just of her sunny face and bubbly smile, and it makes me smile. My daughter came up to me a week or so ago and shared another story of her cousin, and we all laughed at the memory. Even though it was very hard, at times, to continue on with the meetings, I am glad that I did. For I now have a piece of my life back to enjoy, as I remember my wonderful niece. Thank you both so much for your kind support through the process of re-membering and celebrating those we have lost, but still love. Sincerely, Jean.
CHAPTER FIVE
DISCUSSION

Summary of Findings

Discussion

We conducted a grief group with the hypothesis that re-membering conversations would help to ameliorate emotional pain caused by the suicide of a loved one. Some findings supported our hypothesis and others offered additional information that we were not anticipating. Overall, the findings were consistent with previous literature and discussions in previous chapters. The group members attested to the benefit of a support group format, stating that it is particularly useful in terms of creating a platform to have open discussions and combatting the effects of isolation. However, the group members also remarked the benefits specifically due to re-membering conversations about their loved ones who died. It is possible that the noted positive results of being in a group cannot be completely separated from the benefits of participating in re-membering conversations. That is because the questions asked specifically sought to reconnect the bereaved with loved ones, living and deceased, as well as to form new connections with other group members and their deceased loved ones. Intentionally seeking to expand one’s circle of support would yield benefits, which include: unsilencing, being understood, validated and breaking from isolation.
The benefits of such a group, as quoted directly from the members, are quite clear in terms of data. However, it is suggested that the data be read as the kinds of changes made in the lives of the bereaved, as opposed to the degree to which these changes took place. It is also important to consider what the members stated contributed to such a change - social support (which is consistently found across other studies to be a key element of the amelioration of pain), and re-membering conversations in particular. Research shows that reduced symptoms of grief are related to the social interaction and being able to share one’s thoughts and feelings with others who have experienced a similar event. In most literature cited, this appears to be the most consistent benefit, suggesting that social support is more helpful than any specific counseling orientation chosen. However, there is growing evidence in the literature that re-membering conversations offer a distinctive paradigm through which one acknowledges death, makes meaning around it, and reinvigorates the relationship with the deceased. Although it may be argued that it was the group dynamic which was responsible for the stated reduction of pain, the tool we used in the group was a re-membering conversation and the benefits of such should not be minimized.

According to the members (directly quoted in the previous chapter), their pain was significantly reduced. This was due, in part, to being heard and supported. But also, this had to do with being able to reconnect with their loved one through seeing them and the death through a new perspective. Re-
membering conversations allowed them to make sense of the death, make meaning around the relationship, and express a value for their loved one’s life and voice. It also helped them discover or renew the significance around the relationship. These two benefits were seen in all members with varying meanings for each member. That said, this is a unique benefit of a re-membering conversation. Group members could redefine the relationship with their loved one with more information; they remembered the beauty and complexity of their loved one, rather than having to make meaning solely based on the tragic story of the death. So then, it is our analysis that all findings should be seen through these lenses.

Group Process. At our initial meeting, the members did not know what theoretical form of counseling the group was offering, only that the recruitment letter stated that the group would be “based on narrative lines of inquiry and re-membering practices… to assist those who are negatively affected by suicide, to find places of connection with the deceased and those that are still living”. The researchers purposefully did not disclose what the counseling assumptions were beforehand, because they wanted members to remain as unbiased as possible. We were interested in being introduced to the members’ deceased loved one through story, memory, and meaning. We started with introductions of the deceased in this group, because doing so brings the story of life into the room. We were able to get a fuller understanding of who the deceased person was to each of the group members and were able to listen for potential bridges where
the dead might have a future with the living. In addition, starting with introductions allowed us to listen for places of concern where the relationship might need to be downgraded. It also can serve as a guide to inform members how to offer appropriate responses to the other bereaved persons, in the group or otherwise.

Questions were asked about who the deceased was when they were alive, how they had met, what was special about their relationship, and what they had enjoyed doing together. Members shared about the lives of the deceased person as stories were told through their deceased loved one’s eyes. Example questions included:

- What support would he give you during this time?
- What would she say is your strength?
- How could he know that you are doing better?

The emphasis was to bring forward the loved one’s voice regarding what he or she would have said, thought, felt, or wanted. Subjunctive questions allow the voice of the deceased to be brought forward. These questions are typically open-ended, allowing for individual meaning, as well as deeper reflection. This seemed to be crucial in counseling people impacted by suicide.

Most of the members were unfamiliar with these practices before joining the group. We found that most people are concerned about the pain of grief. This often keeps people away from grief groups or counseling. They may assume that it will only be sad and full of tears. We found this concern was
present at our first meeting as well, although the desire to connect and to unsilence suicide was a powerful enough motivation to attend, despite the discomfort of the unknown. Almost immediately, members began to feel comfortable in this new paradigm. On several occasions, they appeared taken aback by questions which seemed odd to them, because they had never before been asked questions of this nature. Often, they paused to reflect after questions, and appeared to appreciate the direction the conversations were taking them. It was evident at the initial session that every person, relationship, mode of death, and time since death was unique. Although each of the deceased and bereaved were different, all came together because of a shared similar experience through having an important relationship end suddenly. Because of this, the conversations were not always easy, as they brought up mixed emotions of joy and sadness; joy in connecting with other group members was evident, as was a deep empathetic sorrow for others in the group for having experienced this kind of death. Ultimately, we found that the members wanted to reconnect with their loved ones. It became evident that there was a joy and intrigue in the group members at the possibility of this renewal.

In many ways this project resembled a case study. Case studies are in-depth observations examining a specific subject, individual, or group. Conversations were prompted by research questions but then the group was able to veer from that path in retelling their stories. As group facilitators, we guided, and at times blocked conversations we or other members deemed
unhelpful. But for the most part, members directed conversations. Additionally, the project was dual in nature, being both a research project and a counseling group. This duality complicated both the research and counseling process. Attempting to isolate the two is a consideration for future research.

To safeguard against possible bias, we were open about our personal connections to the topic. In a qualitative project, which is by nature more subjective than a quantitative project, the possibility for contamination is reduced by transparency and supervision. We were open about this process. We both had been impacted by suicide and had a personal interest in the project. As the sessions progressed, at times we led by demonstrating examples of how suicide had impacted us or how we had been able to reconnect with our loved one. This leading by example may have biased the results. However, the researchers felt this risk was less important in the broader context, considering all members had expressed that having someone who knew (was experienced, and not just empathetic toward survivors), was key in how they were able to open up and share their thoughts and feelings. This commonality of experience was mentioned many times during the sessions and the researchers felt that the data would be significantly different had the researchers not had this personal interest. Rather than contaminating the research data, the shared experiences seem to enhance the therapeutic value for the group members.

**Project Goals.** This project posited that re-membering conversation would be the agent of change via reconnecting the bereaved with the deceased. Data
analysis revealed a few findings. Firstly, all members expressed an altruistic desire of wanting to help others without regard to personal discomfort or payback of some sort. Members preemptively commented how they were afraid of the pain that might be manifest by discussing suicide, but they also had a commitment to the betterment of others’ lives. They expressed that were willing to go through this projected pain so that future bereaved persons would not have to suffer as they had suffered.

Another research goal was to help increase effective and accessible meaning about the lives of the deceased, rather than to simply forget that their lives had mattered. All group members stated that they had a sense of reconnection with their loved ones, which they had not previously had or had not previously felt allowed to have. Data indicated that members felt more connected to their loved one after the sessions, which seemed directly related to the re-membering conversations aspect of the group experience. Helping group members reconnect by looking at the values and influence of the deceased reestablished a sense of the relationship as standing for something important rather than only living in the past. For many group members, this was a new way of thinking. Discovering what their loved one valued, wanted remembered, or would say in certain situations was an element that helped members re-connect and make meaning of their loved one’s life. It appeared, based on group members’ responses, that the two most important factors in amelioration of pain included the derivation of unique meanings associated with the life and death of
their loved one and a reconnected relationship with their deceased. These two factors were direct products of the re-membering conversations’ use of subjunctive questions and unique framing of the questions.

We did not directly inquire about the exact circumstances of the death, although the members were free to share anything, including mode of death, if they chose to reveal it. Interestingly, no one felt the need to disclose this information during the course of a re-membering conversation. This speaks to the value of re-membering as life-affirming, rather than a part of the dominant discourses, which promote the retelling of the death story, and the silencing of life stories. We spent the first two sessions fully acknowledging their loved one’s death by suicide and the pain that had caused. As suggested in the literature, death by suicide causes unique bereavement reactions that can often be quite different than expected or non-violent death. Trauma can be the result of these reactions, because the circumstances around the death can often be violent and shocking. Oftentimes, when one has been through a traumatic event, there is a need to be validated with empathy and understanding. Because suicide is already a silencing agent, the researchers were aware of the need to listen for glimpses of the desire-to-be-heard and to open up space for discussion. In the end, it was decided to address the topic of suicide head-on, yet delicately, while allowing the members to lead the conversation.

We did not intentionally begin any topic that the members did not initiate themselves. However, we did not shy away from topics either. By the time we
began re-membering, members were easily encouraged to talk about the life of their loved one and seemed to take comfort in that. We wondered if members experienced more comfort in being heard and validated prior to a re-membering conversation, rather than if we had focused on re-membering before acknowledging their pain. This distinction may be worthy of further study.

**Discourse.** Discourse and cultural standards around death and suicide dictate how the bereaved should feel and behave when a loved one dies, particularly when it is by suicide. One purpose of this project was, in part, to shed light on these discourses and to open up a forum wherein group members could speak freely about their unique experiences. According to the members, these discourses become incessant, often to the bereaved’s detriment. The silencing nature of suicide is a self-perpetuating discourse. One doesn’t feel one can talk about suicide, therefore, it is not a subject that is openly discussed. Since suicide is not openly discussed, the bereaved do not talk about suicide. The taboo nature of suicide came up in many sessions, but not as an overt discussion topic. Members expressed they had suffered a great deal of emotional pain due to these discourses. Vigilance in not talking about suicide became an act of self-preservation from the negative messages and discourses around suicide. The silencing also acted as a medium of peace among people who were uncomfortable talking about suicide; don’t ask, don’t tell. Also, in order to maintain the relationship to the one that chose this death, the members chose
not to talk about the person in order to protect them from unfriendly or misguided comments.

Conventional bereavement models seem to operate under the assumption that at the moment of death, the bereaved are to act as though the deceased had little impact on their life, and therefore, move on. However, this is difficult for most people to accomplish, because these were important relationships for months, years, or even decades. In many ways, conventional grief work assumes that after predetermined amount of sufficient time, or upon the completion of tasks, life should continue unaffected by and/or silencing of that relationship. However, for most bereaved, even years after the death, grief and isolation remain. Interestingly enough, time passed since death was not as important of an aspect in the current project as the relationships that had existed. Some of the members were within the first year or two of the death and other’s deaths had been many years earlier.

The restorative effect of re-membering did not seem to be dependent upon a longer or shorter time since the death of the person. Having known each other well was not a prerequisite for this kind of conversation, nor was time past since the death, or time spent having known each other. Although conventional discourses ruminate on the mode of suicide, this was not important in the re-membering conversations. Rather, the focus was on visibilizing the invisibilized, which spoke to the sense of life and a renewed, preferred relationship. The members wanted to reconnect with their loved ones, remembering the love and
laughter of the relationship. These stories were strengthened through the witnessing of the other group members.

**Effects**

Common themes were selected out for their prominence across all group members. These included the effects of the suicide itself, as well as the associated discourses around suicide: isolation, silencing, shame, and blame, among others. The graduate student researchers felt that the effects of suicide and its associated discourses needed to be unsilenced, before moving forward with a re-membering conversation. The two research foci (acknowledging and validating the effects of suicide and re-membering) were at times difficult to balance, because they are somewhat contradictory in theoretical orientation and assumption. However, we were intentional to weave them back and forth throughout the course of the five sessions.

**Group Experience.** We found that shame and blame added to a sense of guilt for their inability to prevent the act. Members internalized and ruminated over these actions and believed there was something wrong with them, something worthy of self-hatred, due to not being able to stop their loved ones from making this choice. This theme was common, regardless of the nature of the relationship with the deceased, how long they had known the deceased, or the degree of closeness. All group members expressed a sense of shame, which was perpetuated by messages they had been told by others and had come to believe were true. Because of this shame, all members stated that their
commitment to the project was more important than any discomfort they felt, so that others would not feel the shame, blame, isolation, and silencing they had experienced. They felt this could only come to fruition if awareness of suicide was increased and the taboo of suicide was decreased. They all felt that participation in a research project would help others to speak more openly about suicide, thereby reducing silencing and shame.

Furthermore, social isolation can make it difficult to seek out much needed social support. Research shows that social support is a healing agent during bereavement. Support can come from many sources, including family, friends, support groups, church, and individual, family, or group counseling. The graduate student researchers found that the members had very few, if any, social resources. They also had few avenues to talk about their loved ones or the relationships they had with them. Although some members had an existing relationship with the deceased, the members said they still gained benefit by knowing others with like experiences, who understood what they were feeling. This gave them agency to speak up about their loved one when they previously would have been silenced.

One particularly helpful aspect was that the leaders had personal experience of the feelings associated with having a loved one die by suicide. The members stated that this was an important difference in this group as compared to other friendship conversations. Members needed to know that we shared this bond with them. Conventional grief work focuses on bereavement as
an individual task. The data reflects the benefits of a support group in general, but we argue that it may also point to the value of re-membering conversations in a group counseling setting. This certainly includes being able to openly speak about their loved one to people who will listen.

Data collected from the group also indicated that members’ pain from being silenced was reduced by participating in the group. This may be due to the bonds that are formed in an intimate group when members share similar experiences or are able to discuss a delicate subject. However, it was specific re-membering questions that were posed to enable members to open up and talk about the silencing. Members felt safe to share whatever they wanted to say without the fear of judgment or criticism, which was an unusual experience for each of the members. They said that they knew they were in a safe place with people who knew what they were talking about; who got it. When members were able to speak freely, they helped others gain their own voice. Their advocacy for others revealed an agency that had previously been silenced. This agency began to take on new life with every active vocalization about their loved one, suicide, or the effects of suicide. The group members were healing each other instead of the graduate student researchers healing them. This showed a level of commitment, friendship, and support for one another that they had previously seldom received.

Re-membering. The questions asked in a re-membering conversation focus on the life of the deceased, so the details around the death were not a
required part of the conversation. As we intentionally framed questions about the meaning of the relationships, as opposed to the death story, members began to consider this new possibility during and outside of the sessions. There were members who had chosen to place their loved one “on a shelf” so as to not experience the pain of the suicide and their grief in missing them. These members also experienced a shift in attitude as we talked about meanings and values of their loved ones. Being able to support members’ agency in reconnecting with their loved one was a remarkably gratifying experience.

In session four, we thought the members would benefit from talking in two person dyads, which would facilitate a more intimate conversation than a group discussion. We prepared specific re-membering questions to help keep the members focused. However, without our guidance, we found that the members fell back into the conventional discourse of mode of death, recounting some gruesome details of the violent nature of the death. This discussion was not wrong or incorrect, but it was not reconnecting of the life of the person. The unaided conversations could have helped to perpetuate and strengthen the death story, and silence the living relationship story. This perhaps speaks to the power of the dominant discourse about what people expect to speak about in such a setting. We redirected the dyads towards a re-membering conversation, while validating their need to share these details. In hindsight, we wondered whether the members truly had a need to share the death story before moving forward, or
whether they were falling back into an established habit of speaking of the mode and details of the suicide.

At times, the conversation was filled with graphic images, like that of being “penetrated by shrapnel” or “living with dismembered limbs”. These responses were not only in regard to their loved one’s suicide, but also when others would speak about suicide. All other descriptions and stories of being a brother, lover, student, artist, or friend were diminished. The memories of laughter, favorite foods, intimate moments, and deep conversations were erased by the discourse of the moment of death and the resulting fossilized identity.

In order to help reconnect the bereaved with the deceased, we offered an analogy used in re-membering conversations, that of a membership club of life. This description was adapted from the work of Myerhoff (1978), White (1989) and Hedtke and Winslade (2004). We explained that some people are very close to us and others are not. Those closest to us are maintained in the life-long membership club of our life. A visual representation might look like concentric rings flowing outward from the center, which represents the group member at the center. Each ring represents the relative closeness of the relationship. The first ring may include best friends, partners or close familial relationships. The second may ring may include other family members. The fifth ring may include work colleagues. The tenth ring may include the mailman, and so on. Many times in death, the deceased lose their place in one’s membership club and are relegated to many rings distantly away, instead of their former place, which may
have been much closer. It is as if death mandates their membership to be revoked. In the case of suicide, the effects of silencing place the deceased far beyond the closest inner circles. This is because suicide is isolating and silencing. Within a re-membering conversation, the member is given the choice as to where he or she wants to place the memory and the importance of their loved one. Death does not require removal from one’s membership club. Relationships vary and can be fluid, moving from a closer ring to one further out, if the bereaved should so desire. For example, the voice of a lover may be moved closer in proximity to the bereaved, while the voice of a discouraging or abusive family member can be moved farther away. The bereaved decides which voices and values are to be privileged and nurtured. This analogy appeared to be meaningful for the group members, as they assimilated this construct within their pre-existing views of death.

Therapeutic Letters. A major component of this project involved providing each member with therapeutic letters as a token of our time together. These documents were provided twice; once in the fourth session, when group members wrote to each other and once in the final session, when the graduate student researchers wrote to each of the group members. These letters stand as moral documents to be used as resources for living (Myerhoff, 2010) and memorializations of the deceased. In the fourth session, the group worked in pairs and conducted their own re-membering conversations. Afterwards, they each wrote their partner a letter regarding the experience of having been
introduced to their loved one. Each member was given questions to guide their
letter writing (See appendix J).

Interestingly, each member chose not to read their letters until they arrived
home. They all expressed a need for privacy regarding this personal gift. At the
start of the fifth and final session, we asked questions regarding their reflections
of the letters. They all stated that it was valuable and could be used as a future
resource, because they were a testament to the values and life of their loved
one. This is similar to a concept discussed by White (2007) regarding transport.
This refers to how we have been moved as a result of being a witness to
another’s story. It’s not about accessing member change, but where the witness
has travelled as a result of listening to another’s story. Therapeutic documents
create a tangible acknowledgment of the power of transport.

In the final session, we presented each member with a therapeutic letter.
It was co-written by both researchers and spoke to how we had been personally
impacted by knowing the members and their loved ones. We were interested in
the effects of receiving such a letter and the perceived value of a memorializing
document. In addition, it was important for us to share that we too had been
moved as a result of their participation. For the purposes of confidentiality, the
attached letters (see appendix L) are void of all identifying information. It was
important to acknowledge the members’ responses to these letters. This data is
included here, as opposed to the previous chapter, because it really speaks to
the value of therapeutic documents as a bereavement counseling tool,
particularly when working with survivors of suicide. The following are members’ responses to their letters:

DeWain: It’s nice. It’s special. She’s here with us, definitely. I can hear, feel and see her as you were describing her in that letter. I kind of want to share this with her Facebook page. It has become a memorial site, so people periodically stop by on birthdays and special days. I feel like sharing this with those people just to show that she’s not forgotten. It’s really exciting because I know some people in Poland or in New York that have deep love for Valentine, and would appreciate this whole thing that were doing here. I think it’s nice. It’s special.

Jean: Very, very special. Thank you. That was wonderful, and I will be asking myself the questions you posed for a while. I think the letter will expand a little bit. It will give me the chance to continue to grow and keep Kitty in my life. I will keep mine with me in my purse and read it a number of times. It was very helpful.

Fritz: I found your statements and opinions validating of how I feel about him. Yeah, I thought it was helpful. Very helpful. That will go in my, “go back and look at it now and then” file. I think this may be a way for us to tell our loved ones, “We do, honor you, we do care about you, we do love you, and we do celebrate who you are.” It was helpful.
Renee: It was a good letter to have. I will read it and answer the questions. And in a month, I will answer them again, but probably in a different way, as I continue to grow from this experience.

**Overall Member Benefits**

Each member derived individual meaning from the group experience and therefore spoke to different benefits of the group. While major themes were consistent across all group members (benefits of the social support and re-membering), each member took something different away from the group. We will speak to these individual meanings in general as a means of demonstrating the value each member derived from participating.

One member, Fritz, came in with a general understanding of re-membering from his own studies. He understood the concepts of dominant discourses and membership clubs. He had a stated a general protest of these conventional discourses, and a commitment to honoring his son, Neal. He was an asset to the group in terms of demonstrating examples of re-membering and deriving individual meaning. His presence made it easier for other members to speak up about their individual meanings. What he got out of the group experience is a self-reported, reinvigorated appreciation for his son and being able to share his life with other members. He also seemed to deeply appreciate learning about group members and their loved ones, through the eyes of the members’ deceased. Finally, he expressed a sincere appreciation for the academic and professional side of what we were hoping to accomplish.
Two members, DeWain and Jade were already exploring interesting and creative re-membering rituals. DeWain was growing out his hair in tribute for his lover, Valentine. He also hoped to compile her work and pay homage to her through exhibition and art catalogue. He had been working with another counselor who mainly focused on his progression through stages. The benefit he stated receiving is that individual counseling is more “DeWain focused,” while this experience was more “Valentine focused,” which he appreciated. He also benefitted from the concept of membership, wherein he was able to separate the memories of his loved one into memories he wanted to keep close, and those he wanted to “process out”.

Jade had no memories of her father, Gabriel, because he had passed away when she had been very young. Her entire relationship with him was based on others’ memories. Although unfamiliar with re-membering conversations, she was already expert at reinvigorating relationship through story, memory, ritual and action, and had the tattoos to prove it. The most beneficial aspect of this group for her was being unsilenced; being able to share her love for her father with her friends and family members, in a way she had never felt comfortable doing before. She derived a very special, and provocative meaning; that her father’s death was not selfish, but in fact, an intentional, cognizant, act of love.

Two members, Tammy and Renee, had completely put their loved ones, Bobby and Ezra, out of their minds before this group. They started feeling like
they were going to forget their smile, laugh or embrace. Both stated that the biggest benefit of the group was beginning to think about their friends more frequently and finding places for their voice to exist in their daily lives. While the group experience was particularly impactful, because they connected with one another through stories of similar loved ones, the act of re-membering is what made the difference in their lives.

Finally, Jean seemed to have the most dramatic transformation through the course of the group. She had been publicly humiliated and blamed for the death of her niece, Kitty, by the pastor at the funeral reception. She described feeling as though she “put Kitty on a shelf” and kept her out of her mind. She stated she had never spoken about the suicide or Kitty, unless coerced. Through the course of the group, she began to talk about Kitty with other loved ones, pulled pictures out, laughed at old memories, and attached an image of Kitty to her school binder (as a daily reminder). She had effectively taken Kitty “off the shelf” and made her “part of the family again”. She also described having made the unique meaning that Kitty was not someone to be totalized by the way in which she died, but that she could be loved for all the other ways Kitty existed in the world. While conversations were often difficult and emotional, Jean seemed to truly benefit from not only the group experience, but from actively re-membering Kitty back into her life. It seemed that those who had previously disconnected from the relationship with their loved one, received the most benefits in the group.
The purpose of the project was never to convince others that forgiving suicide is the better way to look at it. Believing that suicide is a selfish act and looking for love in the actions of the deceased are simply competing discourses; both are limited. The goal, however, was to get people to recognize both and solidify their own meaning. They also may recognize that their own unique meanings are limited, because other people they care about may view it differently. Because the work we do does not revolve around truth and facts, but instead around meaning and relationships, their loved ones meanings are as valid as theirs. Furthermore, we take the stance that the group members’ views will always be valid enough as is, even if they were not to change over the course of the group.

Along these lines, we were able to ascertain several resounding themes applicable to the members in the current group. They are as follows:

- The deceased always play a role in how we come to understand our own identity.
- Bringing other people’s voices into the room, whether living or dead, lightens the burden of grief.
- Having never met the person does not prohibit the living from having a relationship with the dead.
- Removing places for the deceased loved one to live on only increases pain.
• From this perspective, grief becomes an evolving and creative opportunity for story development and change, rather than an unpleasant task to be worked through as quickly possible.

The unique meanings they derived from the death and their relationship with their loved one was enough to help them through. Not only did re-membering conversations reduce the pain associated with grief for all members, but it also increased hopefulness for their healing from the suicide. All group members stated that there were improvements in their thoughts about their loved ones, their loved ones’ deaths, and their relationships with the deceased after the completion of the project. Other factors, which were not part of the initial hypothesis, but were particularly helpful in counteracting the negative effects of suicide bereavement were: social support, feeling understood, being listened to, and being unsilenced.
CHAPTER SIX
PROJECT CONCLUSIONS

Project Implications

Conclusion

We conducted a five-week bereavement group for college students impacted by the death of a loved one by suicide. It was conducted like a case study, with the researchers not only leading, but also participating in the group experience. The group began with seven members, and ended with six, two males and four females. Not all members attended all sessions. Each of the five sessions lasted approximately 120 minutes. One of the goals of the project was to open space for those living with grief to make meaning of their loved one’s death by exploring what the deceased stood for in life. The researchers hypothesized that re-membering conversations would help ameliorate the pain associated with this kind of death, particularly in light of the silencing and isolating discourses around death and suicide.

The present project seems to support the hypothesis that re-membering conversations help to ameliorate the pain associated with the death of a loved one by suicide. Group members were invited to see the relationship with the deceased as something they can continue, as opposed to something that they must say goodbye to. This helped to decrease emotional distress, and did so quickly, which directly counters the discourse that grief work requires many
sessions and many years to move through. The data shows that the pain of grief due to suicide was reduced when members were able to make meaning about the death and/or intentionally connect with the stories of the person’s life.

Common themes were discovered in the group. Being blamed for the death of their loved one, shame, isolation and general silencing regarding the effects of suicide on their lives were themes noted by group members. To help counteract these, we intentionally chose questions to not only connect the group members with one another, but to help reconnect previously severed relationships with the deceased. Common themes emerged around valuing the life and voice of the deceased, reconnecting with and engaging with the relationship, and carrying the relationship into the future. Additional themes involved making sense of the death, making meaning around the relationship, and establishing rituals to honor and re-member their loved one.

In addition to the perceived benefits of re-membering and reincorporating aspects of the relationship with the deceased, the group members seemed to benefit from participating in the group experience. By participating in a support group, members were also able to connect with other students experiencing similar struggles. The graduate student researchers hypothesized that, because suicide often isolates and silences the bereaved, the social support found in a bereavement group would be especially beneficial.

The group members reported being hopeful that the benefits of participating in such a group would also continue to decrease distress into the
future. Furthermore, members affirmed, after the cessation of the project, that they felt more connected with their loved one and therefore, did not feel as lonely or despondent in their grief. All members stated their commitment to the group and the research was more important than the potential discomfort of attending a group where painful topics would be discussed. All members stated there were improvements in their thoughts about the loved one who died and about the death itself. All members developed a unique meaning around death by suicide and were able to make sense of the death in the context of their relationship with the deceased. All stated that they felt a sense of reconnection with their loved one, which they did not previously have. Finally, each member stated that they no longer felt as isolated in the face of painful memories.

This data was collected through open-ended questions and organized according to related themes. The statements regarding the benefits of this project were directly reported by the group members. Therefore, it is reflective of the experience of the members participating and can be perceived as highlighting the overall significance of the project. It points to life-changing implications for the group members, as well as possible benefits for future bereavement professionals, the narrative counseling community, and society as a whole.

Limitations and Delimitations

Limitations. Although benefits of re-membering and group support were noted, future research should enhance and develop this orientation of bereavement counseling. That said, the research design contained possible
limitations for replication and generalizability. The project was conducted in a
naturalistic case study, inquiring into perceptions around the suicide of a loved
one. The data is comprised of informal statements regarding meanings made,
which are subjective and difficult to replicate. We chose not to conduct a formal
pre-post test to measure changes in specific feelings, such as guilt, shame and
so on, as this would be antithetical to the nature of this project. However, an
informal verbal Likert scale was conducted for overall general emotions prior to
the group and during the final session. The researchers chose to focus on an
informal account of overall shifts or changes through the group process. Future
research could employ a formal test, which could yield numerical data on specific
emotions more conducive to a quantitative project. Other qualitative variables
including researchers’ counseling skills, personalities, and group members’
subjective experience of bereavement cannot be controlled, suggesting other
limitations for replication.

Group members were comprised of students from one California State
University campus, who self-selected and identified as having been affected by
the suicide of a loved one. The data could be limited from using a sample of
convenience and not a random sample. Apart from requiring members be over
the age of 18, other demographics, such as race, gender, culture, language,
ethnicity, academic major, geographic region, and so on, were random and had
no bearing on the screening process. Furthermore, all members were either
Caucasian or Hispanic. Therefore, the project may not be representative of other
diverse cultures or cultural practices. Because members were all university students, ranging from twenty years to sixty years, the results may differ across varying ages, socioeconomic statuses, ethnicities and/or education. Future research is suggested for these populations.

There may be limitations due to small sample size. After screening we had ten group members; seven students participated in the first meeting and three students opted out of the project, due to scheduling conflicts. Of the seven students who started the group, one opted out after the first session due to interference with existing obligations. Six group members remained in the project. Data collected from the first session includes the seventh member. Although a small sample size is more common in qualitative studies and positive benefits were unanimous for these members, it may be difficult to generalize the findings to a larger, more representative population.

The timing of the group sessions has the potential to impact the data and results. Because of the university winter break, the researchers were not able to conduct consecutive weekly sessions. This could have affected overall rumination, allowing more time to process the group discussion. This could have yielded both positive and negative effects. Furthermore, because these sessions corresponded with the holidays, many discussions surfaced around the effects of suicide during a time of year when bereavement is perceived as particularly difficult. Many of the members noted that their loved ones had died in the months surrounding the holidays, which may have affected the members’
emotional state. Although the number of years since the death did not appear to affect the benefits gained, certainly timing of sessions and amount of time since the death could be the topic of relevant future research.

This project employed the narrative practice of re-membering conversations in a group setting. Although members voiced that being a part of the group was valuable, certain individuals may prefer individual re-membering conversations, instead of a group setting. However, because research shows that the social support of a group is helpful, it is suggested that more research be conducted in individual and group settings to determine the benefits of re-membering conversations in these various settings.

One of the most prominent limitations exists in the duality of conducting a research project while running a counseling group. Counseling questions were influenced by the need to answer research questions and often the research questions had the potential to impact the therapeutic flow of the group. Research often poses questions that are useful for the researchers, project, and results, while group counseling usually only offers questions that will be useful to the group members. Because our primary concern was conducting productive counseling conversations, some questions that we wanted to ask for research purposes were left unasked. This was done in order to maintain the integrity of the discussion. That doesn’t mean that therapeutic questions were not useful to researchers or vice versa. Positive outcomes in the group counseling process would yield positive research outcomes and results. However, this duality
pointed to the importance of having certain questions prepared ahead of time, while allowing others to form through natural conversation. Additional future research that conducts a research project simultaneously with group counseling may yield different results.

Because this was a research project, there may have been response bias; members saying what they thought the researchers or the group members wanted to hear. Additionally, group members may have wanted to please the group leaders or not let them down. It is noted that response bias affects both the research aspect of the project and the therapeutic process. This is a problem that is common in naturalistic, case study, qualitative research and is difficult to control or prevent. It requires replication to look for patterns of change and benefit. The researchers accounted for this by asking open-ended questions and avoided leading questions.

Finally in terms of research design, some researchers may prefer employing a control group to compare and contrast findings. We conducted a narratively informed, re-membering group without a conventional bereavement group as a control to potentially isolate factors that create change. This was a preference of the researchers in terms of time constraints, feasibility of the project, and ethical considerations. However, this decision may suggest limitations in terms of scientific methodology. Conducting a re-membering group along with traditional experimental and control groups could be another area of future research. Options include having the control group receive no treatment.
other than support and/ or conducting a conventional bereavement group. This data could then be systematically analyzed and compared to that of re-membering group research. This could point to whether or not re-membering is the sole contributor of positive benefits reported by members.

**Delimitations.** Delimitations of the project include the variables intentionally controlled by the graduate student researchers. For the safety of the group, the IRB requested the intentional exclusion of members who had previously been diagnosed with relevant mental illness or recent suicidal ideation. It was believed that previous or current mental illness would hinder one’s ability to make meaning or benefit from the re-membering conversations. While that was a possibility, it was not inevitable. In addition, IRB suggested the exclusion of members who were under the age of eighteen or were not a student at the university. This was firmly enforced within the guidelines of the group, as we had to exclude friends and family of students who expressed interest, as well as staff members, who were not currently enrolled in classes. We chose a specific population to investigate, college-aged students. Age, length of relationship with the deceased and amount of time since death may be delimitations. All may also serve as impetus for further research.

Another delimitation was our choice to limit the number and duration of sessions in order to complete the project within the university allotted timeframe for the masters project; five sessions were held, each lasting 120-minutes. Conducting a group with six, eight, or twelve sessions may reveal different
results. Conversely, research on number of sessions could reveal that more is not necessarily better. Working within the narrative counseling framework as a brief model, a five-week group may be beneficial, as well as economical.

Finally, timing of the invitation and advertising could be a delimitation of this project. We sent invitations to participate two weeks before class finals. Lower responses to participate could have been due to students choosing to use the time to study instead of being involved in research. It is also possible that students did not check their e-mail and therefore missed the invitation. Either of these advertising delimitations may have resulted in fewer group members. This was evident, as several group members who completed the screening process opted out due to scheduling constraints.

**Potential Benefits of the Project**

The project yielded benefits for the members and group leaders. Members were invited to reconnect with the stories of their deceased loved one and to initiate a new form of relationship with them, as opposed to discontinuing the relationship and not thinking or talking about them. Overall, this seemed to decrease emotional distress in all of the members. The degree to which this was true was not a concern of the current project. Also, by participating in a support group, members were able to connect with other bereaved persons experiencing the impact of suicide. The group members reported being hopeful that the benefits of participating in such a group would also continue to decrease personal distress in the future.
Currently, there is a large body of research that cites the benefits of bereavement counseling, group counseling, narrative conversations, and re-membering conversations. However, there is little research on using narrative counseling and re-membering conversations with those impacted by suicide, and even fewer studies focus on how this can be done in groups. Because this is a newly developing discipline, this research project intends to fill a gap in the literature benefiting the group members, the narrative counseling community, and society as a whole. Our hope is that this research contributes to a field of study that will continue validating narrative counseling as a strong method for bereavement counseling, specifically when working with survivors of suicide. Although the project will be difficult to replicate, we believe the data, as spoken directly by the members, demonstrates the value of re-membering, and how it can be applicable to a greater population.

**Personal Implications of the Project**

Krystal. The pursuit of this project was very meaningful to me, and carries with it tremendous personal implications. I benefitted as a counselor, as well a person also bereaved by the suicide of a loved one. I was not only uplifted by the data collected from a research perspective, but I was deeply moved as a result of hearing people’s loving descriptions of those whose life and death had previously been silenced. I was pleased to lead and participate in a group setting, where social support, visibility and validation were key, and where isolation and silencing were devalued. While members spoke to the value of
participating in a group counseling experience, underneath these comments, were meaningful and impactful descriptions of how re-membering had bettered their lives. I am very appreciative to have been witness to such important conversations.

One way that this resonates with me personally is how I can love my G-PAW, and all of the things that he stood for, yet distance myself from the negative messages associated with the way he chose to die. I can love him and keep him close, and not have to be angry at him for all of the messages society tells me are horrible about choosing suicide. I can distance myself from the suicide itself, because it doesn't have to be a totalizing description of who my G-PAW was or is to me. Suicide doesn't have to be the label that encompasses him. It is not his only legacy. It is not the final act that he is remembered for. He is remembered because I love him, and because our relationship is tremendously valued. That is useful and meaningful to me, and makes a resounding difference in terms of my own bereavement. Re-membering can be life changing. This is something I will certainly carry with me into future counseling conversations. But more importantly, I will take these experiences, stories, descriptions of loved ones, and values with me into the future. This will allow me to intentionally re-member the lives of group members, their loved ones, and my G-PAW in my everyday experiences, making them all an integral part of my membership club; forever changed for having the opportunity to have known them and loved them.
Caryn. This project was meaningful for me personally, professionally, and academically. The initial reason for being involved with the research was to be able to understand and help a friend sort through the vast array of emotions involved when one is impacted by suicide. In conducting the group, I wanted to help the bereaved reconnect their relationship to their deceased loved ones. I expected that this would provide a sense of hope and meaning. Although grief is the result of a break in relationship, I felt that relationships do not automatically have to end with physical death. I found that group support was beneficial and necessary to help the bereaved re-member the deceased for whom they were while still alive. I found that the group was not only a support system, but also a system of innovation and thought processing.

In understanding the paradigm of a re-membering conversation and the subjunctive mood, I am now able to frame questions in the arena of possibility. I have knowledge of what questions to ask and I understand the importance of bringing the voice of the deceased into the conversation. In this group, pondering and answering these questions decreased pain and increased meaning for the bereaved. I continue to learn how to create places of meaning, agency, resilience, and strength for others within grief work. This is what counseling is about for me; helping someone find or gain agency through their known, but perhaps unrecognized, skills and knowledge. These help them negotiate their life.
Personally, I have gained confidence in taking on an unknown discipline, which helps me to be a competent and compassionate counselor. I feel more confident to help others in the face of suicide and death. Although I do not condone or encourage suicide, I have been able to see it from new perspectives and recognize that each person may derive individual meanings that are different from my own. This was a change for me because I had not thought about suicide as anything other than through the dominant cultural discourses. I learned how to create a place of audience for the dead, which greatly helped the bereaved group members. I was able to find how to support them in reconnecting with deceased loved ones, which in turn ameliorated their pain.

Implications for Future Research

What is needed now is to develop this work further in a variety of contexts. We believe that the anecdotal evidence from this project warrants such further investigation. Because there is little data concerning re-membering conversations with bereavement due to suicide, there are very few studies available to compare. The current project’s hypothesis that reconnecting with the deceased through a re-membering conversation would reduce members’ sense of bereavement was supported. Re-membering conversations do seem to help ameliorate the pain of a death by one’s own hand. However, other aspects of the group also seemed to be beneficial to lessen this pain: social support, and the group experience being among them. It will be interesting for future researchers to look at the extent to which re-membering conversations are responsible for the
positive changes. However, a controlled study was beyond the scope of this project. The implications for future research suggest that re-membering conversations could be a beneficial form of bereavement counseling and the field of bereavement counseling will still benefit from further research about the benefits of this approach.

Future quantitative research could provide data using formal pre-post tests by obtaining changes in specific bereavement feelings, such as shame, guilt, or isolation. Other research options include having a control group in which participants either receive no specific treatment other than support or receive a conventional bereavement/suicide intervention and compare those results to that of the re-membering group. In addition, the project could be expanded upon by using additional variables; random samples, larger samples, greater diversity in students, students from various university campuses, or non-university students for group members, being among the possibilities. Certain variables may be controlled, such as time passed since death, length of time spent close to the deceased, or age/perceived maturity level. Researchers may choose to pull from different geographic regions, control variables such as timing of the group in relation to major holidays, or to work with younger or older bereaved persons.

Session length and number of sessions could yield valuable data on the benefits of using re-membering in a group setting. Another interesting implication for future research would be to conduct a longitudinal study, which would keep data over periods of time. A study of this type could inquire into the degree and types
of benefits that were found in this project (freedom from silencing, isolation, shame and guilt) and how these benefits were maintained, increased, or decreased over time. These studies could also inquire into why and how the benefits changed or stayed the same.

In looking toward future treatment methodologies, consideration should be given to the cultural values of the bereaved. They may also consider what impact, if any, these values have on the way he or she views the deceased, the act of suicide, or themselves as a survivor of suicide. These variables should be factored into analyzing the ways in which members of that culture will seek assistance, depending on the expected cultural norm. Finally, further research should be conducted on whether or not re-membering techniques are considered best practices for counseling bereaved persons of cultures that do not value speaking of the dead.

Concluding Comments

Unexpected death by suicide holds vastly different implications for the bereaved. The effects can span all aspects of life and devastate their personhood. Narrative counseling techniques, including re-membering conversations, offer many advantages to working with persons impacted by suicide, as these techniques focus on reconnecting with the stories and a sense of the relationship with the deceased. This approach is affirming of story and strength, which tends to not focus only on the stories of trauma or loss, but affirms agency of the living person and agency afforded to the relationship. From
this perspective, counseling does not have to be painful for it to be effective. Narrative counselors can use these techniques to highlight a person’s ability to cope, find agency, resilience, support networks, and relationship with the deceased. Inquiring into and highlighting the individual meanings made can help reinvigorate their relationship with the deceased loved one. These lines of inquiry make for preferable outcomes and decreased trauma over time. Although this project will be difficult to replicate exactly, we believe that this research and findings are generalizable to the greater population and therefore, warrant further study and use with those impacted by suicide.
APPENDIX A

PROJECT RECRUITMENT LETTER
Project Recruitment Letter:

Project Title: Using Narrative and Re-membering Conversations in a Bereavement Group with Students Impacted by Suicide

The following message is to be sent via e-mail to students at both campuses of CSUSB for recruitment purposes.

Your help is needed in a short-term project investigating the impact of SUICIDE on college students.

Graduate student researchers of the Counseling and Guidance M.S program are running a project for people impacted by the death of a loved one by suicide. The project will involve participation in five sessions of small group therapy. Research data will be collected during the group sessions.

Conventional grief therapy models encourage those who are living with grief to "let go" or "say goodbye" to loved ones. This practice can be painful enough, without the added taboo and isolation often associated with suicide. The researchers are interested in a different relationship with these we love, one in which we do not have to continuously relive the trauma of the death.

Researchers will utilize a distinctive technique from narrative therapy called re-membering conversations. This way of working with people invites further connection with deceased loved ones. After someone dies, we don’t forget about him or her. They continue to influence us in unexpected ways, through memory and story. Just because someone is no longer here physically does not mean the relationship must end. We believe this way of approaching death can be especially comforting, particularly when the death itself is traumatic or violent in nature.

The group is open to currently enrolled students at CSUSB, who have had a friend or loved one pass as a result of suicide. If you are interested in joining the project, please contact one of the graduate student researchers below. Members will be asked to participate in an initial telephone-screening interview (lasting approximately five to ten minutes), to determine that they will benefit from participation. This project is completely voluntary and you may opt out at any time with no penalty.

For further information contact Krystal Howard and Caryn Kruse, CSUSB graduate student researchers (howak302@coyote.csusb.edu and krusec@coyote.csusb.edu).

We look forward to hearing your stories!

This study is being conducted by graduate student researchers in collaboration with and under supervision of Lorraine Hedtke, PhD, Program Coordinator and Professor of Counseling and Guidance, California State University, San Bernardino, and John Wimbade, PhD, Professor, Counseling and Guidance, California State University, San Bernardino. Dr. Hedtke specializes in grief therapy, and has co-authored several books and articles on the topic, alongside Dr. Wimbade.

Lorraine Hedtke, Ph.D.; lhedtke@csusb.edu.
John Wimbade, Ph.D.; jwimbade@csusb.edu.

This study has been approved by the Institutional Review Board, California State University, San Bernardino.
APPENDIX B

RECRUITMENT FLYER
Have you been impacted by the death of a friend or loved one by SUICIDE?

We know this is a delicate topic and we would like to help. Counseling and Guidance M.S candidates are running a brief bereavement group for students who are living with grief. The group will be based on narrative lines of inquiry and re-membering practices. The study will be conducted for the purpose of completing the graduate research project. The aim is to assist those who are negatively affected to find places of connection with the deceased and those that are still living.

The group will meet five times. Sessions will last 120 minutes. Session times, dates and location are TBD: Subject to participants’ availability. Sessions are FREE and you may opt out at any time.

For more information about the group, or to express interest, please contact either Krystal Howard (howak302@coyote.csusb.edu) or Casy Kruse (krusec@coyote.csusb.edu).
APPENDIX C

INFORMATIONAL POWERPOINT
INFORMATIONAL POWERPOINT

**HAVE YOU BEEN IMPACTED BY THE DEATH OF A LOVED ONE BY SUICIDE?**

Participants Wanted for a Brief Bereavement Group

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**Study Information**

- Graduate students are seeking to run a brief therapy group for people impacted by suicide.
- Students will be supervised by Lorraine Hedtke, Ph.D. and John Winslade, Ph.D.
- This study will be conducted to fulfill the Graduate research project requirement.
- All 5 sessions will be audio-recorded for data collection purposes (all identifying information will be washed).
- These sessions will be transcribed. Participants may be quoted in future academic publications.

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**Our Aim:**

To assist those who have been impacted by suicide to determine what therapeutic support might be beneficial.

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**Group Meeting Details:**

- The group will meet five times.
- Sessions will last 120 minutes.
- Session times, dates and location are TBD: Subject to participants' availability.
- Sessions are FREE.
- Participation is voluntary.
- You may opt out at any time.

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**Participant Requirements:**

- Participants must be at least 18 years of age.
- You will be asked to participate in an initial 5-minute telephone interview to determine if the study is a good fit.
- Participants will be asked to commit to 5 sessions whenever possible.

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**If you are interested, have questions, or would like more information, please contact Krystal Howard or Caryn Kruse**

howak302@coyote.cusub.edu
krusec@coyote.csusb.edu
APPENDIX D

SCREENING INTERVIEW INVITATION
Screening Interview Invitation:

Hello,

As today is International Survivors of Suicide Loss Day (November 22, 2014), we thought it would be a very apt time to contact you regarding your expressed interest in our project! Many larger cities are hosting memorials and activities today, which are meant to bring awareness and visibility to this important, and seldom discussed topic. It is also done to help create community and a sense of hope, after what is known to be a very different and often more difficult experience of death. We know that the topic of death by suicide comes with many cultural implications and is often very taboo to discuss. The purpose of our project is to make the effects of suicide more visible, but also to help foster hope for survivors. We want to acknowledge that this is difficult and we want to personally thank you for showing interest in our project. Your participation will undoubtedly help future counseling professionals do better and more helpful work with grieving clients. We hope that you will find personal benefits here as well. We are very passionate about this work, and are excited to learn through stories, about the relationship with your loved one.

We are now at the stage where we contact interested participants for a brief telephone-screening interview. The purpose of this interview is to help you determine if this study is a good fit for you, and if you would be a good fit for the group. The screening interview will only last about 10 minutes. It is not our intention to exclude anyone who has expressed interest. But we did want to have an opportunity to formally introduce ourselves to you, get to know a little about you, and learn a little about your loved one. It will also be a place to ask any questions you may have about the process, or the group.

As you decide whether you would like to proceed with the interview, it is important to know a few things. Firstly, all five sessions will be audio-recorded for data collection and analysis. We understand this may cause you a certain level of apprehension. Because of this, all of your identifying information will be changed in the writing and the presentation of the project. We will be discussing confidentiality of the group, and how every aspect of the process has been designed to protect your privacy. Most importantly, you may decide to withdraw from the study, at any point, with no penalty.
If you decide you would like to proceed with the brief telephone interview, it is important to note that you may decide not to answer any of the questions, without penalty. We will decide together, on a case-by-case basis how to move forward. Also, if you should so desire, we can facilitate a referral process to the Psychological Counseling Center on campus.

The phone interviews will take place this coming week, November 24, 25, and 26 in the evenings. If you would like to participate, please provide your phone number, and the best time to reach you. Also, start thinking about your availability for the coming quarter, as we may discuss possible meeting dates for the first session.

After the interview, if you would like to proceed with us, we will send you a study information sheet and an informed consent to review and sign. We will walk with you every step of the way, as we are both also on this journey.

We look forward to meeting you!
Sincerely, Krystal Howard and Caryn Kruse, Graduate Student Researchers.
APPENDIX E

SCREENING AND SAFEGUARD QUESTIONS
SCREENING AND SAFEGUARD QUESTIONS

Screening and Safeguard Questions

- What is your name?
- Are you a currently enrolled student at CSUSB?
- Are you at least eighteen years of age?
- Why are you interested in participating in this project?
- Who did you have in mind when volunteering for this project?
- How much time has passed since the passing of your loved one?
- Have you experienced any suicidal thinking?
- Have you ever been treated for or diagnosed with a mental illness?
- Will you be able to commit to five 120-minute sessions, meeting once per week for five weeks?
APPENDIX F

INFORMED CONSENT
INFORMED CONSENT

Project Informed Consent:

Project Title: Using Narrative and Re-membering Conversations in a Bereavement Group with Students Impacted by Suicide

This page has been provided in conjunction with the Project Information Sheet. Participants must be over the age of 18.

Purpose: The project seeks to answer the research question, “Does narrative therapy and its practices (specifically re-membering practices) ameliorate the pain caused by the death of a loved one by suicide?”

Description: The researchers are proposing a five-week bereavement group for people impacted by suicide. The graduate student researchers will co-facilitate and co-investigate the group counseling process. This will be done under the supervision of Dr. Lorraine Hedike, who will be onsite, but not co-facilitating the group. Researchers will provide a support group format, based on the grief work of Hedike (2012). They will also gather qualitative data during the course of the group through audio recordings. Researchers are looking to inquire into perceptions and meaning made around death by suicide.

Participation: Your participation in the project is completely voluntary. You may opt out or withdraw from the project at any time, for any reason, without penalty. If the participants should so desire, the graduate student researchers may facilitate a referral process to the Psychological Counseling Center on campus for follow-up care.

Confidentiality: Because we are working in a group setting, there is a limit to confidentiality for participants. Researchers can only strongly encourage participants to keep discussions confidential. Researchers themselves will adhere to the confidentiality and research standards of the American Counseling Association Code of Ethics. No identifying information will be used for any part of the research or dissemination. All identifying material (including the attached Informed Consent documents) will be stored in a private locked filing cabinet, under the care and supervision of Dr. Lorraine Hedike, until they are no longer needed. No step in the research process will require a list of participants’ names to be kept beyond the point of ending the group meetings.

Duration: The group will meet for 120 minutes, one time per week, for five consecutive weeks. In session one, the signed informed consent documents will be reviewed and collected and the researchers will go over confidentiality and answer any questions.

Risks: Because we are working around a sensitive topic (the death of a loved one by their own hand), there may be a modest risk of emotional or psychological distress. In addition to this, participants may feel mild discomfort while discussing this sensitive topic in a group setting with other students whom they do not know. However, the researchers believe this risk is minimized greatly by making the focus of conversation around the life, as opposed to the way in which they died.

The theoretical orientation of the group process (narrative therapy) and the therapeutic technique (re-membering practices) both actively work to minimize these risks. These practices avoid traditional grief models that focus on the experience of loss associated with the death or on the traumatic circumstances of the death. Instead, re-membering practices work to connect participants with the life of their loved one through community and story, and continue building that relationship over time. What they do not do is intentionally build conversations around the way in which their loved one died, forcing them to continuously relive the traumatic experience. Any undesirable influence the project may have on participants will thus be minimized.

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The California State University • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • Santa Barbara • Santa Clara • San Marcos • San Diego • San Diego State • San Diego City College • San Diego Valley College • San Diego Mesa College • San Diego Community College District • San Diego Unified School District • San Diego City College District • San Diego Community College District • San Diego Unified School District
In the unlikely event that the risks materialize and a participant does become negatively affected during the course of their participation in the project, Dr. Lorraine Hedtke will be immediately available in order to address the participant's distress. If, after speaking with Dr. Hedtke, the participant desires continued support, researchers will facilitate referral to the CSUSB Psychological Counseling Services. Students may always elect to end their participation in the project at any time, for any reason, with no penalty.

Benefits: Despite the minimal risk of discomfort or psychological distress, great benefits may come from participation in such research. Firstly, by participating in a support group, participants will be able to connect with other students experiencing similar struggles. They will be invited to see the relationship with the deceased as something they can continue, as opposed to something that they must say “goodbye” to. This should help decrease emotional distress in the long run, and should help do so relatively quickly. If participants come to understand that the relationship can continue in narrative form long after a person has died, they may experience relief in not having to go through the wrenching experience of letting go of their loved one, or of their memory.

Finally, there is a large body of research on group counseling, grief counseling, narrative practices and any combination of the aforementioned. However, there is little research on using re-membering practices with those impacted by suicide, and even fewer studies focusing on how this can be done in groups. The research project intends to fill a major gap in the literature, benefitting the narrative therapy community, and society as a whole, in addition to benefitting the group participants.

Audio Recording: The researchers will audio-record all four sessions for data analysis purposes. All identifying information will be kept confidential. Audio-recordings and other identifiable information will be kept no longer than 60 days after the cessation of the group meetings. While transcribing, all names and identifying information will be eliminated. The audio-recordings will be destroyed after the completion of the transcription, but the coded transcript will be kept. By signing this form, the participant grants the researchers permission to audio-record their voice as part of this research. The consent for recording will only be effective until the following date: February 28, 2015. On or before that date, the tapes will be destroyed. Should the participants elect not to have their voice recorded, they will be withdrawn from the project.

Contact: If you have any questions about the project or your participation, please contact the project’s faculty supervisors:

Dr. Lorraine Hedtke: lhedtke@csusb.edu
Dr. John Winslade: jwinslade@csusb.edu

Confirmation Statement

I have read and understand the consent documents and have been provided with additional information in the attached Project Information Sheet. I willingly agree to participate in the above project. I grant permission for my voice to be audio recorded and I acknowledge that I may opt out of participation at any time, for any reason, without penalty.

Member's Printed Name:_________________________________________________________
Member's Signature:________________________________________________________________
Date:________________________________________________________________________

Emergency Contact’s Name:_______________________________________________________
Emergency Contact’s Phone:_______________________________________________________
Relationship to Member:________________________________________________________________

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APPENDIX G

PROJECT INFORMATION SHEET
Study Information Sheet
(This page is offered in conjunction with the Informed Consent)

Study Title: Using Narrative and Re-membering Conversations in a Bereavement Group with Students Impacted by Suicide

Your help is needed in a study investigating the impact of suicide on college students. This study is being conducted by Counseling and Guidance M.S. graduate student researchers to fulfill the master’s thesis requirement. It is being supervised by Lorraine Hedike, Ph.D., Program Coordinator and Professor of Counseling and Guidance, California State University, San Bernardino, and John Winslade, Ph.D., Professor, Counseling and Guidance. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

Project Description:
Traditional discourses around death and bereavement invite conversations about “letting go” and “moving on” from our deceased loved ones. This emphasizes the finality of death and disconnects us from those we love. Discourses around suicide further alienate us from the deceased. The negative images and perceptions associated with the way in which someone dies makes it so the story of the relationship gets “stuck” at the moment of death (Gold, 2007). What is left is continuous replaying of the event, with fewer people to turn to for support (due to the isolating and taboo nature of suicide) (Hedike & Winslade, 2004). The assumption that people should complete stages of grief and “let go” in order to “progress” healthily through the crisis is not the focus of a re-membering conversation. Rather than generating stories of “goodbye,” the narrative approach seeks to find ways in which the influence and values of the loved one can be maintained after death (Hedike & Winslade, 2004). That is not to ignore or discredit the pain associated with the death. Rather, re-membering practices aim to keep relationships alive through ritual and storytelling. Just because the person no longer has a physical presence, does not mean the relationship must die along with them. From this perspective, grief becomes an evolving story of transition and change, as opposed to an unfortunate task to be worked through as quickly as possible. Re-membering practices provide comfort and hope for people living with grief; hope that their loved one will not be forgotten (Hedike & Winslade, 2004).

Objectives of the Study:
In contrast to traditional and well-known grief therapy models, such as Kübler-Ross’s five stages of grief, the narrative approach offers alternative and distinctive techniques. Utilizing these techniques, the study seeks to answer the research question, “Does narrative therapy and its practices (specifically re-membering practices) ameliorate the pain caused by the death of a loved one by suicide?”

Hypothesis:

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While re-membering practices do not claim to remove all pain, we believe they can make a difference in how participants view the transition of death. They may experience it as more tolerable, especially when the death is traumatic or violent in nature. However, the researchers do hypothesize that narrative interventions will help to ameliorate the pain caused by the death of a loved one by suicide. This is based on the idea that re-membering practices support the continuation of the lifethrough story, rather than dwelling on the finality of death.

Methodology:

The researchers are proposing a 5-week grief group for people impacted by suicide. The graduate student researchers will co-facilitate and co-investigate the group counseling process. This will be done under the supervision of Dr. Lorraine Hedtke, who will be onsite, but not co-facilitating the group. Researchers will provide a support group format, based on the structure of the “practiced-based evidence” grief work of Hedtke (2012). They will also gather qualitative data during the course of the group through audio recording. Researchers are looking to inquire into perceptions and meaning made around death by suicide.

Data Collection:

The data collection will take place through small group discussions and observations. The researchers will collect data via audio-recording of all five sessions. Collection will begin at the outset of the session, and will end at the closing. All sessions will be recorded on a university-owned voice recorder, which will be stored in locked filing cabinet in the office of Dr. Lorraine Hedtke. Collection methods include taking notes (with the participants’ permission) of participants’ body language, and their answers to questions. Any hand-written notes taken will be washed for identifying information, and will be securely stored until the cessation of the master’s thesis project, after which, they will be shredded (See Confidentiality of Data below).

Data Analysis:

The data analysis will consist of a narrative analysis of the meanings made, and of shifts that participants report in these meanings, etc. The transcription will take place in the office of Dr. Hedtke (on the main campus) where the audio-recordings are to be securely stored until they have been transcribed (after which they will be securely erased). Responses will be organized into recurring themes, and will be addressed with supporting quotes.

Confidentiality of Data and Data Transcription:

Because we are working in a group setting, there is a limit to confidentiality for participants. Researchers can only strongly encourage participants to keep discussions confidential. Researchers themselves will adhere to the confidentiality and research standards of the American Counseling Association Code of Ethics, (ACA Standards A.2.a., B.1.c., B.4.a., G.1.b., G.2.c., G.2.d., & G.4.d).

Participants have been informed (in the initial telephone-screening interview) that their participation in the sessions will be audio-recorded, and that their words may be quoted in the dissemination of the research (ACA Standard B.6.c). Recording will begin at the outset of the session, and will end at the closing. No identifying information will be used for any part of the research or dissemination. All identifying material (including the attached Informed Consent documents) will be stored in a private locked filing cabinet, under the care and supervision of
Dr. Lorraine Hedtke, until they are no longer needed. Audio-recordings and other identifiable information will be kept no longer than 30 days after the cessation of the group meetings.

While transcribing, all names and identifying information will be eliminated. This entails not including in written form any names or identifying information of any person who is talking or is talked about (the participants, their deceased loved ones, other family members, friends, or other individuals mentioned in the process of the group discussions.) The audio-recordings will be destroyed after the completion of the transcription, but the coded transcript will be kept. The reason for this is to accurately quote the participants in the writing of the thesis, and in further academic publications. No step in the research process will require a list of participants' names to be kept beyond the point of ending the group meetings.

Risks and Benefits:
Because we are working around a sensitive topic (the death of a loved one by their own hand), which comes with a heavy societal taboo and strongly coded messages, there may be a modest risk of emotional or psychological distress. In addition to this, participants may feel mild discomfort while discussing this sensitive topic in a group setting, with other students whom they do not know. However, the researchers believe this risk is minimized greatly by making the focus of conversation around life, as opposed to the way in which they died.

The theoretical orientation of the group process (narrative therapy) and the therapeutic technique (re-membering practices) both actively work to minimize these risks. These practices avoid traditional grief models that focus on the experience of loss associated with the death or on the traumatic circumstances of the death. Instead, re-membering practices work to connect participants with the life of their loved one through community and story, and continue building that relationship over time. What they do not do is intentionally build conversations around the way in which their loved one died, forcing them to continuously relive the traumatic experience. Any undesirable influence the study may have on participants will thus be minimized.

In the unlikely event that the risks materialize and a participant does become negatively affected during the course of their participation in the study, Dr. Lorraine Hedtke will be immediately available in order to address the participant's distress. If, after speaking with Dr. Hedtke, the participant desires continued support, researchers will facilitate referral to the CSUSB Psychological/Counseling Services. Students may always elect to end their participation in the study at any time, for any reason, with no penalty.

Despite the minimal risk of discomfort or psychological distress, great benefits may come from participation in such research. Firstly, by participating in a support group, participants will be able to connect with other students experiencing similar struggles. They will be invited to see the relationship with the deceased as something they can continue, as opposed to something that they must say "goodbye" to. This should help decrease emotional distress in the long run, and should help do so relatively quickly. If participants come to understand that the relationship can continue in narrative form long after a person has died, they may experience relief in not having to go through the wrenching experience of letting go of their loved one, or of their memory.

Finally, there is a large body of research on group counseling, grief counseling, narrative practices and any combination of the aforementioned. However, there is little research on using re-membering practices with those impacted by suicide, and even fewer studies focusing on how this can be done in groups. The research study intends to fill a major gap in the literature, benefiting the narrative therapy community, and society as a whole, in addition to benefiting the group participants.
Dissemination:
The data and information gathered in this study will be used in a published report, designed to answer the research questions of the study. Research will be presented using non-identifying information. The researchers plan to use the data collected to publish academic articles and/or books on the topic of using re-membering practices with people impacted by suicide (Please see the attached Informed Consent forms).

Informed Consent:
The consent forms will be reviewed and collected at the pre-session meeting. Should the participant decide not to grant consent for the study or for their voice to be audio-recorded, they will be withdrawn from the study and referred to the Psychological Counseling Center, should they so desire. All informed consent documents will be securely stored in Dr. Haetke's office until the thesis project has been completed, after which, they will be shredded.
APPENDIX H

IRB APPROVAL LETTER
IRB APPROVAL LETTER

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

November 07, 2014

Ms. Krystal Howard, Mrs. Caryn Kruse, Prof. Lorraine Hedike, and Prof. John Winslade
Department of Special Education, Rehabilitation and Counseling
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Ms. Howard, Mrs. Kruse, Prof. Hedike, and Prof. Winslade:

Your application to use human subjects, titled “Using Narrative Lines of Inquiry and Re-membering Practices in a Grief Group with Students Impacted by Suicide” has been reviewed and approved by the Institutional Review Board (IRB). The attached informed consent document has been stamped and signed by the IRB chairperson. All subsequent copies used must be this officially approved version. A change in your informed consent (no matter how minor the change) requires resubmission of your protocol as amended. Your application is approved for one year from November 07, 2014 through November 06, 2015. One month prior to the approval end date you need to file for a renewal if you have not completed your research. See additional requirements (Items 1 – 4) of your approval below.

Your responsibilities as the researcher/investigator reporting to the IRB Committee include the following:

1) Submit a protocol change form if any changes (no matter how minor) are proposed in your research protocol for review and approval of the IRB before implemented in your research,
2) If any unanticipated/adverse events are experienced by subjects during your research,
3) To apply for renewal and continuing review of your protocol one month prior to the protocols end date,
4) When your project has ended by emailing the IRB Research Compliance Officer.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or institutional approval which may be required.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the IRB Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillespie@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Judy Sylvia
Judy Sylvia, Ph.D., Chair
Institutional Review Board
JS/mg

cc: Prof. Lorraine Hedike and Prof. John Winslade, Department of Special Education, Rehabilitation and Counseling
909.537.7588 • fax: 909.537.7028 • http://irb.csusb.edu/
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393
APPENDIX I

PAIR-WORK RE-MEMBERING QUESTIONS
Pair Activity: Re-membering Conversations
(20 minutes, then switch for 20 minutes)

- What qualities of your loved one do you want to keep close to you?
- Are there particular stories or lessons that you will keep close?
- What gifts have they given you?
- How have you been impacted by knowing them?
- Have there been times when you have called on his/her memory to get you through something?
- What stories of strength or resilience have they demonstrated?
- How might you be able to in the future?
- Name one thing your loved one would say was very special about you/your relationship?
- What does that say about how your loved one felt about you?
- What else is important to know about him/her and what he/she stood for?
APPENDIX J

LETTER-WRITING QUESTIONS
Pair Activity: Letter-Writing

- What have you learned about your partner’s loved one and what he/she valued?
- In what ways have you been impacted by hearing these stories?
- How will meeting your partner’s loved one stick with you into the future?
- What is it about your partner’s loved one and/or the relationship they had that will stick with you?
APPENDIX K

DEBRIEFING STATEMENT AND CONTACT INFORMATION SHEET
Debriefing Statement and Contact Information:

Project: Using Narrative and Re-membering Conversations in a Bereavement Group with Students Impacted by Suicide.

Thank you for your participation in the project! The project was designed to fulfill the graduate research requirement of the Counseling and Guidance M.S. program in the CSUSB College of Education. The purpose of this project was to utilize a distinctive counseling technique called re-membering conversations, to see if it makes a difference in the lives of those impacted by the suicide of a loved one. Our hypothesis was that while it may not completely erase the pain associated with your loved one’s passing, that it will help ameliorate it, or at the very least, make it more tolerable.

Your involvement is not only greatly appreciated by the researchers involved, but the data collected from our conversations could possibly aid future development of the bereavement-counseling field. In addition, sharing your stories with us will likely help future professionals working with people impacted by suicide, and therefore their clients. And it goes without saying that your participation will have benefited the other participants in the group, as theirs may have benefitted you in some way. Our hope is that you feel closer to your deceased loved one than before you started the group.

In most research studies, participants may be encouraged to not share what they have experienced. In this situation, the researchers believe that sharing the stories of your loved ones and their influence on your lives could benefit you and others more than keeping the experience to yourselves. In this way, you can continue to bridge the relationship with the deceased, into the future, and along side those that are still with you physically. Should you, for any reason, have further questions about the study or your involvement, please contact the graduate student researchers, faculty supervisors, and/or IRB at the contact information provided below. Should you decide that you would like continued support, we will be happy to discuss this with you individually, and/or facilitate a referral process to the campus Psychological Counseling Center.

Graduate Student Researchers:
Krystal Howard (howak302@coyote.csusb.edu)
Garyn Kruse (krusec@coyote.csusb.edu)

Faculty Supervisors:
Lorraine Hedtke, Ph.D. (lhedtke@csusb.edu)
John Winslade, Ph.D. (jwinski@csusb.edu)

CSUSB Institutional Review Board Chair:
Judith Sylva, Ph.D. (jsylva@csusb.edu)

CSUSB Psychological Counseling Center:
(909) 537-5040 or www.psychcounseling.csusb.edu

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393
Fritz,

Thank you for introducing us to Neal. In the short time we have known you, we have had the pleasure of coming to know Neal through your eyes. Through your stories and memories, we have been impacted by the values he stood for and the love that is so apparent in your relationship with him. In talking with you, you have described Neal as a compassionate, fair, light-hearted man who was very close with his brothers. Neal had a funny sense of humor and liked to laugh. He also enjoyed playing pranks and jokes on those he loved. We have been particularly struck by his mischievous antics, like “the old fart box” and suggesting that his little brother pee on his big brother. Aside from some of the carefree and jovial sides you have talked about, we were also struck by some tender moments that demonstrated his unconditional love and acceptance for you. For instance, the time when he told you that he was proud you were his dad was especially heart-warming.

In discussion, we learned that the relationship you had with Neal was not always easy, but what came out of it was a mutual commitment to one another. It seems like you have demonstrated a value in family commitment and that Neal learned some of those same values from you. In this, you have remained intentional in continuing a relationship with Neal after his passing. We are wondering where you see the relationship with Neal continuing in the future? How will you continue to access Neal’s voice and values? It seems to us that Neal would want a lot for your future. We are wondering, what would those things be?

We are also wondering, in your efforts to maintain a relationship with your grandson, Neal’s son, what would Neal hope you pass along to him? What stories would Neal want you to pass along? Would he want his son to know about the strength of his relationships with his brothers? What would Neal think or say about the effort you have put in to trying to connect with his son? How does this speak to your values of family commitment- the values it seems that Neal learned from you?

We want to thank you for your participation in the group. Through it, we have been moved by the opportunity to get to know you both better, as well as the love you have for each other. It is our hope that the relationships you have with Neal, as well as others who help you best remember Neal, will continue to grow in the future. Best wishes.

“It’s all good!”

Krystal and Caryn
Jean,

Thank you for introducing Kitty to us. We keep thinking about the stories you have shared about her being with you at your home and the happy times that she had there. We can hear her laugh and see the twinkle in her eyes as she told you the secret ingredient in her mud pies and her delight to have a Cabbage Patch who was precisely “Zero Years Old.” We have the idea that even though she never wanted to be the center of attention, that she loved you and your daughter. She seemed to be natural leader, although she never pushed her ideas on anyone.

We also are struck by her adventurous spirit and being able to drop everything and move to Alaska, on the drop of a dime, all so she could examine seafood. Your joy and appreciation of her is evident as you shared the stories of love and laughter. We thought the photo of Kitty holding your grandchild was beautiful. We were also struck by her dedication to family even though her family situation was a very difficult. We can't help but think that Kitty learned about this unconditional love from you, as you provided the example of how that is to be expressed to others. We were wondering what Kitty would say about the safe haven that she found at your home and in your thoughts? What would she say about your trusting relationship and the long talks that you shared? What twinkle would be in her eyes now as she is taken off the shelf- Knowing that she has been making you smile, laugh and remember those tender happy times?

As you continue to re-discover and ponder, what values would Kitty want remembered and shared with others? What stories of strength and laughter would she want to live on? We also are wondering where you see your relationship with Kitty being in five, ten or twenty years? If Kitty were here now, what would she want your future to be and what words of love and encouragement would she say to you to help you get there? What would she speak to about the safety she felt when with you in particular?

We want to thank you for participating in the group and we are honored to know both you and Kitty. We are glad to have been present when she came off the shelf and appreciate that her voice has gained strength in these few meetings. We hope that you found our time together helpful, as we found it to be very meaningful.

Sincerely,

Krystal and Caryn
Renee,

Thank you for introducing Ezra to us. Through your description of him, he seems like a unique and genuine friend that could be really be counted on. It also seems like you had sort of an unspoken understanding about how you both just “got each other.” We were fortunate enough to hear what his friendship means to you, and also what Ezra might say about why he felt he really connected with you, more than most people. We enjoyed getting to know him and the values he stood for; Values of friendship, fairness, and individuality. We were struck by how he entrusted you to sit with him through a modeling interview, as he dared to approach one of his goals. What might that say about the nature of your relationship that he would call on you to do that?

You also said that you became friends instantly because you both had a deep interest in pulling apart topics and looking at them from every angle. I wonder what angle he might take, and which ways he might support your interest in this group and the topic we have been discussing? We were wondering if Ezra would have gotten a kick out the way we see suicide and grief from a different perspective? Would he challenge us? Would he think it was interesting? How would he interact and what would he say about everything we have been talking about?

We also remember that you shared that you both could laugh together as well as share common pains. What would Ezra say about your commitment to the group, even though car trouble tried to get in the way? Would he be surprised at your courage to walk into the mixed emotions of pain and love while remembering him? Would he be happy to be remembered? What stories and values of his do you think he would want to live on? As you face the future, how would he encourage you to be yourself? And what shared values would he want you to continue to stand for?

We want to thank you for walking into the pain. We acknowledge how difficult that is. You mirrored that sentiment when you said that you would rather run from it, but you wished to stay because you said it would help others. Would Ezra be surprised that you sacrifice your own comfort for others? Because through knowing you, we are not surprised that you would do that. Thank you for allowing us to know you, Ezra, and your loving friendship.

Best wishes,

Krystal and Caryn
Jade,

Thank you for joining the group and sharing your dedication and love for your dad. In conversation about him, we have been touched by the unique connection you have had to one another. Although your circumstances are different in that you were very young when he died, that has not stopped you from getting to know him. You have actively sought out information, stories and memories from your mom to help get a more complete picture of the man he was, what he stood for in life, and the values he cherished.

It seems to us like a very purposeful effort to not only maintain the relationship you wanted to have with him, but also to not allow society to tell you how you are supposed to feel. We have both been impressed and moved by this effort. In particular, we are glad that you do not feel silenced anymore but have felt the freedom to talk with friends and your cousins about your dad. We can't help but wonder at the weight that has been lifted off your shoulders. We were wondering what Gabriel would say about that freedom? What would his hopes be for your future in regards to being able to share freely and boldly with others?

We are also impressed by the effort on some of your family members’ parts to help keep his memory alive for and with you. But we are even more moved by the fact that in spite of difficult and hurtful circumstances with other family members, you have managed to keep your father close to you. We are wondering how you may continue utilizing these relationships to further bring your father’s voice forward?

We got the impression that you were your dad’s second chance and that you were incredibly special to him- that he wanted as much time with you as possible, without having to put you through more pain than was necessary. You have described this as the purest form of selflessness. We wonder what your dad would think about all of this? What would he think about his portrait being intentionally placed on your thigh, a place visible to others, with the purpose of being asked about it? What would he say about the fact that even after all of these years, your connection to him is still a priority to you? And what stories would he want to live on in the future?

Where would you like to continue to see this relationship moving into the future? How will you be able to call upon his voice and his wishes for your life when it comes time to face difficult circumstances? How has getting to know him better impacted the direction you are taking in your life?

We want to thank you for participating with us. The things we have learned about you and your dad will continue to stick with us well after this group has ended. We hope that you have found our time together helpful in some way, as we have most certainly found it meaningful.

Best wishes,

Krystal and Caryn
DeWain,

Thank you for introducing us to Valentine. She seemed to be a beautiful mosaic of many joys, values, and beliefs. We are struck by her desire to challenge you to become better not only professionally, but also as “her little scholar” and as an individual. Will you continue to grant her the opportunity to further challenge you and your personal growth?

We can hear her laughter and see her kooky personality in your descriptions. You said that she gained a sense of community because she blended in so well but also was very unique in her own way. Would she want you to laugh every time you see cucumbers? Would she want you to appreciate how she loved people and was present with them- How she showed people how special they were to her?

As you shared about Valentine, we felt a strong sense of compassion and care for her in your words. What would she think about how the detail in which you painted her portrait for all of us to see and feel? What stories would she want to live on and what values would she appreciate that you are honoring? What might she say about the fact that you are growing out your hair and intentionally compiling her artwork to memorialize her? What would she say about the slide that you found of her when she was just a child? Is there a joy or innocence in those slides that she would want remembered or strengthened? We are also wondering what she would say about all the work you do with the prison and whether or not this would surprise her? Would she be proud of how you are helping to “blow the minds” of these students of yours, and helping them to become “little scholars” in their own right?

As you have actively try to keep her close and as you process her life, we are wondering how will you continue to hear her voice and the important things that she stood for? How will you hear her encouragement and direct challenges when you face the future? Will you continue to see her crooked finger pointing you towards a better decision? What values would she want you to hold close and which memories is she asking you to distance?

We feel like we have become a part of Valentine’s community and we thank you for drawing her beauty for us. We hope that your strong commitment to us has been beneficial, as we have both been truly impacted by meeting you, Valentine, and the loved you share for one another.

Sincerely,

Krystal and Caryn
GLOSSARY OF TERMS

Absent but Implicit: The unspoken expression of value and purpose that can be read between the lines of accounts of problems and difficulties (Paré, 2013).

Agency: Sometimes referred to as personal agency, associated with what is called free will: volition, deliberate choice. Agency can be contrasted with passivity and the notion of determined action (Paré, 2013).

Alternate Story: An interpretation, account, description of events in contrast to the problem version and more in line with preferences, hopes, values, and so forth (Paré, 2013).

Deconstruction: A conversational practice that involves exploring the origins of thoughts and ideas, tracing them back to their cultural origins (Paré, 2013).

Decathect: To stop loving or caring about a person, object or idea due to imminent or transpired death (Paré, 2013).

Definitional Ceremonies: Rituals or ceremonies, which help people be seen or recognized for their agency or what they have accomplished. Definitional ceremonies often are conducted with outside witnesses who thicken the story of agency (Myerhoff, 1986).

Discourse: A belief, story, or body of knowledge that circulates within the wider culture or within a specific subculture or institutional context (Paré, 2013).

Externalizing: Initially coined by White and Epston (1990), a linguistic practice
that separates people from problems and reduces blame and totalizing descriptions (Paré, 2013).

*Mapping the Effects of the Problem:* Asking questions that help to elaborate the effect of the problem in various contexts, over a period of time (Paré, 2013).

*Meaning:* A person’s subjective experience in relation to a word, event, or series of events, derived in a cultural context in relation with other people (Paré, 2013).

*Membership:* Relationship and family connections that form a significant discursive community from which we draw to make sense of life’s events (Hedtke & Winslade, 2004).

*Multistoried:* Characterizing both lives and identities in the sense that many interpretations or meanings can coexist, with different versions’ assuming dominance at different times (Paré, 2013).

*Narrative:* Also known as story—akin to a web of meanings in that it brings continuity and coherence to what otherwise can be experienced as discontinuous and discrete events (Paré, 2013).

*Paradigm:* Basic assumptions about how society views the way things are (Paré, 2013).

*Pathologizing:* Defining a person in terms of deficit, sickness, deviance, and so forth; developing formal labels of pathology and using these to categorize/make sense of people’s experience; ascribing purportedly causal links
between a traumatic experience and a person’s perceived deficits (Paré, 2013).

Re-membering: The term “re-memembering” may be used, calling attention to the re-aggregation of members, the figures who belong to one’s life story, one’s own prior selves, as well as significant others who are part of the story. Re-memembering, then, is a purposive, significant unification, quite different from the passive, continuous fragmentary flickering of images and feelings that accompany other activities in the normal flow of consciousness (Myerhoff, 1982, p. 111).

Schema/Global Belief: An unquestioned opinion, view, or perspective about one’s identity, relations, life in general, and so forth that is influenced by cultural stories or discourses (Paré, 2013).

Social Constructionism: The theory of construction and understanding of social discourses. From a social constructionist perspective, one’s identity is created through social discourse interpersonal relationships (Paré, 2013).

Survivor of Suicide: Person affected by the suicide of a loved one (Jordan & McMenamy, 2004).

Thanatology: The study of the effects death and dying on personal, interpersonal and societal levels (Paré, 2013).
REFERENCES


Hedtke, L. (2014b). Re-membering in the face of recent death: Assumptions that form my questions [class handout]. Department of Special Education, Rehabilitation, and Counseling, California State University San Bernardino, San Bernardino, CA.


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ASSIGNED RESPONSIBILITIES

This was a collaborative project, where each author shared the responsibilities equally for each phase of the project.

INTRODUCTION Both researchers participated equally
LITERATURE REVIEW Both researchers participated equally
METHODOLOGY Both researchers participated equally
PRESENTATION OF DATA Both researchers participated equally
DISCUSSION Both researchers participated equally
PROJECT CONCLUSION Both researchers participated equally