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Exploring Suicide Loss Survivorship and Postvention Support During the Coronavirus 2019 Pandemic

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EXPLORING SUICIDE LOSS SURVIVORSHIP AND POSTVENTION SUPPORT DURING THE CORONAVIRUS 2019 PANDEMIC

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ABSTRACT

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Suicide is both a severe and pervasive issue in our society (Centers for Disease Control and Prevention [CDC], 2023b). For every suicide, the loved ones of the deceased who are left behind face a long, arduous journey of grieving. Suicide loss survivors who emerged throughout the COVID-19 pandemic arguably encountered more unique challenges during this global crisis than in times past. However, research regarding suicide loss survivorship experiences during the pandemic remains largely overlooked. Therefore, this novel qualitative phenomenological study aimed to capture the lived experiences of those who became suicide loss survivors during the COVID-19 pandemic, in addition to what postvention support that they both sought and received.

This study consisted of nine suicide loss survivors whose experiences were explored through semi-structured interviews. The subsequent interview data were analyzed using a descriptive phenomenological framework (Giorgi, 2009). This study's findings illuminated the following six themes: (a) the emotional turbulence of suicide loss survivorship during a pandemic, (b) coping individually with suicide loss during a pandemic, (c) social support systems as sources of strength and resilience, (d) therapy as a conduit for healing, (e) barriers to grieving together with loved ones, and (f) the forging of newfound relationships and the deepening of existent bonds. The findings of this study highlight implications for future research

directions regarding suicide loss survivorship, pandemic-related or otherwise. Additionally included are clinical implications for mental health providers who likely will end up working with clients whose loved ones died by suicide during the pandemic.

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CHAPTER I

INTRODUCTION

Suicide is a significant concern worldwide, claiming the lives of approximately 700,000 individuals annually (World Health Organization [WHO], 2023a). Suicide affects populations across various demographics and identities according to age, race, ethnicity, gender identity, socio-economic status, and veteran status, among many others (Centers for Disease Control [CDC], 2023b). Suicide is typically recognized as the 11th leading cause of death in the United States (U.S.); more than 48,000 people died from suicide in 2021 alone (Stone et al., 2023).

The impact of deaths due to suicide is often tragic and devastating for those who are left behind (Ross et al., 2021). For every single suicide, an estimated 135 people are exposed to it or who knew the deceased person to some degree (Cerel & Sanford, 2018), with roughly another 60 people who are directly and significantly impacted by it (Berman, 2011; Maple et al., 2019). The individuals comprising this latter group are known as suicide loss survivors (American Association of Suicidology [AAS], 2023b). Given this alarming estimation of reported suicide loss survivors, more research exploring their stories and lived experiences is needed.

The term “suicide loss survivor” instead of “suicide survivor” will be used throughout this study to refer to those who have lost a loved one to suicide. The term “suicide survivor” can be confusing as it could imply someone who has survived their own suicide attempt (Honeycutt & Praetorius, 2016) and, therefore, will not be included. This terminology distinction aligns with

more recent literature (e.g., Jordan, 2020), which also uses the term "suicide loss survivor" to refer to those who are significantly grieving a death due to suicide. Although there has been somewhat of a lack of consensus that defines and classifies this group of individuals (Honeycutt & Praetorius, 2016), members of this group all share a unique experience as those who are left behind to profoundly grieve the suicidal death of someone who they care about deeply.

It is also important to distinguish between those who have been *exposed* to a suicide from those who have been *affected* by a suicide. In doing so, one can have a better understanding of who better meets the criteria of a suicide loss survivor and thus may necessitate more targeted interventions. With this purpose in mind, Cerel et al. (2014) curated a nested model of suicide loss survivorship. Their model proposes four broad categories: (a) those who are exposed to a suicide, (b) those who are affected by a suicide, (c) those who are bereaved by a suicide loss in the short-term, and (d) those who are bereaved by a suicide loss in the long-term. For one, (a) an exposure to any given suicide might include someone becoming aware of a suicidal death yet who does not become profoundly affected by it. For example, one's learning about a celebrity's death from suicide most likely would constitute as an exposure, yet they might not be profoundly affected by it.

Moving along this continuum of suicide loss survivorship (Cerel et al., 2014), (b) persons who instead are *affected* by a suicide may experience "significant psychological distress," including symptoms of posttraumatic stress, complicated grief, and suicidality (p. 595). As a result, those who were significantly affected by a suicide often held a preexisting relationship with the deceased person. Examples of those who may be more likely to be affected by a suicide could include co-workers/colleagues, neighbors, first responders, and classmates (Cerel et al.,

2014). Those who are affected by a suicide, in contrast to those who are merely exposed to suicide, are more likely to be considered as survivors of suicide loss (Andriessen, 2009).

Per Cerel et al. (2014), for the following two categories, those bereaved by suicide either in the (c) short-term or (d) long-term, the person who died from suicide was an attachment figure in their life, such as a caregiver, close friend, partner, relative, or a close co-worker/colleague. Those who are bereaved by suicide in both the short-term and long-term may benefit from clinical care such as counseling and psychotherapy that addresses symptoms of more complicated grief, posttraumatic stress, and social stigma (Sanford et al., 2016). Throughout this study, I will be focusing solely on those who can be categorized into these third and fourth categories of Cerel et al.'s (2014) nested model—or those who have been affected and therefore bereaved by a suicide loss in either the short-term or long-term.

Grief is the expected emotional response pattern to the loss of a loved one (Worden, 2018). However, when an individual grieves a more violent or traumatic death such as a suicide, their grief symptoms are often more prolonged and complicated, which then may be accompanied by aversive physical health issues as well (Briere & Scott, 2015). Losing a loved one to suicide is understood to be an inexplicably painful experience that is often compounded by survivors asking themselves, "Why did this happen?" or "What more could I have done to prevent this?" (Jordan & McIntosh, 2011). Furthermore, survivors of suicide loss may experience blame, judgment, and rejection from others (Feigelman & Cerel, 2020; Peters et al., 2016).

Complicated grief (CG), also known as prolonged grief disorder (PGD), is understood as a pattern of overwhelming grief symptoms that deviate significantly from normal expectations following the death of a loved one (American Psychiatric Association, 2022). CG often results in

significantly exacerbated symptoms of distress and life impairment (Shear, 2015). That is, CG is a kind of grief that extends well beyond the more typical timeframe of between 1 to 2 years (Worden, 2018). CG has demonstrated its prevalence worldwide and is shown to adversely affect the psychological well-being of those who are bereaved (Kersting et al., 2011). Suicide loss survivors have been shown to experience CG, as well as depression, hopelessness, lower levels of life-satisfaction, and posttraumatic stress (Bellini et al., 2018). If left unattended, neglected, or avoided, CG can worsen and prolong the grieving process for suicide loss survivors (Tal Young et al., 2012).

Of importance, suicide loss survivors are also at a significantly higher risk for experiencing increased suicidal ideation or even dying from suicide themselves (Jordan, 2017; Jordan & McGann, 2017). Further, evidence suggests that this risk continues to heighten if the survivor lost a close relative or family member to suicide as opposed to a non-relative (Cerel et al., 2013, 2016). Fortunately, suicidality and other exacerbated mental health symptoms among suicide loss survivors can be more effectively managed through various interventions, known collectively as postvention, that are tailored specifically to this unique group. According to the late Edwin Shneidman (1969), “Postvention aims primarily at mollifying the psychological sequelae of a suicidal death in the survivor-victim” (p. 22). Since then, postvention support consists of strategies or activities that aim to reduce one’s own suicide risk and to increase their well-being following a suicide loss (Andriessen et al., 2019b; Jordan, 2017).

Postvention support is preventative in that it can help to reduce the suicidal tendencies that suicide loss survivors often experience following their loss (Jordan, 2017). Such support can come from the community, from providers, and from colleagues within the workplace. For example, support at the community level can involve receiving help from friends and loved ones.

Support from providers can include receiving care from mental health professionals and support groups. Support in the workplace can involve offering paid time off or other resources from human resources departments. Overall, postvention's most basic aims are to provide support and to address the needs of suicide loss survivors. Such support includes helping them with containing their trauma, coping adaptively, addressing the complications of losing a loved one abruptly, managing shifts in social circles (i.e., primarily due to the attached stigma), and memorializing their lost loved ones (Andriessen et al., 2017; Jordan & McGann, 2017).

Naturally, surviving a suicide loss may feel insurmountable during typical times. However, few years ago it was anything but. Recently, we all endured a global pandemic. Nearing the end of 2019 and eventually leading into the year 2020, the inception of the novel coronavirus of 2019 (COVID-19) and its deleterious effects emerged. It swiftly spread from one country to another, infecting individuals from diverse populations across the lifespan and eventually growing into the global pandemic that it has become today (Dutta, 2021). During that period, change had become our only constant as the COVID-19 virus has fundamentally altered our ways of living.

At the height of the COVID-19 pandemic, its various psychological impacts were far-reaching and unrelenting as it overwhelmed and disrupted our collective well-being and life satisfaction (Mukaetova-Ladinska & Kronenberg, 2021). To date, over 700 million people worldwide have contracted the virus, with nearly seven million dead (WHO, 2023b). From our governments implementing lockdowns to enforcing rigid guidelines such as social distancing in order to combat COVID-19, such restrictions during that time dramatically interfered with, among other things, our ability to travel, gather communally with our loved ones, and our efforts to maintain more meaningful and healthy interpersonal relationships. As a result, the pandemic

manifested a great deal of human suffering and even exacerbated specific forms of psychological pain, including but not limited to suicidal thoughts and attempts, as well as trauma-related symptoms such as anxiety, hypervigilance, avoidance, fear, depression, and somatic concerns (Kira et al., 2023).

Individuals are increasingly suffering from the psychological pain associated with depression, anxiety, and stress—all of which increased drastically as a result of the pandemic (Veldhuis et al., 2021). Such increases in psychological distress have shown to be significantly more prevalent in parts of the world where more deaths have occurred due to the coronavirus, although it is unclear as to whether such deaths were attributed solely to the virus itself or result from other modes of death subsequent to COVID-19 such as suicide (Marzo et al., 2021). Further, the communal loss experienced by those grieving over the course of 2020 devastated and dramatically altered people's ways of living (Sharma et al., 2021). As a result, we were forced to adapt and cope with such tremendous shifts in our routines, rituals, habits, and lifestyles. When variants of the virus were beginning to appear and likely further complicated our lives (CDC, 2021d), we were constantly being forced to adapt to ever-changing regulations and expectations. Strict measures put into place at that time, such as social distancing, once discouraged groups of people gathering to commemorate the deaths of their loved ones due to, for example, the delaying or cancellations of funerals (Wallace et al., 2020).

As discussed earlier, several scholars and researchers have dedicated many years toward formulating intrepid projects and writings that have aimed to better define and understand suicide loss survivorship (Cerel et al., 2019; Cerel & Sanford, 2018; Jordan, 2020; Jordan & McIntosh, 2011). Despite this ongoing expansion of scientific literature surrounding this phenomenon, research exploring the potential impacts of this global pandemic on suicide loss

survivorship has yet to be widely disseminated. Additionally, furthering our understanding about the mechanisms of postvention support, if any, that suicide loss survivors have received or are receiving during this incomparably unique timeframe have also yet to be investigated. It was extremely important and timely that I sought to understand the lived experiences of suicide loss survivors and the ways in which they coped and received postvention support for their grief during the novel coronavirus pandemic. In doing so, one hope is that those who read this study will be able to support more effectively those who have grieved, and who very likely still are grieving, the loss of a loved one who had died from suicide during the COVID-19 pandemic.

Rationale

The current study was needed, in part, because it was timely and intrepid given the ongoing nature of the present pandemic and the ongoing public health crisis that is suicide. Simply on their own, the psychological effects resulting from the COVID-19 pandemic have been substantial and detrimental to the well-being of most everyone (Veldhuis et al., 2021). Effects such as increased barriers to psychological healthcare, increased financial stress, decreased access to communal support, increased social isolation, and reported increases in firearm sales had all raised concerns at that time about the potential likelihood of significantly heightened suicide rates during the pandemic (Reger et al., 2020). Further, just as suicide rates continue to rise annually (CDC, 2023b), those rates were expected to increase even more so as an outcome of the global pandemic (Lennon, 2020). Surprisingly, suicide rates evidently decreased during the pandemic (CDC, 2021c). Additionally, approximately half of all deaths from suicide are accounted for by firearms (American Foundation for Suicide Prevention, 2023). Further, firearm sales increased dramatically at the outset of the pandemic (Kerner et al., 2022; Khubchandani & Price, 2021). This could mean that there now exists a significant number of

survivors of suicide loss who may have been left behind to grieve their loved ones, even well after the global health emergency of the pandemic has ended (WHO, 2023b).

Prior to the launch of this study, we simply did not know in great length how these more recent suicide loss survivors have had to navigate their unique grief experiences as they occurred during this pandemic. However, by listening to their voices at this particular point in time, I gained a better understanding of what their experiences actually entailed so that we can now enhance the postvention support that they still need. Gaining this greater understanding of the experiences of suicide loss survivors and their current ways of grieving during this pandemic also informed us about how to better serve this community if we were to encounter future life circumstances that were at all similar to the COVID-19 pandemic. To add, learning more about what, if any, services and postvention support that these suicide loss survivors had accessed and utilized during the COVID-19 pandemic also shed light on how we can further assist and promote healing and growth throughout their respective unique grief journeys. That is, by exploring the postvention support that suicide loss survivors sought out and received, whether it was personal or professional, and its role in the grieving process during the COVID-19 pandemic helped me with elucidating which interventions and coping methods were particularly helpful during this period. Another intended hope for this study was that it would better inform and encourage working mental health professionals and the general public alike to wield a greater appreciation for how survivors of suicide loss have grieved as well as the set of unique challenges and circumstances they faced during this pandemic.

Intended Audience

The purpose of this research was to explore the lived experiences of those who became suicide loss survivors during the COVID-19 pandemic, in addition to what postvention support

that they both sought and received. The current literature base addresses postvention strategies that can be useful for promoting healing and growth among survivors of suicide loss (Andriessen et al., 2017; Jordan, 2017; Maple et al., 2017), yet it is lacking in providing guidance and insight as to how we could best support this population while also having navigated the additional, calamitous pandemic. Thus, this study aimed to offer up important implications for investigators, policymakers, counseling psychologists and other mental health professionals, and those who support and interact with suicide loss survivors in other capacities.

Perhaps in part because society at large still subscribes to using outdated and pathologizing language such as "committed suicide" to describe deaths from suicide, suicide loss survivors still often face stigma and judgment that prevents them from sharing their unique grief experiences (Scocco et al., 2017; Sheehan et al., 2018). Subsequently, they may have been quite hesitant to reach out and seek communal or clinical bereavement support. Moreover, with counseling psychologists and other mental health providers working toward a more coherent understanding of the experiences of those who have become suicide loss survivors during the COVID-19 pandemic, specific interventions and postvention activities may be able to be more accurately tailored to better address their symptomatology.

Statement of Purpose

This study aimed to explore the lived experiences of those who became suicide loss survivors during the COVID-19 pandemic, in addition to what postvention support that they both sought and received. Additionally, it strived to more effectively comprehend what postvention services, if any, they sought out and/or received, such as clinical help or communal support. By our better understanding these experiences, it is expected that counseling psychologists and other mental health professionals will develop a keener understanding of how they can lend more

effective postvention support to members of this population in their grieving processes. Further, it is important for counseling psychologists and other mental health providers alike to better understand the unique challenges and stressors that survivors of suicide loss face while grieving, especially during the COVID-19 pandemic.

Research Questions

Q1 What are the lived experiences of persons who became suicide loss survivors during the Coronavirus 2019 pandemic?

Q2 What are the experiences of suicide loss survivors seeking postvention support during the Coronavirus 2019 pandemic?

Definitions of Key Terms

To further capture how the extant literature understands and articulates the phenomenon of becoming a suicide loss survivor during the COVID-19 pandemic, the following definitions are provided.

Bereavement is the experience of having lost a loved one to death (American Psychological Association [APA], 2008).

Complicated Grief, also known as prolonged grief disorder (PGD), is understood as a pattern of overwhelming grief symptoms that deviate significantly from normal expectations following the death of a loved one (APA, 2008; Shear, 2015).

Coronavirus 2019 is an infectious disease caused by a recent coronavirus, officially known as SARS-CoV-2 (WHO, 2023b).

Grief is the anguish experienced after a significant loss, usually the death of a beloved person (APA, 2008).

Mourning is the process of feeling or expressing grief following the death of a loved one or the period during which this occurs (APA, 2008).

Postvention is understood as strategies that aim to reduce levels of suicide risk and instead to increase well-being and growth following a suicide loss. Additional support for suicide loss survivors includes psychological first aid and crisis intervention (Andriessen et al., 2019b).

Suicide is death caused by injuring oneself with the intent to die (CDC, 2021b).

Suicide Bereavement involves the characteristics of grief resulting from losing a loved one to suicide, for example, posttraumatic stress, stigma, isolation, confusion, rejection, and sadness (Survivors of Bereavement by Suicide, 2017).

Suicide Loss Survivors are those who have lost a loved one to suicide (American Association of Suicidology [AAS], 2023b; Jordan, 2020). For this study, the term suicide loss survivors will be used interchangeably and synonymously with *survivors of suicide loss*.

Summary

This chapter included (a) separate brief overviews of the scientific literature associated with suicide loss survivorship and the psychological stressors associated with the COVID-19 pandemic, (b) the rationale for this study, (c) its intended audience, (d) its primary purposes, and (e) its research questions. In summary, the rate of deaths from suicide continued to persist due to the psychological stressors incurred in response to the COVID-19 pandemic (CDC, 2023b; Yan et al., 2023), thus, leaving loved ones behind to grieve the aftermath during a uniquely difficult time in our history. It was even more important that the lived experiences of this particular group of suicide loss survivors were explored and recognized all the more. This included my developing a better understanding of how they continued to navigate these traumatic losses during the pandemic. In doing so, the current study ultimately intended to provide insight into

how counseling psychologists and other mental health professionals can help survivors of suicide loss find healing and growth throughout their grieving process.

Suicide loss survivorship is understood to be quite distinct from other types of bereavement experiences (Cerel & Sanford, 2018; Jordan, 2020; Nilsson et al., 2022). While the COVID-19 pandemic was rampant and its detrimental effects on our health and well-being were not yet fully understood at the onset of this writing, we have learned a great deal since then. However, more information and data were needed to ascertain how those who survived a suicide loss during COVID-19 were grieving and coping with their distress and pain during such a contentious and overwhelming time.

Chapter II includes an in-depth review of the literature regarding suicide loss survivorship, postvention for this group, and the psychological stressors associated with the COVID-19 pandemic. Following, Chapter III addresses this study's methodology, including its research paradigm, theoretical underpinnings, methods, qualitative rigor, and ethical considerations. Chapter IV then reveals this study's emergent findings from each participant's rich descriptions and lived experiences of becoming a suicide loss survivor during the COVID-19 pandemic. Finally, Chapter V summarizes this study's findings juxtaposed to the extant literature base, as well as discusses the important theoretical and clinical implications, limitations, and suggestions for future research on this topic.

CHAPTER II

LITERATURE REVIEW

Introduction

Suicide, over many years, has continued to pose as an ongoing and complex public health problem for our nation. It affects those on individual and systemic levels, including families, communities, and societies at large. In 2021, suicide was ranked among the top 9th leading cause of death in the U.S. for individuals across the lifespan (CDC, 2023b), with firearms accounting for more than half of all suicidal deaths (Drapeau & McIntosh, 2023). Suicide rates continue to increase, spreading across various demographics and additional contextual factors such as geographic location and comorbidity with other mental health conditions (CDC, 2023b; Stone et al., 2023). This ongoing suicide crisis is a pertinent reminder of how we must continue our prevention efforts toward reducing suicide, in addition to providing support and care for those who are profoundly impacted by these suicide losses.

Suicide loss survivors are those who have been exposed to and deeply affected by a loved one's death due to suicide, and, as a result, their lives have been significantly impacted (Jordan, 2020). In the aftermath of this tragedy, this kind of loss can eclipse the everyday functioning and lifestyles of suicide loss survivors (Jordan & McIntosh, 2011). Those who are bereaved by a suicide likely shared an intimate or at least a meaningful connection with the person who they lost to suicide. That is, a death from suicide often touches the lives of individuals like parents, partners, children, friends, colleagues, and so on. Further, suicide transcends all sorts of cultural boundaries and demographic limits affecting everyone around the world to varying degrees

(WHO, 2023a). Throughout time, it is clear that those who are bereaved by suicide are often devastated by these losses. This is why it is important to understand suicide loss survivors' experiences are all the more given the ongoing COVID-19 pandemic.

In the next section, an overview of three theoretical frameworks that will guide the phenomenon that is being investigated which includes several theories of grief throughout history, Jordan and McIntosh's (2011) theoretical model comprised of concentric circles that outline different modes of death, and Cerel et al.'s (2014) nested model of suicide loss survivorship. Then, an examination of the current literature that has explored previously the phenomenon of suicide loss survivorship. Following, the COVID-19 pandemic and its impact on the well-being of society, in addition to its relationship with the ongoing suicide crisis, will be explored.

Theories of Grief Across History

We are born as we enter this world. We live our lives and strive to make a good living. Eventually, our time runs out and we draw our final breath. Throughout our story, we connect and grow among others who mean a great deal to us. Moments and experiences are shared, celebrated, and collected with those whose very company we cherish with adoration, only to one day lose them forever to the inevitability of death.

Grief is a universal experience. The grieving process that occurs once someone has lost a person in their life can be variable. There is a multitude of reactions that could follow grief including: maladaptive emotions (e.g., sadness, shame, anxiety, loneliness), negative physical symptoms (e.g., lethargy, stomach pains, disturbances in sleep, tightness in chest/throat), and interpersonal consequences (e.g., loneliness, social withdrawal/isolation, blame, unfinished business; Greenberg & Goldman, 2019; Walsh, 2011; Worden, 2018). Grief can also manifest a

path where healing, meaning, wisdom, and growth can ensue (Tal Young et al., 2012). The purpose of this section is to examine a few of the many theories that attempt to explain the various kinds of grief when a person we care for has ceased to exist.

Throughout history, a myriad of theories have attempted to ascertain and explain how grief and bereavement are parts of the human experience. Over the years, there has been a transformational shift in terms of how grief and mourning are conceptualized. No single theory has served as a "one-size-fits-all" approach to understanding grief. Instead, each theory has a contribution that has furthered our understanding of grief and its impact on the human experience. Again, this section will provide a brief overview of *some* of the *many* grief theories that exist.

Psychodynamic Theories of Grief

In his book *Mourning and Melancholia*, Freud (1953) was one the first to formulate a theory aimed toward understanding the phenomenon of grief. He understood grief as a process whereby the survivor of the loss is expected to move on from their grief (in an adaptive way). In severing their ties and bonds from their loved one, the person would then be more likely to connect and attach to others in their community. Years later, we have learned how important it can be to continue honoring, remembering, and memorializing loved ones lost (Klass & Walter, 2001). Freud's (1953) notions concerning melancholia would later become what we now identify as Major Depressive Disorder (American Psychiatric Association, 2022). Many to this day have been outspoken in their disagreements with Freud's conceptualization of grief, mainly in that it is far too straightforward and lacks consideration for different cultural perspectives and how these perspectives can influence the grieving process.

John Bowlby (1973), one of the most pioneering and renowned researchers in attachment theory, had his own way of understanding the grieving process. He emphasized how grief is how one reacts to losing a loved one—someone to whom they were attached and with whom they shared a close bond. When a person fails to find peace and understanding, and instead avoids or denies the ending of the relationship following their loss, this can often result in what we now identify as depression (but not necessarily major depressive disorder).

The Five Stages of Grief

The grief experience has also been recognized as occurring across a series of stages that one experiences in linearity. The most renowned stage model that has conceptualized the grieving process in more of a linear fashion, positing that people move from one stage to another, is none other than the work of Elisabeth Kübler-Ross. In her book *On Death and Dying: What the Dying have to Teach Doctors, Nurses, Clergy and Their Own Families* (Kübler-Ross, 1969), she described five prescriptive stages that one encounters when death is at their doorstep. The development of these stages was a result of the many interviews she conducted with various hospice patients over the years.

First, in the denial stage, the dying person is likely refusing to face the inevitable of one's own demise (Kübler-Ross, 1969). They are likely to exercise powerful cognitive strategies in an effort to avoid the full impact of the awareness that they are going to die (sometimes sooner than expected). Further, one's emotions are frequently overregulated and suppressed during this stage, thus lending to a sense of numbness after receiving such harrowing news. After this numbness begins to subside, anger can often follow swiftly afterward.

Second, in the anger stage, the dying person may feel angry as a result of their pain, which can fuel the displacement of blame, rage, and criticism toward oneself and/or others

(Kübler-Ross, 1969). In the third stage, bargaining, the dying person is desperate for an alternative to their current predicaments. Counterfactual thinking, or the considering of an alternative (e.g., how life might have been otherwise) to something that has already happened could be flooding the dying person with "what if" questions (Kray et al., 2010). These questions could potentially exacerbate the guilt and regret they already are experiencing within this stage. They may feel numb, excessively tired, and are perhaps having thoughts related to suicide.

The fourth stage, depression, describes the experience of feeling hopeless and giving up altogether (Kübler-Ross, 1969). Life may feel pointless, and the dying person could be withdrawing from hobbies or activities that they would usually find interesting and fulfilling. In the fifth and final stage, known as the acceptance stage, Kübler-Ross (1969) posited that dying individuals often demonstrate higher levels of clarity and equilibrium in their emotional processing. They have arrived at a place of acceptance (not resignation; e.g., "I am going to die, *and* I cannot control that," or "My spouse is never coming back, it is heartbreaking, *and* I will take it day by day"). In this stage, glimmers of growth and hope seem to emerge as individuals are all the more recognizing that death and loss are inevitable and are indubitably beyond our control.

One major criticism of Kübler-Ross's theory is that its prescriptive approach can be limiting in capturing other important nuances that are also fundamental to the grieving process (McCoyd & Walter, 2015). That is, its prescriptive stages are less about explaining the process of how someone grieves and instead more about which contrived stage of grief they are in. Another criticism of Kübler-Ross's (1969) theory is that it failed to distinguish between some of the more qualitative variants of grief (e.g., anticipatory, traumatic, complicated, disenfranchised, and so on). Her model was largely centered on the anticipatory grief (Moon, 2016) among hospice

patients who were diagnosed with a terminal illness, and for those who were anticipating the loss of a loved one (Kübler-Ross, 1969).

The Dual Process Model

One of the many postmodern theories of grief and loss includes Stroebe and Schut's (2008) dual process model (DPM). The DPM focuses on how the experiences of how grievers cope and try to better their situation, rather than solely evaluating how their lives are impacted and affected from the loss. For example, after losing a loved one to suicide a survivor might turn toward adaptive ways of coping such as engaging in personal hobbies or interests or getting together with friends or family (Jordan & McIntosh, 2011; Stroebe & Schut, 2008).

Additionally, the DPM is a taxonomy that describes how people work through the loss of a close person in their lives (Stroebe & Schut, 2008). Because of this, the DPM could offer some unique insight into how suicide loss survivors are trying to make their situation better through coping and postvention activities after losing a loved one to suicide. Further, the DPM theorizes that people's lives can continue to move forward, despite mourning the loss of those who they loved (and continue to love). Coping with grief more adaptively, from the perspective of this model, is more about becoming more aware and in touch with the loss while also keeping oneself distracted from the reminders of it.

The DPM postulates that there are two ways that a bereaved individual can address (or cope with) their grief. The first way is through *loss orientation,* or their investing of a great deal of time and resources in reflecting on the loss itself. In this process, they may be working on controlling their grief-related emotions and then restructuring their attachment relationship to the person who they lost. The second is through *restoration orientation*. In this process, the bereaved survivor instead turns their attention toward what now must be done, or how their life must

continue, in light of losing their loved one. This involves those who are in bereavement joining a support group, starting a new hobby, or strengthening their other attachment relationships within their family or community. In order to attend to both their *loss-related* and *restoration-related* stressors, the grieving individual may *oscillate* between these two processes rather than trying to focus on both simultaneously (Worden, 2018). This can be a more effective strategy for navigating their loss. By oscillating, suicide loss survivors may be able to regulate their emotions more readily when they are reminded of their losses as well as help them with finding meaning and an increased ability to move toward a life that matters to them in the absence of those who they have lost (Jordan & McIntosh, 2011).

Everything together, the aforementioned theories and historical underpinnings related to grief and loss have highlighted how we can better understand the unique experience of grieving. Understanding how these theories may coalesce with the existing literature on suicide loss survivorship may broaden our knowledge of how those who became suicide loss survivors during the COVID-19 pandemic are grieving. The next two theoretical models in the subsequent sections will aim to distinguish how the concepts of grief and loss are unique to the experiences of suicide loss survivors.

Jordan and McIntosh's Model of Suicide Loss Survivorship

Jordan and McIntosh (2011) created a theoretical framework for conceptualizing varying aspects of bereavement related to different kinds of death. This model was developed in part to provide greater postvention support for those experiencing suicide grief and identify how it is uniquely a different grieving experience compared to other forms of death. In response to the consistent and dichotomous question posed: "Is suicide bereavement different [from other forms

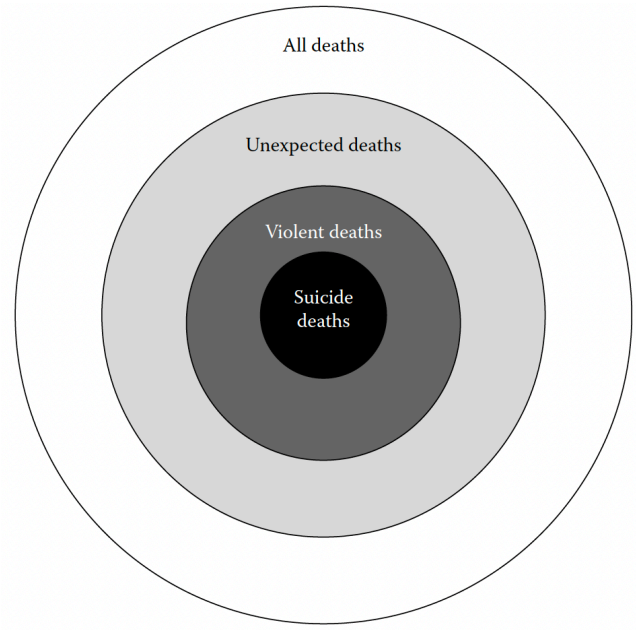
of death]?" (Jordan & McIntosh, 2011, p. 33), Jordan and McIntosh (2011) expressed that, "It all depends on what aspects of the bereavement experience is being studied" (p. 33).

At the same time, Hippocrates long ago was vigilant that, "It is more important to know what sort of person has a disease than to know what sort of disease a person has" (Egnew, 2009, p. 174). Therefore, although it is important for us to understand how grieving a loss due to suicide might be unique from other forms of death, we may also make more productive use of our time exploring how a person's lived experiences, cultural identities, and other personal factors each may contribute to their grieving and healing processes.

Jordan and McIntosh's (2011) model consisted of four concentric circles (see Figure 1). From the outer to inner circles, the most pronounced outer circle contends that certain components of bereavement are ubiquitous and expected across cultures and contexts regardless of the type of death. These components include sadness, sorrow, and a subjective yearning for the loved one who has died. The second circle includes deaths that were unexpected, which then leaves the bereaved individual potentially feeling shocked and in disbelief. The third circle includes aspects of bereavement where the loved one died in a violent manner, potentially traumatizing the griever. The fourth and final circle captures the experiences of survivors who have lost a loved one specifically due to suicide. Aspects of this bereavement experience often include characteristics mentioned previously and more, such as shock, disbelief, anger, blameworthiness, abandonment, hopelessness, rejection, trauma, and stigma (Jordan & McIntosh, 2011).

Figure 1

Aspects of Bereavement Related to Mode of Death



Note. Permission to reuse figure was granted by the Taylor & Francis (T&F Book Permissions; see Appendix A). Jordan, J., & McIntosh, J. (Eds.). (2011). *Grief after suicide: Understanding the consequences and caring for the survivors*. Routledge.

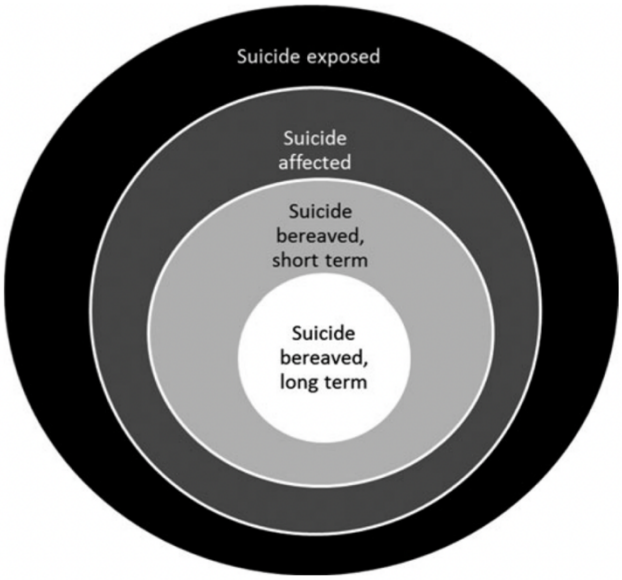
Suicidal deaths are understood as being sudden, unexpected, violent, and traumatic in nature, thus leaving those left behind (i.e., suicide loss survivors) with virtually no ability to psychologically prepare for their loss. That is, they typically are unable to grieve their loss without any warning or expectancy, which is also known as anticipatory grief (Lindemann, 1944). While keeping in mind many of the unique obstacles and experiences that suicide loss survivors tend to face, as well as the potential additional individual and contextual factors in between, this model could help reinforce the idea that those who became suicide loss survivors during the COVID-19 pandemic are grieving more uniquely than other kinds of death.

The Nested Model of Suicide Loss Survivorship

Cerel et al.'s (2014) nested model of suicide loss survivorship aims to provide an agreed-upon nomenclature designating that suicide loss exists on a four-dimensional continuum ranging from those who were exposed to a suicide, affected by a suicide, bereaved by a suicide loss in the short-term, and bereaved by a suicide loss in the long-term. Maple et al. (2019) helped clarify that the continuum acknowledges that, "those with closer attachments to the deceased will experience the most significant and long-lasting impact from the suicide" (p. 380). According to their model, all survivors who are affected by the suicide are also exposed, but not all survivors who are exposed to the suicide are necessarily affected by it (see Figure 2). This model was selected for this study primarily because it will likely help with differentiating those who were affected by a suicide loss (e.g., death of a loved one due to suicide) versus those who were merely exposed, and thus not affected nor impacted directly by a suicide during the COVID-19 pandemic.

Figure 2

The Nested Model of Suicide Loss Survivorship



Note. Permission to reuse figure was granted by Julie Cerel (see Appendix B). Cerel, J., McIntosh, J. L., Neimeyer, R. A., Maple, M., & Marshall, D. (2014). The continuum of "survivorship": Definitional issues in the aftermath of suicide. *Suicide and Life-Threatening Behavior, 44*(6), 591-600.

Suicide Loss Survivorship

The following sections will identify and describe the extant research exploring the phenomenon of suicide loss survivorship to date. Specifically, understanding how suicide loss survivorship is related to various psychological constructs and phenomena such as complicated grief, stigma, suicide risk, postvention support, and posttraumatic growth all will be discussed in detail. Further, the ways in which the COVID-19 pandemic has impacted the psychological well-being of society, as well as its potential to heighten one's risk for suicide, especially for suicide loss survivors, will also be discussed.

Suicide Loss and Complicated Grief

For some individuals, complicated grief (CG) often can emerge as a result of the bereaved person grieving a death that was unexpected, alarming, devastating, and even traumatic (Walsh, 2011). According to Shear (2015), the more salient characteristics of CG are: (a) Consistent troubling emotions and a constant yearning for the loved one, (b) resentment and frustration regarding the loss, (c) feeling shocked by the death, and (d) rumination over the deceased person for extended periods of time.

Complicated (CG) grief is understood as the bereavement response that causes distress and impairment in one's functioning due to the lingering effects of the loss feeling fresh, intense, and long-lasting (Shear, 2015; Tal Young et al., 2012). In a study by Kersting et al. (2011), the development of CG was more prevalent among those whose losses were more traumatic and unexpected in nature (e.g., due to suicide) than were those whose losses were more natural (e.g., cancer). While a number of studies have explored the effect of suicide bereavement on CG (de Groot et al., 2006; Drucker et al., 2023; Dyregrov et al., 2003; Keesee et al., 2008; Tal et al., 2017; Tal Young et al., 2012). More exploration and research regarding suicide loss and its relationship with CG, specifically during the pandemic, is warranted.

Research has shown that a person's ability to say goodbye to the loved one who they are expecting to lose to death reduces their overall shock and confusion upon the actual death itself, in addition to their preoccupations with death and suicidal behavior (Gamino et al., 2000; Swarte, 2003; Wojtkowiak et al., 2012). Indeed, grief often occurs in a relational context with regard to losing those who we loved (Wallace et al., 2020). However, grief that is sudden, unexpected, and traumatic can interfere with individuals' ability to say goodbye, thus often interrupting how they mourn the death of their loved ones without further complications that are

of a burden to them. When the initial painful responses of grief become prolonged, unresolved, persistent, and intense (Tal Young et al., 2012), those left behind can develop complicated grief (CG).

Compared to other grief experiences, the phenomenon of suicide grief is unique and deserves to be recognized as such (Jordan, 2020). Perhaps unless one is expecting a loved one to die from suicide due to warning signs and risk factors (Wojtkowiak et al., 2012), suicide loss survivors are often left behind with wondering about the "why" aspect and needing to make sense of their loved one's death from suicide (Jordan & McIntosh, 2011; Nilsson et al., 2022). If left unaddressed, suicide loss survivors who experience CG are at a greater risk for suicidal thoughts and behaviors themselves (Maple et al., 2017), as they also tend to receive greater ostracization from their usual support systems and thus could feel more isolated in their experience (Jordan, 2020). This can then result in survivors hiding their stories due to stigmatization and shame from the suicide (Jordan & McIntosh, 2011; Oexle et al., 2020; Pitman et al., 2018), further complicating their grief reactions and possibly also exacerbating negative health outcomes (Levi-Belz & Lev-Ari, 2019a).

Suicide Stigma

Unlike most other kinds of deaths, suicide is highly stigmatized (Tal Young et al., 2012), and compared to other bereavement experiences, such as those mourning the death of a loved one due to a terminal illness, suicide loss survivors often are looked down upon, ostracized, blamed, and judged by others (Peters et al., 2016). Some members of society still subscribe to outdated, archaic language pertaining to suicide, using words such as "committing" suicide or "killing themselves" instead of dying by/from suicide, which may further exacerbate feelings of stigma. That being said, suicide continues to remain a highly taboo subject that perpetuates

stigmatizing narratives onto suicide loss survivors (Overvad & Wagoner, 2020). As such, the suicide stigma attached to suicide loss survivors is often comprised of pervasive stereotypes, prejudice, and discrimination (Sheehan et al., 2018).

According to Sheehan et al. (2018), suicide loss survivors, those who were especially close family members and relatives to the deceased, often experience blame and judgment for not preventing their loved one's death due to suicide (Jordan & McIntosh, 2011; Oexle et al., 2020). They are often viewed also as responsible for the events leading up to their loved one dying from suicide, in addition to not preventing the suicide altogether. As a result, those bereaved by suicide often feel distanced from, and unsupported by, those around them. Additionally, suicide loss survivors often experience discrimination from the shunning, mistrust, and withholding of support and resources from others (Sheehan et al., 2018).

In addition to the stigma that they experience more interpersonally, suicide loss survivors may also stigmatize themselves, which involves them believing the harsh, judgmental, and critical narratives shoved onto them by society. This kind of stigmatization has shown to result in suicide loss survivors experiencing a vast range of negative symptoms including guilt, shame, self-blame, grief, loneliness, and post-traumatic stress (Mayton & Wester, 2019). Sheehan et al. (2018) refer to this type of social stigma that is placed on to suicide loss survivors from others as *suicide stigma*. Suicide stigma carries far more negative attitudes and has continued to lead suicide to be viewed as a taboo subject in nature, especially when it is compared to other forms of death and dying (Overvad & Wagoner, 2020; Pitman et al., 2018). Consequently, suicide stigma can be disempowering and can further complicate the grieving experience for suicide loss survivors, thus often leading them to question whether their loss is even worthy of grieving (Jordan & McIntosh, 2011). This type of stigma can exacerbate suicide loss survivors'

experiences of feeling isolated and withdrawn (Joiner, 2005) and can also serve as a barrier to them from reaching out and seeking clinical and communal support as needed (Oexle & Sheehan, 2020).

Suicide stigma is often considered as a significant barrier for suicide loss survivors seeking help and support (Peters et al., 2016; Pitman et al., 2018), primarily because of them then feeling voiceless and silenced from processing and sharing more openly about their loss. Therefore, professionals and organizations who do work with suicide loss survivors should strive endlessly to increasingly understand how stereotypes, prejudice, and discrimination resulting from suicide stigma can be detrimental to their growth and overall well-being (Sheehan et al., 2018).

Suicide loss survivors are often tasked with grieving in isolation (Jordan & McIntosh, 2011). Maintaining secrecy about one's stigmatized identity is a normal and common method for coping among survivors of suicide loss, yet it arguably can be highly detrimental to their well-being and psychological functioning (Oexle et al., 2020). Moreover, the stigmatization they experience from themselves and others has the potential to elevate their own risk for suicidality in survivors of suicide loss (Feigelman et al., 2009; Jordan & McGann, 2017). Therefore, it is all the more important that this suicide stigma is acknowledged and addressed accordingly through postvention care (Sheehan et al., 2018), in order to keep them safe as well.

Suicide Postvention is Prevention

As noted above, suicide loss survivors are often at a risk for suicidal behavior (Grafiadeli et al., 2021; Maple et al., 2017). If a suicide exposure was to a first-degree relative, then that individual is likely to be at an even greater risk for suicidal tendencies (Pitman et al., 2016).

Moreover, if the bereaved individual is a parent who lost their child to suicide, then their risk for suicidal behavior is even likely to be significantly heightened all the more (Hamdan et al., 2020).

At the same time, additional psychosocial factors determined by Cerel et al. (2013) can elevate the risk of suicidal behavior all the more for those who are exposed and affected by a death due to suicide. These might include identities and other contextual factors such as being younger in age, identifying as male, having a family history of suicide and/or other psychiatric concerns, and coming from an adverse family background. Preventative measures must be increasingly available and accessible to ensure the safety, care, and support of these individuals who not only may be at a greater risk for suicidal tendencies themselves, but who also may tend to be increasingly isolative and less willing to reach out for help themselves.

Whereas prevention and intervention aid in the reduction of suicidality, postvention strategies are understood to be those strategies that help to prevent any future levels of suicide risk for suicide loss survivors themselves while also increasing their health and well-being (Jordan, 2017). Postvention support is often comprised of three objectives that aim to (a) promote the healing and well-being of suicide loss survivors throughout their grieving processes, (b) assuage any additional psychological distress that could be affecting them, and (c) prevent any potential suicidal tendencies that survivors may experience following their losses (Survivors of Suicide Loss Task Force, 2015).

As mentioned previously, suicide loss survivors experience a wide range of emotional and cognitive reactions to the loss including shock and disbelief, “why” questions (i.e., searching for reasons as to why the suicide occurred), shame, responsibility, guilt, blame, anger, rejection, abandonment, fear, and even relief (Feigelman & Cerel, 2020; Jordan & McGann, 2017; Walker, 2017). As such, it is evident that the grieving experiences of suicide loss survivors are complex

and overwhelming. Studies have shown encouraging results that postvention support can be preventative for reducing future thoughts of suicide and suicidal tendencies for suicide loss survivors (Jordan, 2017; Jordan & McGann, 2017). Yet despite its helpfulness, we still do not know how specifically postvention support is sought and received by suicide loss survivors, in addition to which types of support are helpful for working with them while they grieve. Therefore, having an increased understanding of the kinds of support and treatment interventions that were both available to, and effective for, suicide loss survivors was imperative at that time. Such an understanding could provide greater focus on how we can help suicide loss survivors to find greater meaning and to perhaps begin to heal all the more from their losses.

Postvention support can include professional or clinical services such as clinical mental health counseling, psychiatric care, or psychotherapy groups in various settings (e.g., community mental health, private practices, support groups) to more indirect services (i.e., telehealth, forums, crisis text/phone lines, and smartphone/computer-based applications). These support networks can assist with addressing and processing the complicated grief, depression, posttraumatic symptoms, and stigma associated with losing someone due to suicide (Jordan, 2017). Postvention support can also be personal such as the receiving of care and help from other loved ones, family members, co-workers, friends, and fellow suicide loss survivors (Peters et al., 2016). Furthermore, in support groups, such as peer support groups, suicide loss survivors feel empowered and grow from their traumatic grief through the offering of mutual support, perspective-taking, and universality (Feigelman & Feigelman, 2008). Support groups also help with ameliorating some of the shame and stigma that is often experienced by suicide loss survivors (Kaspersen et al., 2022). Support groups are not only effective, but they also offer low-cost interventions for helping suicide loss survivors navigate their grief in a safe and impactful

environment (Feigelman & Feigelman, 2008). As a result, these support groups may allow for empathy to ensue, grief to be normalized, connectedness to occur, and hope to be instilled (Yalom & Leszcz, 2005). Because suicide loss survivors often feel alone and isolated in their grieving experiences, the role of social support can be paramount in terms of helping them heal and find meaning through their suffering (Feigelman et al., 2017; Froese et al., 2020). Among suicide loss survivors, increased social support has been shown to significantly reduce symptoms of depression, grief, and hopelessness, while also helping to normalize the experiences of suicide loss (Spino et al., 2016).

Additionally, various online organizations and resources exist to help suicide loss survivors get connected with suicide loss survivor-specific support groups across the nation. Such national organizations include the following: The Suicide Prevention Resource Center (SPRC), the American Association of Suicidology (AAS), The Suicide Prevention Action Network (SPAN), The American Foundation for Suicide Prevention (AFSP), and the Heartbeat Survivors After Suicide peer support group meetings. Additional online resources such as forums and support groups can also be accessed by suicide loss survivors in order to receive and provide support to each other, to seek information about the suicide grieving process, and to memorialize their loved ones on social media platforms (Kumar, 2023). Such resources have been shown to be highly effective for helping suicide loss survivors in coping with their grief, especially those who come from more disadvantaged and marginalized communities (Kumar, 2023).

Aside from the support received by fellow suicide loss survivors, perhaps the most useful postvention support accessed by survivors is psychotherapy (Jordan & McIntosh, 2011). Thus, it is imperative for those who are providing psychotherapy to suicide loss survivors to recognize and validate how suicide grief is complex and unique as compared to other forms of bereavement

(Bell et al., 2012). Further, clinicians should strive to adopt more of an idiographic approach by viewing each survivor's loss as unique and specific to their own lived experience rather than assuming that their grieving process is one in the same.

Mindfulness-based activities in the professional realm have also been shown to be an effective strategy for working with suicide loss survivors (Ramos-Rodriguez, 2021; Scocco et al., 2019; Stirling, 2016). These activities can support suicide loss survivors by connecting to their painful losses, in addition to helping them forgive and shed the anger toward their deceased loved ones (Scocco et al., 2019). Ramos-Rodriguez (2021) created a guidebook for helping suicide loss survivors explore and process their grief using mindfulness-based techniques and interventions. Mindfulness and contemplative practices embedded in this guidebook include self-reflective journaling, bibliotherapy, guided meditations, immersion in nature, and art-based activities (e.g., painting a mandala). The impetus for developing this guidebook was to promote healing and help suicide loss survivors transform their potentially maladaptive grief into meaningful growth.

Scocco et al. (2019) led a study involving suicide loss survivors who were invited to attend a 2-day retreat led by a certified mindfulness instructor and other volunteers whose foci were to help instill self-compassion and improve their psychological well-being through the employment of mindfulness-based activities such as breathing exercises, body scans, meditations, and yoga sessions. By engaging in these exercises, suicide loss survivors were able to address and process their suicide-grief-related emotions, such as shame, guilt, anger, and even forgiveness, which is often merged with the suicide bereavement experience (Jordan & McIntosh, 2011; Scocco et al., 2019). Together, these mindfulness activities have shown to be

useful for aiding suicide loss survivors with experiencing hope, meaning, purpose, and posttraumatic growth (Ramos-Rodriguez, 2021; Scocco et al., 2019)

We have an understanding about how postvention support as an organized response to suicide loss survivors can promote positive growth and healing through a myriad of interventions. “All survivors share a common need for informational materials on the dynamics of suicide and the social and psychological aspects of grief and bereavement after suicide death” (Feigelman & Feigelman, 2008, p. 301). This quote is a reminder that all suicide loss survivors should have the appropriate access to and gain adequate knowledge about the resources that are available, and that connecting suicide loss survivors with postvention support is a step toward helping them find healing while they grieve (Jordan, 2017; Jordan & McGann, 2017). Furthermore, the understanding of postvention support and its role in helping suicide loss survivors during the COVID-19 pandemic has yet to be understood. Suicide loss survivors who continuously navigated the psychological impacts resultant from the COVID-19 pandemic and who were also grieving the loss of loved ones due to suicide during this time likely were experiencing challenges with accessing professional and communal support. Therefore, it was important that we sought to understand which postvention support, if any, suicide loss survivors accessed and received care from during this contentious time.

Suicide Loss Survivorship and Posttraumatic Growth

A couple of the core values that are central to the field of counseling psychology are its ongoing commitment to embodying a strengths-based approach and the belief in individuals’ abilities to grow toward their full potential (Scheel et al., 2018). Thus, as a counseling psychologist-in-training I would be remiss in failing to include any relevant literature that corresponds with posttraumatic growth (PTG) and its role amongst suicide loss survivors. PTG

postulates that individuals who encounter and who are profoundly impacted by a traumatic event can experience positive transformation (Tedeschi & Calhoun, 1996).

Despite experiencing the aftermath of a suicide, some suicide loss survivors have shown promising levels of PTG (Levi-Belz et al., 2021), including a greater appreciation for life, opportunities for growth, strengthened relationships, and increases in spirituality (Froese et al., 2020; Moore et al., 2015). In an 18-month longitudinal study, Levi-Belz (2022) investigated the relationship between complicated grief (CG) and PTG in addition to their association with depression among suicide loss survivors. It was determined that the CG that suicide loss survivors can be prone to develop as a result of their loss has the potential to directly interfere with their ability to experience PTG (Levi-Belz, 2022). Therefore, it is important for clinicians who are working with suicide loss survivors to try to first and ameliorate any presenting CG symptoms so that this kind of growth can manifest (Levi-Belz, 2022). Levi-Belz et al. (2021) further discovered a positive relationship between time and PTG, suggesting that the more time that goes by for suicide loss survivors since their initial loss, the more likely that they are to experience PTG.

The Psychological Impacts of the Coronavirus 2019 Pandemic and Suicide

COVID-19, or the novel coronavirus, is a disease caused by the virus SARS-CoV-2 (severe acute respiratory syndrome coronavirus-2; WHO, 2023b). Coronavirus 2019, at its apex, permeated practically every aspect of our world, including news coverage and social media outlets. The constant monitoring of and exposure to this virus through various news outlets, in addition to its deathly impact on society, strongly contributed to the overall stress, anxiety, depression, and substance misuse that individuals endured during this time (Reger et al., 2020; Roberts et al., 2021). Although this viral disease had received greater recognition from the

medical community regarding the lives it has claimed, the toll it has on the physical human body, and how it spreads from one person to the next, several researchers wasted zero time exploring the COVID-19 and its effects on the human psyche (Kira et al., 2023; Kuriala, 2021; Lennon, 2020; Sharma et al., 2021).

Coronavirus 2019 and its psychological impacts have been far-reaching, as it has likely touched the lives of nearly every human being on this earth. As previously mentioned, over 700 million people worldwide have contracted the virus, and an estimated seven million people have perished from it (WHO, 2023b). Although it will likely continue to take more time to understand the full magnitude of the COVID-19 pandemic and its long-term psychological effects on us more properly, we have already seen just how significant of an impact it has had thus far on our society (Luo et al., 2022). That is, the COVID-19 pandemic and its psychological impacts at that time posed an ongoing disaster, a crisis, in our lives. Its wrath and destruction remained a relentless and painful source of distress as its uncertainty weighed on humanity (Ernst et al., 2022).

Factors that were shown to be associated with adversely affecting the mental health of people include (but are not limited to): a fear of contracting this viral disease and perhaps dying from it, social distancing, job loss, financial insecurity, uncertainty, substance use, media exposure, and significant changes in eating and sleeping patterns (Roberts et al., 2021; Sharma et al., 2021). Additionally, vulnerable populations such as BIPOC individuals, children, and those with a history of mental illness were shown to be at a significantly higher risk of being profoundly affected by the COVID-19 pandemic than others (Sharma et al., 2021). For example, anxiety and depressive-related disorders became more prevalent as a result of the pandemic (Pappa et al., 2020). Kira et al. (2023) described that the stress that resulted from the COVID-19

pandemic was a unique type of trauma that we were all experiencing both individually and collectively.

Arguably, an untold number of people lost many loved ones during the COVID-19 pandemic. Yet those who had lost loved ones had been restricted and limited with how they were able to mourn the deaths of those they have lost during that time (Kumar, 2023). For instance, because of the strict mandates and regulations that were set into place in response to the COVID-19 pandemic such as lockdowns, quarantining, and social distancing during this pandemic, it was suggested that it made the grieving process that much more difficult and complex for those who have wanted to attend funeral gatherings or coalesce in other ways to memorialize their loved ones together (Drucker et al., 2023). Grief was also a focal point of research that spawned during the pandemic (Kumar, 2023; Wallace et al., 2020), as it was shown to be a common and collective experience in response to this pandemic as well (Kumar, 2023). This communal grieving that likely most of us had shared with regard to mourning the losses of social gatherings, traveling, attending events, and going to school/work had impacted us (Kumar, 2023). In the subsequent section, the global pandemic and its relationship with suicide will be discussed.

In order to better understand the COVID-19 pandemic and its relationship to suicide rates, it is first important to recount some of the previous epidemics and pandemics and their relationship with increased suicide risk. The potential for viral pandemics to intensify suicide rates is often attributed to fears of contracting the virus, fears of burdening one's family, and increased anxiety while grappling with uncertainty, social isolation, and psychological distress (Ganesan et al., 2021). The last pandemic of this magnitude that we faced as a civilization occurred during the year of 1918 as a result of the Spanish Flu virus. Hundreds of thousands of

people in the U.S. contracted this virus and died from it. Furthermore, deaths resulting from suicide also significantly increased during this time period (Wasserman, 1992). Then, in 2003 there was a reported increase in suicide rates among older adults during the severe acute respiratory syndrome (SARS) outbreak in Hong Kong, China (Yip et al., 2010). We need more research to explore the trends and perhaps discover why so that we can mitigate them as best as possible.

Now, in present times, as suicide rates continue to rise (CDC, 2023a) and as the COVID-19 pandemic profoundly impacted our ways of living, the fusion of these two ongoing crises once was framed as a perfect storm (Brown & Schuman, 2021; Reger et al., 2020). As the pandemic unfolded, individuals during that time reported experiencing greater anxiety and distress in addition to greater challenges with accessing/receiving care and support (Lennon, 2020; Luo et al., 2022). The pandemic had also devastated various industries, some of which are still in the process of recovering from, especially financially, as a result of the economic downturns that were experienced like never before during previous coronavirus epidemics (Kumar, 2023; WHO, 2023b). Evidence of economic downturns such as large numbers of businesses closing, events becoming canceled, and the stock market crashing (all of which occurred in the pandemic) have historically shown to be associated with significantly elevated suicide rates (Oyesanya et al., 2015). While much of the research at that time strongly speculated that suicide rates would result in a dramatic spike during the COVID-19 pandemic, they evidently declined in the U.S. throughout the COVID-19 pandemic (CDC, 2023b). Although this information lends hope, certain risk factors for suicide (e.g., substance misuse, financial stress, depression, anxiety, etc.) continued to be on the rise during this time, resulting in a significant

number of individuals whose deaths by suicide were evidently exacerbated by pandemic-related factors (Drucker et al., 2023).

While the rigid rules and regulations that were imposed at the time of the pandemic have since shifted, they nevertheless impacted how we interacted with each other and shared physical space together throughout. During extreme surges of confirmed cases, we were strongly advised to socially distance ourselves from each other, which promoted greater disconnection between those who matter, which could have intensified our levels of loneliness. Those who experienced social isolation and loneliness during that time were shown to be at a higher risk for suicidal ideation and behaviors (Drucker et al., 2023; Van Orden et al., 2010; Yan et al., 2023). Because individuals were experiencing greater social isolation during the pandemic, their suicidal thoughts or tendencies were as well (Efstathiou et al., 2021). However, it still remains a mystery if this also includes those who were bereaved by suicide during that time.

We have also seen an influx in firearm sales. Since the start of the COVID-19 pandemic, The Federal Bureau of Investigation (FBI, 2023) released data that since March of 2020, the number of firearms purchased by U.S. citizens increased approximately by 80%. Further, in a survey conducted by Khubchandani and Price (2021), nearly one-fifth of their participants (n = 1,432) reported that they had purchased a firearm since the onset of the pandemic. Given that firearms account for roughly more than 50% of deaths due to suicide annually in the U.S. (CDC, 2023b), this reported increase in firearm sales during the pandemic is utterly disturbing as it suggests an exacerbation of the already stark suicide rates, thus having potentially left behind even more suicide loss survivors to grieve in the aftermath of their loved ones well after the COVID-19 pandemic. Given that this procurement of firearms among people in the U.S. continued to escalate during one of the most arguably contentious and stressful time periods of

our lives (Miller et al., 2022), then it is important for us to consider how the increases in firearms sales and heightened stress could have been correlated with further increases of those who became suicide loss survivors during this pandemic and the years to follow.

As mentioned previously, postvention support is recognized as prevention against psychological distress and even potential suicidal tendencies for suicide loss survivors (Jordan, 2017). As such, if suicide rates persisted during the COVID-19 pandemic as was expected, then it was likely that suicide loss survivors needed to have more services available to them. However, this was a period of time when services were understood as being difficult to access, including telehealth services, distance-based suicide prevention (e.g., telephone-based outreach), and physical distancing (instead of "social" distancing) to maintain connection with their loved ones (Reger et al., 2020).

Despite this restricted accessibility and excessive demand for postvention services, Reger et al. (2020) alluded to the potential for a silver lining that may be potentially tied to the current pandemic. They reported historically that suicide rates have often shown a decrease following a national disaster (e.g., 9/11), which appears to be the result of the "pulling-together effect" (p. 1094). Whether or not it was a direct as a result of this phenomenon, suicide rates did decrease during the pandemic as was mentioned before. This entails that those who are going through a catastrophe may come together and collectively find support from each other. Such an effect could have resulted in greater social connectedness and camaraderie for people if they had engaged in certain measures of safety, such as gathering outside or video conferencing during this pandemic. While this silver lining phenomenon seemed to appear during the pandemic, circumstances have since evolved now that the pandemic has officially been declared no longer threatening. According to Joiner et al. (2006), suicide rates often show an initial decrease during

the earlier phases of a crisis or disaster. And now that we are on the other side of the pandemic nearly 3 years after its inception, the stress, hopelessness, and fear are continuing to take a profound toll on us all. Moreover, the latest suicide trends report that rates are the highest they have ever been historically, with more than 49,000 people dead by suicide in the year 2022 (CDC, 2023a). These harrowing findings implore us that we, as a society, remain vigilant about how suicide rates are persisting to increase beyond the pandemic time period, therefore potentially elevating the total number of suicide loss survivors.

Previously, it was unclear just exactly how long this virus would be with us, as some scientists had speculated that, as it continued to mutate, its variants could continue to follow us for years to come (CDC, 2021d). Further, this pandemic is taking a psychological toll on humankind as its impact could be exacerbating the already astonishing rates of suicide (Brown & Schuman, 2021; Reger et al., 2020). If so, then it is imperative that counseling psychologists and other mental health professionals continue to monitor how the aftermath of the COVID-19 pandemic is affecting suicide loss survivors, considering that suicide loss survivors have been understood to be at an increased risk for suicide (Hamdan et al., 2020; Maple et al., 2017; Pitman et al., 2016). Moreover, we should strive ceaselessly to address the ways in which we can prevent suicide and lend support for suicide loss survivors while the storm of this pandemic rages on.

Conclusion

This chapter provided an overview of the extant literature as it pertains to suicide loss survivorship and the ongoing psychological impacts resultant from the COVID-19 pandemic. Following the suit of the current literature base, this chapter focused primarily on the thematic experiences of suicide loss survivors. This includes the ways in which they are grieving, in

addition to the various challenges and barriers (e.g., suicide-related stigma) that they may have been facing in order to get the help and support needed from professionals and their community. Therefore, it is abundantly clear that working professionals and the general public garner a better understanding of the postvention support that is available in order to help suicide loss survivors who are actively grieving.

Lastly, the literature surrounding the COVID-19 pandemic and its psychological impacts on our society has also been provided. To date, studies that examine those who became suicide loss survivors during this pandemic are non-existent. Although we certainly can speculate about how this has gone, simply do not know. Therefore, it is important for us to examine how those who became suicide loss survivors during this pandemic are grieving in addition what support, if any, they are receiving. In doing so, we may have some greater clarity as to how we can address some of their needs, offer support, and promote growth following their tragic losses.

CHAPTER III

METHODOLOGY

The purpose of Chapter III is twofold: (a) to elucidate my intentions for why I selected the research paradigm that I have, and (b) to thoroughly describe the process by which this study will be conducted. This chapter describes this study's theoretical framework, its methodological structure, this researcher's reflexivity and stance, the study's research methods, ethical considerations, and its components of trustworthiness. The research methodology guiding this study was the coalescence of axiological, ontological, and epistemological beliefs (Terrell, 2016). A qualitative phenomenological approach was employed to answer the following research questions (mentioned previously in Chapter I):

Q1 What are the lived experiences of persons who became suicide loss survivors during the Coronavirus 2019 pandemic?

Q2 What are the experiences of suicide loss survivors seeking postvention support during the Coronavirus 2019 pandemic?

Phenomenology is understood as a qualitative methodological approach that studies an individual's lived experience of the world (Neubauer et al., 2019). Moreover, it is an approach to research that seeks to describe the essence of a specific phenomenon (or multiple phenomena) by exploring it from the perspective of those who have experienced it. That is, participants describe the meaning of the experience both in terms of *what* was experienced and *how* it was experienced. This approach was selected because it aligns with the research questions outlined previously as it seeks first to understand the lived experiences of those who became suicide loss

survivors during the COVID-19 pandemic (Heppner et al., 2016), in addition to the postvention support that was both sought after and received by them.

In the psychological sciences, qualitatively driven research allows us to explore phenomena that are not as well-suited under the investigation of empirical research. Rather than trying to investigate causality and facts through an empirical lens, phenomenological research uses psychological reduction to investigate the psychological meanings engendered by one's experience of a particular phenomenon (Englander, 2016; Giorgi, 2009). The specific genre of phenomenology that was utilized in this study is that of Giorgi's (2009) descriptive phenomenological method. In this study, I aimed to understand the grieving processes among those who became survivors of suicide loss during the COVID-19 pandemic while simultaneously exploring the postvention support that they sought out and received during this time.

Theoretical Framework

The primary theoretical framework that guided this study was constructivism. Ontologically, reality is internal to the knower, and what is perceived is understood as one's reality (Heppner et al., 2016). Moreover, constructivism states that knowledge is socially constructed based on one's interactions with the world and others, and that one often depends on their dominant culture to direct their behavior and to organize their experiences (Crotty, 2010). Further, constructivism does not pontificate the proving of truths or the debunking of fallacies as it concerns reality. Instead, our constructions are what guide our beliefs and ideas about the social environment and its cultural contexts (Crotty, 2010).

A fundamental aspect of this philosophical underpinning postulates that constructions are developed as a result of interactions that primarily rely on language between the researcher and

the study's participants. Constructivism attributes the meaning of a person's *experience* to an event rather than ascribing meaning to the actual event itself (Heppner et al., 2016). Incorporating a constructivist paradigm for understanding the lived experiences of suicide loss survivors grieving a loss due to suicide during COVID-19 provided further insight into their unique experiences. The constructivist paradigm played an important role in this study in understanding how meaning was co-constructed between its participants and myself as the researcher.

Method

This study utilized a phenomenological approach to work toward a better-understanding of suicide loss survivors' experiences of grieving a loss due to suicide during the COVID-19 pandemic. Specifically, this study utilized the descriptive phenomenological approach as laid out by Giorgi (2009). This approach describes a modification of the writings of Edmund Husserl, a founding philosopher of phenomenology. Emergent from these teachings of Husserl, Giorgi's descriptive phenomenology is both relativistic and constructivist in that it holds the assumption that participants construct their own meanings out of their identities of having become suicide loss survivors during the COVID-19 pandemic (Giorgi, 2012).

Because phenomenology is rooted in constructivism (Crotty, 2010), this method was expected to blend well with the constructivist paradigm referenced in the prior section. Steps or phases in this method include (a) a data collection phase, (b) an analysis of descriptions phase, and (c) a whole-part-whole analysis phase. The whole-part analysis phase, described further in the Data Analysis section later on in this chapter, involves the identification of parts to determine meaning units (Giorgi, 2009). In this approach, it is essential that one is searching for an invariant psychological meaning that belongs to a structure or synthesis (Vagle, 2018). Invariant,

according to Vagle (2018), is understood as "That which does not change or vary through contingencies and contexts" (p. 102). In this study, the invariant psychological meaning could be understood as the essence of having become a suicide loss survivor during the COVID-19 pandemic.

Moustakas (1994) highlighted a concept of *epoche*, which involves bracketing, or setting aside one's preconceptions about a specific phenomenon. Although Giorgi's descriptive phenomenological method typically defaults to bracketing as a way of setting aside or suspending one's own assumptions, prior knowledge, and experiences as they pertain to a particular phenomenon, bridling was used as an alternative given its reputation as being the next generation of bracketing (Vagle et al., 2009). Bridling is understood to be the process by which the researcher takes an active stance in order to better understand and to limit how their own presumptions and presuppositions could interfere with the interpretation of data by remaining curious and open to their participants' responses (Dahlberg & Dahlberg, 2019). Additionally, whereas bracketing assumes a "backward" understanding of one's understanding of a particular phenomenon, bridling calls for researchers to look forward—attending to the understandings of a phenomenon as a whole throughout the entire research process (Vagle, 2018). Veering away from bracketing and toward bridling instead is done with the careful attitude in mind of using the most recognized and sound qualitative methodology.

Bridling implored me as the researcher to be well-acquainted with and understanding of my own personal biases so that my openness to the phenomenon under investigation was unadulterated. Understanding how my prior knowledge related to suicide loss survivorship and postvention support during the COVID-19 pandemic carried potential to interfere with my ability to maintain a reflective, open stance. The process of bridling started the moment when I decided

to study this particular phenomenon. Gaining greater familiarity with this phenomenon via readings, writings, lectures, podcasts, discussions, and personal reflection as both an academic as a clinician has been (and continues to be) an important feature of bridling. Doing so has helped me clarify my own preconceived understandings about this phenomenon and the steps I took in order to address them. One important step in the bridling process involved my careful metacognitive processing and attentive, deliberate reflection by way of journaling (Vagle, 2018), as well as maintaining a detailed audit trail and taking thorough field notes throughout the data collection process.

Researcher Stance

My pursuit of this research study was informed primarily by my own experiences surrounding grief and loss. Over many years, I have lost loved ones of my own to various modes of death. Moreover, those loved ones for whose deaths I have grieved have shaped my overall investment in the respective, related fields of counseling and health service psychology. Additionally, it was not until my own academic curiosity bloomed that I became galvanized toward researching and understanding more thoroughly the unique experiences associated with suicide loss survivorship. In personal and professional settings, deaths from suicide have impacted me in that they have brought to my attention just how overwhelming and catastrophic this specific type of loss and its qualitatively different grieving process can be for those who are left behind. I have witnessed in others, and have encountered first-handedly myself, the profound stigma, shame, grief, and other salient psychological effects resulting from having lost a loved one due to suicide.

On that more personal level, my own experiences here have helped me to better understand the myriad of resources that typically are available to suicide loss survivors,

including but not limited to scientific literature, personal testimonies, websites, and support groups. Furthermore, these experiences have impressed upon me that even when those whose suicides I grieved had seemed content and fulfilled when alive, in retrospect it now seems as though they were likely deeply suffering and in tremendous anguish leading up to their deaths. To this day, my family, my friends, and I continue to remember and to memorialize those precious moments that we shared with those we loved. And now, professionally, these collective experiences have inspired me to investigate this topic more thoroughly than any other one previously. Given my experiences with this topic, it was important for me to carefully bridle my own biases in an effort to confront them throughout the research process (Janak, 2018; Vagle et al., 2009). At the same time, there still may have been moments when my biases convoluted or distorted the overall design and implementation of this study.

One important bias that I held here was that of wanting and expecting these participants to have felt empowered as they shared with me their narratives regarding their suicide loss during COVID-19. However, given how intrusive and pervasive the stigma that often is experienced by suicide loss survivors can feel (Ross et al., 2021; Scocco et al., 2017), I kept in mind that these participants instead may have felt reluctant to share such intimate parts of their lives with me, despite this not turning out to be all that integral of a factor. Furthermore, I carried an important assumption that those who had lost a loved one due to suicide during the COVID-19 pandemic era likely experienced more barriers to receiving postvention support due to social or physical distancing constraints, whether self- or other-imposed. For example, it is possible that these survivors faced extremely limited counseling and psychological service options given the demands of the pandemic's stressors. These survivors also might have faced an additional hurdle in terms of perhaps being unable to memorialize their loved ones through more typical and

socially accepted group-based gatherings such as funerals, wakes, and other similar memorial services, possibly serving to further disenfranchise their grief experiences. As such, I expected that this additional very significant and highly multifaceted layer of social isolation likely greatly heightened their psychological distress, in turn making it that much more difficult for them to find and/or to receive adequate social support for their grief. Another bias of mine that I held involved my dual professional identities as a Licensed Professional Counselor and as a health service psychology trainee. I view counseling and psychotherapeutic support and their contributions as opportunities from which society can benefit. At the same time, it was important for me to recognize that these participants may have not shared this similar perspective regarding counseling and psychotherapeutic support primarily due to the feelings of stigma and distrust that suicide loss survivors have been known to experience from others.

Because these participants shared their experiences of becoming suicide loss survivors during the COVID-19 pandemic, it was also essential that I bridled personal biases regarding my own pandemic-related experiences to prevent them from adulterating the investigation of this study. As was likely the case for many of us, the pandemic had dramatically affected my own way of being. For example, it had greatly impacted how I had been managing the resultant stress and anxiety. The chronic uncertainty, the pervasive fear, and the continual adjustments that we had to make during that time in terms of how we functioned had all left me feeling more hopeless, afraid, sad, and even apathetic. Simultaneously, it had also revealed to me the strength, resilience, and goodwill of humankind as we navigated those unparalleled times collectively.

Research Methods

This phenomenological qualitative study utilized semi-structured interviews to collect data from these participants (see Appendix C). Given the ongoing challenging circumstances of

the pandemic at that time, interviews were conducted virtually in an online format (i.e., via Zoom). In the sections to follow, details outlining how this study was approved for implementation, participant recruitment, my role as the primary investigator, and how data were collected and analyzed are provided.

Institutional Review Board Approval

Before this study was executed and data were collected, a formal document outlining this study was forwarded along to the University of Northern Colorado's Institutional Review Board (IRB) for approval. Upon gaining IRB approval (see Appendix D, recruitment of participants commenced.

Participants

To better understand the lived experiences of those who became suicide loss survivors during the COVID-19 pandemic, I had intended to recruit a sample size likely ranging from a minimum of 10 to a maximum of 15 participants saturation depending. A total of nine participants were sampled for this study. Therefore, recruitment ceased once saturation was reached and the data no longer provided additional information from the research questions (Creswell & Poth, 2017; Merriam & Tisdell, 2015). This sample size helped with providing rich themes and descriptions of participants' experiences of having become a suicide loss survivor during COVID-19, as well as the postvention support that was available, sought after, and received at that time.

Because the goal of qualitative research is to enrich one's awareness of their experiences, participant selection is intended to be purposeful and sought out (Polkinghorne, 2005). Therefore, it was decided that a blend of purposive sampling and snowball sampling was the most appropriate for ascertaining suicide loss survivors' experiences of grieving a loss due to

suicide during this pandemic (Creswell & Poth, 2017). Purposive sampling involves a process of recruiting prospective participants from diverse backgrounds and experiences in order to gain a more comprehensive view of the phenomenon in question. Prospective participants were identified by reaching out via email to various organizations and agencies across the nation that support and work directly with suicide loss survivors (e.g., American Foundation for Suicide Prevention, Alliance of Hope, Suicide Prevention Resource Center, Hearbeat Survivors After Suicide). The primary contact email information and/or phone numbers can be located on their corresponding websites. Upon receiving necessary permissions from those who represent these organizations, prospective participants were forwarded a recruitment email by one of these respective organizations. The recruitment email briefly introduced the study and its purpose, as well as informed them as to what compensation participants would receive. Additionally, I recruited participants on social media platforms (e.g., Instagram, Facebook, Nextdoor). This involved me sharing my recruitment statement (Appendix E), which then allowed others to repost and reshare it. Each participant who completed the interview received a $20 Amazon gift card for their involvement in the study. Compensation was conditional upon completing the full interview or answering all questions in order to ensure that compensation did not disincentivize participants from withdrawing their participation should they want to. The gift card was sent to each participant's respective email following the interview. Further, they then had the opportunity to participate in the member check process, which was intended to help assess the accuracy of their findings.

Given that suicide loss survivorship can be a concealed or invisible identity that comes with attached stigma, judgment, and rejection (Mayer et al., 2023), snowball sampling was also used to help with identifying fellow suicide loss survivors who may have been willing to

participate in this study. As such, participants were asked at the end of their interviews if they knew of anyone else who lost a loved one to suicide during the COVID-19 pandemic. If yes, then they were encouraged to forward the recruitment email to other persons who they believed also became suicide loss survivors during the COVID-19 pandemic.

Finally, this email contained a hyperlink that, when clicked on, directed them to the Qualtrics landing page for this study. In addition to briefly reiterating much of the above information about this study, it also instructed them that by clicking onto the next page, they would be taken to this study's informed consent document (Appendix F. This document included the following information: (a) the contact information for the Primary Investigator and the Research Advisor, (b) an overview of the study's purpose and what would be requested of them if they chose to participate, (c) how confidentiality would be ensured, (d) any potential risks or benefits from participating, (e) who to contact with additional questions, (f) a statement regarding the voluntary nature of participating and that they had the choice to withdraw at any time, and (g) contact information for the university's Institutional Review Board. After reviewing the consent form, participants were then able to choose between one of two options on the Qualtrics survey: "Yes, I consent to this research," or "No, I do not consent to this research." For those who responded to the former, participants were then directed to the following page of the survey and then prompted to type both their full name and date below indicated, thereby agreeing to consent to participate in this study and to be contacted by the primary researcher. For those who respond to the latter, they were redirected to a separate webpage containing a list of national mental health resources as well as a statement thanking them for their time. These individuals received no additional follow-up.

Those who instead consented to participate in this study were then asked to complete a screening survey and demographic questionnaire (see Appendix G. This questionnaire first included items that directly addressed this study's inclusion and exclusion criteria. Inclusion criteria for this study were: (a) being 18 years of age or older, and (b) having experienced the phenomenon under investigation (i.e., having lost a loved one to suicide during the COVID-19 pandemic). Exclusion criteria for this study were (a) persons who instead lost a loved one to suicide prior to the onset of the COVID-19 pandemic, (b) those who reside outside of the U.S., and (c) those who have endorsed any thoughts of dying from suicide themselves in the past 3 months. While completing this questionnaire, they were also asked about the significance of the person in their life whose death from suicide they have been affected by, in addition to other demographic factors, including age, race, ethnicity, spirituality, gender identity, personal pronouns, and geographic location.

After completing the demographic and screening questionnaire, these prospective participant responses were reviewed to confirm that they were, in fact, eligible to participate in this study. Prospective participants who did not meet the eligibility criteria were informed via email, were thanked for their time, and were provided with a list of mental health resources specific to suicide loss. Those who instead did meet the aforementioned criteria were then selected to participate from the pool of all those who were confirmed as eligible. To the greatest extent possible, this participant selection also was prioritized based on those who represented a wide range of diverse factors including age, race, ethnicity, gender identity, geographic region, and so on. Purposefully selecting participants according to these diverse characteristics helped to facilitate a more comprehensive view of the phenomenon of having become a suicide loss survivor during the COVID-19 pandemic. They were then contacted via the email address that

they provided on the demographic and screening questionnaire form to schedule the online semi-structured interview.

Data Collection

Interviews were both video and audio recorded via Zoom. Using this recording feature embedded within Zoom afforded me the opportunity to then create well-organized transcripts so that they could then be used for analysis. The audio-recorded interviews then were transcribed verbatim by Temi.com. Following, each transcribed interview was downloaded from Temi.com and then was listened to and reviewed for accuracy. These recordings were backed up on a password-protected personal computer drive under my own personal username and password and then stored on a double-locked computer (i.e., with one passcode required to unlock the computer, followed by a second passcode required to access the storage file). Upon completion and final approval of this dissertation study, all video and audio recordings were subsequently destroyed.

Using semi-structured and in-depth interviewing techniques allowed me to adapt my focus based on the meanings that emerged from each participant's responses (Merriam & Tisdell, 2015). It also allowed me to gather a rich description of the phenomenon of having become a suicide loss survivor during the COVID-19 pandemic (Giorgi, 2009). At the start of each interview, I revisited and re-reviewed the informed consent document thoroughly with each participant. I also requested that they were in a confidential area where they felt more comfortable having discussed their lived experiences with the phenomenon at hand. Each participant was then reminded about their right to withdraw their consent and to stop participating at any time. Additionally, I asked each participant to provide a pseudonym of their choosing in order to further protect their confidentiality. Following the conclusion of each

interview, I emailed each participant a debriefing document that included further information regarding the study along with a list of national mental health resources for them to contact as needed (see Appendix H).

Role of Researcher

As the sole researcher in this study, I was continually tasked with gathering qualitative data from my participants. Although I engaged in my own bridling process throughout, my mere presence, my interactions with the participants, and my asking of the interview questions all likely influenced participants' responses throughout. To counter this, I first worked to bridle my own experiences before conducting interviews and analyzing transcripts. Recorded interviews were reviewed thoroughly to inspect for ways in which my role as the researcher might have convoluted or interfered with how they responded. A review of these recorded interviews occurred in an attempt to recognize the potential effects that I as the researcher had on the participants' responses so as to avoid or reduce any similar effects on future interviews. I also kept and maintained an up-to-date researcher reflexivity journal that detailed what I observed and found throughout each participant's interview. Documenting my observations and personal reactions via journaling allowed me to continue my bridling process throughout data collection and analysis. Maintaining a bridling attitude also helped with keeping me informed and accountable for how my own biases could have impacted the data collection and analysis processes.

Researcher Reflexivity

Researcher reflexivity was utilized as a practice that implored me to examine my own biases throughout the research process so that I could address and mitigate them accordingly (Morrow, 2007). Because my own role as the researcher was inextricably linked with this study,

it was crucial that I evaluated how my own biases and worldview could have influenced the research process continually. Reflecting on my own experiences as a suicide loss survivor permitted me to reflect critically on my own assumptions, biases, and experiences with such phenomena and how they have impacted me as a researcher (Guba & Lincoln, 1989). I did this by keeping an up-to-date self-reflection journal summarizing my assumptions about what I expected to find even before the data collection process began (Heppner et al., 2016).

Data Analysis

Interview data were transcribed using an online transcription service (Temi.com), which uses TLS 1.2 encryption and machine transcription to maintain the confidentiality of participants as it concerns all uploaded video, audio, and transcript files. Transcribed interviews were examined through the utility of a descriptive analysis method (Vagle, 2018) as outlined by Giorgi (2009). Giorgi's descriptive method aims to understand the meaning of participants' descriptions based entirely on what is presented in the data and does not attempt to reduce ambiguities without direct evidence from the articulated description itself (Giorgi, 2009). This method is oriented more so by the process of discovery rather than verification (Giorgi, 2012). Within this framework, I worked toward reflecting on the description of the participants' potential for meaning in how it relates to their worldview (Giorgi, 2009; Wertz, 2005).

Giorgi's descriptive phenomenology follows a set of five steps that outline the process of analyzing gathered data (Giorgi, 2009; Vagle, 2018). The first step in this approach involves the researcher adopting and maintaining the mindset of the phenomenological attitude (Giorgi, 2009). The phenomenological attitude differs from our usual or everyday understanding of the world around us. Instead, the researcher bridles, or sets aside, their own presuppositions and biases, including those that are cultural, theoretical, and so on.

The second step in Giorgi's (2009) analysis process begins with having each interview transcribed verbatim. Following their transcription via Temi.com, I removed any and all identifying information of each participant from their respective transcripts. Then, I read each de-identified transcript thoroughly to gain an overall understanding of what each participant had described (Giorgi, 2009). To maintain alignment with the descriptive phenomenological method, direct statements from the participants' responses were included to provide richer descriptions of their experiences related to suicide loss survivorship during the COVID-19 pandemic. By reading each transcribed interview in its entirety, I then was able to begin to find parts (i.e., meaning units) in the whole (i.e., each participant's experience of the invariant psychological meaning).

For step three of Giorgi's (2009) process, each transcript is re-visited and re-analyzed, following the initial reading in step two, until the process of finding parts in the whole is established, which is known as *finding meaning units*. Meaning units, which are comprised of rich descriptions of the participants' experiences specific to the phenomenon being investigated, then are separated into parts (Giorgi, 2012). Separating the meaning units into parts then helps the researcher to better analyze participants' descriptions much more intentionally. Each time a single meaning unit was identified in a transcript; I assigned it a number. Following, a forward slash mark was demarcated between the two meaning units. This helped to provide further clarity as it pertained to how I chose to combine or separate out various meaning units as they emerged. The process of delineating meaning units may differ depending on each unique researcher. However, results from the analysis aimed to portray (as much as qualitative research will allow) some degree of consistency between meaning units (Giorgi, 2009). To facilitate member checking, I emailed each participant their analyzed and transcribed case narrative for their review

and feedback. The function of this was to verify with every participant that each meaning unit determined was interpretable and aligned with their overall experience of having become a suicide loss survivor during the COVID-19 pandemic.

In step four of Giorgi's process, these meaning units then are translated into expressions that emphasize the psychological meanings that are experienced by the participants (Giorgi, 2009). As meaning units were detected, I reflected upon how they described the essence of suicide loss survivorship during COVID-19 (Creswell et al., 2007). Each meaning unit was then re-written into third-person language without sacrificing its meaning content. Such a transformation allowed me to continue assuming the attitude of the scientific phenomenological reduction (Giorgi, 2012). During this step, the evolution of meaning units required me to use imaginative variation to write about an essential structure of the phenomenon (Giorgi, 2009). Using imaginative variation allowed me to elucidate meanings inherent to the experiences of those who became suicide loss survivors during the COVID-19 pandemic (Turley et al., 2016). Following, statements then could be more generalizable as each of these parts (discovered through the meaning units) facilitated the development of the whole of the psychological phenomenon. In other words, although it was assumed that these participants' experiences of having become suicide loss survivors during COVID-19 would vary, I still was able to find themes across them that were psychologically meaningful and related to the experiences that they described.

In the fifth and final step of Giorgi's phenomenological psychological method, I clarified and provided a description of the data (Giorgi, 2012). This was applied via the use of the transformed meaning units to describe the psychological structure of the participants' experiences of having become suicide loss survivors during this pandemic. Subsequently, I then

was able to determine various themes that emerged surrounding their experiences with this phenomenon. In doing so, I could then compare the findings of this study to those of similar studies. Following the completion of these steps, I ceased my bridling process and then begin interpreting the data using my own theoretical lens (Giorgi, 2009).

Ethical Considerations

This research was guided by the American Psychological Association's (2002) *Ethical Principles of Psychologists and Code of Conduct* to ensure that I was promoting the greatest welfare, first and foremost, for each participant involved. That is, transparency, not deception, was used throughout this study. Specifically, as part of the informed consent process, participants received explicit verbal and written information as it pertained to this study's primary purpose, any potential risks involved in participating, and how their responses and overall participation in this study all was kept confidential.

As mentioned previously, full approval was granted by the University of Northern Colorado's (UNC) Institutional Review Board (IRB) prior to recruiting participants for this study. Conversations regarding the topic of suicide loss survivorship can be highly sensitive in nature. Thus, it was possible that participants could have become overwhelmed given the trauma often associated with suicide grief (Sanford et al., 2016). If participants happened to become emotionally dysregulated to the point where immediate mental health intervention was required, I was prepared to conduct a thorough risk assessment and direct participants toward the appropriate resources including (but not limited to) a crisis hotline or the nearest hospital/emergency services.

Trustworthiness

As mentioned previously, qualitative research is not judged by the same criteria typically used with quantitative research, such as internal validity, generalizability, reliability, and objectivity (Korstjens & Moser, 2018). Instead, a study's qualitative rigor is assessed by its trustworthiness, which is understood as the extent to which one can believe in its research findings. Trustworthiness is comprised of the following criteria as outlined by Lincoln and Guba (1985): (a) confirmability, (b) credibility, (c) dependability, and (d) transferability.

Confirmability

Appropriately named, confirmability postulates the degree to which a qualitative study's results can be confirmed by other researchers instead of germinating from my own personal biases (Morrow, 2007). To maintain the confirmability and integrity of the research findings, I used an audit trail, which included details justifying my decision-making processes throughout the course of this study (Terrell, 2016). An audit trail is a step-by-step process formulated by the researcher that documents, in steps, the series of events that are occurring throughout the research study. I also used a research journal to maintain an organized and thorough audit trail. Having utilized a research journal throughout this study helped to ensure accountability in that I used it to continually monitor and reflect on my own reactions, biases, and any emerging insights (Guba & Lincoln, 1994). By way of journaling, I was able to describe in detail how data were collected, as well as the key decisions I made throughout the data collection process. These steps then helped me, the researcher, to better understand the results of this study by recounting each participant's experience throughout the research process. I made a point to journal and reflect after each interview to understand what it brought up for me. Following, I then returned to and thoroughly read each transcription to understand what they meant to me. This reflective

journaling process helped me to counter the impact of my biases in response to the data before moving forward with the analysis.

Credibility

Akin to internal validity in quantitative research, credibility assesses for the degree to which a study's findings are accurate based on its data (Lincoln & Guba, 1985). Credibility maintains that results from a study are confidently represented from its participants' descriptions (Lincoln & Guba, 1985). There are several strategies that a researcher can employ to promote credibility, such as prolonged engagement, persistent observation, triangulation, and member checking (Lincoln & Guba, 1985; Sim & Sharp, 1998). These last two credibility strategies, triangulation and member checking, will be employed in this study. Over the course of this research process, it was my every intention to exercise my researcher reflexivity via a reflexivity journal in order to better clarify how my own bridling process could have impacted this study.

Triangulation

Triangulation involves the use of multiple sources of data to enhance the depth as well as the interpretability of the data (Lincoln & Guba, 1985). Another strategy, referred to as investigator triangulation, was implemented with the support of one of the Co-Research Advisors of this study, Dr. Jeffrey Rings. This strategy aligned with triangulation as it aimed to increase the richness and depth of their descriptions of the phenomenon of having become a suicide loss survivor during COVID-19 (Morrow, 2007). After I coded, analyzed the data, determined meaning units, and interpreted the results, Dr. Rings provided ongoing feedback and offered regular assistance with the formulation of interpretation decisions.

Member Checking

Member checking is a strategy that was used to ensure credibility in this study. For member checking, each participant had the opportunity to review and provide feedback on their own individual case narrative. This was conducted by providing each participant with a copy of their transcribed and analyzed case narrative, including descriptions and themes from its content. Each participant offered feedback that was relevant in both verifying that the descriptions and themes accurately aligned with their experiences, as well as suggesting any alterations that needed to be made. Incorporating member checking into this study helped bolster this study's trustworthiness, as it encouraged both the researcher and participants alike to review the case narratives from different perspectives to check for accuracy with their experiences.

Dependability

An additional component of trustworthiness is dependability. Dependability is understood as the stability and consistency of a study's results over time (Lincoln & Guba, 1985). Comparative to the process of determining confirmability, an audit trail that outlined my research process was implemented to promote the dependability throughout this study (Guba & Lincoln, 1989). This ensured that the research process was well-documented chronologically from beginning to end and that any changes throughout the process that were made were monitored and addressed regularly (Morrow, 2007). In addition, the research path that I led included any reflective thoughts, sampling information, research meetings with my Co-Research Advisor and other Committee Members, and data management, all of which will be included to allow any reviewers of this study to ascertain the transparency of the research path (Korstjens & Moser, 2018).

Transferability

Transferability is another aspect of trustworthiness that was incorporated in this study. In transferability, the researcher provides enough content about themselves, including their role and responsibilities in the study, in addition to the research context, its main processes, demographic background information about the participants, and the researcher-participant relationships. To encourage transferability, thick descriptions regarding those who became suicide loss survivors during the COVID-19 pandemic are included in the Results section. These thick descriptions will enable readers to decide how generalizable the results are to other populations, settings, or contexts (Morrow, 2007). Maximum variation sampling can also support transferability through the interviewing of a diverse group of participants (Merriam & Tisdell, 2015).

Summary

Throughout this chapter, I have outlined the intended methodological approach proposed for this study. Specifically, the prospective theoretical framework and phenomenological method guiding this study were discussed. My stance as a researcher and how my own biases and assumptions may emerge, as well as how they intend to be mitigated, were clarified. In addition, the recruitment of participants, the collection and analysis of data, and the formulation and maintenance of qualitative rigor for this study were included in this chapter. In Chapter IV, results of this study, comprised of emergent themes from the participants' descriptions of their own experiences with the phenomenon of those who became suicide loss survivors during the COVID-19 pandemic, are discussed.

CHAPTER IV

RESULTS

The current study aimed to explore participants' experiences of becoming suicide loss survivors during the COVID-19 pandemic while also examining the postvention support that they intentionally sought, received, or both. This chapter provides descriptions of each participant's story and the relevant findings to the phenomenon under investigation: the essence of the experience of suicide loss survivorship and postvention support during the novel COVID-19 pandemic. In this chapter, numerous themes emerged across all participants' experiences following a descriptive phenomenological analysis of each transcribed interview. Once meaning units were determined, they were clustered into identified common themes that aim to capture the psychological essence across these participants' lived experiences with the phenomenon in question.

After successfully proposing this dissertation study and then receiving approval from the Institutional Review Board at the University of Northern Colorado (see Appendix D), nine participants were recruited, interviewed, and included in this study's analysis. Throughout this study, I utilized bridling (Dahlberg & Dahlberg, 2019) as a way of understanding and limiting how my own presuppositions of suicide loss survivorship, postvention support, and pandemic-related experiences could impact my analyzed descriptions from each participant's experience (Giorgi, 2009). Maintaining this mindset allowed me to be actively aware of my biases and their impact on the research process as well as to be even more open to anything about this phenomenon that may have presented to me as novel.

After their interview, each participant received a $20 Amazon gift card and a copy of the study's informed consent document that they previously had signed (see Appendix F). They also received a debriefing statement (see Appendix H), which included resources for accessing postvention support. Participants were also offered the opportunity to review their respective case narratives as a way of verifying the extent to which their experiences aligned with my perceptions as the primary researcher.

The research questions for this study were:

Q1 What are the lived experiences of persons who became suicide loss survivors during the Coronavirus 2019 pandemic?

Q2 What are the experiences of suicide loss survivors seeking postvention support during the Coronavirus 2019 pandemic?

Participant Descriptions

This study interviewed nine participants who lost a loved one to suicide during the COVID-19 pandemic. Each participant met the inclusion criteria of (a) being 18 years of age or older and (b) having experienced the phenomenon under investigation (i.e., having lost a loved one to suicide during the COVID-19 pandemic). Participant demographic information is outlined below and includes relevant demographics such as their age range, gender identity, racial and ethnic identity, the nature of their relationship to their loved ones who they lost to suicide, and the time elapsed from when their suicide loss occurred to when their interview was held (see Table 1).

Table 1

Participant Demographics

Pseudonym	Gender	Age	Race/Ethnicity	Relationship	Time Since Loss
Betty	Woman	50s	White, Caucasian	Fiancé, Friend	1 year, 3 months; 2 years, 10 months
Bow	Non-binary	30s	White	Partner	1 year, 10 months
Georgia	Woman	70s	Caucasian, Irish	Daughter	8 months
Jasper	Man	50s	White, Caucasian	Brother	1 year, 9 months
Laura	Woman	30s	White, Caucasian	Friend	2 years, 3 months
Mimi	Woman	60s	White, Ashkenazi Jew	Son	1 year, 11 months
Olivia	Woman	30s	White	Uncle	1 year, 3 months
Ralph	Man	40s	White, Jewish	Friend	2 years, 4 months
Reagan	Woman	20s	White	Friend	3 months

Note. $n = 9$

To highlight some demographic characteristics of this group, the participants' ages ranged from their mid-20s to their mid-70s. Six participants identified as cisgender women, two as cisgender men, and one as non-binary. All participants identified as either White or Caucasian. One participant also identified as Ashkenazi Jew, another as Jewish, and another as Irish. The time since losing their loved ones to suicide ranged from 3 months prior to 2 years and 10 months prior. The nature of the relationships that they had with their suicided loved ones varied significantly. For example, some participants lost friends, whereas others lost different types of family members. Only one participant reported losing two loved ones to suicide during the pandemic—first her friend and then her fiancé.

Each participant selected a pseudonym of their choosing to protect their confidentiality. Pseudonyms were also assigned to each of their deceased loved ones, as well as to other relevant

family members or loved ones who also were salient to their narratives. Participants' demographic data, including their age and geographic location, also were de-identified to the greatest extent possible to maximize their privacy.

During the interviews, participants were encouraged to describe in detail what their loved one meant to them, in addition to sharing their experience as suicide loss survivors during the COVID-19 pandemic. In this process, the majority of these participants (eight out of nine) became tearful while describing their experiences of grieving their loved ones. Rich descriptions of each participant's narrative surrounding the loved one who they lost to suicide will be discussed in the following section.

Within-Case Analyses

Betty

Betty self-identified as a White female in her 50s. She lived in the Midwest during both her losses and this interview. She currently works as a certified alcohol and drug counselor and a certified brain spotter, and she takes great pride in her work. Both her fiancé and her friend died by suicide in the Fall of 2021 and the Spring of 2020, respectively. She indicated also losing an uncle, an aunt, and a grandmother, all to causes other than suicide during the pandemic. Betty did not disclose details regarding the methods of death by suicide for her fiancé and friend. Further, she mainly focused on sharing her experiences of losing her fiancé, Charles (pseudonym), and less so on the loss of her friend, Ashley (pseudonym), to suicide.

Betty engaged in the interview with openness and directness. While she did seem eager and willing when responding to each question, some of her responses were more concise than others, thus requiring follow-up questions for me to gain more detailed descriptions of her experiences. This conciseness seemed to occur when Betty shared how the COVID-19 pandemic

affected her grieving process or when she was encouraged to share how her social and cultural identities were impacted after losing loved ones to suicide during the pandemic. As a fellow mental health professional, Betty also expressed interest in positive psychology, brain spotting, Eye Movement Desensitization and Reprocessing (EMDR), and Acceptance and Commitment Therapy (ACT), all commensurate with the field. She was also receptive to learning about the literature and other pertinent materials as they concerned her experiences of coping with her suicide losses. Betty generally presented as emotionally composed throughout the interview until she was asked to share in detail what her fiancé meant to her. At this moment, her affect noticeably shifted into a state of sadness as she began to cry.

Betty and Charles met while seeking treatment at a support group 2 years before the COVID-19 pandemic and instantly bonded. They lived together and regularly spent quality time engaging in mutually appealing activities and hobbies. At the beginning of the COVID-19 pandemic, Betty shared that both she and Charles felt suicidal because of mandatory regulations such as quarantining (lockdown) and social distancing, but that quickly dissipated after they started dating and moved in together.

Betty described Charles as her "soulmate." She explained a series of "crappy" relationships until meeting him. According to Betty, he was her primary support system, especially after losing her friend Ashley to suicide. After Charles' passing, Betty denied any interest in dating or investing in another serious relationship by stating: "I haven't dated anybody since the loss, and I have no desire to. I feel like one of those little old ladies that's like, "No, I had the love of my life. I'm done now."

While Betty did not seem to experience any added difficulty in her grieving process due to the COVID-19 pandemic, she spoke to her loneliness, her increased difficulty maintaining her

sobriety, and the financial burdens that unfolded following his suicide. For example, after Charles' passing, Betty became solely responsible for paying what used to be their shared expenses such as rent, utilities, and groceries. There were also moments when Betty contemplated suicide herself due to her feeling so emotionally overwhelmed and alone: "I got very suicidal when [the COVID-19 pandemic] started because I went from all this support to, like, no support. And when nobody else could console me, [Charles] could."

Betty's experiences of feeling suicidal persisted beyond the onset of the pandemic and the loss of her friend Ashley. After losing Charles, she experienced feelings of hopelessness and despair, and her thoughts about suicide returned. Betty then described the people who gave her strength and resilience and helped her to cope with the hardships of losing two loved ones to suicide during the pandemic.

> There were times where I thought about joining [Charles]. Luckily, those times are over. But it was hard. It was really hard. And I just had to keep remembering I've got a 23-year-old son. I've got parents and family and friends, and knowing what it did to me to lose even just my friend [Ashley], who I didn't know very well, I was like, "I can't do that to other people."

In terms of coping after losing Ashley, Betty relied on receiving support from Charles, as well as from other friends. When dealing with losing Charles, Betty highlighted the significance of relationships in helping her to heal and to find meaning in her life once again. After Charles' death, his mother and his two brothers visited Betty, despite them never meeting each other in person before. During their visit, she appreciated sharing stories with people who knew Charles as well as she did. This type of bonding provided more healing for Betty and an opportunity for her to connect with others who could directly relate to her loss.

> My friends have really rallied around me. One of my friends bought me a rescue cat who's sleeping here by my side. The first thing she said [was], "I can't stand the idea of you being alone." So, she got me a cat. And then, a friend of mine from Texas knitted me a shawl and said she just wanted to give me a hug, so that was the only way she could do it.

Betty's friends supporting her in these ways seemed to have helped alleviate some of the loneliness and isolation that she described previously. Further, this kind of personal support that she received was "extremely beneficial." She also expressed gratitude for her coworkers, especially her boss, for rallying their support for her. While working in a drug and alcohol rehabilitation center as a substance abuse counselor and brain spotter, Betty was allowed to attend one of the 30 groups that her facility offers: a grief support group. After attending a few meetings, she indicated that it was helpful; it meant a lot to her that her boss encouraged and empowered her to attend these meetings during her work time. Subsequently, she shared feeling cared for and that her well-being was prioritized while she was processing her losses. Betty's boss was also keen on reimbursing her whenever she bought materials on grief, such as self-help books.

Additional professional postvention support that Betty discussed seeking and receiving at the time involved her receiving brain spotting treatment as well as her joining a different virtual grief support group. She found the brain spotting treatment to be by far the most beneficial professional support that she received. Betty also worked with a counselor individually for approximately three to four sessions, which helped her to make more sense of her loss. Lastly, she also met with a relationship counselor for about two or three sessions nearly a year after

losing Charles, which solidified for her that she was not interested in dating or pursuing a new partnership at that time.

Bow

Bow self-identified as a White non-binary individual in their 30s who lived in the Rocky Mountain Region of the West with their father both during their loss and this interview. Bow was raised in the Christian faith and sometimes attends church to sing as a part of the worship band; however, they are not active in their faith. They currently identify as agnostic and believe in a higher power. Bow's partner, Tod (pseudonym), died by suicide in the Spring of 2021. Bow did not disclose details regarding Tod's method of death by suicide. They indicated also losing some distant family members during the pandemic to whom they were not particularly close.

Bow arrived at their scheduled online interview appointment on time and prepared. Throughout the interview, they generally appeared willing and forthright in answering each question openly and genuinely. Sometimes, they would forget the question and need to have it repeated or would take extended pauses before answering. Bow became tearful and would start crying when describing the significance of Tod's loss to them and then apologize to me for emoting in this way. They then would take deep breaths and self-soothe to regulate themselves. At about halfway through the interview, Bow requested to take a break and then turned off their video and audio for several minutes. They related their feelings of being overwhelmed and stressed that emerged during the interview as being similar to their experiences in individual therapy. They smiled and laughed lightly during other moments while discussing their painful experiences of losing Tod to suicide during the COVID-19 pandemic. They also communicated assertively when they were ready to move on to the next question or when they needed more time to reflect on a given question. Bow often expressed their love for Tod and the love that they

felt in return from them, as well as how this mindset has given them strength and kept them grounded since their death. Lastly, they described feeling drained by the end of the interview.

Bow knew their partner for over 6 years; they officially started dating in the latter part of 2019. They met while working at a call center, which Bow recalls was a “toxic environment” that they worked at. They indicated that they have not re-entered the workforce since. Bow described instantly falling in love with Tod despite them being married to another individual at that time. The two immediately formed a bond that they had never had before, which helped give Bow a reason and purpose to go to work. According to Bow, Tod also identified as non-binary and was diagnosed with autism before their meeting, whereas Bow was diagnosed with autism soon after Tod’s death. For Bow, receiving this diagnosis has been an adjustment that they are still trying to understand about themself.

Bow described Tod as someone who kept their life private and who was uncomfortable with overlapping aspects of their life, especially relationships. In the summer of 2018, Bow, Tod, and Tod’s ex-wife all were living together and were experiencing complex mental health issues, including suicidal thoughts. Shortly after, Tod’s wife left their home and cut off contact with both Bow and Tod, and Bow never heard from her again. Amidst all of this transition and change, Bow described that their and Tod’s relationship faced a few heavy ruptures as they were getting on each other’s nerves while living together and experiencing their respective mental health troubles. Subsequently, they decided that it would be best if they spent time apart.

Six months later, after minimal contact with each other, Tod and Bow reignited their friendship, and from there, it slowly blossomed into a partnership. For Bow, this quickly became the healthiest relationship that they ever had. That winter, Tod moved to another state. The following 2 years of their relationship would be long-distance until Tod’s passing. Near the end

of 2019, a few months before the COVID-19 pandemic started, Bow and Tod decided that they wanted to spend the rest of their lives together. The two regularly stayed connected through phone calls, text messages, and online gaming. When the COVID-19 pandemic started, they still were living in different states and apart from one another. From Bow's perspective, Tod was their entire social support system during the first year of the pandemic. After about a year since the start of the pandemic, Tod's sister visited Bow to inform them that Tod had died by suicide. Right up until Tod died, Bow shared that they were experiencing some significant physical and mental health issues.

> The 2 months prior to [Tod's] death, I was going through some health issues, and my mental health was suffering badly. And I was in a constant state of very intense anxiety. And when their sister came to my house and told me that they had died, everything stopped. I was suddenly in the eye of the storm. I didn't feel any of that anxiety anymore. I was just numb.

Bow's relationship with Tod's sister has developed into a closer bond, especially since she delivered the news of Tod's suicide. Although they knew each other while Tod was alive, they were not as close as they are now that Tod was gone.

> That first week, we spent all of our time together. I had just had surgery on my ankle, so I wasn't able to get up and walk around very much. [Tod's] sister just came and sat on the couch with me all week. We talked, and we cried together, and we just got to know each other really well and really became best friends. I don't know what I would have done without her.

Bow also spoke about the emotional toll of losing Tod, consisting of various feelings while grieving, such as anger, regret, blame, and isolation. In the midst of their grieving, Bow

recalled having their own thoughts of suicide that they were dealing with. However, realizing that Tod would have wanted them to continue living served as both a strength and a protective factor in preventing Bow from acting on their suicidal ideation. Since then, they have made their own mental health a priority and focused on taking care of themselves more intentionally.

> I remember having just a moment where I thought the easiest thing right now would be to end my own life, and the thought that immediately followed was, "That's not what Tod would have wanted me to do here." So, I just made the decision right then that Tod's death changed my life, but it didn't end it. I've worked really hard since then on improving my mental health. I guess it's just caring for myself. That's a strength that I have.

Further, while Bow was confident that Tod's suicide was unrelated to their relationship, they did seem to have insight into the factors that seemed to have led to Tod's death. For instance, Bow shared that Tod had seriously considered suicide for most of their life. The most pressing factor, according to Bow, had been Tod's economic hardship. They often had trouble keeping employment; most of their jobs were entry-level positions that paid minimum wage and were miserable for them. Additionally, Tod struggled with our planet's changing climate (i.e., global warming) and had difficulty navigating the heat waves where they lived during the summertime, especially since their apartment did not have adequate air conditioning.

Bow shared their experiences of coping after Tod's suicide, the strengths and resiliencies that they experienced, as well as the personal and professional postvention support that they intentionally sought and received as a result of their loss while also navigating the COVID-19 pandemic. Many of these experiences involved personal relationships central to Bow, such as their church pastor, their father, and their online gaming group, in addition to relationships from

Tod's life including their childhood friend and their sister. Bow identified the pastor from their church as a close friend and someone that they have been able to turn to for support, partly because she also was diagnosed with autism and had lost her husband to suicide a couple of decades prior. When the pandemic started, Bow's church initially closed until they transitioned all of their services to online. For reasons that are not entirely clear, Bow's relationship with their pastor eventually started to deteriorate, and they were reluctant to continue investing in that church while that was happening. Eventually, the church re-opened for in-person services, and Bow and their pastor could interact more face-to-face and repair their relationship.

Bow's father was another person who supported them both financially and emotionally, kindly reminding them that they were not a burden to him. Tod also had introduced Bow to an online gaming group of queer- and trans-identifying individuals that had formed during the pandemic to fuel connection and to reduce loneliness. After Tod's death, one of the group members encouraged Bow to continue coming to their game nights, which have been fun and meaningful for them. Bow also spoke about the connection that they shared with Tod's childhood friend. When Tod died, Bow appreciated getting to connect with this person who mattered to Tod and who had known them since they were young. She shared stories about Tod's childhood with Bow, which they were unaware of beforehand. Her support and friendship have meant a great deal to them.

In Bow's experience, the quality of the mental health care that they have received since Tod's suicide and during the COVID-19 pandemic sometimes has been inadequate. They described meeting with multiple therapists regularly throughout the pandemic, some of whom were more helpful than others. A few months after Tod's passing, once Bow was formally diagnosed with autism, Bow ended their relationship with their ongoing therapist and purposely

sought out a therapist who identified as neurodivergent. Initially, it was challenging for Bow to adjust to teletherapy as they had enjoyed therapy in a face-to-face format. At the time of this interview, Bow shared that their most recent therapist has been incredibly helpful in processing and making sense of both their suicide loss and autism diagnosis. Bow shared their openness and willingness to confide in their therapist and to trust the therapeutic process.

> It wasn't difficult to talk to her [Bow's therapist] about this [suicide loss], just because she's not a part of my life; she's not going to tell anybody these things that I'm saying. So, I think I felt safe talking about it just because of the nature of therapy.

After an extended waiting period due to COVID-19-related setbacks, Bow eventually met regularly with a psychiatrist, who, according to them, also has been an essential part of their healing journey. They also described having implemented several new coping strategies into their health and well-being, such as yoga.

> Yoga has helped me out a lot. Just having something kind of physical to do. There have been a lot of times where I'm on my mat doing some kind of flow or even stretching, and I'll just find myself, all of a sudden, in tears, like that's a physical way to release all of the emotions that I'm feeling.

Additional coping strategies that Bow has relied on for support consist of singing with a professional choir in the local area, returning to college, and fostering kittens, which has given them a greater sense of purpose. Overall, these coping strategies, strengths, and resiliencies, combined with the personal and professional postvention support that Bow received following Tod's suicide, were helpful for them to feel grounded and to move forward with their life.

Georgia

Georgia self-identified as a White, Irish-Catholic female in her 70s. She lived in the West with her husband both during her loss and this interview. She is retired after working in the dental industry for approximately 40 years. Since retiring, Georgia spoke about the importance of engaging in at least three daily activities to give her life meaning and to help her feel a sense of accomplishment. Georgia's youngest daughter, Fiona (pseudonym), died by suicide in the Summer of 2022 from a self-inflicted gunshot wound. She shared that she also lost her younger brother and a cousin, both unrelated to suicide, during the pandemic.

Georgia arrived at the online interview on time and prepared. She was engaged, present, and willing to open up about her experiences of losing her daughter to suicide. Georgia's characteristics of humor, gratitude, and wisdom were present while she shared her experiences of becoming a suicide loss survivor during the COVID-19 pandemic. Additionally, she reminded me multiple times that she can be known to "ramble on" when talking about Fiona and encouraged me to interrupt as needed. Georgia's interview was one of the longer ones that I conducted due to her giving lengthy responses to each question. Sometimes, she looked away from the screen, perhaps due to her feeling some discomfort about describing her loss. Georgia also paused occasionally during her responses, and would suddenly shift her thought process to another topic. Georgia was also comfortable labeling her emotional experiences as they pertained directly to losing Fiona to suicide. When she spoke specifically about her relationship with Fiona and how losing her to suicide has changed her life, Georgia would become tearful, appearing sad. She also expressed her appreciation toward participating in the interview since she feels that she can only share her experiences of losing Fiona in the grief group that she attends or with her sister or husband.

Georgia told the story of Fiona, sharing both about who she was and what their relationship meant to her. Fiona was in her 50s and was a mother of three when she died. According to Georgia, Fiona struggled in long-term romantic relationships throughout most of her life. The first part of her career, while in her 20s, was spent working in the mental health field. However, after several of her clients died, she decided to switch careers and started working for the military as a Survivor Coordinator. It remains unclear if Fiona was a veteran or if she was a civilian who worked for the military. Georgia shared that Fiona hid her cancer diagnosis from her family at one point, which was a decisive rupture in their relationship that never amounted to any actual resolve. Fiona was also re-enrolled in school and training to become a nurse practitioner at the time of her death.

At the start of the COVID-19 pandemic, Georgia was in utter disbelief and shock while watching the news and learning that "people were dying left and right" as a result of the coronavirus and its devastation. She and her husband adhered to the expected restrictions and guidelines, thus they socially distanced and isolated themselves from others and gave up activities they cared about, such as taking the train downtown or going to the movies. Further, since Georgia's husband's heart attack before Fiona's death, they were even more careful with exposing themselves to others who could be contagious. Getting vaccinated against the virus was originally a political issue for Georgia in that she was hesitant about receiving the vaccine based on the news coverage at that time. However, they eventually decided to get vaccinated because of both her and her husband's health conditions. After learning that Fiona was refusing to get vaccinated, Georgia also described the frustration she felt and the ongoing disagreements that followed after she learned that Fiona was refusing to get vaccinated. Georgia recounted one such disagreement of theirs on the phone: "'Fiona, with your education, certainly you can believe in

science.' And I don't get it. I really don't get it. A young woman that smart can't believe in science."

Georgia referred to Fiona as her "firecracker," ornery since the day she was born, and as having a "wonderful sense of humor" that closely resembled her own. Georgia then spoke about how the two had a special bond that was unique from her relationships with her other two daughters.

> Fiona was like her mom—we're going to crack jokes, we're going to say things back to people. That's just who we are. I mean, we can behave, yes, but we're a little bit naughty, too. And losing her and that wonderful sense of humor that I could banter with and talk about gardening with and things like that. ... Fiona was my sunshine. On a dark day, all you had to do was call Fiona up, and you were filled with sunlight. So, I did say to my sister this morning, "I'm lucky that I had Fiona for 50 years."

The two regularly spoke on the phone together for extended periods at least once a week. Georgia remembered speaking with Fiona on the phone just 6 days before her suicide. Three days later, Georgia spoke with her oldest daughter, who informed her that Fiona was struggling psychologically. The following day, Georgia decided to contact Fiona but did not get a response or a call back after leaving her a voicemail. While this felt unusual to Georgia, she did not suspect anything was wrong. Then, two more days had passed until Fiona's son, Georgia's grandson, informed her that Fiona had died by suicide. At that moment, Georgia remembers "falling apart" and feeling emotionally distraught. She was not interested in fully knowing the details leading to Fiona's suicide at that time. However, she learned later that Fiona and her only daughter had a heated argument with each other, which potentially precipitated her suicide.

Georgia recalled not wanting to see anybody or to leave the house after she lost Fiona, including those who attended Fiona's celebration of life. Georgia then shared her experiences, including feeling apathetic, of attending Fiona's celebration of life while also trying to remain careful of the potential risks of contracting the coronavirus as a result of being around a larger group of unfamiliar people.

> I thought, you know, hey, I get COVID because of all these people, I guess I get COVID because of all these people, but I want to acknowledge their contribution to Fiona, and they're presenting us with a flag for all the families she served and everything. And there were ... there were a lot of Colonels there, a lot of Majors there, a lot of higher-ups, and I shook hands, and I thought no more about it, other than when I got in the car. I used the hand sanitizer, you know, but of course, here they are hugging me whether I wanted to or not, and I just decided, "Hey, I'm not going to let it bother me." ... I just did not allow it to [impact my experience at Fiona's celebration of life].

Georgia then proceeded to describe her experiences of how certain relationships in her life have transformed since Fiona's suicide, especially her relationship with her son. During a family gathering on Christmas Eve, Georgia described feeling angry after being "lectured" by her son. She expressed needing empathy and comfort at the time, but she instead received unsolicited advice from him about how she should "feel" following her loss. Georgia emphatically expressed that, from that point on, when it came to grieving Fiona, "Nobody's going to tell me how to feel, and nobody's going to tell me what to do." Subsequently, her relationship with her son remains fragmented and strained, which is something she is learning to accept. Since then, it has been difficult for Georgia to know who she can feel safe enough around and trust to disclose her experiences as a suicide loss survivor.

Throughout the interview, Georgia described various emotions that she experienced after becoming a suicide loss survivor. At first, she shared feeling helpless and unsure of what to do and who she should turn to for help. She also revealed emotions such as regret, shame, and betrayal connected to her loss. Furthermore, anger was a prominent emotion that Georgia described experiencing toward both her son and Fiona. As a result of the loss, she remembered being more prone to anger than she was before. Her anger sometimes resulted in her blaming her husband for Fiona's passing and resenting other peoples' happiness. She also described moments when she would rant, rave, and scream privately and publicly when reminded of Fiona's death. Georgia also shared feeling abandoned by Fiona.

> I'm telling you, I was angry. I was angry at everybody. If you looked happy shopping in the grocery store, I'm mad as hell. If you, you know, cut me off in traffic, I'm going to scream and road rage. You know, and just Fiona would come on my mind. And I would start thinking about her, and I'd start screaming at Fiona. "Why did you do this? You were supposed to take care of me when I'm old," ... "And you've abandoned me," you know, is how I felt.

Whenever she started thinking of Fiona, Georgia immediately became overwhelmed and distraught. Sometimes, while walking outside in her yard, she would collapse on the ground due to the emotional turmoil felt. At other times, Georgia remembered pacing around, "bargaining with God," and journaling to cope with these heavy emotions. Since Fiona's passing, Georgia described herself as someone who is now quieter and who listens to people more attentively than before. Additionally, the devastation of losing Fiona initially made it challenging for Georgia to engage in meaningful hobbies and activities that she previously enjoyed, such as quilting and gardening.

> I love my garden, outside gardening. And last year, after Fiona's death, I let everything burn up, let it go to weeds. I didn't do a damn thing. ... I have not gone back to my hobby of quilting. I loved quilting. I've made many quilts for different people for different reasons. You know, breast cancer, whatever charities, just for gifts, baby gifts, and for Fiona. And I haven't been able to go back to quilting yet. I'm really, really trying. I have all my laundry, my washer, and dryer is in front of my quilt room. I washed the laundry. But I don't fold it or put it away. I just let it pile up. ... And I'm afraid to walk in that room. Yeah. I'll get through it. I will get through it. I'll get back there. I know I will.

The personal and professional postvention support that Georgia acknowledged receiving each had their meaning in helping her to grieve the loss of Fiona. She described feeling supported by multiple people in her life, including her sisters, her husband, her best friend, and her son, who helped her connect with Heartbeat, a support group explicitly designed for suicide loss survivors. As mentioned previously, while her son was supportive in helping her to connect with Heartbeat, she eventually decided to distance herself from him after feeling lectured by and not getting the empathy that she needed from him. Additionally, Georgia appreciated the friends who offered her their support through kind gestures, such as inviting her out to lunch. However, she often found it challenging to leave her house and to meet up with them out of worry that she would have to deal with the pain of opening up and talking about Fiona's suicide.

> I know people are there if I choose to visit with them or anything. At this point, I don't want to visit with anybody. I don't want to rehash everything. ... It's a stressor that I have to explain about Fiona [and her suicide].

Both individual therapy and Heartbeat also supported Georgia's grieving experiences. She appreciated meeting with her therapist and with the group via Zoom for the convenience of

not having to drive so far and so that she also could prioritize her and her husband's health and safety during the pandemic. Additionally, Georgia was quicker to seek and to receive therapeutic support for her loss after an "air disaster" that she witnessed over 30 years ago at a military base. She recalled developing PTSD and a fear of flying in planes until she eventually sought trauma-informed care from a licensed mental health professional. Initially, Georgia was receiving professional postvention support solely through Heartbeat. She originally was nervous about joining the group for COVID-19-related reasons, mainly because she thought that it would be in-person and thus would be exposed to participants who could be unvaccinated or who may be carrying the virus. However, she felt relieved and excited to attend when she learned that it was virtual. The first couple of times she participated in the group, Georgia remembered feeling ashamed and that there "must be something wrong with [her]" because all she did was cry throughout. However, she also felt immensely supported by the group, even during moments when she felt "crazy," devastated, and ashamed. Heartbeat taught her to be more self-compassionate, more self-forgiving, and how to begin her long grief journey as a suicide loss survivor.

> It was a tough, tough 4 months if I didn't have that group to cry to. I thought I was going crazy. I would scream and yell in the car, always in the car. At home, I'm just crying all the time. And the group made me feel like, "This is normal. You're not crazy, lady. This happens." ... The group was there when I felt like I was really crazy. I mean, truly crazy. And angry. I didn't know why I was so angry. ... I didn't think I had any [strengths and resiliencies] at first. I really didn't. And the group taught me [to] give yourself grace. Give yourself a little space; don't be so hard on yourself.

Eventually, Georgia also sought individual therapy after deciding that she needed more help in understanding the anger that was tied to her grief. In sum, the work that she and her therapist accomplished unequivocally helped her to understand Fiona more profoundly and to develop acceptance and compassion toward both herself and Fiona. Through therapy, Georgia described learning acceptance and how to let go of the guilt that she initially felt after Fiona's suicide.

> And after we [therapist and Georgia] spent the 45 minutes talking about it, and then the next week, I spent that whole week just thinking about how upset she [Fiona] must have been that she couldn't reach out, and, it must have been so dark for her. And yet, even if I could have contacted her, even if I could have talked to her 30 minutes before she shot herself, I wouldn't have been able to do anything. And from that point on, I didn't have any, I never really have had any guilt like, "Oh, your parenting must have been bad," or "Oh, you weren't very supportive," or whatever. That has never, you know, crossed my mind since then.

Therapy also helped Georgia to learn how to process the lingering betrayal that she felt after Fiona hid her cancer diagnosis from the family. It was an illuminating experience for Georgia to better understand and empathize with Fiona's pain, as well as with her intention to hide her cancer diagnosis from her family. This therapeutic breakthrough helped Georgia to detach from the guilt and blame that once burdened her so heavily. It also further helped her to develop empathy and compassion for Fiona, in addition to acceptance that she may never fully understand the extent of Fiona's pain and suffering.

> My therapist stopped me right then and there and said, "Did you just say that she hid her cancer or ovarian cancer from everybody?" And I said, "Yes." And she says, "Georgia,

> I've been doing this for 30 years." And she said, "I have to tell you that if your daughter did something like that, she had some serious issues." I said, "You know, I'm sure she did." I said, "I just can't believe she couldn't find somebody to talk to." And she said, "When somebody is in a position where they're supposed to seem okay, all the time, they're the statue of stone for their clients, for the military for everybody, and she could not accept, for whatever reason, that she was not that person." And when she told me that, I said, "So she's really the one that had the issues, the emotional thing, it wasn't caused by any of us—the relationships or anything? It's all, like, within Fiona?" And she said, "Well, I'm sure it's not all," you know, "Other factors had to do with it." But she said, "For her to hide something that traumatic, there was something at the core of her" whatever it was.

Receiving clinical care from licensed mental health professionals and therapist-led groups, such as Heartbeat, are common postvention strategies for suicide loss survivors. Georgia also met with her primary care physician, who was instrumental in helping her with getting the antidepressant medication that she needed. However, she also received postvention support from her endocrinologist, which is unique from other suicide loss survivors' experiences in this study. This experience was impactful, according to Georgia, leaving her feeling genuinely cared for and restoring her faith in humanity.

> And my doctor's, surprisingly ... I had to go to my diabetic doctor, the endocrinologist, and I was really shocked. Three months ago. She immediately scooted her chair over and, put her arm on mine, and said, "I am so sorry. I am truly, truly sorry of what you're going through." And I just couldn't imagine a medical person coming in, being there for me. I didn't feel like I deserved it. I just never felt deserving of things like that. But for

somebody, a stranger, to come do this, you know? It was pretty amazing, actually it kind of restores your faith in humans.

Lastly, Georgia highlighted her desire for wanting to make a difference in the lives of others as a result of losing her daughter Fiona to suicide, despite not feeling entirely confident in her strength or ability to do so.

I would like to make a difference because of Fiona. Either [by] helping a group or helping an individual or something. I would like to make a difference. But I don't know how yet. And I'm not strong enough yet. And I know that.

Jasper

Jasper self-identified as a White male in the 50s age range. He lived in the Western U.S. with his wife during both his loss and the interview. He further self-identified as a world traveler whose spiritual paradigm aligns with Theravada and Buddhism, which he acknowledged practicing daily. He described himself as a sensitive person who places high value on his roles as a friend, husband, teacher, and mentor. He has also worked in the healthcare profession as a registered nurse with over 30 years of experience in the field, exposing him to various medical-related traumas. He continues to work seasonally, which has helped to distract him from his loss and to invest his energies elsewhere. In the Spring of 2021, Jasper's older sister, Kara (pseudonym), informed him that their older brother, Greg (pseudonym), had died by suicide from suffocation. He denied having lost any other loved ones during the pandemic.

Jasper was ready and prepared for his scheduled online interview, his demeanor throughout exuded kindness, politeness, and formalness. He often responded thoughtfully, took extended pauses, and repeated each question to himself aloud while writing them down. He also sought clarification to some questions as needed. Jasper would carefully craft his responses

through reflection and deliberation before sharing his experiences of becoming a suicide loss survivor during the COVID-19 pandemic. At the mention of Greg's death from suicide, Jasper became tearful and began to cry. Near the end of the interview, Jasper displayed a sense of pride in himself, validating the courage that it took for him to be able to participate in this study and his story.

Greg was a part of Jasper's life for 58 years; they were seven years apart in age. Jasper was Greg's younger brother, and he often looked up to Greg and viewed him as "someone to learn from." He also described Greg as someone who adored history and was well-versed in travel and exploration. It was shared that Greg had a history of alcohol misuse and other mental health struggles that he recovered from in 2011. Greg also worked for the Department of Defense (DoD) and lived overseas for extended periods. Subsequently, Jasper found it challenging to get to know his brother for who he genuinely was.

> That [Greg's job with the DoD] kind of throws an entirely different wrench into having relationships with anybody because they could be at risk. ... [And] that's the other thing about having a relationship with anybody. They have to keep their world and their activities, and their discussions muted, and their phones are monitored, and you can't talk with somebody very easily on a humane level when they're in those types of positions, in my opinion, that's what was my experience at least.

Jasper further shared that he and his brother never developed the deep, intimate brotherhood that he seemed to long for, partly because of his job working for the DoD. Another part of it, according to Jasper, was Greg's "resentment" and "non-acknowledgment of [Jasper's] existence," which started during both of their childhoods after Jasper was born and became the youngest child in the family. Jasper's demeanor and tone shifted toward sadness as he shared

about this. He also described feeling hurt that Greg set aside time in his schedule to visit their sister, Kara, throughout adulthood but failed to make the effort to visit Jasper.

Greg was temporarily staying with Kara at the time of his death. On the day of Greg's suicide, Jasper viscerally remembered feeling that something was wrong and recalled feeling more exhausted and lethargic than was typical for him. Kara, who after returning home from work, discovered Greg's body in her garage. Afterward, she contacted Jasper and told him that their brother had died by suicide. When encouraged to share about the salient emotions that he felt stemmed from Greg's suicide, Jasper described the shock and trauma that he has experienced and feeling left behind in response.

> I have to preface this by saying that anybody [who] loses a family member or close friend or a loved one due to suicide, pandemic or not, is always a shock, a trauma. ... It's not easy when people that you love choose to exit.

Jasper described a bit about how he coped as well as the strengths and resiliencies that he has experienced after he become a suicide loss survivor during the COVID-19 pandemic. His two most prominent coping strategies have involved his diverse international traveling experiences and spiritual training. His daily mindfulness and contemplative practice, again rooted in Theravada and Buddhism, was mentioned often throughout this interview as they have been incredibly supportive for him while grieving his brother. Theravada and Buddhism have taught him acceptance and have helped to protect him from "going off the deep end," including from having his own thoughts about suicide or turning to substance misuse. Jasper also attributed his resilience to his early independent living since the age of 14 after his parents' divorce and its aftermath. He lamented "not having much of a childhood" and that he had to "grow up early" and be self-reliant when needed. He described feeling more emotionally stable than he did at the

time of the loss, which he attributes to his support system, his individual therapy, and his spiritual practice.

In Jasper's case, the postvention support that he sought out and received from his loved ones and his other personal relationships all was impactful in that "they all contributed positively towards processing the trauma of [Greg's] suicide" and reminded him that he was not alone in his grief. He described feeling supported and cared for by his wife, members of the two men's groups he has led and participated in, and his sister. Jasper and Kara memorialized Greg's death through an ash burial ceremony in the mountains, which was meaningful for him to share that experience with her. The men's groups, which often involve discussions about philosophy, spirituality, and existentialism, mostly have been places of non-judgment and acceptance for Jasper, except for an experience of stigma that he experienced in one of the groups. He described receiving vapid apologies that were evident that these others could not relate directly to his experience as a suicide loss survivor. Although Jasper denied ever blaming or feeling disdain toward them in response, he nevertheless attributed their stigma to their perception and lack of understanding of suicide.

> I think this inability to conceive of either somebody killing themselves or someone losing, not to a natural death, like a parent from a heart attack or a friend from a car accident, they had more of a difficult time, and the stigma came up in that my perception that, "Oh, there's something wrong with you and/or your family be because one of your family members was not able to cope with the realities of life, or, "They chose to end their life as a resolution to stop the pain and suffering that they were experiencing in their mind or body."

Jasper also shared that he wished that he had even received more support from both Kara and his wife. He wished that his sister had acknowledged the impact that their brother's suicide had on Jasper more explicitly than she did. Instead, Jasper described taking on a caretaking/caregiving role for his sister and that he did not receive the reciprocation of care and support that he also wanted from her. Additionally, Jasper shared his experience of having wanted a fellow suicide loss survivor who he could connect with and seek support from following his loss.

> It would have been nice to have had a buddy—a post-traumatic suicide buddy to pair up with that had a sense of what it's like to go through suicide and to be able to bounce ideas off of and reverberate emotions and feelings that arise. That, I think, could be healthy. For lack of a better word, "a suicide buddy" just came to my mind. Maybe it should be "a suicide support person."

During the COVID-19 pandemic, Jasper spoke about a widespread "fear factor" that made it difficult for him and others to be in direct, face-to-face contact with loved ones and with his therapist. He also felt that there were fewer support systems and resources available for him to access due to the pandemic. He shared his experiences of how the pandemic affected communicating and bonding with others. Jasper spoke about the limited suicide loss resources available due to the COVID-19 pandemic as well as its corresponding mandated regulations and restrictions. For example, Jasper found it challenging to receive the personal support that he needed and could not meet in person with others or travel to be with loved ones.

> Examples of things that were lacking as a result of the pandemic [were] one-on-one interaction, personal touch, whether it's a handshake or a hug, [and] frequency of those activities. Because most of us were holed up in some type of structured dorm, building,

> [or] whatever, during that time period. Community support was lacking because gatherings were restricted or limited. And what I considered, historically, my own support community wasn't there, in my opinion, for me. They were distant, I think as a result of the pandemic.

Relatedly, Jasper met with a therapist before both the COVID-19 pandemic and Greg's passing. However, due to ongoing COVID-19 restrictions, Jasper could not continue meeting with his therapist in person. He described the impact that the pandemic had on his ability to address the shock and trauma that he experienced immediately after Greg's suicide with his therapist.

> Due to the limitations of the pandemic and direct interpersonal contact, therapy, like with my therapist, would have been potentially helpful for me to deal with the shock and the trauma right afterward. But the impact of the pandemic really influenced everybody's ability to communicate one-on-one in person on a human level, as I call it, "human beings being human." So that separation was something I wish we didn't have during that period.

While he wanted to continue meeting with his therapist throughout the pandemic and immediately after Greg's passing, Jasper was unwilling to transition to a telehealth format, as he preferred meeting in person as "online [therapy] is not something [he] would choose to do." A year and a half after Greg's death, Jasper has since re-engaged in services with his therapist, focusing on somatic experiencing, which has helped support to his resiliency and to process his suicide grief.

Laura

Laura self-identified as a White female in her 30s as well as a previously incarcerated person who lived in the Southwestern U.S. when she lost her close friend, Daniel (pseudonym), to suicide. She has since relocated to the Rocky Mountain West and works in the field of mental health. Daniel died by suicide in the Fall of 2020, shortly after she moved to another part of the country. Laura did not disclose Daniel's method of suicide. She indicated also having lost a grandmother to causes other than suicide during the pandemic as well.

Laura participated throughout the online interview with good engagement and thoughtfulness. She was receptive to all questions asked and sought clarification whenever needed. Her dog would bark occasionally, interrupting the interview process from time to time. Laura appeared to be distracted in these moments, resulting in either my question needing to be repeated or her needing to be reminded of the discussion topic. She presented as emotionally authentic and became tearful while describing how losing Daniel had affected her life. Lastly, she spoke of her experience of losing Daniel akin to being a client meeting with their therapist during the initial appointment: while it can be hard being vulnerable with someone who is virtually a stranger, it also can allow for healing and can function as a meaning-making process.

Laura initially met Daniel through her brother, Carl (pseudonym), a close friend of Daniel's, and knew him for approximately 3 years before his passing. She described him as a supportive and reliable person for both her and Carl. She also shared that Daniel was experiencing discord in his relationship with his partner leading up to his suicide. Additionally, he was a public figure in the media, and he was also affiliated with the military until he was honorably discharged for unknown reasons.

Laura also mentioned that Daniel and Carl had forged a strong bond with each other during the 6 months that they had been incarcerated together, dating a few years back. She felt grateful that Daniel and Carl had each other to rely on during that time. When Daniel was released from prison, Laura shared that she and Daniel connected more regularly and spent quality time bonding over their respective relationships with Carl. Moreover, Laura spoke about their connection to some of the injustices that they had experienced while formally incarcerated in the criminal justice system.

As was mentioned, Laura moved to another state during the pandemic for job-related reasons. She had only been relocated for a couple of months upon discovering that Daniel had died by suicide. She learned about him contemplating his death while reading a suicide note that he had written and then posted on one of his social media profiles. In the note, Daniel wrote about his experiences of checking himself into a mental health inpatient facility to address some of the difficult circumstances he underwent during his time in the military. He also advocated for how things needed to change and be different for military personnel in his written note. Daniel was still alive for several hours after writing his letter, and she did not learn about his suicide until she started reading people's comments on that post who had confirmed his death. Further, after speaking with him just 2 days before his death, she felt shocked and immediately began to cry. She described the emotional impact that she experienced after reading people's comments on his social media post.

> And so, there were lots of comments on there connected to people speculating around what had happened. I think I found myself getting really caught up in a lot of the speculation connected to his suicide of wanting to defend his honor but also not wanting to be sucked into that, and so it was hard to even shift into some of the grief processes.

> And so, part of it was, these people had just watched him on the show [and] didn't know him and are making these interpretations. And so, [I was] really trying to highlight in those instances the impact on the family. This is not the location for this conversation to be happening. Yes, this is the letter, but that doesn't give people the right to make these interpretations about things that they are not aware of, especially when his family is grieving. He had just completed suicide the day before.

Moreover, Laura indicated feeling angry, confused, disheartened, and especially powerless while reading Daniel's social media posts that involved many blaming, critical, and judgmental responses. According to her, these emotional experiences further complicated her experience of grieving his death.

> Reading the post, I just felt really powerless, and, of course, I started believing that we all deal with that situation and wishing that I'd reached out to him before that or that I'd reached out to him the day before and checked in. And [I was] just consumed by it. I couldn't really focus on anything else. And being in the middle of the pandemic where I was already in super "fight or flight," [and] not having any support, and just feeling so powerless knowing that this was probably going to happen and hoping that it wouldn't. I'm grieving for his unborn kid and grieving for my brother. And I'm so angry at the people who were on there saying things about somebody [Daniel] they've never even met. [They] had no idea who he was, and them not knowing some of the things that he'd gone through, that he shared with me before leading up to him completing [suicide]. Of course, I felt powerless over some of the others, and I felt like all of my energy was focused on trying to do something about that. It would have felt like at least then I'm doing something.

The anger that Laura described feeling in response seemed to be a complicated experience for her. On the one hand, she felt compelled to defend Daniel's honor by responding to the people who were blatantly criticizing him and undermining his characterhood. On the other hand, she felt powerless and hesitant to engage in the thread of comments unfolding on Daniel's social media post. Various people who did not know him as Laura did were making comments and labeling him as a "coward" who was "running from things" in his life and abandoning his family, including his unborn child. This was particularly tough for Laura to witness since she knew about his struggles and the various traumas he experienced on a more personal level, mainly because it was not the place for that conversation to be happening.

> Watching both sides, where there's people from her side that are posting on there saying all these things, and then his friends and family [posting comments], and I'm just like, "This just is not the place for it." And then, of course, that adds a layer too, because I'm like, "Did you actually do the things that you're accused of?" And not that that would make you a bad person, but [it] would add a different layer.

Laura then explained her experiences of moving to a new location when certain mandated restrictions, such as social distancing and quarantining, were still being enforced. Also, she shared that most of her support system, including her closest friends, lived in the state that she recently had left. Relocating to another state and thus lacking a robust support system, partly due to COVID-19 pandemic-related factors, profoundly impacted her grieving process.

> It felt really challenging because [Daniel's suicide] happened at the end of [Fall], and I had just moved at the end of July to a new place, and at that point, everything was virtual. I hadn't built up a pretty strong support system in the new place. A lot of my friends were in a different state. So, a lot of the support that I received was virtual, and I didn't feel

> like I had built safe connections with people; the deep connections, where I'd [share] "Hey, this is what's going on for me," with the people that I was connecting with [in a new location], at least at that point. And so I think that I was already in a place of feeling like things felt really tough just with moving in the middle of the pandemic and not having a support system.

Laura then described how her lack thereof face-to-face contact with others left her feeling more alone and isolated while grieving the loss of Daniel. Additionally, she mentioned that while she did have some connections with people who she recently had met after relocating, it was nevertheless challenging for her to feel comfortable and safe enough to speak more openly about her experiences as a suicide loss survivor. Laura described her experience of yearning for more face-to-face contact and physical touch during the pandemic.

> I think the biggest thing for me was the face-to-face piece. I needed face-to-face co-regulation [and] people that I was close to, that I [could] be in the same space with. And so [dealing with Daniel's loss during the pandemic] felt challenging to navigate in a space where the people I was face-to-face [with] weren't the people that I had the depth that I was able to lean into, at least not yet. I think that if there had been face-to-face opportunities, [and] I think that if it hadn't been the middle of a pandemic, and if I hadn't just recently moved to a different state, I think that [grieving] would have looked really different. I think if it had been face-to-face, that would have made a difference. But confines of being in a pandemic.

However, even when she received some physical connection that she was yearning for from those who she met in her new locale, it did not have quite the same impact on her as it

would have if it had been a closer friend who better understood the extent of what she was going through in dealing with Daniel's suicide.

> Seeing their full body and being able to take in the nuances of their body language and see more clearly their facial expressions without potentially some of these lags or gaps that we experience in the virtual setting, and having that physical [contact], like hugs and maybe hand on the shoulder or whatever it looks like. Even being able to go and experience something with that person and share something with them to [know] this person is here, and real, and I can touch them, and we can co-regulate and all of those pieces. But I still had some of those people that I was connecting with [in new locale], and we'd go run. I could get hugs from them, but it was different because they didn't know the depth of what was going on.

Laura then shared her experiences of the personal and professional support that she sought and received after Daniel's death. Laura described the powerlessness, guilt, and regret that she felt due to being unable to more directly support Carl with his grief reaction, since he still was incarcerated when Daniel died.

> I think if I had had more access to my brother, to be able to share that experience with him. As opposed to, I couldn't call him, I couldn't reach out to him. I had to wait for him to reach out to me. While he's incarcerated, I think that feeling powerless to [not be able to] be there for him or support him [in] that way. Knowing the impact on my brother and not feeling like there was as much ability to connect with him over it, that he was incarcerated and knowing it was a tough time for him. I think that that was another part of the stress of the impact on [me]. Me and Daniel were close, but my brother and Daniel

were significantly closer. They basically lived together for 6 months, and so, I think that was one really tough part was knowing that I couldn't be there for him [Carl].

Laura also spoke about supportive relationships in her own grief journey, including her brother's fiancé, her friends, and others who knew Daniel more intimately. She also shared feeling grateful and privileged for being able to access therapy regularly to better process her loss. Additionally, self-care and wellness activities such as running, being outdoors, cuddling her dog, and journaling were crucial for her in taking care of herself and in working through her grief more personally, especially when she could not receive the face-to-face connection and physical touch mentioned previously. Regarding her strengths and resiliencies, Laura described that while she felt emotionally depleted while grieving her suicide loss and in adapting to all of the new changes in life at the time, she indicated also feeling appreciative that she could rely on and connect with her loved ones virtually, even if they lived in other parts of the country.

Mimi

Mimi self-identified as a White female in her 60s who lived in the Northeastern U.S. during both her loss and this interview. She was raised as an Ashkenazi Jew; while she no longer considers herself to be active in her faith, she does identify as spiritual. She works as a sign language interpreter at a university and devotes much of her time to activist efforts, especially toward restorative justice. Mimi's son, Harvey (pseudonym), died by suicide in the Winter of 2021 after jumping from a bridge into a river. She denied losing any other loved ones during the pandemic. Losing Harvey is not Mimi's only experience of becoming a suicide loss survivor. In her younger years, Mimi's mother died by suicide.

Mimi engaged in the interview process with a great deal of effort and with a willingness to share her experiences of losing Harvey to suicide during the COVID-19 pandemic. She often

answered questions thoughtfully and intentionally, although she sometimes appeared to become distracted and tangential. Mimi was tearful at various moments throughout the interview. She described how tough of an experience it was for her to voice her story, mainly since this interview occurred shortly before the second anniversary of Harvey's suicide. In these moments when she was tearful and visibly sad, Mimi described herself as "a mess."

Mimi identified herself as the person who "got to be sunshine" in her family. She was, and still is, someone whose emotional baseline is happy, curious, and energetic. At numerous points during the interview, she called herself "a stupid, happy idiot," which for her meant that she is easily amused, happy, and enjoying things in life that are inherently beautiful to her, such as tasting a piece of chocolate, watching a movie, or peering at the sky.

> I'm sort of like a cork. If you take a cork and put it at the bottom of the pool, it always comes up. So I'm really grateful [for] all the time that I have within me, the ability to have a good time almost all of the time.

Harvey was Mimi's first child and, as she put it, the most difficult one to parent. She remembered being more of the "tough love bad guy" toward Harvey to try to inspire him and keep him accountable. She also described herself as "Always wanting to be the one to go out and rescue [Harvey]." Being in this caretaking role for Harvey appeared to give meaning to Mimi's life. She described Harvey as being intelligent and funny but also willful. He played several sports growing up and was particularly passionate about hockey. Harvey also loved music and playing the guitar. He succeeded in school academically, yet he often struggled with authority figures and self-identified as having Oppositional Defiant Disorder (ODD). In adolescence, he began using cannabis regularly and eventually was prescribed an SSRI to help better manage his mood and mental health. After graduating high school, Harvey enrolled in college for 1 year

until finally dropping out to work at a ski resort in the Rocky Mountains. Around this time Harvey was introduced to heroin, thus beginning his long battle with addiction. He also was incarcerated multiple times due to stealing money from his parents and his illicit substance use. He and Mimi got matching "free bird" tattoos to celebrate his release from prison. Harvey then decided to move to another state and learned to live more independently and to maintain a job.

When the COVID-19 pandemic began, Harvey was overworked at his job and was involved in a relationship with someone "who was not treating him right." Unfortunately, these stressors ultimately led him to relapse on heroin. Mimi described feeling as though Harvey was struggling despite her not knowing the full extent of his relapse and the various stressors that he was facing at the time. She wanted to visit him but could not travel via airplane because of Harvey's father's fears of flying and of contracting the virus given his own asthma condition. She also disclosed that she and her now ex-husband legally separated 2 months before Harvey's death; they still maintained an amicable relationship, despite their loss.

Mimi spoke about the "strong logistical barriers" that she and her family faced when trying to help Harvey relocate to another state during the pandemic, including Harvey's previous incarceration and getting through border control if he were to drive back into the U.S. They eventually got Harvey to where he was trying to go through a ferry so that he could start a new job and live temporarily with a family friend. After 1 week, Harvey began using heroin again, became ill, and got some infections from the needles, which resulted in him needing medical attention. Given that the pandemic was still in effect, most hospitals either were at capacity or were devoting much of their staff and resources toward pandemic-related efforts. As a result, Harvey was released from the hospital prematurely while he was still sick from withdrawal

symptoms and other infections. A few hours later, the hospital contacted Harvey to readmit him to the hospital; however, they were too late as he had already died by suicide.

After his premature release from the hospital, Harvey went missing for several days. Mimi tried contacting him repeatedly, but she was unable to get ahold of him. She then decided to contact nearby hospitals and the sheriff's office in the county where he lived. Still, she ran into more barriers related to the authorities following up and their reports matching up regarding when he went missing versus when his car was found. She recalled that it took multiple days for emergency staff to locate his whereabouts due to pandemic-related factors. After 5 days had passed, Mimi received the heartbreaking news that Harvey had died by suicide. According to Mimi, Harvey's body still has not been recovered. Mimi described this reality as difficult for her to accept; she greatly wishes that one day his body will be recovered, even though it likely never will.

> Communications were really slow. Like I said, we couldn't know for 5 days that he was gone, and just the glacial pace of communications between the police department and the investigator, and where was everybody? And what's going on? I just wish communications had been smoother.

Mimi recounted her experiences of feeling shocked, guilty, sad, and regretful in response to Harvey's suicide. She was often concerned about the possibility of Harvey dying from an overdose, but she never fully considered the possibility of him dying by suicide. She described feeling incredibly responsible for not doing more for him as a mother to prevent his suicide.

> There were just so many barriers; there were just so many things that prevented us from being there. And maybe we could have helped him for—this is what people tell us:

Maybe you would have kept him going for a week or a month, and then you would have gone home, and then he might have done the same thing. Who knows?

Mimi's experiences in working with both the hospital where Harvey had been admitted and released as well as the Sheriff's office that was responsible for locating him fueled a lot of her activism and passion for advocating on Harvey's behalf, partly because of her frustration and disappointment toward the above-mentioned parties and their handling of the entire situation. This activism ultimately proved to be a source of strength and resiliency for her. One of the sole functions of Mimi's activism was to "unravel the mystery" of what had happened to Harvey and to clarify the actual timeline of events. It began with her reviewing Harvey's hospital records and discharge paperwork. Three months after his suicide, Mimi noticed that his records were incomplete and that they did not align with what she initially had been told. However, due to HIPAA regulations, she encountered one barrier after another while trying to uncover what actually happened to Harvey, from when he was admitted for treatment after his relapse, to when he was discharged, to when he eventually died by suicide. Mimi felt strongly that the hospital and the medical staff had not been as transparent and forthright as they could have been with her. What she did confirm, however, is that the hospital likely released Harvey prematurely due to COVID-19-related issues such as their reduced capacity and reduced medical staff. Eventually, she and her husband traveled across the country to protest and picket in front of the hospital.

Still, to this day, Mimi does not feel that she has the closure she has been desperate to receive. After one of her therapy sessions, her therapist encouraged her to enter a "patient journey mapping challenge" to present Harvey's journey from addiction to health recovery in a visual format; Mimi then sent this to me, the primary researcher, on her own accord. After submitting the poster to the National Institute of Health (NIH), Mimi won an honorable mention

at the awards ceremony. Her experience in creating the poster was bittersweet. It was both a source of pain and a way to ritualize and memorialize all that Harvey had faced before he died. Mimi's activism and charity also extended to the recovery center where Harvey would play music. After his passing, she and some close relatives purchased and donated several instruments to the recovery center so that everyone there could play music together in Harvey's memory.

While the COVID-19 pandemic did not seem to directly impede Mimi's ability to effectively deal with her grief over losing Harvey, indirectly, the pandemic seemed to confound her receiving the in-person support and physical touch that she would have wanted, stating that "COVID tore us asunder, physically." The COVID-19 restrictions prevented her from being able to fly out and support Harvey while he was struggling mentally and in relapse. Additionally, Mimi's sisters could not travel to support her as she had hoped for. Further, after discovering Harvey's suicide, she felt frustrated and sad that she could not immediately board a plane to travel and be physically present with her other son and his family, especially because she would first need to quarantine and test negative for COVID-19. Additionally, she shared the challenges that she and her ex-husband faced when they had to be selective and mindful about who they interacted with in physical spaces as well as to remember to practice social distancing and wear masks.

Fortunately, Mimi's transition to telehealth in meeting with her therapist and attending an online suicide loss support group went smoothly for her. It did not hinder her from receiving the professional postvention support that she needed. Mimi described her therapist as accommodating of her needs as well as able to offer a more nonjudgmental and objective perspective than she otherwise often struggled to find in her other relationships. She also attended the pilot session for an online suicide loss support group that was entirely through ASL

that she was introduced to through a close friend. It was not COVID-19 specific, and participants did not have to be deaf to attend the group. Mimi described the group as "nascent," as it was difficult for her to share her experiences in the group since some members were more active in the group and occupied more time than she felt was appropriate. Overall, she shared that she felt heartened to be a part of that group; however, it was unclear whether she continued to attend it beyond that single meeting.

Mimi then spoke about the gratitude she felt toward her friends and family who intentionally reached out and regularly checked in on her. Shortly after Harvey's suicide, she relocated to another state to live with her other son and his family to be close to them and to help with childcare for her newborn granddaughter. Mimi also appreciated her friends, especially her best friend, upon whom she could rely for endless trust and support whenever she needed it.

> I describe my friends as like a jelly roll. When I've needed them, they have just wrapped around me, and they've just been an incredibly strong support system. ... I don't know what I would do without her [Mimi's best friend]. She was my friend when my mother died [by suicide] too.

Mimi worked in one department at a university for nearly 34 years. Exactly 1 year before Harvey's death and 3 months before the official lockdown restrictions began, Mimi switched departments. She started working with colleagues who did not know her as intimately as did her former co-workers. When Harvey died, Mimi told only one person in her new department: her supervisor. As a "high profile person" on campus, she described not wanting others to know as she did not want to be perceived as the "wounded mother." This enabled her to grieve in privacy and to better conceal her emotional experience, which she felt kept her safe from others knowing about her losing Harvey to suicide.

> When [Harvey] died, I found out when I was in my office, and nobody was the wiser. And I wanted to keep it that way. And I did the whole time. I could close my office door, I could cry, I could get myself together for the next appointment, and nobody would be any of the wiser.

Mimi remembered drinking alcohol, using cannabis as a sleep aid, crying, watching "too much" Netflix, and talking to herself regularly to cope daily with her loss. During the day, she shared that she was "holding it together," pushing through seminars and presentations. She also refused to take off any time, as working gives meaning to her life. After working in that department for about 2 1/2 years, only three people were aware that Mimi had lost her son to suicide. However, her former department eventually discovered that she had lost her son, which resulted in her experiencing some conflicting emotions. They had sent her love through cards, food baskets, and other gifts, which she appreciated. She also shared that if she had still been working in her former department when she lost Harvey, she would have had to quit her job if her co-workers were to begin consoling her, as this would have overwhelmed her emotionally. Thus, her being in this newer department with fewer people knowing about her loss made her feel grateful to grieve more covertly and individually.

Near the end of the interview, Mimi expressed anticipation about an upcoming extensive backpacking trip overseas to help her reflect on Harvey's loss and to work through her grief. She also described feeling fearful and guilty that her memory of Harvey will eventually fade, even though her grief and loss still feel fresh. She described never wanting the precious memories that she holds of Harvey to disappear, yearning to feel the intensity of her loss in perpetuity so that she never has to worry about forgetting her son.

> Every year, we'll just be further from [Harvey's death]. It will be longer ago that I saw him, that I knew him, that I hugged him. And I hate worrying that [as] the distance gets larger, he'll fade, because he will. Because that's what memories do. That's what happens with our memories, and it scares me; it breaks my heart. It's only been two years. So, it still feels pretty fresh in some ways, but in some ways, frighteningly fading, even [after] 2 years, and I want to keep fighting really hard. I don't want to let him go. I told a friend I just want my foot fucking stuck in the concrete. I don't ever want to take that foot out of the concrete. I want it just to sit around my legs so I can never lift my leg.

Olivia

Olivia self-identified as a White female in her 30s, living in the West with her dog both during her loss and this interview. She was raised in a large Irish Catholic family that she feels strongly connected to and denied practicing a religion. She works as a probation officer and described being regularly exposed to trauma in her workplace. Her uncle, Isaac (pseudonym), died by suicide in October of 2021 after being struck by a moving train. She further denied losing any other loved ones during the pandemic.

Olivia arrived at her scheduled online interview on time and prepared. She was kind and cordial throughout the interview, and her responses were noticeably briefer than the other participants. Her dog would bark occasionally and distract her by interrupting her thought process. At the mention of her Uncle Isaac, Olivia became tearful and would cry. She also shared that the interview process was a cathartic experience for her, mainly since she had not spoken with anyone recently about her experiences of becoming a suicide loss survivor during the COVID-19 pandemic.

Growing up, Olivia would see her Uncle Isaac approximately once per year during family reunions. While she did not necessarily see him regularly or consistently, she described feeling particularly close to him. She would smile while remembering experiences they had shared that involved them going to sporting events, playing games, and having fun together. Also, Olivia's father and Isaac shared an intimate bond as brothers, and she would often be nearby when they connected on the phone. Overall, she expressed gratitude for growing up knowing him and focusing on feeling grateful for having known him instead of ruminating on his death.

After Olivia received surgery, her father visited to offer support and help as needed. During his visit, he received a phone call from another relative sharing that Uncle Isaac had died by suicide. Witnessing that interaction for Olivia was an experience that she hopes will never be "repeated" for her, as it elicited a lot of pain for her to watch her father experience intense agony.

After Uncle Isaac's death, Olivia also spoke about the difficult logistical issues that her family then had to navigate when traveling via airplane to identify Isaac's body and to clean out his apartment and storage unit, which were complicated due to the ongoing restrictions from the COVID-19 pandemic. Additionally, Olivia described the challenges that emerged when arranging Isaac's memorial service, including that some family members could not attend because they were at an elevated risk of contracting and becoming critically ill from the coronavirus.

> Even when everybody flew back for the memorial and everything, everyone's still wearing masks [and] standing six feet apart. You're a lot less physically close than we're used to being with each other, which was kind of a struggle. I also don't think I've seen them as often in the last 3 years now due to the pandemic.

Whenever Olivia has been reminded of Uncle Isaac, whether through an activity, when talking with a loved one, or when remembering a pastime of him, she would become upset and cry. She also has struggled with feeling that she is a burden whenever she has wanted to reach out for support since everyone was dealing with their own stress during the COVID-19 pandemic. Olivia also found it cathartic when she would allow herself to cry and feel her emotions of sadness and grief.

Olivia began meeting with a therapist virtually about a year after Uncle Isaac's death, whom she continues to see regularly. In the short-term, or the "acute phase," of Olivia's loss, she shared that she attended a "debrief group" at her work that met monthly to process traumatic experiences that they encountered both as probation officers and in their personal lives. She found the group helpful and felt comfortable sharing her experiences of suicide loss with her fellow members of the group.

Olivia's family was unequivocally the most significant support that she received after Uncle Isaac's suicide. Specifically, Olivia identified her father and her cousins as family members who were particularly supportive and nurturing. One of Olivia's cousins lived near her at the time of Uncle Isaac's death so that they could connect and help each other in person. Becoming a suicide loss survivor during the COVID-19 pandemic and, fortunately, having a close-knit family that was a "built-in support system" that could directly relate to Olivia's experience of losing Uncle Isaac to suicide allowed her to feel supported and cared for.

Ralph

Ralph self-identified as a White male in his 40s. He lived in the Western U.S. with his family both during his loss and in this interview. In addition to sharing his experiences of becoming a suicide loss survivor during the COVID-19 pandemic, he also spoke extensively

about his experiences of growing up in the Mormon Church, which he left approximately 10 years ago. He recently started exploring Judaism, which always has been a part of his ethnicity. He also works in the tech industry and enjoys spending time outdoors whenever possible.

Ralph lost his best friend, Jeremy (pseudonym), to suicide in the Fall of 2020, which he specifically attributed to Jeremy's upbringing and affiliation with Mormonism. He also attributed Jeremy's suicide to a combination of other factors as well, including his cultural/demographic identities (such as his gender, his race, and his age), the various stressors he felt resulting from his teaching job, his feeling disconnected from and misunderstood by his family members, and recurring issues in second his marriage. He did not disclose details regarding Jeremy's method of death by suicide. Ralph also shared that he lost an uncle unrelated to suicide during the pandemic.

Ralph attended the online interview prepared and on time. He shared that he likely would not have participated in this study 4 months prior since he only recently has been able to accept his grief and better regulate his emotions. Ralph was also uncertain about whether or not he would cry during this interview; I carefully attended to those moments when it was apparent that he was trying to hold back his tears and suppress certain emotions. At times he would request that specific interview questions be repeated, and at other times he regularly interrupted himself while responding to a question. He often smiled and laughed when he shared his many stories about Jeremy. He used the words "codependent" and "codependency" to describe both the quality and the closeness of their friendship. He was direct and blunt throughout, often using vulgar language while sharing his disdain toward Mormonism and toward members of Jeremy's family.

Jeremy and Ralph first met in middle school when Ralph was 13. Ralph initially disliked Jeremy, but he nevertheless befriended him solely so that Jeremy would cover the cost of his school lunch. After a few years passed, they became best friends. He described Jeremy as being the closest person in his life aside from his brothers and his wife. Ralph disclosed struggling with anxiety and depression, whereas Jeremy struggled with motivation, social interactions, and communication.

Ralph described Jeremy as a "beautiful soul" who radiated kindness, one who prioritized adventure and travel over material possessions. He was a "doer," according to Ralph, with a lot of willpower and an eagerness to explore. He was an avid ultra-runner who coordinated several racing events throughout his career. He had friends from all over the world and positively impacted those he knew. Jeremy also was altruistic. While teaching at a school, he led a camping and hiking trip for his students and their families who had never visited the desert or had camped before. Later, he uprooted his life and poured all his financial means into building an orphanage in another country.

Whenever Jeremy was going through a hardship in either of his marriages, Ralph was always his first point of contact upon whom he knew he could rely for guidance and support. After Jeremy left Mormonism, he faced a lot of scrutiny and blame from his family and his wife at the time. However, Ralph was someone he could confide in and relate with. That was a troubling time for Jeremy. While they were climbing a mountain together, Jeremy disclosed details about his suicide plans. Ralph remembered "literally talk[ing] him off the ledge," and from that point on, he was worried about Jeremy's well-being.

Similarly, whenever Ralph felt depressed and anxious, Jeremy would "pull [him] out of bed" and bring him along on one of his many outdoor pursuits. He was Ralph's go-to person and

his only friend who could match his love and adoration for the outdoors. Since Jeremy's death, Ralph has been questioning and doubting his once-highly-fueled passion for recreating in the outdoors, finding a lack of enjoyment than he did once before.

In addition to relying on each other for support for their respective struggles, both of them also bonded over their departure from Mormonism. When Jeremy left the Church, none of his eight siblings joined him. Whereas for Ralph, all eight of his siblings followed him out shortly after he left. Following this, Jeremy's relatives quickly identified him as the "black sheep" and as the "outcast" of the family. After his death, Ralph felt as though Jeremy "transferred [his] hate of the Church" onto him, leaving him feeling compelled to "spend every minute of the rest of [his] life trying to steer people away from [Mormonism] because it's just horrible."

When the COVID-19 pandemic started, certain relationships in Ralph's life became even more polarized for him, making it easier to divorce himself from anyone who thought the coronavirus was a hoax; anyone who disagreed with the Black Lives Matter movement; or those who identified with Mormonism, with QANON, or with former President Trump.

> [The pandemic] made it easier to cut people out and to just kind of start drawing lines and eliminate people from my life. And I mean definitely, the pandemic related, and I think I probably would have endured that had it not been during the pandemic or these other issues.

Similar to other participants' experiences from this study, Ralph also struggled with not being able to connect physically with his loved ones during the pandemic, such as Jeremy, and feeling regretful as a result. On one occasion, Jeremy invited him on an adventure to watch a rare salmon migration. However, Ralph and his family were staying with their in-laws. They were

being careful about who they interacted with in public spaces, given that they were more nervous about contracting the coronavirus. Thus, he did not want to risk exposing himself to the virus by hanging out with Jeremy. With Ralph being unable to spend that quality time and go on that trip with Jeremy when he could have has continued to haunt him, as he said, “I couldn’t hang out with him, and I kind of put my foot down, and that killed him. And I put a lot of blame on that.”

After recently relocating to another state, Ralph received an uplifting text message from Jeremy that differed from what his other friends sent him. The majority of his friends would say, “Oh, that sounds cold and lonely.” But not Jeremy. He was excited for Ralph telling him, “It’s going to be awesome! That’s amazing! I’ve been there! It’s so great!” However, because he and his family were still getting settled after their relocating, he was unfortunately unable to respond right away to Jeremy’s message. The next morning, Ralph received another text message, this time from Jeremy’s brother, who shared the heartbreaking news that he had lost his best friend to suicide. Ralph described what it was like for him while reading that message.

> [That] morning, his brother texted me, “I’d like you to know that Jeremy, unfortunately, has killed himself,” or something. It was really a kind of formal text, but just horrible, and [it] ripped my world apart. It was tough.

Shortly after, Ralph and his closest friends connected via Facetime to process their immediate suicide grief. Following this, Jeremy’s mom contacted him and asked if he would be willing to speak at his funeral. This experience was “bothersome” for Ralph because (a) the majority of those who attended the funeral were not wearing masks or adhering to the safety restrictions that were being enforced during that stage of the pandemic, and (b) because the funeral was held at a Mormon Church, and Jeremy would have strongly protested against that.

Subsequently, he was too focused on tailoring his eulogy to meet the needs of the Church instead of honoring Jeremy in ways that he would have wanted to be remembered.

> At Mormon funerals, you don't even talk about the individual. You talk about God, and [how] that person's gone to heaven, and God's going to make it all cool, and Jesus is great, and Joseph Smith and all this stuff, and you don't talk even about him [Jeremy]? So, a couple of his brothers gave talks about the same bullshit, and his stepdad, who was The Presiding Bishop of that area, didn't even talk about [Jeremy]. He just spoke about the Mormon Church. And I knew that was going to happen, [and] I struggled with that. I was like, "Should I say 'motherfucker' over the pulpit? Because Jeremy would have loved that. That would have been his favorite thing. But his kids were there, and it was just this whole mess, [and] I was dealing with, "How do I present this? How do I share this?" I had a lot of guilt. I had a lot of anger.

The day after Jeremy's funeral, Ralph decided to venture out to the desert alone, where he and Jeremy frequented on numerous occasions. Being out there allowed him to begin his grieving process officially. Since then, he thinks about Jeremy daily; he continues feeling a sense of duty to "save" Jeremy, finding it difficult to fully accept that his best is gone forever.

Guilt, specifically "survivor's guilt," as Ralph named it, was a thematic emotional experience for him, as he was essentially the only person who Jeremy relied on for help and support when he was going through a rough time. He expressed deep regret about not checking in on him more regularly and being unable to visit him during the pandemic. He also felt guilty for not responding to the text message that Jeremy sent him the day before his suicide. His feelings of guilt often have left him with questions such as, "Why didn't I do this? Why couldn't I have done this?" or "I could've fixed this."

As mentioned throughout, Ralph very much blamed Mormonism for Jeremy's suicide. During the interview, he shared the anger and blame that he felt toward Jeremy's family members and his wife for not doing more to support Jeremy and ultimately prevent his suicide. Over time, Ralph put aside the anger that he felt toward Jeremy's wife after realizing that it would not bring his best friend back. Instead, he has chosen to support Jeremy's wife and his family however he can.

In terms of coping with his loss, Ralph began drinking alcohol daily, despite using it only rarely before Jeremy's suicide. He also shared that he started gaining weight after Jeremy's death since he was the sole person in Ralph's life who kept him accountable for exercising and staying active in the outdoors. Ralph's personal support system also has been "invaluable" in helping him cope with his loss. Ralph's core group of friends, who also were close with Jeremy, have been essential for him to have and to lean on for support when needed.

> I always say that losing someone sucks. Worse than losing someone would be not having other people who appreciated that person the way you do. I had friends who understood Jeremy and loved Jeremy the same way I did, and being with people like that has been helpful.

Ralph's wife also was close with Jeremy and has been a significant source of support for him. He felt thankful that she gave him the space that he needed to grieve Jeremy while also listening to him whenever he felt ready to open up about his loss. Together, he and his wife started couples counseling to strengthen their marriage and to process both of their experiences of losing Jeremy as well as the impact that it continues to have on their lives. Ralph's two brothers also were supportive after the loss. While none of them shared common interests, their common thread was, and remains to be, their love for Jeremy.

Ralph also sought out a grief-specific counselor for support. However, he discontinued shortly after starting upon understanding that he was not quite ready to open up and talk about his grief in that kind of setting. A year after losing Jeremy, Ralph began meeting with a therapist who focused on his somatic experiences and physical sensations. This type of therapy has been effective in helping him to work toward healing his loss and process through his emotional pain, including guilt, regret, anger, and blame. He further described a specific strength and resiliency that he experienced after having a "breakthrough" in one of his therapy appointments that helped him to reduce his guilt and develop insight into understanding that he was not responsible and likely could never have prevented Jeremy's suicide. Ralph shared, "I didn't go visit Jeremy, and he killed himself. What if I had gone and visited him, and he killed himself? It made me think [that] I'm this hero that could have prevented it, but no."

Reagan

Reagan self-identified as a White female in her 20s and lived in the Western U.S. during both her loss and this interview. She works as a residential director in the residential life department at a university. Her best friend, Kevin (pseudonym), died by suicide in the Summer of 2022. She did not disclose details regarding his method of suicide. She also shared that she lost a grandfather unrelated to suicide during the pandemic.

Reagan showed up to her online interview on time and prepared. She appeared open and willing to share her experiences of becoming a suicide loss survivor during the COVID-19 pandemic, as well as the devastating impact of her loss. She was tearful throughout and would start crying while describing her close relationship with Kevin. Further, Reagan seemed to feel more calm and more grounded when she spoke about the care and support that she has received from her close friends and relatives.

Reagan and Kevin's friendship began 7 years before his death. They met at college in the Fall of 2015; He was her resident assistant (RA) during her first year. Early on in knowing each other, she described that she and Kevin developed a close bond that lasted over the course of their friendship: "Two weeks into the school year, we were tied at the hip. And it just stayed that way."

Kevin identified as gay, and he started to identify more as gender-fluid shortly before his death. Reagan described him as the "most inclusive person" she has ever met. He was a strong advocate for the LGBTQIA+ community and was instrumental in helping Reagan to "break out of [her] bubble" to become a formidable ally for marginalized and oppressed communities herself. Since his suicide, Reagan shared that she is now someone who is more inclusive than she was before, hoping that everyone views her as a "safe person;" she also strives to bring honor to Kevin as well as to commemorate the passionate advocate that he was.

According to Reagan, Kevin knew her better than anyone else, and it was apparent to everyone around them that they were best friends. She described him as "[her] person" and as someone who mentored her regularly. Kevin was the sole person that she could trust and confide in, especially when it came to talking about any intimate and private matters in her life. Overall, if ever she felt alone or unsure about something, she knew that she could always rely on Kevin for the quality of comfort and support that she needed.

They both shared an affinity for music, especially Taylor Swift, and also had a loose plan to get married if they were both single and not in a committed relationship by the time they aged into their 30s. They supported each other endlessly, especially through some tough times in their lives. He was sensitive to and understanding of Reagan's anxieties, insecurities, and doubts. He also helped her to become more assertive in her relationships, to trust herself, and to gain more

confidence in her ability to succeed. An example of when Kevin supported her was when Reagan considered whether to apply to graduate school at her "dream" university. After she told him that she would refrain from applying for fear that her application would be rejected, Kevin convinced her otherwise and encouraged her to proceed with applying anyway. To her surprise, she was admitted into that program, which she felt would not have been possible without Kevin's support and mentorship.

The last time that they saw each other in person was approximately 1 week before the COVID-19 pandemic began. During the pandemic, they checked in via Facetime, Snapchat, and text messaging to see how the other was doing. At one point, later on, they both were applying for the same job at a university. Their interviews were 2 days apart. Reagan was very excited about the possibility of Kevin relocating for this job and moving out to where she lived. However, immediately after her own interview, she received the devastating news about his suicide.

Kevin's suicide traumatized Reagan; it came as a shock and "out of nowhere" for her since "[he] was the last person [she] ever imagined to follow through with it." She initially felt angry that he chose not to contact the appropriate resources for help and support, which potentially could have prevented his suicide. Recently, she learned to let go of her anger after discovering more information about some of the stressors that Kevin had been facing that she was unaware of. She continues to feel a great deal of disbelief since Kevin's suicide; often reminded that losing him "wasn't just an awful nightmare." She shared that she still cries constantly and that her loss has also interfered with her appetite and sleep hygiene as she has generally found it difficult to cope with and manage the heaviness of her grief. For example, she tried learning how to crochet as a way to cope, but she soon would stop after becoming

"irrationally angry." Despite finding it difficult for her to cope with Kevin's loss, Reagan still sends him pictures and content to his social media accounts daily as a way of attempting to connect with him. She also spoke about her having multiple pictures of Kevin posted around both her living space and at her workplace.

Originally, Reagan described that she did not feel strong or resilient after her loss. People then tried consoling her by saying, "You're so strong. You just keep pushing." But for Reagan, she did not always feel strong or that she could keep pushing. She told herself and others in those moments: "I don't want to [keep pushing], but I keep doing it." She has also accepted that, despite her loss inevitably being a painful experience, she is still "lovable" and deserving of care from others.

Reagan has continued to be an advocate for disadvantaged populations, and she has chosen to uphold this identity as a way of memorializing Kevin and what he stood for. Reagan stated, "I'm trying to pick up what [Kevin] was advocating for; pick up that flag and march with it and advocate for everything he would have advocated for."

While being an advocate has given her substantial strength and meaning, it has also been a source of pain for her in certain moments. She shared her experience about a triggering conversation that she had with an RA who she was supervising shortly after Kevin's passing. He was making "dark jokes" and alluding to feeling suicidal and engaging in self-injurious behaviors at the time.

> And so [I was] trying to be that advocate for him. And be the advocate that Kevin would want me to be, [and] try to think of what Kevin would say in those moments, but not totally breaking down and just start crying on him [the RA] was really difficult. ... But somehow, I managed it. I held it together until we were done. And he left. But I can't

think of like a specific strength. I think now I can relate to people who have gone through it. But it's so fresh still.

Losing Kevin was a more devastating loss for Reagan compared to other types of losses that she's grieved, including her grandfather's cardiac-related death. Further, she described her experience with suicide loss as being one that made it more difficult for her to feel as though others could relate more directly to her experience.

> This kind of loss is just so much harder to process because when your grandpa passes away from a heart attack, everybody can sympathize with that. They've been through something similar. But for suicide, because it wasn't something that just came out of nowhere necessarily. It was thought about, and it was planned. ... There's just something about it being a suicide death that makes it harder to process, and not a lot of people can relate to what that's like.

Reagan also shared about the suicide stigma that she worried about eventually experiencing. One instance was when both she and her mother were telling her grandmother about Kevin's death. She bluntly asked them if he had died by suicide. Worried that she might say something judgmental or respond in a way that would undermine Kevin's reputation, they instead decided to tell her that he had died from a heart-related problem.

Since Kevin's suicide, multiple people have reached out to Reagan about the details surrounding his death. As a result, this has left her feeling stressed about who she feels comfortable with talking about Kevin's suicide, as she does not want to upset Kevin's family but instead honor their privacy and boundaries. Her default has been telling people that he "passed away suddenly" instead of talking directly about his suicide.

> And so, it's been kind of hard because his family is more just like they don't want people

> to know, and so I'm just sort of stuck in the middle of just do I honor them? Do I honor him? Is there a way that I could do both? And so I've just kind of been telling people that he passed suddenly.

Reagan then shared about the kinds of support that she has received from her loved ones since her loss. Her friends have been an incredible source of support for her, especially those who also were close to Kevin and who "know what it's like [to] go through the same waves of grieving." At her work, she shared that she also felt supported by her boss, who regularly checked in on her to see how she was doing. Another one of her friends sent her information about a local support group for suicide loss survivors, which she unfortunately could not attend at the time due to weather conditions and transportation issues.

Family members such as her mother and her great-aunt have also been strong sources of support for her. Her great-aunt, who lost her husband (Reagan's great-uncle) to suicide in the summer of 2015, reached out and offered her support and compassion, and she was someone who Reagan felt like she could fully relate to after her loss.

> Her and I just being able to relate, even though we both hated why we were relating, [so] being able to have that person to relate to, really helped. [And] knowing like that she's been through it, she's still kicking, she's still going 7 years down the road, [and] that she's still struggling with it helps. There's no way that I feel like I would forget, but I was scared that I would.

Reagan did not seek out or receive professional help after her loss, primarily due to financial reasons in addition to her insurance policy expiring, which ended on the day of Kevin's suicide. At the time of our interview, she had insurance once again, but she continued struggling to find a mental health provider in her area with availability in their schedule.

Participant Experiences of this Study

While the inclusion of participant descriptions of their experiences in the interview process does not directly relate to the phenomenon at hand that is being studied, they nevertheless offer insight into their lived experiences of telling their own stories about becoming suicide loss survivors during the COVID-19 pandemic. Though participants were not asked about it directly, some of them disclosed the method by which their loved ones died by suicide, whereas others did not. Some participants were more loquacious than others in their responses, offering a greater depth and breadth in their told experiences.

Throughout these interviews, nearly every participant became tearful, at times on multiple occasions, and became visibly upset while describing their grief experiences. They also noted their interview as being a rigorous and exhausting process for them. At the same time, participants also spoke about their desire for their story to help others to give meaning to the lives of fellow suicide loss survivors. They also acknowledged the interview process as being a cathartic experience for them, as it allowed them to identify and describe their own emotional experiences of suicide loss survivorship during the pandemic. Overall, every participant expressed their appreciation for the opportunity to be involved in this study, despite it having been an emotionally laden experience for them.

Betty**:** It's been hard, but it's also been good because I feel like it can help create some meaning behind this loss. If this can provide resources for other people, or inspiration or hope, at least I can know that his death affected research and progress, you know, that's helpful to me.

Bow: It's been a little draining. I'm still very exhausted at this point. [I'm] ready to just turn my brain off and watch some very silly little sitcom. But I really am glad that

I can help with your research, and I hope that it's helpful to other people in the future.

Georgia: It's been okay. I don't mind. I know that I get upset. I know I get tearful. And I know it's hard to talk sometimes. But the more I can talk about Fiona, and if it can help somebody, that would be wonderful. If it can't help anybody, maybe it could teach somebody to be a little kinder to the person sitting next to you because you don't know what they're going through. You don't know what they've been through. So yeah, I think it's a good feeling that you can share your sorrows. That it can help somebody else.

Jasper: To discuss or talk about a personal loss always brings up for me the deep feelings of loss. It brings up the recall of the traumatic experience of the time, and it also brings up the adaptations that I've enacted in the participation with others that I've been in to support my grieving process and to accept and work through the suicide. So, talking is helpful. Sharing mutual experiences is helpful. Acknowledgement from others of another's loss is supportive. Overall, to be able to discuss with you today, I'm happy to share with your research and with the hopeful thought that the work that you do, both in the future as a therapist [and] as a researcher, if you go that route, down the line, will be of benefit to other fellow human beings that will, unfortunately, experience suicide pandemic or not. At some point, some of us do. And that's going to be part of your repertoire of skill sets that hopefully you can help guide clients/patients in a realm to process their loss.

Laura: [The interview] felt, in some ways, really nice to be able to share about him, and I hope that some of the experiences and some of them make meaning in some way out of the loss. [If] there's a way that it can be beneficial or there's some way that [Daniel] can live on through pieces that can be gleaned from through my experience of the loss.

Mimi: Even as torturous it is, you know, I appreciate the opportunity to just say his name and tell you about him and tell you how hard it was and that we're still in that place. And yet, the calendar pages turn every day, and I get up, and I make my coffee, and I have my granddaughter, and I'm a happy idiot, and I'm going to eat a muffin later, and I'm going to wag my tail because it's going to taste so good because that's who I am. I appreciate the opportunity to talk about it, even though it hurts. ... And we're connecting like this even through your work. Grateful to meet you, and grateful to be part of this in any way, and grateful that you're doing this. Because it is important.

Olivia: It's been kind of cathartic, to be honest. It's not something that I have talked about recently with anybody—like at all, actually, now that I think about it. My dad will bring it up in passing every once in a while, but it's not something I spend a lot of time talking about. Usually, because there's so much else going on, and it kind of just gets put in the back corner.

Ralph: Oh, how has it been? Up until 4 months ago, it was just anytime I talked about Jeremy, I started sobbing, and [I] still do occasionally, but [I] wasn't sure about this call. Again, I'm kind of in a healthy place in terms of processing it. There's obviously still grief, and I'm just kind of becoming numb to that and getting used

to that just being ever-present. Again, it's been 2 1/2 years or whatever. But I like talking about Jeremy and showing people how cool he was. That's been great. So, fine.

Reagan: I haven't talked about it in depth [with others] in a little bit, just because the people that I'm around already know, and I've talked fairly in depth with all of them. I'm a pretty open book, so knowing that me crying into a Zoom session is going to help somebody else makes me feel really good. Being able to share some of those thoughts that I don't necessarily want friends or family to know has been helpful but knowing that other people are also going through that.

Verifying Participant Experiences of this Study

Additionally, after the interview process of this study, each participant was contacted via email and given the opportunity to verify that their shared story of becoming a suicide loss survivor during the COVID-19 pandemic was correct and aligned accordingly with their own lived experience. Out of the nine participants who were contacted, eight responded, affirming the validity of their case narratives, saying that it coincided with their lived experiences. Participants also willingly found areas within their own case analyses where edits or adjustments were needed. Below are the participants' supplemented feedback on their voluntary participation in this study.

Betty: Thanks for including me in the study. I think it was a valuable part of my recovery.

Georgia: I would be honored to share any of my grief experiences, for your research.

Mimi: I appreciate your kindness and compassion during our interview. Is there a way I can read how your research culminated? Your work is important.

Thematic Cross-Case Analysis

The following section includes the main themes and their corresponding subthemes that emerged during data analysis. They help illustrate the essence of the phenomenon shared among these participants and thus may offer a more objective understanding of the phenomenon under investigation. The findings from this study were informed by the research questions of the current study regarding the descriptions of the lived experiences of those who became suicide loss survivors during the COVID-19 pandemic, in addition to what, if any, postvention support they sought out and/or received during this period. The main themes that emerged from both of the research questions were: (a) the emotional turbulence of suicide loss survivorship during a pandemic, (b) coping individually with suicide loss during a pandemic, (c), social support systems as sources of strength and resilience (d) therapy as a conduit for healing, (e) barriers to grieving together with loved ones, and (f) the forging of newfound relationships and the deepening of existent bonds (see Table 2). Each of these themes is demonstrated below, along with their corresponding subthemes.

Table 2

Summary of Emergent Themes

Main Themes	Subthemes
Theme 1: The Emotional Turbulence of Suicide Loss Survivorship During a Pandemic	No Subthemes
Theme 2: Coping Individually with Suicide Loss During a Pandemic	No Subthemes
Theme 3: Social Support Systems as Sources of Strength and Resilience	*Subtheme 1:* The Importance of Relying on Friends and Family *Subtheme 2:* Receiving Postvention Support in the Workplace
Theme 4: Therapy as a Conduit for Healing	*Subtheme 1:* The Advent of Telehealth: A Silver Lining of the Coronavirus 2019 Pandemic
Theme 5: "Confines of Being in a Pandemic:" Barriers to Grieving Together with Loved Ones	*Subtheme 1:* A Yearning for More Face-to-Face Connection and Physical Touch *Subtheme 2:* Secrecy and Suicide-Related Stigma: Living in a "Grief-Phobic Society"
Theme 6: The Forging of Newfound Relationships and the Deepening of Existent Bonds	No Subthemes

Note. $n = 6$

Theme 1: The Emotional Turbulence of Suicide Loss Survivorship During a Pandemic

Every participant described the emotional turbulence that they experienced after losing their respective loved ones to suicide during the COVID-19 pandemic, often consisting of multiple difficult emotions appearing for them simultaneously. The stories of their experiences

put into perspective how suicide loss, in combination with navigating a pandemic, can be both life-altering and traumatic. While each of their own emotional experiences following their losses were not unique to the pandemic per se, they were nevertheless overwhelming and challenging for them to cope with. For example, one participant, Laura, explicitly spoke about how her emotional pain while grieving was exacerbated by the already-existing pandemic in that she was already feeling "pretty dysregulated" well before losing her friend Daniel.

> Laura: And I just felt consumed by [the loss]. I couldn't really focus on anything else. And, of course, being in the middle of the pandemic where I was already in super fight or flight, not having any support, just feeling so powerless.

One of the more prominent emotionally turbulent experiences throughout participants' narratives was feeling a visceral state of shock. In the aftermath of their traumatic losses, several participants expressed the immediate shock that they felt after they found out about their loved ones' suicides. Multiple participants, including Jasper, Georgia, Bow, and Ralph, each mentioned how they experienced this initial shock at the time of their respective losses.

> Jasper: I have to preface this by saying that anybody [who] loses a family member or close friend or a loved one due to suicide, pandemic or not, is always a shock, a trauma. ... It's not easy when people that you love choose to exit.

> Georgia: The first few weeks, I'll be honest with you, I think you are in so much pain after a suicide that it hurts to breathe almost. ... You know that it's hurtful, [that] it's mind-boggling.

> Bow: When their sister came to my house and told me that they had died, everything stopped. I was suddenly in the eye of the storm. I didn't feel any of that anxiety anymore. I was just numb.

Ralph: He killed himself that night, [and it] ripped my world apart.

Other participants spoke about the prolonged anguish that they felt as a result of their grief, even after much time had passed. Specifically, they each spoke about how they have learned to accept their persistent shock as a longer-term phenomenon, one from which they may never fully recover.

Mimi: [Losing] my mother [to suicide] was a different time. And that's a whole other story. And it's not COVID-related, but I've already had my sort of primer of: You never get over the shock.

Reagan: I've never really been through trauma before. I've been in car accidents as a kid, but that was whatever, and so I think [I'm] just learning how to process it. ... I still get caught up on the disbelief [of], "Oh, that wasn't just an awful nightmare." And then I remember again. At first, there's just a lot of disbelief and a lot of anger.

Georgia: They keep saying "time," and I'm impatient. And I don't want to feel this way for the rest of my life. And they say, "It eases after years." Well, I can't imagine it easing. So, I guess I just have to wait and be proven wrong.

Two of the participants, Mimi and Georgia, each of whom lost one of their children to suicide, described their difficulty with attempting to make sense of their loved ones' motives and frame of reference in an effort to better understand *why* their respective loved ones died by suicide.

Mimi: And you never get to know exactly why [they died by suicide], even with [suicide] notes.

> Georgia: And that's the bad thing about suicide is the people that are left, the survivors, are stuck with this. Some people do find out with notes and all this stuff. We didn't. That's just the way it is. ... I don't know what went on in her mind. I will never know what went on in her mind, what pain she was in. I will never know it. And I have to accept that.

Experiences such as these highlight the difficulty that survivors often face at any point when trying to make meaning of their loved ones' suicides. They bring to our awareness the complicated emotional pain that can arise following a traumatic loss through suicide, especially during a pandemic. Further, descriptions such as these further engender the uniqueness of suicide loss survivorship as compared to other types of losses.

Multiple participants also shared feelings of anger in response to their loss. For some, they focused their anger onto their loved ones for leaving them behind with the burden of them having to grieve. Specifically, Betty, Bow, Georgia, and Reagan each shared their feelings of anger toward their loved ones after they died by suicide. In Reagan's case, she felt angry at her best friend, Kevin, for him not reaching out to her and others for personal and professional support when he most needed help, which, according to her, potentially could have prevented his suicide. Both Georgia and Bow also reported how feelings of betrayal and abandonment followed their anger toward their deceased loved ones.

> Bow: There have been times when I was angry at [Tod] for ending their life. It's kind of easy to think, "Why would they do this to me? Why? Why would they take their life when they know how much I love them and how much I need them?"

> Georgia: I would start thinking about [Fiona], and I'd start screaming at [her]: "Why did you do this?! You were supposed to take care of me when I'm older, and you've abandoned me!"

Two of the participants, Mimi and Ralph, described feeling angry—not toward their deceased loved ones, but instead toward other people who could have potentially played a part in preventing their respective loved ones' suicides. For Mimi, pandemic-related issues that were happening at the time of her son Harvey's suicide greatly exacerbated her anger. Specifically, she noted the lack of oversight and quality of care that he received from hospital staff who were reportedly responsible for prematurely releasing him, partially due to their limited capacity in being able to provide ongoing care for him as a result of rising COVID-19 cases and hospitalizations. For Ralph, his anger derived from his condemnation of Mormonism, as well as his disappointment and blame toward his best Jeremy's family and loved ones for not doing enough to prevent Jeremy's suicide, such as not always offering more unconditional love and support. One participant in particular, Laura, indicated feeling angry toward various people who, at the time of her friend Daniel's suicide, were making judgmental comments on the suicide note that he had posted on his social media page several hours before taking his own life.

> Laura: And I'm so angry at the people who were on there [social media] saying things about somebody they've never even met, and [had] no idea who [Daniel] was, and them not knowing some of the things that he'd gone through; that he shared with me before leading up to him completing suicide.

Another painful emotional experience that was shared among participants involved them feeling guilty, regretful, and even personally responsible for them not having done more to prevent their loved ones' suicides. Ralph, Laura, and Mimi each highlighted their strong feelings

of guilt and blameworthiness in wishing that they had done more to anticipate their loved ones' suicides, such as contacting them or checking in on them more regularly during the pandemic. They also spoke about them blaming themselves for not knowing enough of the details of their loved ones' mental health status and suicide risk. Furthermore, because they were unable to travel and visit with their loved ones due to the pandemic, they described having additional feelings of powerlessness in not being able to offer more physical support and comfort and, ultimately, prevent their loved ones' suicides.

> Ralph: I wasn't there for him in this time. And could have extended [his life] through COVID or whatever, but I didn't, and [I] definitely had guilt there. ... Why didn't I do this? Why couldn't I have done this? I could've fixed this. ... I couldn't hang out with him, and I kind of put my foot down, and that killed him. And I put a lot of blame on that. And that's directly pandemic-related.
>
> Laura: I just felt really powerless, and of course, I started believing that we all deal with that situation and wishing that I'd reached out to him before that or that I'd reached out to him the day before and checked in.
>
> Mimi: I have so much guilt. ... I have a lot of guilt, and just stuff I could have done differently and always, "Woulda, coulda, shoulda," you know? I just hate that shit. But that's what it is, especially when you're a mother; it's my kid; how could I not have done this and this and this and this?

Theme 2: Coping Individually with Suicide Loss During a Pandemic

Following their respective losses during the pandemic, each participant described how they then coped with their own emotional turbulence. Multiple forms of coping were endorsed, including participants supporting themselves individually in addition to relying on others, both

loved ones and professionals, for support. While participants' experiences with coping varied considerably, every participant emphasized the importance of their relying on social support as a way of coping with their loss. For some, it was through connecting with and being checked in on by loved ones both in person and virtually. For others, it was through attending a support group or seeking individual therapy. And for the vast majority, it was some combination of both. Participants' descriptions of seeking out and receiving postvention support as a way of coping with their suicide loss will be shared later on in and in greater depth in the next theme. Rather, this theme will focus entirely on how participants coped individually rather than highlighting the social support that was both sought and received while grieving.

Some participants spoke about coping in ways that fostered healing, whereas others spoke about using more maladaptive coping strategies, such as using substances more regularly than they did prior to their loss. Further, one participant in particular, Georgia, shared about her initial inability to cope with her loss due to the emotional pain that she described experiencing during that time.

> Georgia: I didn't cope. Unfortunately, and I knew I wasn't coping, I would be real snappy at my husband. Like it's his fault, and it wasn't his fault. He had nothing to do with it. And I knew that. I would go outside, and I'd be crying, and I'd just collapse myself sitting on the ground. I paced. Oh my God, did I pace.

Two participants, Ralph and Mimi, indicated using substances, such as alcohol and cannabis, in attempting to cope with the emotional toll of their losses. They both indicated using these substances far more often and more frequently than they did before losing their loved ones to suicide.

Ralph: I drank a lot. Started drinking every day. I didn't really drink much [before the loss].

Mimi: I drank a lot in the beginning. I drank a lot. I'm not really a big drinker, more of a pot smoker. But I drank more than I usually did. ... What else did I do?... I tried to sleep. I didn't sleep very much. I started using pot as a sleep aid more than anything. And it was always recreational before, but then I just couldn't get to sleep unless I smoked. And that was great. ... I smoked a little every night to get me to sleep, and that was just great. Because otherwise I wouldn't sleep.

Several of the participants also attempted to cope through various hobbies and activities. Some expressed how engaging in more physical activities, such as going outside, running, or attending yoga, were helpful coping mechanisms for them. For Bow, their yoga practice has been particularly meaningful and cathartic for them in terms of helping them to more effectively process their emotional pain.

Bow: Yoga has helped me out a lot. Just having something kind of physical to do. There have been a lot of times where I'm on my mat, doing some kind of flow or even just stretching, and I'll just find myself all of a sudden in tears. Like, that's a physical way to release all of the emotions that I'm feeling.

Georgia and Laura both mentioned journaling about their experiences as a way of coping with their losses. Betty shared that she accessed a plethora of materials and resources about grief that were purchased by her employer. Reading was a helpful coping strategy for her, especially her reading texts about positive psychology. Jasper, on the other hand, relied on his daily mindfulness and contemplative practice comprised of a blend of Theravada and Buddhism, both of which have helped him to learn more acceptance from his loss, to stay grounded, and even to

have protected him from “going off the deep end,” which likely would have included him having suicidal ideation or relying on using substances to cope.

Another essential coping strategy for a number of participants involved allowing and tolerating the heavy emotions that they felt following their losses. Mimi, Georgia, and Reagan all referred to crying as a helpful form of coping with the emotional pain from their losses. In addition, Bow, Georgia, and Olivia mentioned coping by way of intentionally working to accept their sadness, hurt, and tears.

> Bow: I think maybe the most important thing for me has just been giving myself permission to experience my feelings.
>
> Georgia: I think talking gets out your feelings and gets out your emotions. And it allows you to work through them.
>
> Olivia: You have to be able to make space for it [the grief], but you also can’t stop doing everything. ... And I don’t have to be fine all the time.

Theme 3: Social Support Systems as Sources of Strength and Resilience

Participants overwhelmingly endorsed the importance of their relying on various social support systems as sources of strength and resilience while grieving their respective suicide losses during the COVID-19 pandemic. As mentioned in Theme 2, relying on others for help and support was a profound, if not the most essential, form of coping for these suicide loss survivors. Whether the social support that they received was in-person or virtual, participants described the comfort they felt as a result of connecting with their loved ones. Additionally, they expressed their utmost appreciation toward those who reached out and checked in on their well-being following their losses, as well as their being able to share their emotional experiences with others. Further, participants highlighted the significance of being able to relate directly with

those who also became suicide loss survivors during the COVID-19 pandemic, whether it was with their respective loved ones or in a support group setting.

Reagan: The only people you have to lean on are the people who are also going through it with you and haven't seen the other side. You know, what it's like a year, 3 years, 10 years down the road.

For some participants, it was the communal support comprised of family members, friends, spouses, and co-workers that was most healing for them. Others spoke about the value of receiving more formal postvention support, such as through meeting regularly with their own individual therapist, through attending an online suicide loss survivor's support group, or through accessing postvention services at their workplace. Participants further highlighted their appreciation for friends and relatives in their lives who helped them to get connected with other postvention support opportunities, such as organizations (e.g., AFSP) or support groups (e.g., Heartbeat). Others described the utility of reaching out to friends and family who did not directly share a relationship with the deceased but could, however, relate to the experience of becoming a suicide loss survivor, even if their losses occurred before the COVID-19 pandemic. A general consensus was shared among most participants that any support that was deliberately sought out and received was helpful and, for most, was a source of both strength and resilience in their healing process.

Jasper: Anything supportive is useful. That's the bottom line.

Laura: I think just even having the relationships and support and having deep relationships where I knew that I could count on other people to be there for me, and hear [me], helped me feel safe.

Mimi: My two older sisters have been very, very supportive. And you know, basically, I couldn't ask for a better support system. My cousins [are] all very close, and everybody checks in on me all the time. It's really nice.

Ralph: I felt like, personally, I couldn't have asked for a better support system.

Theme 3, Subtheme 1: The Importance of Relying on Friends and Family

As described above, participants also shared their experiences of relying on support from their familial relationships. According to several of them, getting this kind of support from these types of relationships was a helpful form of coping while navigating their felt emotional pain. Those who reported having a preexisting support system both before the pandemic and their loss seemed to have experienced fewer complications and less overall distress in their grieving process. Finding these connections among their loved ones helped these suicide loss survivors feel less isolated and lonely during the pandemic than they likely were already encountering. This ability to connect directly to friends and members of their own family who fundamentally understood the magnitude and impact of their loss allowed these participants to feel more validated, supported, and uplifted. Many of them reported the utility of connecting with close friends and family members who also shared a mutual albeit unique relationship with the deceased. Furthermore, they expressed comfort in knowing that the loved ones who they were relying on for support equally adored and cherished the deceased, in addition to their also grappling with their own unique grief experiences.

Olivia: So, my dad is one of 10 [siblings]. There's like a thousand of us. And there's a group of cousins in my generation that are all female and all within a couple [of] years that were pretty close. So, we definitely talked all the time. And that was helpful. More than talking to most other people. ... [And] the fact that they exist

and that we have each other made a big difference. ... [So] dealing with something like this without that almost built-in support system, I think, would be harder.

Bow: I guess one other coping mechanism—one thing that's helped has been game nights. I have some friends; they're all queer and trans. And they started a Zoom game night together just shortly after the pandemic began. And after Tod died, the person who I knew in that group invited me to start coming to game night. And so that's been every Friday night for the past almost 2 years now. ... When Tod died, [my social life] ended, [and] I didn't really have many friends to talk to. So, this game night group just became a really important support system for me, [because] I was able to talk to them about Tod and just get to know them and have fun with them.

Laura: I was grateful—I did have one friend, my brother's fiancé. Her and I could connect about it. And she knew Daniel as well. And so, it was a person that I could connect to and share some of my experiences with.

Reagan: I think just that supportive—just knowing that they know what I'm going through, how close we were, and just being able to relate that way has been helpful.

Jasper: Those who could relate to the experience of losing a loved one to suicide were empathetic ... I think identifying with another fellow human being that had a similar loss. So, for example, that fellow that had two brothers commit suicide, I mean, wow. When I thought I felt really bad, that I wanted to cry on somebody's shoulder, you turn around and cry on his shoulder. That helped me see the scope of how broad the impact of suicide could be, and how prevalent it was, and that I

was not the only person that had experienced such a loss. So, to answer your question, how useful was that personal influence? It was very, very, very impactful.

Ralph: The personal [support] has been invaluable. Like I said, if I didn't have my friends that knew him like I knew him, that would be really hard ... I always say that losing someone sucks. Worse than losing someone would be not having other people who appreciated that person the way you do ... And then my wife, having a supportive wife, who just never once resented any time I spent grieving. She knew Jeremy and loved Jeremy like I did. And that was a huge help ... And so having people that understood and knew him the way I did was invaluable ... And I can't imagine even going through something like that without that.

Theme 3, Subtheme 2: Receiving Postvention Support in the Workplace

Another system of support that participants reported as being a source of strength and resilience derived from their workplaces. The help that they described receiving came from both supervisors and colleagues alike, and, according to these participants, this kind of support was beneficial. Participants shared the comfort that they felt whenever colleagues would ask them directly how they were feeling, as well as being given direct access to certain resources or services that were on site or available online. For example, two participants were offered support groups that they could attend on their own accord. While support groups that participants such as Olivia and Betty attended were not specific to suicide bereavement, they both nonetheless found them to be helpful outlets for finding support and belonging.

Betty: I went to a [grief and loss] group a few times, and it was very helpful. We did the whole empty chair method and all that, so that was cool. But yeah, it was

> extremely important to have somebody go during my work time and say, "No, you're going to go to this because we care about you."

Some of the participants also felt supported by their supervisors and colleagues who offered to support them financially by purchasing materials on grief and loss. These workplace relationships benefitted these suicide loss survivors by helping them to feel safe enough to share more openly about their loss and to ask for support as was needed. One participant in particular, Reagan, shared her perspective on feeling supported by a supervisor of hers who took time out of their day to ask how she was feeling.

> Reagan: My boss checks up on me when I'm having a rough week [asking], "Are you missing Kevin?" I'm usually like, "Yeah."

Theme 4: Therapy as a Conduit for Healing

Nearly every participant reported having accessed various therapeutic services that they then were able to rely on for the support and care that they needed during the COVID-19 pandemic. While the pandemic created a significant number of barriers to these suicide loss survivors' ability to seek out and receive the quality of care that they desired, they still were aware of the varying support services that were available to them at that time. Several participants noted receiving therapeutic support both before the pandemic as well as before their respective losses, whereas others sought out treatment either immediately after their losses or after a longer period of time had passed.

Although some of the participants in this study mentioned preferring in-person mental health services over a telehealth format, most of them generally found the therapeutic services that they accessed to be valuable forms of postvention support nonetheless. Further, every participant who sought out professional help from an individual therapist agreed that it was an

experience that fostered healing and growth following their suicide loss during the pandemic. While the majority of them felt that they could count on being supported by friends and family, they were keen to acknowledge therapy as a nonjudgmental and confidential space where they felt safe to explore their suicide losses with someone who offered a more impartial and objective perspective.

> Mimi: I found it very useful to have somebody who wasn't one of my friends. You know, they love me dearly, and they're wonderful, but it's nice to have a neutral. You know, somebody who's not one of my best friends.
>
> Bow: I think when I started with my most recent therapist, that was kind of the whole purpose, the whole reason why I wanted to see her at that time. So, it wasn't difficult to talk to her about this just because she's a therapist, she's not a part of my life, she's not going to tell anybody these things that I'm saying. So, I think I felt safe talking about it just because of the nature of therapy.
>
> Ralph: My therapist has been really good. It's been effective, and it's a disinterested third party. It's a smart person who doesn't care about [Jeremy] personally, but they're there clinically to help solve whatever problems you bring up and at least process those problems, and so that's been really effective as well.

The general consensus shared among participants was that therapy in and of itself was both an essential and helpful form of postvention support. However, for some of them, therapy meant much more to them than that. That is, it offered experiences of personal growth by helping them to develop greater acceptance of their losses as well as to gain a deeper understanding of how to navigate their unique grieving experiences. The healing process that some participants mentioned experiencing involved their having therapeutic epiphanies or, as Ralph described it, a

"breakthrough," which helped them to make meaning from their emotional pain. This breakthrough that Ralph mentioned enabled him to realize that, ultimately, he was not responsible for his best friend Jeremy's suicide and that perhaps he could not have done anything whatsoever to prevent it from happening.

> Ralph: I kind of had a breakthrough with therapy ... It was an insight of, "I didn't go visit Jeremy, and he killed himself. What if I had gone and visited him, and he killed himself?" It just kind of made me think, "Yeah, I think I'm this hero that could have prevented it," but no. Ultimately, Jeremy did whatever he wanted. I mentioned his willpower—so it just kind of made me realize [that] I maybe could have prevented it. But no, that's not definitive by any means.
>
> Georgia: The therapist was there to help with the anger. And, like I said, she was, oh my gosh, she was so good, she really was good ... I would rant and rave and scream. Like I said, the screaming—the only reason I stopped screaming is my therapist said to me, "So what do you think it does for you when you're screaming like that in the car?" You know, "How's that helping you to cope?" And I said, "You know, it's not. It's going to give me a stroke is what it's going to give me," and she's going, "Hm, so it's not working for you, is it?" And it takes somebody to tell me, "Hey, I don't think that's working for you, is it?" before I go, "You're right. It's not working." And after [my therapist and I] spent the 45 minutes talking about it, and then I spent the whole [next] week just thinking about it. How upset she [Fiona] must have been that she couldn't reach out, and it must have been so dark for her. And yet, even if I could have contacted her, even if I could have talked to her 30 minutes before she shot herself, I wouldn't have been

> able to do anything ... And from that point on, I never really have had any guilt like, “Oh, your parenting must have been bad,” or “Oh, you weren’t very supportive,” or whatever. That has never crossed my mind since then.

An additional source of healing for some of these suicide loss survivors was their receiving support in a group setting with others who were navigating their own suicide bereavement at the time. A few participants were involved in their own suicide loss support groups after receiving recommendations from their respective loved ones. One of the most healing aspects for them resulted in their being able to grieve in unity with those who could directly relate to the experience of becoming a suicide loss survivor, especially during the pandemic. Additionally, these groups also helped them learn to normalize their emotional pain and their complex grieving experiences.

> Mimi: [In] that support group, like I said, it was nice to be in [a] community with people who have gone through it, it really is, so it’s less about the stories and more about that we’re just there together, and we get it.

> Georgia: I didn’t think I had any [strengths and resiliencies] at first. I really didn’t, and the group taught me: Give yourself grace, give yourself a little space, [and] don’t be so hard on yourself ... The group was there when I felt like I was really crazy. I mean, truly crazy. And angry. I didn’t know why I was so angry ... It was a tough, tough 4 months if I didn’t have that group to cry to. I thought I was going crazy ... I’m just crying all the time. And the group made me feel like, “This is normal. You’re not crazy, lady. This happens.”

Theme 4, Subtheme 1: The Advent of Telehealth: A Silver Lining of the Coronavirus 2019 Pandemic

Before the COVID-19 pandemic entered our lives, telehealth was not a widely sought-after option for those who needed counseling. Rather, it was designed to help serve communities and those living in more rural areas. However, when certain pandemic-specific restrictions and guidelines became imposed to reduce the spreading of the coronavirus, such as isolating, quarantining, and social distancing, in-person mental health services were not as readily available as before. Instead, many people could only access such therapeutic services in an online format. All of the participants who received telehealth support deemed it helpful, even if the transition to actually obtaining it online was an unfamiliar and initially uncomfortable experience for them. Further, if telehealth had not been an option for them during the pandemic, many of these participants would not have been able to receive the care and postvention support that they so desperately needed during that time.

Georgia: I rather like the Zoom meetings. I did a couple of my meetings with the therapist using Zoom ... [For] the group, I was nervous at first because I thought I had to go there until I found out it was [on] Zoom. And I kind of shied away. I think I didn't want to go there for that reason because of COVID. And when I found out it was Zoom, I'm like, "Oh, okay, yes."

Mimi: In terms of COVID, I mean, I still could get counseling, and there were still support groups online. So that kind of stuff was still available to me ... And my therapist was very attentive online ... But honestly, I think all of the services, I think everything made a pretty good transition to virtual, so I felt like I could access things that I needed.

Bow: It was definitely hard for me to switch to online therapy at first. I had never done it before the pandemic. I had always gone and seen someone face-to-face, and that just felt like the way therapy should be done to me. But after a while, Zoom therapy just became commonplace. I adjusted.

Theme 5: "Confines of Being in a Pandemic."
Barriers to Grieving Together with Loved Ones

One of the most substantial challenges that participants voiced experiencing during the COVID-19 pandemic was the severe lack of in-person social support that they otherwise wished to have received from their friends, family, and other significant loved ones. Despite several participants highlighting their experiences of connecting with various loved ones both in person and virtually as well as having received the support that they needed following their loss, several of them disclosed the myriad of barriers that greatly hindered their ability to connect face-to-face with their respective loved ones during the pandemic. These suicide loss survivors spoke more explicitly about the impacts of the pandemic-imposed guidelines and regulations that emerged for them at the time that precluded them from connecting in person with their loved ones. Some participants spoke about wishing that they had more communal support after their losses than they did in terms of being able to gather in public spaces in ways that they could before the pandemic.

Bow: The fact that [Tod's suicide] happened in the middle of a pandemic, where [it] was a year in, so we were going out in public again, but still masking and still kind of avoiding people quite a bit, so it was difficult because I just had [Tod's] sister. I couldn't be around my other friends.

Jasper: I was aware of beforehand and then became more aware of a few more people after my loss and talking to them, and then they would then vocalize their personal loss. So that was active-seeking, but tough in the COVID-19 pandemic because there were not the resources to be able to get out on a—we'll call it a normal interchange, to go out for a cup of coffee, go out for a walk, things like that, because of the social distancing rules and regulations that communities and governments imposed.

Other participants discussed the challenge of being unable to rely on travel, particularly by air, to visit and connect with friends and family members in person while grieving their respective losses.

Mimi: And even when we found out [about Harvey's suicide], we couldn't just get in the car and come here because we had to quarantine a while before we would, you know, my job was in person, and my husband's [job] was in person. And so, we'd have to quarantine to be able to come and be with them with the baby.

Ralph: Having to be masked and flying during the pandemic was tricky.

Jasper: I speculate that the pandemic dramatically limited resources available for me and probably many others that had a suicide in their life during the pandemic period. The lack of resources would include family interactions because traveling back and forth to where my sister lives—that's more restricted. Plane flights were restricted.

Laura: The confines of being in a pandemic where travel isn't exactly accessible made it hard to be face-to-face with the people I care about and feel close to.

Whether participants had to socially distance themselves while in the presence of loved ones, quarantine beforehand, or miss out entirely on visiting them as a result of isolation and other COVID-related restrictions, one thing remained: these suicide loss survivors greatly desired opportunities to grieve collectively and in person with those who meant the most to them. Further, even when they were able to gather and socialize in person with their loved ones, some expressed their concerns about feeling increasingly anxious and stressed while trying to exercise caution to avoid putting themselves or others at an increased risk for contracting the coronavirus. Examples of in-person gatherings that were impacted due to the pandemic included attending celebrations of life for their lost loved ones as well as family reunions. Olivia recounted her experience of having to socially distance herself and keep physical distance from her family members during her Uncle Isaac's celebration of life.

> Olivia: When everybody flew back for the memorial and everything, everyone's still wearing masks [and] standing six feet apart, you're a lot less physically close than we're used to being with each other, which was kind of a struggle.

Additionally, Mimi shared the stress and worry that she experienced as a result of traveling and being in the physical presence of her loved ones during a family reunion while also trying to be mindful of not potentially exposing herself or others to the coronavirus.

> Mimi: And then that summer, we had sort of a family reunion kind of thing. My sisters, my nieces and nephew, and whatever. And again, this was the summer of 2021, so it was still the pandemic time, and everybody was still just trying to be really careful. So, the whole traveling thing being so fraught was hard.

Theme 5, Subtheme 1: A Yearning for More Face-to-Face Connection and Physical Touch

In addition to the presenting barriers of being able to grieve collectively in person with their loved ones during the pandemic, multiple participants also spoke about their yearning for more face-to-face immediacy and physical touch at the time. However, because of the restrictions that they faced during the pandemic, these suicide loss survivors were unable to experience both the face-to-face and physical connection with their loved ones that they very much wanted. Specifically, a few of them expressed wanting to exchange hugs and physical touch with their loved ones following their losses. Even while some of these participants were able to feel connected with their loved ones through technological means, this form of connection paled in comparison to being able to touch them and be in their physical presence. Participants also recognized their missing the ability to co-regulate and be physically present with loved ones as they were used to before the pandemic.

Mimi: My sisters couldn't just fly up and be with me because of COVID. You know, like, everybody was scared. Nobody could really come be with us. Our friends left food and did what they could, but we couldn't be together. We couldn't hug and [that] kind of stuff ... [While] I felt like I could access [the postvention support] that I needed, except [for] the physical contact of being hugged and being able to hug people. If you'd been out and about everybody was always, "Where have you been? Who have you been around lately? And did you go anywhere? Did you go to a restaurant? Did you go here? What have you been up to?" Well, my husband has asthma, [so] I was like, "Okay, so I'm going to stay six feet away from you because [he] might get it." If he has asthma and he gets COVID, then it's going to go right to his lungs.

Jasper: I think the challenge, the COVID challenge, or pandemic challenge, is that there's a lot less [that's] communicated on a two-dimensional screen in contrast to one on one, where people can touch each other, hug each other, co-support each other with, yeah, body language of more than just the upper half of the body. So, I would say that the COVID aspects, in my experience for me, is less support systems available.

Laura: I think the biggest thing for me was the face-to-face piece. I needed face-to-face co-regulation [and] people that I was close to, that I [could] be in the same space with ... [And] having that physical [touch], like hugs, and maybe a hand on the shoulder or whatever it looks like. Even being able to go and experience something with that person and share something with them to be like, okay, this person is here, and real, and I can touch them, and we can co-regulate and all of those pieces.

Theme 5, Subtheme 2: Secrecy and Suicide-Related Stigma: Living in a "Grief-Phobic Society"

Another barrier that made it difficult for participants to access the quality of care and support that they needed after their loss involved suicide-related stigma in addition to feeling the need to maintain secrecy about their loved one's suicide. While the suicide stigma that they encountered was not necessarily unique to the pandemic, it nevertheless profoundly impacted each of these suicide loss survivors from receiving the social support that they needed during that time. A couple of these participants noted that those who were unable to relate directly to the experience of becoming a suicide loss survivor during the pandemic displayed an aversion toward the topic of suicide, resulting in them feeling a lack of support and validation in their grief.

Jasper: With relationship to my direct experience of stigma, my description would be in sitting down and talking to a group of people about one's own sibling committing suicide; those that had also direct experience were largely empathetic. Those that did not were distant both in words and in body language. And yeah, that's how I realized that the stigma was there. It's just noncontact or aversion to reply or talk about or say, "Oh, geez, I'm sorry to hear of your loss." That was one example in those groups in the general public; you bring up the subject of suicide, and for most, they did not have any exposure to a suicide in their life history.

Reagan also shared about the stigma that both she and her mother encountered during a conversation with a mutual family member about her best friend Kevin's death. In this particular interaction, Reagan explained that she felt compelled to maintain secrecy about Kevin's suicide and even augment his actual cause of death to a fabricated one in order to protect Kevin and his family from potentially being judged unfavorably by others.

Reagan: At first, my mom was like, "Kevin just passed away," and my grandma's first thing was, "Did he kill himself?" And I think that's when my mom immediately went into mama bear mode and just was like, "Oh, nope, that's not what happened." I think just because my grandma is the kind of person that everything's a story for the girls at lunch kind of thing, and we didn't want that to be Kevin. Kevin was a human. He deserves love and respect. He's not just a story to tell your girlfriends at lunch ... [So] my mom had to lie to my grandma because we knew if we told my grandma that [Kevin] had died by suicide, it would become a whole thing. And so, my mom came up with a lie that we didn't know he had a heart problem. And it happened in the middle of the night and stuff like

that. Just because there's that stigma and the generation that my grandma comes from, and all of that stuff ... I think the rest of my family knows that he died by suicide. And after I kind of get to know the person who talked about Kevin a couple of times, I'll bring up that he died by suicide and just kind of leave it at that. And then they're just like, "Oh, I'm so sorry." But again, not a lot of people have to relate to it [being a suicide], which [I'm] really happy for them, but it just has made it that much harder. So, I think that's really the only stigma.

Further, some participants described having felt pressure to withhold information or to omit details surrounding their loved ones' suicides so as to prevent them from possibly being perceived negatively by others, to avoid the understandable emotional toll and burden of explaining to others how their loved ones died, or even due to a concern that others might minimize their emotional experiences in them sharing about their suicide losses.

Georgia: After Fiona's death, I did not want to leave my house. And people would ask, "Would you like to go to lunch?" People were trying to do nice things, kind things, and I know that, and I know they meant well. But I also know it's a stressor that I have to explain about Fiona [and her suicide].

Mimi: That whole department—I got out; I worked there [for] 2 1/2 years, and only three people knew [about Harvey's suicide]. So, I just didn't want to be looking like the wounded mother. I just didn't want that ... I didn't want anybody [at work] to know.

Betty: Because sometimes when I go to tell a story about Charles, I can tell people are like, "Oh shit, she's going to lose her shit!" We have such a grief-phobic society, and everybody wants you to get over it and stuff ... I'd either cut the story short,

> or I would just finish it and move on and maybe shut down a little bit. You know, go, "Okay, this is not somebody I should be talking about this to because they can't handle it."

Another aspect of the suicide-related stigma that both Jasper and Reagan described was that grieving a loved one lost to suicide is fundamentally more unique as compared to other forms of death.

> Reagan: Because had [Kevin's death] been a car accident, or had it been a heart attack or something, we would have shared it, and so it's so intertwined. It's so weird and hard to figure out. It's just like a lump of spaghetti noodles—you can't just pull out one noodle. It's just all intertwined and everything else.
>
> Jasper: I think this inability to conceive of either somebody killing themselves or someone losing, not to a natural death, like a parent from a heart attack, or a friend from a car accident, they had more of a difficult time, and the stigma came up in that my perception that "Oh, there's something wrong with you and/or your family because one of your family members was not able to cope with the realities of life," or "They chose to end their life as a resolution to stop the pain and suffering that they were experiencing in their mind or body."

Theme 6: The Forging of Newfound Relationships and the Deepening of Existent Bonds

While grieving their loved ones' suicides during the COVID-19 pandemic, several participants mentioned experiencing growth in several types of relationships. For some, the already established bonds prior to their loss were significantly deepened after the loss, whereas for others, newfound bonds were forged afterward. Participants highlighted the importance of

being able to bond with fellow suicide loss survivors during the pandemic, especially with those who also had a relationship with the deceased mutual loved one.

Further, those who forged relationships with the friends and family members with whom they only met because of their loved ones' suicides described it as being a particularly meaningful experience in their healing process. Participants found it to be incredibly healing to swap stories and memories of the deceased as well as to share their experiences of loss with those who they trusted and felt comfortable opening up to. Bow and Betty, both of whom lost their partners to suicide, expressed the significance of their developing deeper relationships with fellow loved ones of their deceased.

Bow: I'm thinking now about the relationships that I've built because of their death. Like [Tod's] sister, I knew her before they died, but we weren't very close. That first week especially, we spent all of our time together. I had just had surgery on my ankle, so I wasn't able to get up and walk around very much. So, their sister just came and sat on the couch with me all week. We talked, and we cried together, and we just got to know each other really well and really became best friends. I don't know what I would have done without her ... Green [Tod's childhood friend] and I started corresponding, mostly just emailing after Tod died. And she's become a really good friend. It's so nice to have someone who knew Tod really well. Who can tell me about Tod as a child. Her support has been really important to me. And it's grown into a friendship between the two of us. And not just because of this common link anymore.

Betty: Charles' mom and two brothers came out to visit me. And it was interesting because they're from [out of state], and we'd never met in person before. [I] never

> met the brothers at all. And it was funny because here's these people I don't even know, and they wanted to come stay with me, and I was like, I got this little two-bedroom apartment and stuff. But it was weird because it was like old friends. And it was nice because we were able to share stories and laugh ... I'd say that was the most healing thing.

Reagan, on the other hand, shared about having formed a relationship with the brother of her late best friend.

> Reagan: It's been really nice because then I have those people who know what it's like. So, like [Kevin's] little brother and I, we met maybe once, and so we just knew things about each other that Kevin had told us. We don't actually really know each other. It's like, I have no idea what your favorite color is, but I know like five stories that I can't tell your mom about you—just those kinds of things. So just being able to go through the same waves of grieving and all that with everybody has been helpful.

Other participants shared how some relationships that had already existed then changed and grew after their losses. For Ralph and Mimi, bonds deepened in their relationships with friends and family members who could directly relate to the experience of losing their mutual loved one. However, for Reagan, she became closer with her great-aunt, who could directly relate to the experience of becoming a suicide loss survivor, even though she never actually met Reagan's deceased best friend.

> Ralph: I've reached out to other friends, and we've kind of become closer, like this friend group I had. As I said, it was always just, like, jokes and making fun of each other

and stuff. And we've kind of had deeper conversations now and checked on each other more.

Mimi: My son, they just had their baby. The baby was 10 days old when [Harvey], my other son, died. And they had asked me if I would live with them when their parental leaves ran out. And I just jumped at the chance to do that. So, I wanted to help them, but I also just wanted to be near them, so I took a leave of absence from my job, and I moved in with him. I just lived at their house and helped with the baby, kind of nanny the baby while my daughter-in-law went back to work.

Reagan: My great-aunt reached out to me. She had never had the chance to meet Kevin just because [of] school and distance and everything. But she reached out to me, [and] she's like, "Please let me know if you need anything." And I kind of started opening up. And then she was like, "I was so scared that that's what had happened." She said, "That's why I texted you personally instead of making a Facebook comment or something." So then just being able to learn from her experiences or relate [to] just people saying stupid shit.

Concluding Condolences

Near the end of each interview, each participant shared messages to others who also became suicide loss survivors during the COVID-19 pandemic as a way of offering support and condolences to them. While their condolences are not necessarily related to this study's phenomenon in question, they do offer unique perspectives as well as support. If you lost a loved one or loved ones to suicide during this time, these messages are for you.

The kinds of affirmation and support that these participants offered include their being able to relate to your loss, as well as being able to understand the experience of grieving a loved

one's suicide during the pandemic. They supported the idea of reaching out and getting help as needed, as well as confirming the complex and wide range of emotional experiences that often go with a suicide loss. Multiple participants offered the reminder that you are not alone, that you matter, that you are cared for, and that you are loved. They also shared how your feelings matter and that you should be able to grieve in your own unique way at your own pace. Further, these participants also encourage you to give yourself permission to seek happiness and to find hope without it feeling that it is a direct betrayal to your deceased loved one. They continue to support you in finding meaning through the pain and agony that is suicide bereavement, as well as encourage the continuing of bonds and memorializing your loved ones whose lives have been lost to suicide. Here are some of their direct messages that they wanted to share with you.

Betty: Reach out and get help.

Georgia: I really wish I could have been verbal enough to share with somebody [to] help me to get over this sense of panic, this heaviness that's just with you the first 4 weeks that, like I said, you can't breathe. And I didn't know how to do it, and I didn't know how to share it. I didn't know who to go to ... [Do] not be afraid to reach out to anybody. It doesn't matter if you know the person or you don't know the person. Just reach out to somebody. You're probably going to have a lot of "Oh, I wish I hadn't talked to that person" type thing, but basically, I think talking gets out your feelings and gets out your emotions. And it allows you to work through them. And like I said, if you need some extra help, get it ... There is no stigma. If you need help, you need help.

Bow: But whether the pandemic plays into it or not, losing a loved one to suicide, I feel like [is] one of the worst things that can happen to anyone. And I think maybe the

most important thing for me has just been giving myself permission to experience my feelings.

Olivia: One of the things that I think I struggled with was feeling like a burden when I would talk about it with people because everybody else has all their own stuff going on. And so, I guess what I would just say is to not feel like that because, despite the fact that I felt that way, nobody told me that. That was my assumption, I guess.

Mimi: First of all, I'm just really sorry. So sorry that anybody has to go through this. I'm sorry for everyone who ever had to ... Give yourself permission to be joyful and not have it feel like a betrayal ... And just stay connected. We have so many opportunities to connect.

Laura: It's not an individual's fault. There's nothing that you could have done to stop that. And that's something that I think I had to do a lot of work around. That's one piece. I think another piece [is] just figuring out where you can find those glimmers of safety. Look to try and figure out like, "What can I find that's pleasurable or enjoyable? Can I get this connection here? Can I get some relief from this? Can I go catch the sunrise or sunset?" And just have some piece of beauty.

Ralph: Sorry, it sucks. Only those people [fellow suicide loss survivors] will understand. I don't think there's anything you can say. I think once you experience it, you know what that feels like. I know what you're going through and that it's a crappy thing.

Reagan: Do what you need to do to heal for you and that person, whether that's sending them a Snapchat every day [or] writing them letters every time you think about them. I've also been considering getting a tattoo, so if you need to have those daily reminders, just having those pictures everywhere, making them your lock screen, do that. Because it just feels so different. But take as long as you need, [and] post as many photos as you need to. Social media is just a highlight reel, and if you're struggling and want to share photos, share them. "Do what you need to do and screw everybody else," is what I've been telling myself. If I want to cry about it, 3 months down the road, I can cry about it. There's not a deadline for grieving, so don't set one, and don't let anybody tell you to set one.

Jasper: I would say you are loved, known, and cared for by others, including those [who] have also lost a loved one from suicide. So, [you] are not alone. That would be my message.

Conclusion

In this chapter, I provided a comprehensive overview of this study's participants' experiences of losing a loved one to suicide and the postvention support that they received both during the COVID-19 pandemic. First, this chapter described the demographics for the nine participants who I recruited and interviewed for this study. This chapter included within-case analyses that captured each individual participant's unique descriptions. A thematic cross-case analysis was also included, which produced six salient themes that emerged across all of the participants.

The combination of these emergent themes offered an understanding of the essence of how suicide loss survivors experience the phenomenon under investigation and included: (a) the

emotional turbulence of suicide loss survivorship during a pandemic, (b) coping individually with suicide loss during a pandemic, (c) social support systems as sources of strength and resilience, (d) therapy as a conduit for healing, (e) barriers to grieving together with loved ones, and (f) the forging of newfound relationships and the deepening of existent bonds. The fifth and final chapter will present this study's critical implications and how they contribute to the current research literature base as it relates to suicide loss survivorship and postvention support during the COVID-19 pandemic. It will also include the limitations of this study, as well as recommendations for future research on this topic.

CHAPTER V

SUMMARY AND DISCUSSION

This study was guided by Giorgi's (2009) descriptive phenomenological method in order to better understand the lived experiences of those who became suicide loss survivors during the COVID-19 pandemic, in addition to what postvention support that they both sought and received. This process involved interviewing nine participants and then analyzing each of their transcripts so that I could determine the psychological synthesis of their experiences with the phenomenon under investigation. I used a pre-determined list of interview questions in a semi-structured format as a way of better understanding the research questions that guided this study:

Q1 What are the lived experiences of persons who became suicide loss survivors during the Coronavirus 2019 pandemic?

Q2 What are the experiences of suicide loss survivors seeking postvention support during the Coronavirus 2019 pandemic?

Several strategies were implemented to promote greater trustworthiness throughout this research process. Confirmability was promoted through journaling and by using an audit trail to ensure that my own biases were explicit while also focusing my attention on participants' lived experiences during each interview. Credibility was established through member checking with each participant by incorporating investigator triangulation to consult regularly and deliberately with my co-research advisor as well as by keeping an up-to-date reflexivity journal to support my own bridling process and its impact on this study. Through member checking, eight of the nine participants chose to review their case narratives and to provide feedback on the descriptions found in the analyses. A detailed audit trail that outlined my own thinking and

decision-making processes throughout the research process supported dependability. Lastly, transferability was accounted for by including the depth and richness that emerged from these participants' direct quotes and descriptions so as to more authentically demonstrate the meaning of the results, in addition to maintaining an audit trail and using a maximum variation sampling strategy. Six main themes and their correspondent subthemes emerged from these participants' interview responses during the data analysis process:

1. The Emotional Turbulence of Suicide Loss Survivorship During a Pandemic
2. Coping Individually with Suicide Loss During a Pandemic
3. Social Support Systems as Sources of Strength and Resilience
    a. The Importance of Relying on Friends and Family
    b. Receiving Postvention Support in the Workplace
4. Therapy as a Conduit for Healing
    a. The Advent of Telehealth: A Silver Lining of the COVID-19 Pandemic
5. Barriers to Grieving Together with Loved Ones
    a. A Yearning for More Face-to-Face Connection and Physical Touch
    b. Secrecy and Suicide Stigma: Living in a "Grief-Phobic Society"
6. The Forging of Newfound Relationships and the Deepening of Existent Bonds

In this chapter, I summarize this study and discuss the results that emerged from participant descriptions and their case narratives, as well as from the thematic analysis from Chapter IV. I also discuss this study's key findings and how they compare to the current literature base. I then conclude with this study's implications, including theoretical, practical, and research implications. Limitations of this study then are discussed, followed by the relevant suggestions for future research concerning suicide loss survivorship during a pandemic.

Overview and Purpose of the Study

Suicide remains to be a longstanding public health crisis in the U.S. (AFSP, 2023). It is understood to be a complex and multifaceted issue that simply cannot be attributed to a singular root cause; rather it is instead comprised of an intricate web of factors. In 2022, over 49,000 people died by suicide nationwide, according to provisional data from the AAS and the CDC (AAS, 2023a; CDC, 2023b). As a result, many loved ones of the deceased, known as suicide loss survivors, are left behind and thus appointed with the challenging task of grieving their respective loved ones' losses. Suicide loss survivors undergo numerous challenges while grieving, including but not limited to heightened emotional and psychological distress (Bellini et al., 2018; Jordan & McIntosh, 2011; Wagner et al., 2021), an increased likelihood of suicide risk (Grafiadeli et al., 2021; Hamdan et al., 2020), more significant challenges with coping (Drapeau et al., 2016; Gaffney & Hannigan, 2010; Suija et al., 2022), a presence of suicide stigmatization (Overvad & Wagoner, 2020; Pitman et al., 2018; Scocco et al., 2017; Sheehan et al., 2018), and greater loneliness due to a reduction in social support (Nilsson et al., 2022). It is a devastating process and one that is known to be more unique compared to other forms of mortality (Tal Young et al., 2012), and it has also been demonstrated that these combined factors have the potential to worsen their mental distress and complicate grief experiences (Tal et al., 2017).

Upon the arrival of the COVID-19 pandemic in March 2020 and the lockdowns and other restrictions that followed, many people faced significant mental health challenges and psychological distress in trying to cope with arguably one of the most overwhelming chapters of their lives. It was a time fraught with a great deal of uncertainty, economic overwhelm, loneliness, isolation, and grief (Drucker et al., 2023; Ernst et al., 2022). At first suicide rates initially declined during the pandemic (Drapeau & McIntosh, 2023); however, the most recent

provisional data highlights that suicide rates did, in fact, continue to climb throughout that period and even are at a record high since before the pandemic began (CDC, 2023a). Moreover, both suicidal ideation and suicide attempts occurred more frequently nationwide than they had before (Yan et al., 2023).

While the COVID-19 pandemic is nowhere near as threatening as it was at the inception of its devastation in 2020, it is evident that participants who lost a loved one to suicide during the timeframe of the pandemic were heavily impacted. Clearly, we need more research aimed toward a better understanding of how suicide loss survivors are getting the support that they need, especially in the aftermath of the pandemic. Previous research has focused on the myriad of bereavement experiences that suicide loss survivors have faced, as well as the various kinds of both personal and professional postvention support that they were likely to pursue (Andriessen et al., 2019a; Jordan, 2017; Jordan & McIntosh, 2011). Studies also have postulated which types of postvention care within the mental health field have been particularly helpful when working with this population. Furthermore, past studies also have discussed the barriers that suicide loss survivors have experienced when seeking help from others, such as suicide-specific stigma (Peters et al., 2016) and the limited quality of care that tailored to the unique needs of suicide loss survivors (Andriessen et al., 2019b; Maple et al., 2019).

Unfortunately, even after more than 3 years have passed since the start of the pandemic, there has remained a limited amount of research that has ascertained and subsequently uncovered the experiences of those who lived through the devastation of losing a loved one to suicide while simultaneously navigating the pandemic, in addition to explanations of the postvention support that were both available and sought out at that time. Since WHO declared as of May 5, 2023, that the global health emergency of COVID-19 was no longer a threat, we unfortunately still had yet

to hear the stories of those who lost their respective loved ones to suicide during this period. Hence, the impetus of this study, to my knowledge with it being the first of its kind, sought to empirically investigate the lived experiences of those who became suicide loss survivors during the COVID-19 pandemic, in addition to what postvention support that they both sought and received. While numerous studies regarding suicide-related grief emerged both during and after the coronavirus outbreak, none of them explicitly researched the intersection of the pandemic and its subsequent impact on suicide loss survivorship. That is, not a single study that was conducted throughout or since the pandemic has directly assessed this global catastrophe's impact on suicide loss survivors' grieving experiences. Though not all of this study's participants shared grieving experiences were necessarily unique to the pandemic, the findings from this study corroborated the uniqueness of suicide loss during that time as compared to other timeframes.

My overarching aim in this study was to explore and capture the lived experiences of those who became suicide loss survivors during the COVID-19 pandemic, in addition to what postvention support that they sought out and received at that time. I strived to achieve this by examining their unique psychological experiences of grieving their loved ones' suicides during a pandemic, as well as by ascertaining the pandemic-specific barriers that impacted their receiving the kinds of support that they so desperately needed at that time. The methodological approach that was most suited for and, therefore, that was employed for this novel study was descriptive phenomenology (Giorgi, 2009).

Summary of Findings: A Dialogue with the Current Literature

In this section, I present a dialogue with the current literature regarding suicide loss survivorship and postvention support and its juxtaposition with this study's findings. The themes

that were derived from the thematic cross-case analysis section of this study will be compared with results from other studies to further deepen our understanding of suicide loss survivorship and postvention support experiences during the COVID-19 pandemic. Descriptions that emerged from this study's findings regarding suicide loss survivorship experiences were both similar and additive to previous literature that preceded March 2020, as opposed to other studies that emerged during the pandemic that did not directly assess or factor in how the pandemic directly impacted suicide loss survivorship and postvention support experiences.

Theme 1: The Emotional Turbulence of Suicide Loss Survivorship During a Pandemic

This theme highlights the emotional turbulence that suicide loss survivors experienced to varying degrees while grieving amid the COVID-19 pandemic. The emotional toll of losing a loved one to suicide as well as its subsequent impact on one's mental health and well-being has been researched extensively (Bellini et al., 2018; Drucker et al., 2023; Jordan & McIntosh, 2011; McGill et al., 2023). However, since the onset of COVID-19, there remains a dearth of research that addresses the emotional experiences of persons whose loved ones died by suicide during the COVID-19 pandemic. Hence, findings from this study illuminate the emotional turbulence that these participants endured, as well as many of the painful and complex emotional experiences that they also reported.

These participants overwhelmingly endorsed encountering a complex range of feelings post-suicide, including shock, anguish, anger, abandonment, betrayal, loneliness, guilt, blame, powerlessness, and even suicidal ideation. These emotional experiences often appear for suicide loss survivors in general, which appeared to manifest similarly during the pandemic as they did in a non-pandemic era. Also, the initial shock, as well as the prolonged anguish that these participants expressed in response to their loved ones' suicides during the pandemic,

corresponded with the well-established literature that postulates how suicide loss is, in essence, a traumatic grieving experience (Wagner et al., 2021).

Existing research also supports the notion that those who have lost a loved one to suicide and who are subsequently bereaved by it are often plagued with their navigating a long and difficult journey that typically is filled with emotional turbulence, which is understood as being a unique experience to suicide loss survivorship as compared to grieving other forms of death (Cerel & Sanford, 2018; Walker, 2017). Relatedly, some participants in this study, such as Jasper and Reagan, spoke about how grieving a loved one's suicide felt qualitatively different for them than grieving other forms of death, such as via a car accident or a health-related illness.

Another part of how suicide-related grief often can differ from grieving other forms of death is the survivor's quest to search for meaning after the loss (Jordan, 2020; Nilsson et al., 2022). That is, becoming a suicide loss survivor often evokes a meaning-making process that can then leave them struggling to understand *why* their loved one died by suicide (Jordan, 2020), which was evidenced in some of these participants' shared experiences. Suicide loss survivors may also feel anger toward, and betrayed by, their deceased loved ones (Nilsson et al., 2022), and may also be more inclined to blame themselves for having not done more to prevent their loved one's death (Feigelman & Cerel, 2020). Feelings of blameworthiness also emerged for several of these participants due to them not having been able to spend more time with them in person before the onset of the pandemic, which then significantly interfered with their ability to visit them in person. Since losing a loved one due to suicide can be earth-shattering, suicide loss survivors can also struggle with coping more adaptively, with seeking postvention support, or with even engaging with life in ways that were once more meaningful to them (McGill et al.,

2023). This could also hold true for these participants, who stated that the pandemic further challenged them in their ability to cope effectively with their respective suicide losses.

Additionally, the emotional experiences of these participants aligned with the complicated grief that often accompanies a suicide loss (Levi-Belz & Hamdan, 2023; Tal Young et al., 2012) A study from O'Connell et al. (2024) revealed that those who became suicide loss survivors *before* the onset of the pandemic went on to experience greater complications in their grieving, including prolonged distress. Additionally, Pinto et al. (2020) speculated that the pandemic would even exacerbate suicide loss survivors' distress and their complicated grief, especially in their struggle to cope with the ongoing hardships and uncertainties that were uniquely present for them at that time. This experience was lived out for one participant in particular, Laura, who described already feeling as though she was in "fight or flight" mode because of the pandemic, in addition to "not having any support" both before and at the time of her suicide loss. Therefore, it can confidently be said that the impacts of the pandemic further complicated these survivors' abilities to grieve at the time, given that this global catastrophe not only preceded their losses, but that their grief started simultaneously during a period that was already understood to be remarkably and uniquely stressful. With the pandemic rampaging at the time of these participants' losses, several noted that adhering to the social distancing guidelines that were being enforced at that time made it all the more challenging to get the in-person comfort and support that they needed and likely would have received in a non-pandemic era. This finding parallels a recent study by Drucker et al. (2023), that discovered that certain pandemic-related stressors such as lockdowns and fears of contracting the coronavirus all likely complicated one's ability to grieve a loved one's loss as effectively as they otherwise could have. Since past research has not explored how social distancing guidelines can affect them in their

grief, this finding that social distancing can negatively impact suicide loss survivors lends itself to the suicide loss survivorship literature base.

Theme 2: Coping Individually with Suicide Loss During a Pandemic

This theme captures how participants from this study coped with their suicide during COVID-19. It is important to highlight that this specific group of suicide loss survivors who participated in this study first endured the jarring beginning of a pandemic that lent its own cluster of novel and unique stressors for them to cope with first. Then, during this already ruinous time when many of us were inundated and overwhelmed by chronic stress and uncertainty in ways that we never had experienced before, these participants also tragically lost their beloved friends and family members to suicide.

Since grieving the loss of a loved one's suicide can significantly differ from grieving other types of deaths as a result of the unique intrapersonal, interpersonal, and systemic issues at hand (Berardelli et al., 2020; Jordan & McIntosh, 2011), coping with this kind of loss already can be a challenging process for them (Kaspersen et al., 2022). Likewise, Gaffney and Hannigan (2010) highlighted suicide loss survivors' struggles to initially cope with their losses while in a state of shock and disarray, which is often known to occur in the aftermath of a suicide. For example, Georgia described her difficulties with coping after losing her daughter while she already felt utterly shocked and completely distraught.

Despite COVID-19, these participants tried to cope with their respective loved ones' suicide. Further, when they were asked about how they coped individually with their losses during this time, some spoke about their reliance on more adaptive coping strategies such as being physically active, getting outside and spending time in nature to reflect on their loss, journaling or writing about their loss, and reading materials on suicide-related grief and loss.

Certain studies have shown that coping in these ways can promote healing for suicide loss survivors (Honeycutt & Praetorius, 2016; Jordan & McIntosh, 2011; Zavrou et al., 2023), which was corroborated by this study's findings. For example, two participants, Jasper and Bow, each discussed their utilization of either a daily mindfulness-based regimen or practicing yoga regularly to cope with their loved ones' suicides. They indicated that these practices were instrumental in helping them to feel calmer, more regulated, and more relieved. Using mindfulness-based strategies to cope with suicide loss has been shown to help suicide loss survivors to heal and to learn how to more effectively deal with their emotional pain as well as to enhance emotional self-regulation (Scocco et al., 2019; Stirling, 2016). While mindfulness-based strategies were not explicitly mentioned as affiliative with this coping tactic, these participants also coped by accepting, rather than resisting, the emotional turbulence that they described experiencing after their losses. Specifically, Mimi, Georgia, and Reagan allowed themselves to cry as needed instead of trying to push these feelings away. Further, some indicated that allowing themselves to cry helped them to connect more with their emotional experiences resulting from their losses.

In contrast, some also coped more maladaptively with their losses. For example, both Mimi and Ralph reported using alcohol more frequently than they did before the pandemic as a way to cope with their respective losses. This finding also aligned with existing research that suicide loss survivors may be more prone to using substances, including alcohol, to try to cope with their grief (Pitman et al., 2020). Moreover, there was additional evidence to suggest that substance use, especially alcohol consumption, rose dramatically for individuals as a result of pandemic-related stressors (Roberts et al., 2021). Together, this finding supported that those who became suicide loss survivors during the pandemic used alcohol to cope with their emotional

pain. However, it remained unclear if these participants still would have used alcohol to cope with their loss had the pandemic not served as an added stressor for them at that time. For example, we did not know their loss resulted in increased alcohol consumption that additive because of the pandemic. Future studies could investigate this by measuring these constructs while they are happening for survivors.

Theme 3: Social Support Systems as Sources of Strength and Resilience

This theme encapsulates the significance of these participants' social support systems in promoting both strength and resilience following their loss. While COVID-19 was happening, suicide loss survivors needed their support systems more than ever, especially to cope with their loved ones' suicides. While loneliness was a pervasive issue for a majority of people that the pandemic then exacerbated had an adverse effect on humankind at that time (Ernst et al., 2022), findings from this study indicate that many of these participants had at least one social network that they could lean on for support while grieving despite the various lockdowns and restrictions from the pandemic that existed at that time.

It is known that suicide loss survivors are often able to access a wide range of both formal and informal postvention strategies involving a diverse support system to cope with their emotional pain (Honeycutt & Praetorius, 2016). Fortunately, this study found that the most sought after and meaningful form of coping amongst these participants involved them being able to rely on friends, family, loved ones, and even colleagues in their workplace for postvention support during the pandemic. These participants also indicated their receiving formal, professional postvention support services via individual and group therapy, which were either in person or online. Further, these participants felt grateful and appreciative when loved ones and co-workers from these social networks reached out to them to check in on their mental health and

well-being. This was especially true for many of the participants who connected with others who also identified as suicide loss survivors either before or during the pandemic. Together, receiving both personal and professional postvention support was a crucial source of strength and resilience for these survivors while they navigated their grief during the pandemic.

Several participants, including Olivia, Bow, Laura, Reagan, Jasper, and Ralph, also emphasized the importance of their relying on specific friends and family for support with whom they could communicate openly and connect meaningfully. Additionally, some of these friends and family also shared a relationship with the deceased, which allowed these participants to feel that much more supported and understood in their grief. This finding aligns with the existing literature base suggesting that suicide loss survivors who are more willing to self-disclose their suicide loss experiences with others can bring relief, can reduce social withdrawal, might strengthen interpersonal relationships, and could boost their mental health outcomes (Levi-Belz & Lev-Ari, 2019a; Mayer et al., 2023). Thus, the positive impact that social support can have for suicide loss survivors could be monumental in supporting their growth and healing (Blaze & Roberts, 2023; Oexle & Sheehan, 2020**)**. The findings from this study further highlight just how important it was for those who became suicide loss survivors during the pandemic to have the social support that they needed during that actual time.

While more informal personal postvention support is often understood as being delivered by loved ones who are close to the suicide loss survivor and who potentially even share a relationship with the deceased as well (Cacciatore et al., 2021), colleagues in the workplace, such as co-workers or supervisors, can also play an integral role in supporting those who became suicide loss survivors (Blaze & Roberts, 2023). Participants, such as Betty, Mimi, Olivia, and Reagan, who were both working during the pandemic and at the time of their loss, indicated

having such support from their co-workers, whether in-person or virtual. Further, according to Mimi and Jasper, being able to attend work after their loss provided them with greater structure, consistency, and even purpose while working from home or being physically present in their respective workspaces. These findings fit with previous research that indicates that suicide loss survivors can benefit and derive meaning from returning to work after their loss, as well as receive valuable support from their community of co-workers (Dyregrov et al., 2008). What makes this study unique compared to others is that, at certain times during the pandemic, these suicide loss survivors could only rely on postvention support virtually instead of receiving it in person like they were able to before.

Theme 4: Therapy as a Conduit for Healing

In this theme, I summarized the vital role that therapeutic services can play in promoting healing for these suicide loss survivors. Each participant who established care with either an individual therapist or with a professionally led peer-support group was adamant about these postvention support services having a significant and beneficial impact on their health and well-being while grieving. Whether the support services that they accessed were online (e.g., telehealth) or in-person during this period, findings from this study revealed that every participant who sought and received therapeutic support generally had positive things to say about their experiences.

Despite there being a severe lack of research on suicide loss survivors' experiences of both seeking out and receiving therapeutic support during the pandemic, literature that already had emerged before that time postulates that both individual and group therapy can often be conduits for healing for these survivors (McGill et al., 2023; Sanford et al., 2016). For example, therapeutic support can help suicide loss survivors to derive greater meaning from their losses

(Delgado et al., 2023), to learn adaptive coping strategies for more effectively managing their emotional pain (Gaffney & Hannigan, 2010; Jordan & McGann, 2017), to find greater belongingness and social connection with others (Kaspersen et al., 2022; Levi-Belz et al., 2021), and to develop a more coherent narrative about the deceased loved one's suicide (Jordan & McIntosh, 2011). For these participants, therapy was a conduit for healing as it helped them to better transform their feelings of blameworthiness, guilt, and personal responsibility into acceptance of their own limitations in being able to prevent their loved one's suicide as well as to foster greater compassion for their loved one's endured pain and suffering. This was evident for some participants, such as Ralph and Georgia, who both had epiphanies while in therapy. Ralph described having a "breakthrough" in therapy that helped him to process his feelings of guilt and responsibility after he realized that he likely never could have been the "hero" that would have prevented his best friend's suicide. This *therapeutic breakthrough* finding aligned with Jordan and McIntosh's (2011) *narratives of forgiveness* concept. This concept posited that suicide loss survivors can learn to forgive themselves and their loved ones' departure. Further, it can also help them with feeling less personally responsible for the suicide as well as to have more acceptance and relief.

These participants further spoke about the nature of individual therapy as being one where they could speak more freely and openly than in other settings. This was the case for Bow, Mimi, and Ralph, who each emphasized that their individual therapists offered them a third-party perspective and a nonjudgmental approach that allowed them to feel more safe while disclosing their losses as opposed to their friends and family members. This finding supports other research that has found that suicide loss survivors view therapy as a space where they could express their

emotional pain and struggles in ways that they otherwise might not have been able to with their friends and family members (Blaze & Roberts, 2023).

Importantly, one silver lining of the pandemic was that these participants generally found their transition from in-person therapeutic services to a telehealth format to be relatively seamless. This novel finding is particularly noteworthy because if these services were unavailable via telehealth for survivors during the pandemic, then it is likely that they would have struggled to receive the therapeutic support that they very much needed at that time. Additionally, the pandemic did not seem to directly impede their ability to both access and receive the quality of mental health care that they very much needed during this time. This was true for one participant in particular, Georgia, who enjoyed the novel option of joining an online suicide loss support group as this helped ease her stress of potentially contracting the coronavirus had the support group been conducted in person as well as find it just as beneficial as she did with it being online versus it being in person.

Findings from this study also demonstrate survivors receiving individual therapy and peer-based bereavement support for their grief. Both of these postvention support options helped them to feel an increased sense of belongingness, helped to normalize their emotional pain, and offered them a sanctuary while grieving collectively with others who knew exactly what it meant to become a suicide loss survivor as well. These findings lend themselves to other existing research that those who find connection among fellow suicide survivors can experience, which can then be advantageous for helping them learn how to cope more adaptively with their respective losses (Kaspersen et al., 2022; Ross et al., 2021). On the other hand, these participants did not say if these support services also assisted them with dealing with pandemic-related stressors such as the ongoing uncertainty and loneliness that were present for them at that time

(Ernst et al., 2022), or if the suicide bereavement groups acknowledged the pandemic's effects on their grief.

Theme 5: "Confines of Being in a Pandemic:" Barriers to Grieving Together with Loved Ones

For this theme, I outline the challenges that these suicide loss survivors faced due to their inability to be in person physically with their loved ones while grieving due to pandemic-related restrictions that were enforced at that time. I also highlight both the actual and perceived suicide-related stigma that was present for these participants during the pandemic and how this stigma was a barrier to receiving the social support that was needed for them at that time.

Even though every participant received postvention support from loved ones as well as from mental health professionals in a virtual capacity thanks to the advent and accessibility of telehealth and other online meeting platforms (e.g., Zoom), they nonetheless yearned deeply for more of the face-to-face connection and physical touch that had very much been lacking from their lives at that point. As a result of taking the appropriate preventive measures to keep both themselves and others safe from contracting the coronavirus, including their adhering to the social distancing regulations at that time, it is understandable that these participants yearned for more physical touch than was available for them at that time. However, the pandemic-related barriers at that time significantly limited their in-person social interactions and greatly hindered their ability to receive the physical support and face-to-face immediacy that they longed for. In turn, these barriers interfered with them getting their physical and emotional needs met by their loved ones, particularly at social events such as celebrations of life or family reunions which were held virtually if at all.

According to participants in this study, the COVID-19 pandemic and its imposed guidelines and regulations at the time made it incredibly challenging for them to connect to and

grieve collectively in person with their loved ones. These mandated restrictions also prevented them from traveling and visiting with their loved ones. This finding of them being unable to travel and visit with friends and relatives during COVID-19 is consistent with McDaniel et al.'s (2022) study that found that pandemic-related barriers, including social distancing guidelines, precluded suicide loss survivors from traveling and connecting in person with their loved ones and thus affected their grieving experiences. There also was research to suggest that this social deprivation significantly elevated feelings of loneliness (Ernst et al., 2022) as well as significantly increased psychological distress for many (Luo et al., 2020); potentially for those who became suicide loss survivors during this time as well. Some research also has highlighted that physical touch and face-to-face connection can be paramount in supporting those who are bereaved find healing in their grief (e.g., Enmalm & Boehme, 2024), thus, emphasizing all the more that these suicide loss survivors likely would have increasingly benefitted from receiving the in-person social support that they strongly yearned for. These findings accentuated just how dire it was for these participants to have the loved ones that they needed at that time by their side to hold them and to hug them while grieving.

Additionally, social support has remained to be one of the most dynamic coping strategies for when dealing with a stressor, especially where strong social networks have been built among friends and family members (Luo et al., 2022). Given that suicide loss survivorship, in tandem with navigating the psychological perils of a pandemic, is expected to be an extremely stressful grieving experience, it makes sense that these participants yearned for greater physical touch and in-person support to help them to better cope with their respective losses during a period where social distancing and isolation were especially rampant. Specifically, Mimi, Jasper, and Laura each explicitly named wanting to hug and hold their respective loved ones after their

losses. Even though they were grateful for the new technological means that were accessible for them to seek and receive postvention support from their loved ones, they would have preferred in-person connection. This finding corresponded with a recent study which found that face-to-face communication with loved ones was reportedly preferred over digital connection during the pandemic (Stieger et al., 2023). Further, their study also recognized that face-to-face connection was found to be more beneficial to one's mental health than digital communication during social distancing and lockdown periods.

While the social support that these suicide loss survivors received did foster their healing and growth, some participants, such as Reagan, Mimi, and Betty, still felt the need to maintain secrecy or even to augment the narrative about their loved ones' suicides in order to avoid either the perceived or actual suicide-related stigma that they felt at that time. Although suicide-related stigma was not assessed directly through this study's pre-set list of interview questions, it was expected that it would nonetheless present itself as a barrier for these participants in their seeking and receiving the postvention support that they needed. For Reagan, after her grandmother asked if her best friend had died by suicide, she felt pressured to lie to her due to the presenting suicide-related stigma, saying that he had instead died from a "heart problem." Mimi maintained secrecy about her son's suicide around the majority of her co-workers in order to avoid being perceived by them as "the wounded mother." In Betty's case, she felt obligated to censor herself around certain people who knew about her loss because of her perceptions that they would not be as accepting of it being a suicide loss as she wanted.

These testimonies further expound upon the wealth of existing research that has explored the deleterious effects that suicide-related stigma can have on the interpersonal structures of suicide loss survivors as well as on their overall health and well-being (Feigelman et al., 2009;

Peters et al., 2016; Scocco et al., 2017; Sheehan et al., 2018). Thus, participants in this study who felt the need to conceal the details about their loved ones' suicides (Jordan, 2020) identified this as a barrier to receiving the support that they needed at that time from their co-workers and family members. However, it was not until this study was conducted that we were able to capture a glimpse of how suicide-related stigma affected these suicide loss survivors during a pandemic period. While these findings did not necessarily offer any new insights into what previous research has uncovered, they did confirm that suicide-related stigma greatly persisted for these survivors during the pandemic, a novel event in our lifetime.

Some participants also noted that those who could directly relate to the experience of becoming a suicide loss survivor themselves were more empathetic and understanding toward them. In contrast, those who were unable to directly relate to them as such were perceived to be more standoffish or aversive in general while discussing the topic of one's death by suicide. Other participants either hid and maintained secrecy from others about their own experiences of becoming a suicide loss survivor in an effort to avoid both the actual and perceived stigma and stress that can occur when one discloses that a loved one's death resulted in suicide (Oexle et al., 2020; Pitman et al., 2018).

Theme 6: The Forging of Newfound Relationships and the Deepening of Existent Bonds

One of the more hopeful and heartening findings from this study was from this theme's illustration that even while these suicide loss survivors were unfortunately faced with navigating the dual adversities of losing a loved one to suicide and existing during the stressful period that was the pandemic, several such as Bow, Betty, Reagan, Ralph, and Mimi also spoke of newfound relationships that they were able to forge with their deceased loved ones' friends and relative and bonds that were deepened in existent relationships. For example, both Bow and

Betty forged brand new connections with their lost loved ones' friends and family members. Prior to their losses and, therefore, before the pandemic, neither Bow nor Betty had interacted with or met them in person. However, post-suicide, both of them connected in-person with their deceased loved ones' friends and relatives.

Further, Reagan felt a greater closeness with her great-aunt, a fellow suicide loss survivor, that she did not have before losing her best friend to suicide. Mimi decided to move closer to her last living son so that she could devote her resources to being a mother and caregiver for him and for his family. Lastly, Ralph claimed that he and his friends now are much more deliberate in checking in on one another more regularly and often lament together while grieving their dear friend's suicide. This deeper investment in relationships for Reagan, Mimi, and Ralph is a significant contribution to the already existing literature on the positive influence that social support can have while dealing with suicide grief (Azorina et al., 2019). Additionally, it highlights the potential for a greater closeness to develop with those who also knew the deceased and were therefore impacted by the suicide loss. According to some of these participants, this kind of postvention support from these specific individuals was indisputably the most helpful postvention support that they both sought after and received.

These findings of suicide loss survivors forming new relationships and strengthening their current relationships aligned with other studies that have shown that sharing one's suicide loss experience can promote healthy grieving, can bolster social support, and can deepen interpersonal relationships (Levi-Belz & Lev-Ari, 2019b; Oexle et al., 2020). Additionally, this kind of interpersonal support, especially from already-established friends and family members, can foster greater mental health, lessen suicide-related stigma, and reduce loneliness for suicide loss survivors (Jordan & McIntosh, 2011; Levi-Belz et al., 2021). Prominently, this theme and its

findings uniquely differ from these studies in that its novelty underscores these survivors' ability to develop new relationships and strengthen existing relationships, especially at a time when it was particularly challenging to meet new people and spend quality time with them in person. As a result, this helped them to continue their bonds with the deceased by connecting with those who were also impacted by the loss and even shared a close relationship with them.

Previous research has suggested that the forging of new relationships can pose as a massive hurdle for suicide loss survivors largely due to the associated stigma and the negative impact that suicide loss can have on existing relationships (Jordan & McGann, 2017; Pitman et al., 2018). However, the findings from this study differed from past studies like these. Nevertheless, learning that these participants established these connections while grieving during the pandemic were encouraging. Further, suicide loss survivors can also experience greater impairment in their social bonds after a loved one's suicide, resulting in higher loneliness and increased psychological distress (Mayer et al., 2023). This was why it was all the more important for these survivors to heal and grow through bonding with those who also shared an intimate connection with the deceased.

Study Implications

This section provides this study's theoretical and practical implications that were derived from its emergent themes and their intersection with the current literature base. These implications are separated into theoretical implications as well as practical suggestions for how mental health professionals, including counseling psychologists, can best support those who became suicide loss survivors both during and after the COVID-19 pandemic.

Theoretical Implications

Two theoretical models informed this study's methodological process throughout. The first was Jordan and McIntosh's (2011) Model of Suicide Loss Survivorship. This layered framework offers a theoretical understanding of how a suicide-related death uniquely differs from other modes of death. It also highlights that suicide is often understood as being both an unexpected and traumatic death, leaving those who are left behind to feel blindsided, shocked, and sorrowful (Jordan & McGann, 2017) as compared to the emotional experiences that accompany other types of losses. Additionally, suicide loss survivors may also experience anger, betrayal, and abandonment in response to their loved one's complex decision to leave them behind forever. Further, these survivors may experience barriers to receiving the post-loss support that they may need, such as dealing with the stigma that is often attached to suicide (Sheehan et al., 2018).

Findings from this study's themes were compatible with this model given that multiple participants throughout this study described how grieving their loved ones' suicides significantly differed from other deaths that they had mourned previously. Furthermore, every participant spoke about the *emotional turbulence* that they experienced following their loss, which consisted of feelings of anger, betrayal, and abandonment to name a few. Some participants also described their loss as being a traumatic experience for them, which further aligns with Jordan and McIntosh's (2011) model.

Moreover, the lack of psychological preparedness that these participants had before their loved ones' suicides also had a significant impact on them. Similarly, at the start of the COVID-19 pandemic, these participants were limited in their ability to psychologically prepare for the impact that it would come to have on their lives. Overall, Jordan and McIntosh's (2011)

theoretical model of suicide loss survivorship appears to have manifested similarly during the pandemic as it has previously, which is essential to keep in mind for future research involving this topic that may wish to include this framework in their study.

The second theory that informed this study was Cerel et al.'s (2014) Nested Model of Suicide Loss Survivorship. This theory posits that suicide loss survivorship exists on a continuum ranging from those who are exposed to a suicide to those who are affected by a suicide, and lastly to those who are bereaved by a suicide in either the short-term or long-term. Each category has a prerequisite before moving along the continuum, except for the "exposed" category, which is the entry point. For example, if someone is bereaved by a suicide, then they subsequently were both exposed to it and affected by it as well. Often, family members, friends, therapists, or close co-workers who are left behind are those who are bereaved in the short term. The same can be said for those who are bereaved in the long term, except for those who were friends of the deceased.

In this study, it can confidently be stated that these participants experienced grief both in the short-term and long-term following their exposure to their loved ones' suicides, given the close bond that they had with their deceased loved ones. One finding that did contrast with this theoretical framework was the discovery that the participants who had lost a friend to suicide seemed to have been impacted by their loss in the longer term as well, not just in the shorter term as Cerel et al.'s (2014) model suggests. Further, it is difficult to say if these participants can categorically be understood to be bereaved in the long term, given that their losses occurred somewhat recently during the COVID-19 pandemic. This theoretical framework lacks specificity for what constitutes bereavement in the long term versus the short term. Conclusively, this nested

model of suicide loss survivorship on a continuum was relevant but not entirely consistent with these participants' experiences and this study's findings during the COVID period.

Clinical Implications

This current study's findings offered important insight into how to better support the needs of those who became suicide loss survivors during the COVID-19 pandemic, as well as a better understanding of the postvention support that was available, accessed, and helpful for them during that time. The latest provisional data on suicide in the U.S. indicated that suicide rates decreased initially during the pandemic compared to previous years (CDC, 2023a). Unfortunately, as this study confirmed, there were still those who became suicide loss survivors during that time and thus needed support from both loved ones and professionals to cope more effectively with their grief. Therefore, counseling psychologists and mental health providers alike need to be aware that there remains a grieving population of those whose loved ones died by suicide during the pandemic and who subsequently need both therapeutic support and clinical care. Moreover, clinicians need to be sensitive to the unique needs and idiographic experiences associated with suicide loss survivorship that were also present for them during a global pandemic.

Unfortunately, research on suicide loss experiences have shown that many mental health professionals often lacked both formal training and clinical supervision when it came to working with suicide loss survivors and the unique psychological distress that they were often left coping with (Jordan & McGann, 2017; Sanford et al., 2016). As a result, clinicians have had the potential to harm suicide loss survivors if the care that they provide was being haphazardly administered without their first considering and implementing which approaches might work best for suicide loss survivors and why (Jordan, 2020). Therefore, clinicians are highly

encouraged to increase their knowledge, awareness, and skills in this regard before working with suicide-bereaved individuals, including those whose losses took place during COVID-19. Additionally, participants from this study repeatedly endorsed having positive experiences during their time in therapy, particularly post-loss. Perhaps this was the result of these clinicians already having prior experience and training in supporting suicide loss survivors.

Suicide loss survivors often benefit most from acute, crisis-oriented care as well as from longer-term therapy, meaning that clinicians should first assist these survivors in the acute phase of their grief and then help them in their transition to longer-term therapy (Jordan & McIntosh, 2011). In this study, participants seemed to be aware of the available crisis resources that they could access if needed and, as mentioned, every participant except for Reagan could feasibly connect with a mental health provider following their loss. Clinicians also need to remember to appreciate the uniqueness of suicide loss survivorship as it compares to other forms of grieved deaths, such as those due to heart-related illnesses or car accidents. Further, clinicians need to be more mindful of the suicide grief response's potential to endure and continue to be an intense grieving experience for these survivors even well after the loss initially occurred.

There are several existing resources that clinicians can readily access to deepen their knowledge, awareness, and skills for when working with suicide loss survivors. For example, clinicians are encouraged to refer to Jordan's (2020) guide to treating suicide loss survivors involving *Tasks of Psychological Integration of the Loss,* which in turn consists of (a) containing the trauma and restoring psychological safety and agency, (b) repairing the mourner's assumptive world, (c) creating a psychological sanctuary and relief from the pain, (d) developing social management skills, (e) repairing one's relationship with the deceased, (f) helping one to develop a durable biography of the deceased, and finally (g) reinvesting in their living. Together,

by integrating these tasks when working with suicide loss, survivors can help to foster healing and to promote peace from their loved one's suicide. Clinicians are also encouraged to consult with other providers whose expertise lies in suicide loss survivorship, in addition to seeking and gathering extracurricular resources on how to better support this population clinically.

Clinicians can also assist suicide loss survivors with developing and maintaining individual-based coping strategies that focus on physical activity, journaling about the loss, mindfulness-based practices, and other basic mental hygiene and self-care skills that also target the emotional distress that these survivors are often known to experience (Levi-Belz & Hamdan, 2023). Mental health providers can also leverage their position to liaison with other pertinent organizations (e.g., a local chapter affiliated with the AFSP) in a suicide loss survivor's given area to help further amplify the amount of support that they can receive. Additionally, clinicians can also provide resources and pertinent psychoeducational materials to help suicide loss survivors to better cope with their grief. For example, mental health professionals can direct suicide loss survivors to some of the existing resource centers, such as SPRC's or AFSP's online resources for suicide loss survivors. These resources are comprised of directories, guidebooks, events, forums, and listings of both national and international suicide bereavement support groups that aim to help suicide loss survivors along their respective healing journeys. Moreover, clinicians can also direct suicide loss survivors to suicide bereavement support groups in their local area that they can attend for adjunctive support. This is particularly noteworthy given that participants often benefit when interacting with those who share this same experience, as this can help them to feel less alone and thus promote greater healing.

In general, every participant throughout this study relied on postvention support of some kind following their loss and generally had positive things to say about both its overall utility and

its helpfulness. This discovery underscores the importance for clinicians in assessing the presence of social support systems among suicide loss survivors, including any support that may come from their diverse social networks that perhaps are comprised of personal relationships with friends and family, workplace relationships, and peer support. Social support was the most robust form of coping mentioned among participants from this study. Therefore, it can be understood that these suicide loss survivors were not meant to cope alone with their grief by instead finding their most significant source of healing to come from their social support systems.

On that note, in the aftermath of their devastating losses, several of these participants highlighted their forging newfound relationships with their deceased loved ones' friends and relatives as well as deepening their already existent bonds with close friends and relatives. While the extant literature base has found this to be experienced among suicide loss survivors, this study's finding further emphasizes the potential for them to develop and enhance these kinds of close relationships post-loss. Thus, clinicians may want to encourage suicide loss survivors to reach out and connect with their deceased loved ones' friends and family members to then also expand their own social support system through this similar kind of forging and deepening of relationships.

Friends have also been recognized as loved ones who can offer meaningful support for suicide loss survivors (Pitman et al., 2018). In this study's findings, participants highlighted the importance of relying on friends for support following their losses. Therefore, when working with suicide loss survivors, clinicians are encouraged to ask suicide loss survivors if they might have close, reliable friends who they can rely on for support and camaraderie while grieving. Clinicians are also implored to encourage survivors' engagement with their respective social

systems as they have the potential to enhance the prospect of PTG and thus to diminish mental pain, stigma, and loneliness (Levi-Belz, 2022).

This study also illustrated several problems that were novel for suicide loss survivors who were grieving during the pandemic, in terms of having limited in-person support from their loved ones, especially in their inability to connect physically with them such as via hugging and touching. That is, the COVID-19 pandemic truly appeared to affect in-person postvention support services more than ever before, especially in terms of any possible support that they otherwise would have received from their loved ones. This in-person support likely would have improved their grief experiences had they been able to access the physical touch and connection that they highly yearned for at that time. Furthermore, these pandemic-related barriers did not necessarily negatively affect the quality of the professional mental health care that they received via telehealth. As such, these participants fortunately received therapeutic support and connected with their loved ones thanks to the presence and wide availability of telehealth and online platform services (e.g., Zoom). Overall, the positive impact that physical touch and in-person connection can have on supporting suicide loss survivors in their healing cannot be emphasized enough.

Limitations

This study's findings also should be interpreted by acknowledging its limitations. While the current study reached saturation with its recruitment, a more diverse pool of, and a greater number of participants would have further broadened the applicability of this study's findings. Participants in this study were almost entirely homogenous, consisting of those who identified primarily as female and as White/Caucasian. Such a homogenous sample has the potential to limit the extent to which this study's results are generalizable. Also, most of these participants

lived in the Rocky Mountain region of the U.S. at the time of both their losses and their interviews. Further, several other potential participants were also excluded from participating in this study due to them not meeting the predetermined inclusion criteria. Disappointedly, one other potential participant's interview experiences were deemed to be invalid due to the falsity of their responses and their geographic location, suggesting that their involvement in this study was solely motivated by receiving monetary compensation.

The timing of each participant's loss also varied considerably throughout the COVID-19 pandemic. Specifically, some of these suicide loss survivors lost their loved ones shortly after the pandemic began, a time when lockdowns, quarantining, and social distancing were at their apex. For other suicide loss survivors, their loved ones died a couple of years after the pandemic started; by that time, great strides were made with how we came to understand the novelty of COVID-19 as well as developing vaccinations for preventing its further spread. Consequently, one could speculate that those who became suicide loss survivors during some of the earlier and thus more critical points in the pandemic might have experienced greater complications in their grieving than those who became suicide loss survivors a year or two after the pandemic started. Hence, it is difficult to know if these losses that occurred at various times throughout the pandemic offer a more unified and cohesive understanding of what it meant to become a suicide loss survivor during that time. Therefore, having a more concentrated and contrived timeframe (e.g., March of 2020 through December 2020) could help provide a better understanding of how varying points throughout the pandemic might have uniquely affected a suicide loss survivor's grieving experience as well as the postvention support that was available and received by them during that time.

A final limitation consists of my own involvement while developing and analyzing these results. I chose to implement this study solely because of my own experiences of both losing loved ones to suicide before the pandemic as well as in my clinical role working with clients who lost loved ones to suicide during this period. Therefore, it is certainly possible that my own knowledge and background regarding suicide loss survivorship, as well as my navigating the pandemic in my own way, significantly impacted my research journey and the delivery of these findings. Even though I prioritized taking the necessary steps to appropriately bridle my own biases and presuppositions about suicide loss survivorship during COVID-19, there remains the possibility of my own values and interpretations impacting the research process throughout. Thus, this study's interpreted findings and conclusions should consider this potential limitation carefully.

Research Implications and Suggestions for Future Research

Throughout this study, each of these participants shared their lived experiences of becoming suicide loss survivors during the COVID-19 pandemic, and the postvention support that they received has yet to be adequately investigated by researchers. In fact, there remains a glaring gap in our understanding of the pandemic's role and its related impact on the grieving experiences of those whose loved ones died by suicide during this time. Instead, past research, including those studies that have emerged since COVID-19, has primarily negated the pandemic's role in impacting suicide loss survivorship and postvention support. As such, this study was designed to address this essential need to hear these stories and to more carefully understand the lived experiences of those whose loved ones died by suicide during this particularly tumultuous time in our history.

While the findings that emerged from this study's thematic cross-case analysis are not entirely unique to the core features of suicide loss survivorship and postvention support (Jordan, 2020; Jordan & McGann, 2017; McGill et al., 2023; Ross et al., 2021), they do offer a more distinct and deeper understanding of the additional challenges that these survivors faced while grieving their loved ones' suicides amid a pandemic. However, we simply need more rigorous qualitative- and quantitative-grounded research on this topic and how the impacts of the pandemic could have affected their grieving experiences. In doing so, it may be possible to help us to become better prepared to support suicide loss survivors if future pandemics were to emerge.

This study's findings also make it all the more possible for us to know how to best support those who became suicide loss survivors during the COVID-19 pandemic now that we have a deeper understanding of some of the more nuanced complications that arose for them in that time. For example, having a better grasp on some of the pandemic-related barriers that existed for these suicide loss survivors and that subsequently impacted their receiving of certain postvention support services, particularly more in-person support, should we ever find ourselves in a similar global catastrophe.

Participants also noted the individual therapy that they both sought and received following their loss. However, it remains to be known which of them already received established care before their respective losses or well before the pandemic. Thus, future research could focus on exploring participants who were receiving therapeutic services before their loss versus those who received care in response to their loss and its subsequent impacts on their grieving experiences during COVID-19.

This study's findings also make it all the more possible for us to know how to support best those who became suicide loss survivors during the COVID-19 pandemic now that we have a deeper understanding of some of the more nuanced complications that arose for them in that time. For example, this study found that telehealth therapy can be a viable option for suicide loss survivors who are in need of therapeutic support while grieving. While in-person therapy was generally suspended in the U.S. and throughout the pandemic, telehealth therapy can remain a conduit for healing even now that COVID-19 no longer has the same impact on our lives that it once had. Also, we now have a better grasp on some of the pandemic-related barriers that existed for these suicide loss survivors and that subsequently impacted their receiving certain postvention support services, particularly more in-person support. As a result, we can be better prepared to support suicide loss survivors who may be deprived of the physical touch and in-person connection that they might be yearning for. This is especially true if we were to ever face a global catastrophe that matches the devastation of the COVID-19 pandemic.

This study also assessed a wide range of the various formal postvention support services that these suicide loss survivors accessed during the pandemic, including different kinds of individual therapy such as somatic experiencing (SE) and brain spotting, as well as peer-based and suicide-specific grief groups. Future research also could focus on specific modalities or types of professional services that suicide loss survivors received during the pandemic and their effect on the survivors' healing and growth. Further, the quality of the relationships that these participants shared with their loved ones varied drastically, ranging from familial connections including children, siblings, and extended relatives, to close friends to intimate partners. Thus, future phenomenological research could delineate the experiences of suicide loss survivors who shared a bond with a loved one from one of these qualitatively unique categories.

Seven of the deceased from this study were identified by participants as male. This finding is a stark reminder that males die by suicide significantly more often than do other genders (CDC, 2021a). Therefore, more prevention efforts still are needed to address this tragedy. Additionally, there were only two male-identifying individuals who participated in this study. Thus, more research in the future could help to illuminate how men were affected by suicide loss during the pandemic. Further, I exclusively recruited adults for this study. However, two of the participants who spoke about their loved ones who died by suicide were parents; exploring the experiences of how these suicide losses impacted children and the family system in general is encouraged.

Given that the COVID-19 pandemic was a worldwide phenomenon, future research also should explore how suicide loss survivors who were living in different regions of the world may have been simultaneously impacted while grieving and coping with their respective losses during the pandemic. Additionally, more research is needed on better understanding the impact that the pandemic had on other populations of suicide loss survivors, including family systems, clinicians and mental health providers, military service members, and those holding other cultural identities. Overall, insights into the grieving processes of those who became suicide loss survivors during the pandemic are severely lacking and thus warrant greater investigation. Specifically, more research is needed on exploring their grieving experiences as well as the various kinds of postvention support that they both sought out and received.

Conclusion

This chapter presented an overview of this study's detailed findings, including the salient themes that emerged from these participants' experiences in becoming suicide loss survivors during the COVID-19 pandemic, in addition to what postvention support they both sought and

received. The phenomenological framework that was interwoven throughout this study allowed me to both answer this study's research questions and deeply understand the experiences of those who were bereaved by suicide during the pandemic. Implications of these findings across the current literature base, suicide loss survivorship theory, and their clinical relevance were also demonstrated. Suicide is not only the ending of one's life, but it also can be the start of an exceptionally difficulty life for those who are left behind. These heartfelt words from the late suicidologist Edwin Shneidman (1969) were a stark reminder that those who are left behind to grieve the devastating losses of their loved ones are often tasked with having a long journey of grief ahead of them. My utmost hope is that this study offers support, validation, and encouragement to those who can directly relate to the experience of losing a loved one to suicide during the COVID-19 pandemic. I further hope it encourages those who know of anyone who became suicide loss survivors during COVID-19 to be supportive, understanding, and compassionate toward them.

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University of Northern Colorado

On Jan 13, 2024, at 8:42 AM, Cerel, Julie <julie.cerel@uky.edu> wrote:

Thank you so much for your email. You have my permission to use the figure in your dissertation document. Please let me know if I can be of help in any other way. Good luck!

> Julie Cerel, Ph.D.
> Professor, Licensed Psychologist
> University of Kentucky
> College of Social Work
> Director, Suicide Prevention & Exposure Lab (SPEL)
> Wilson Professor in Mental Health

From: Kershaw, Sean <kers4808@bears.unco.edu>
Sent: Thursday, January 4, 2024 11:26 AM
To: Cerel, Julie <julie.cerel@uky.edu>
Subject: Permission to Use Copyrighted Materials

Dear Dr. Julie Cerel,

I hope this email finds you well. My name is Sean Kershaw, and I'm a doctoral candidate at the University of Northern Colorado. I am an avid admirer of your work and, as such, have decided to include your “Nested Model of Suicide Loss Survivorship” framework in my dissertation study.

Please see the form attached to this email requesting your permission to use this figure for this project. Please let me know if you have any additional questions, and I greatly appreciate your time.

Kindly,

Sean

Sean Kershaw, M.A., LPC
Pronouns: he/him/his
Doctoral Candidate|Counseling Psychology
Department of Applied Psychology and Counselor Education
College of Education and Behavioral Sciences
University of Northern Colorado

UNIVERSITY OF
NORTHERN COLORADO

Dear Dr. Julie Cerel,

I am completing a doctoral dissertation at the University of Northern Colorado entitled *Exploring Suicide Loss Survivorship and Postvention Support During the COVID-19 Pandemic.* I anticipate that it will be completed during the Spring 2024 semester.

I would like your permission to use material from your work: Cerel, J., McIntosh, J. L., Neimeyer, R. A., Maple, M., & Marshall, D. (2014). The continuum of "survivorship": Definitional issues in the aftermath of suicide. *Suicide and Life-Threatening Behavior, 44*(6), 591-600. https://doi.org/10.1111/sltb.12093. I believe you are the copyright owner and can grant this permission, but if that is incorrect, please let me know who owns the copyright so I can pursue this question with the right person. The excerpts to be reproduced are:

Figure 2.2: Cerel et al.'s (2014) Nested Model of Suicide Loss Survivorship

The requested permission extends to any future revisions and editions of my dissertation, including non-exclusive world rights in all languages, to the electronic publication of my dissertation by the University of Northern Colorado in its repository, Digital UNC, and to the prospective publication of my dissertation by ProQuest. ProQuest may supply copies of my dissertation on demand. These rights will in no way restrict the republication of the material in any other form by you or by others authorized by you. Your response will also confirm that you own the copyright to the above-described material.

If these arrangements meet with your approval, please return this e-mail with affirmation. Thank you very much.

Sincerely,

Sean Kershaw, M.A., LPC
Pronouns: he/him/his
kers4808@bears.unco.edu

APPENDIX C

SEMI-STRUCTURED INTERVIEW QUESTIONS

SEMI-STRUCTURED INTERVIEW QUESTIONS

Introduction Script: Thank you for choosing to participate in this study. Throughout this interview I will be asking about your experiences of becoming a suicide loss survivor during the COVID-19 pandemic in addition to what support, if any, you have received during this time. For each question, you get to decide how you want to respond as well as whether or not you want to answer it. This interview will be video- and audio-recorded. What questions do you have?

- What pseudonym do you want to use for the purpose of this study?
- How would you describe your gender identity?
- What are your personal pronouns?
- How would you describe your racial identity?
- How would you describe your ethnicity?
- Do you identify with a faith?
- Are there any additional social identities that are important to you?
- Did you lose any other loved ones unrelated to suicide during the COVID-19 pandemic as well?
- When did you lose your loved one to suicide?
- What was their name?
- How long have they been a part of your life?
- Please describe in detail what this person means or meant to you.
- What have been your experiences of losing a loved one to suicide during the COVID-19 pandemic?
    - What unique challenges or stressors have you faced while grieving your loss during the COVID-19 pandemic?
    - How have you coped?
    - How have your social identities impacted this experience?
    - What strengths and resiliencies have you experienced while grieving during this pandemic?

Next, I'm going to ask about the kinds of help and support (both personal and professional) you have received following your loss.

- What support (personal or professional/clinical), if any, have you sought out as a result of your loss?
- What support (personal or professional/clinical), if any, have you received as a result of your loss?
    - How useful have these support services been?
    - How has the COVID-19 pandemic impacted access to these support services?
    - What other help do/did you want to get or wish that you had?
    - **If no support has been sought out/received, then ask what got in the way/what were the presenting barriers?*

- What message(s) would you send to those who also became a suicide loss survivor during this pandemic?
- How has it been for you to discuss your experiences of becoming a suicide loss survivor during the COVID-19 pandemic?

APPENDIX D

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

UNIVERSITY OF
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Institutional Review Board

Date: 11/03/2022

Principal Investigator: Sean Kershaw

Committee Action: **IRB EXEMPT DETERMINATION – New Protocol**

Action Date: 11/03/2022

Protocol Number: 2204037974

Protocol Title: Exploring Suicide Loss Survivorship and Postvention Support During the COVID-19 Pandemic

Expiration Date:

The University of Northern Colorado Institutional Review Board has reviewed your protocol and determined your project to be exempt under 45 CFR 46.104(d)(702) for research involving

Category 2 (2018): EDUCATIONAL TESTS, SURVEYS, INTERVIEWS, OR OBSERVATIONS OF PUBLIC BEHAVIOR. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7).

You may begin conducting your research as outlined in your protocol. Your study does not require further review from the IRB, unless changes need to be made to your approved protocol.

As the Principal Investigator (PI), you are still responsible for contacting the UNC IRB office if and when:

UNIVERSITY OF
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Institutional Review Board

- You wish to deviate from the described protocol and would like to formally submit a modification request. Prior IRB approval must be obtained before any changes can be implemented (except to eliminate an immediate hazard to research participants).
- You make changes to the research personnel working on this study (add or drop research staff on this protocol).
- At the end of the study or before you leave The University of Northern Colorado and are no longer a student or employee, to request your protocol be closed. *You cannot continue to reference UNC on any documents (including the informed consent form) or conduct the study under the auspices of UNC if you are no longer a student/employee of this university.
- You have received or have been made aware of any complaints, problems, or adverse events that are related or possibly related to participation in the research.

If you have any questions, please contact the Research Compliance Manager, Nicole Morse, at 970-351-1910 or via e-mail at nicole.morse@unco.edu. Additional information concerning the requirements for the protection of human subjects may be found at the Office of Human Research Protection website - http://hhs.gov/ohrp/ and https://www.unco.edu/research/research-integrity-and-compliance/institutional-review-board/.

Sincerely,

Nicole Morse
Research Compliance Manager

University of Northern Colorado: FWA00000784

APPENDIX E

RECRUITMENT LETTER AND EMAIL INVITATION

Hi all!

My name is Sean Kershaw (he/him), and I'm a doctoral candidate in Counseling Psychology at the University of Northern Colorado. I'm currently writing my dissertation on the experiences of those who became suicide loss survivors during the COVID-19 pandemic. By participating in this study, you could help to greatly benefit fellow suicide loss survivors as well as clinicians who truly want to care for them now, and for long after, the COVID-19 pandemic.

If you lost a loved one to suicide during the COVID-19 pandemic, are age 18 or older, reside in the U.S., and are interested in participating in this study, please click on the link below for further information and to complete a brief demographic questionnaire.

https://unco.co1.qualtrics.com/jfe/form/SV_4YDQvCi9VHoCVro

You may then be contacted for a 60- to 90-minute online interview regarding your experiences. Those who are interviewed will receive a $20 Amazon gift card for their time. Please contact me with any questions you have at kers4808@bears.unco.edu.

Thank you so much for considering!

Sincerely,

Sean Kershaw

APPENDIX F

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

University of Northern Colorado

Project Title:	Exploring Suicide Loss Survivorship and Postvention Support During the COVID-19 Pandemic
Researcher;	Sean Kershaw, M.A., LPC, Doctoral Candidate in Counseling Psychology
Phone:	N/A
E-mail:	kers4808@bears.unco.edu
Research Advisor:	Jeffrey Rings, Ph.D., LP, Department of Applied Psychology and Counselor Education
Phone:	970-351-1639
E-mail:	jeffrey.rings@unco.edu

Purpose and Description

The purpose of this study is to further understand the lived experiences of those who became suicide loss survivors during the COVID-19 pandemic. By participating in this study, your contribution could benefit fellow suicide loss survivors as well as clinicians who are working with them. Increased knowledge in this area may shed further light on how suicide loss survivors can feel far more supported and cared for during the COVID-19 pandemic.

Potential Risks and Discomforts

One potential risk from participation, although minimal, is that it may elicit painful feelings and memories as we discuss the sensitive topic of losing your loved one to suicide. As this topic understandably may elicit some distress, I will prioritize and monitor your well-being by checking in to see how you are doing throughout the interview process. Additionally, all participants will be offered specific mental health resources correspondent with their geographic location. If at any juncture you feel uncomfortable or do not wish to answer a particular question, you have every right to decline to answer. Further, you are welcome to stop the interview at any time. Your decision will be respected and will not result in the loss of benefits to which you are otherwise entitled. Lastly, although every effort will be made to ensure your confidentiality and to protect your identity, I can never fully guarantee this.

Potential Benefits
There are no direct benefits to you for participating in this research. Scientific knowledge and mental health providers stand to benefit from a more detailed and culturally informed perspective on the lived experiences of becoming a suicide loss survivor during this global pandemic. Processing your experiences through participating in this study may also contribute to your own personal insight and awareness of regarding your experiences of grieving a loved one to suicide during this pandemic.

Video/Audio Recording
One-on-one interview with the researcher may last between 60 to 90 minutes. Video/audio recording devices will be used so that I can later transcribe your interview. All interviews will be video/audio recorded for transcription purposes, kept confidential, and then deleted permanently following the completion of this study. These recordings will be backed up on a password protected personal computer drive under my personal username and password. De-identified interviews, video/audio recorded on a digital recording device, will be reviewed and transcribed verbatim only by Temi.com.

Procedures for Maximizing Privacy/Confidentiality
By consenting to participate in this study, you agree to allow access to your responses only to the current research team (listed at the top of this page). While confidentiality never can be fully guaranteed, any/all efforts will be made to keep your information secure and unidentifiable, including through the use of pseudonyms and by using the HIPAA-compliant *Zoom for Healthcare* platform for all interviews. Findings from this study may be submitted to or published in a professional publication without the inclusion of any identifiable information about you. Your data and responses will be kept in a secure location accessible only to the research team. While recordings will be taken of your responses, they will be transcribed without including any identifying information. Your electronic consent form and de-identified transcript will be securely stored in Qualtrics for 3 years per my university's regulations.

Questions
If you have any questions regarding this study, please contact me via the email address provided above. You may also contact my Research Advisor, Dr. Jeffrey Rings, via email or phone. Having read the above and having had an opportunity to ask any questions, please check the box below if you would like to participate in this research. An electronic copy of this form will be emailed to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Nicole Morse, Office of Research & Sponsored Programs, University of Northern Colorado, Greeley, CO; 970-351-1910 or nicole.morse@unco.edu.

APPENDIX G

SCREENING SURVEY AND DEMOGRAPHIC QUESTIONNAIRE

SCREENING SURVEY AND DEMOGRAPHIC QUESTIONNAIRE

1. Please provide an email address and phone number at which you are comfortable being contacted for the purposes of this study:

   Email:_____
   Phone number: _____

2. Have you lost a loved one to suicide during the COVID-19 pandemic (i.e., March 2020-present) YES/NO

   a. If you answered YES, how many loved ones have you lost to suicide during the COVID-19 pandemic?

      _____

   b. If you answered YES, and if you feel comfortable doing so, please share the type of relationship you had with the person(s) who you lost to suicide (e.g., relative, partner, co-worker, friend):

      _____

   c. If you answered YES, please list the month and year of the loved one(s) you lost to suicide:

      _____

3. Have you had any thoughts in the past 3 months of wanting to take your own life? YES/NO

   a. If you answered YES, here are some resources including the *National Suicide Prevention Lifeline* (800-273-8255)

   b. Surviving a Suicide Loss: Resource and Healing Guide

   c. 988 Suicide and Crisis Line

4. Demographic information for the prospective participant:

   a. What is your age?

      _____

   b. What is your identified gender?

      _____

   c. What are your personal pronouns?

      _____

d. What is the city/state/geographic region you currently reside in?

_____

e. Please list any other relevant identities you hold or experiences you have had that you feel may be beneficial for the primary researcher to know or that may provide a unique perspective:

_____

APPENDIX H

DEBRIEFING DOCUMENT AND LIST OF RESOURCES

DEBRIEFING DOCUMENT AND LIST OF RESOURCES

Thank you for participating in this study. However, in doing so, you may have discussed experiences of yours that still feel quite distressing in nature. The following resources may be available to support you with processing these experiences further. Please visit the resources below for ways to help you get connected with your local community and receive support as a suicide loss survivor.

Surviving a Suicide Loss: Resource and Healing Guide

988 Suicide and Crisis Line