Navigating Out of the Ocean of "Why"—A Qualitative Study of the Trajectory of Suicide Bereavement

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Abstract
Literature on suicide bereavement has been mostly quantitative and focused on differences between suicide bereavement and other types of. In addition, existing research indicates that those bereaved by suicide (e.g., survivors) are at an increased risk for suicide. This study's purpose was to analyze previously published stories of six survivors, using content analysis, to answer the following question: What can we learn from the experiences of these storytellers bereaved by suicide about the grieving process? Analysis of the stories revealed a grief trajectory that included sailing down the lazy river; (mostly) unexpected rapids; getting to shore before the waterfall; waking in the ocean of why; righting the ship and rescuing others. Implications of this study include that the trajectory identified will be a useful guide for those helping people bereaved by suicide including clinicians, volunteers, paraprofessionals, friends, and family.

Keywords
bereavement, death, grief, loss, suicide

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Introduction

> I believe that the person who commits suicide puts his psychological skeleton in the survivor's emotional closet—he sentences the survivor to deal with many negative feelings and, more, to become obsessed with thoughts regarding his own actual or possible role in having precipitated the suicidal act or having failed to abort it. It can be a heavy load. (Shneidman, 2001, p. 154)

This is how Edwin Shneidman, the father of suicidology, depicted the impact of suicide on those left behind to grieve (a.k.a. survivors of suicide [SOS] loss)—an impact quite different than death by other causes. Indeed, many studies have identified aspects of this heavy load—not common in other types of death—including posttraumatic stress disorder, self-blame and guilt, stigmatization, inappropriate and unhelpful reactions from others, consuming concern with learning why their loved one suicided, and relationship struggles further compromising the survivor's coping (e.g., Campbell, 2001; Cvinar, 2005; Jordan, 2001; Jordan & McMenamy, 2004; Kaslow & Aronson, 2004; Mitchell, Gale, Garand, & Wesner, 2003; Mitchell, Kim, Prigerson, & Mortimer, 2005; Parrish & Tunkle, 2005; Peters, Cunningham, Murphy, & Jackson, 2016a, 2016b; Pitman, Osborn, King, & Erlangsen, 2014; Runeson & Åsberg, 2003). Perhaps the ultimate illustration, though, of the impact of suicide on those left behind not typical to other types of death is the increased risk for suicide among survivors identified in several studies (e.g., Brent, Bridge, Johnson, & Connolly, 1996; Cerel, Padgett, Conwell, & Reed, 2009; Jordan, 2001, 2008; Pitman, Osborn, Rantell, & King, 2016; Qin, Agerbo, & Mortensen, 2002; Runeson & Åsberg, 2003). Thus, a body of literature about SOS focusing on both their experiences and the ways in which they heal (i.e., postvention activities designed to assist the survivor in dealing with the loss) is emerging though still sparse (Andriessen, 2014). The purpose of this study was to add to the emergent literature by analyzing previously published stories of six survivors, using content analysis, to answer the following question: What can we learn from the experiences of these storytellers bereaved by suicide about the grieving process?

Literature Review

The current literature on suicide bereavement tends to fall into two categories: characterizing suicide bereavement and evaluating postvention activities (Andriessen, 2014). Because the purpose of this study was to further our understanding of suicide survivorship, the literature on postvention activities will not be reviewed; instead, we focused on studies of the experience of suicide loss. To date, much of this research has focused on whether suicide bereavement is different than bereavement from other causes of death, but it is argued that the

more appropriate focus is on differences among SOS in the bereavement process (Ellenbogen & Gratton, 2001). In addition, many of the studies are quantitative in nature—an issue that has plagued suicidology research in general (Hjelmeland & Knizek, 2010). This body of quantitative research may lack the sensitivity to explore the survivors' experiences in-depth, leaving a gap in the literature for a qualitative, in-depth understanding of the suicide loss experience (Shields, Kavanagh, & Russo, 2015).

Among the qualitative studies of the experience of suicide loss, a variety of topics have been explored. Some of these include stigmatization (e.g., Feigelman, Gorman, & Jordan, 2009; Peters et al., 2016b), psychosocial consequences (e.g., Lindqvist, Johansson, & Karlsson, 2008), meaning-making (e.g., Dyregrov et al., 2011; Lynn Gall, Henneberry, & Eyre, 2015), perceptions of coping (Gaffney & Hannigan, 2010), the experience in terms of the impact of the death on self and family (Begley & Quayle, 2007), religious and spiritual concerns (e.g., Vandecreek & Mottram, 2009), and the list goes on. A handful of qualitative studies focused on acquiring the narratives of suicide survivors (e.g., Maple, Edwards, Plummer, & Minichiello, 2010; Ratnarajah & Schofield, 2008). In Shields et al.'s (2015) review of 11 qualitative studies on suicide bereavement, they identified that the main foci among the studies are "the process of making meaning of the event, and the social context in which the feelings and meaning-making process occur" (p. 22). Thus, it seems that lacking in the sparse qualitative literature is an exploration beyond focusing solely on meaning-making, as the meaning-making is one aspect that typically occurs later in the bereavement process. Understanding of such is essential in better tailoring suicide grief support services and in understanding which services to offer and promote.

Method

The purpose of this study was to add to the emergent literature by analyzing already published, naturally occurring, stories of six SOS to answer the following question: What can we learn from the experiences of these storytellers bereaved by suicide about the grieving process? Because these stories were published in the public domain in a collection called *The i'Mpossible Project: Volume I Reengaging with Life, Creating a New You*, institutional review board approval was not necessary. The first author consulted with her institution's institutional review board to verify that this project was, indeed, exempt and they concurred. In addition, because the storytellers agreed to have their stories in the public domain and, as part of the contract for writing the stories for the project, agreed that their identities be made known for both the story and using the story for educational purposes, the storytellers' names were used. Despite this agreement, the second author did reach out to the storytellers to ensure they were open to the use of their stories in this manner. The project was spearheaded by the second author.

Reflexivity: The Inspiration for The i'Mpossible Project

Reflexivity is a key component of the credibility of a qualitative research study; specifically, "a researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions" (Malterud, 2001, pp. 483–484). Thus, for this study, it was important for the second author, who did the data collection, to divulge his background and position.

Second author. For years, I've told my personal story via an autobiographical, one-man play *Kicking my Blue Genes in the Butt* to audiences around the world in theaters, high schools, universities, and juvenile detention centers. In my story, following my father's suicide in my early 20s and a series of other crises—all in the span of 20 months—I fell into isolation, silence, and melancholy that eventually had me contemplating taking my life. But I got help—from my mother, trusted friends, and professional counseling, all because I took a risk and opened up about my pain. Now, after each presentation, I talk about my recovery process and how I found a way to reengage with life. After nearly every show, incredible people confide in me powerful, personal stories on how they've overcome tremendous odds in their lives. These stories not only changed my life for the better but also changed the life of the storyteller. Thus, the project shares these stories as a means of celebrating the human spirit, inspiring others to say *I am possible* and ultimately contributing to improving the mental health of its readers.

Selecting Storytellers for The i'Mpossible Project

Selecting storytellers for this first volume was both easy and difficult. Social media requests for stories were not successful. So, I (second author) asked people specifically and made sure to talk about the book and the project whenever I had a public speaking event (which, thankfully, was and is quite frequent). Each story is unique, powerful, and inspirational; a love letter of sorts to the reader on how they've dealt with tremendous hardship and found a way to reengage with life in the aftermath. I edited each of the stories to a certain extent—not to fit my writing style, but rather to make sure the story arc of each is crystal clear.

Guidelines for the storytellers in The i'Mpossible project. As I formulated the concept for this first volume, I had an idea about the topics I wanted to include but left the writing guidelines partially unbounded so as to allow the storytellers to decide how they wanted to tell their story. I wanted to make sure the storytellers didn't feel pigeonholed or restrained by guidelines or even my wants and wishes.

Tamping down too hard on the artistic process could have extinguished the flames of creativity. The guidelines were that the piece had to (a) be 1,000 words or less; (b) be about the respective storyteller; (c) be free of foul language and promotion of one's own agenda (e.g., one's career, religion); and (d) include what was learned, how the storyteller's life was changed, and what the reader can take away.

Research goals for The i'Mpossible project. This project was never meant to exist as simply a book but as a Swiss army knife of sorts, or a multipronged tool, one of which would enable research that will educate on both the art and science about why storytelling is an important component of a healthy society; inform peers and clinicians on how to tell stories more effectively in an effort to leverage action from the listener; demonstrate how stories can be used to drive change from top-down (administrators, clinicians, assistants, to consumer) and bottom-up (consumer, community representative, legislator); provide framework for peer advocates to tell stories to provide hope and healing; and drive change to better inform media messaging (blogs, copywriting, film, ad placement, marketing) on social justice issues, specifically mental health, suicide prevention, and diversity.

Data Analysis

A section of the first volume of the project is focused on suicide. The first author had read this section for use in her qualitative research class. There were two types of stories about suicide—stories about people who overcame their own desire to die ($n = 2$) and stories about people who were left to grieve the loss of a loved one to suicide ($n = 6$). Related to the six stories about bereavement, the following research question emerged for her and subsequently guided the research: What can we learn from the experiences of these storytellers bereaved by suicide about the grieving process? The first author read the section and coded it using qualitative content analysis (QCA; Schreier, 2012), beginning with open coding (Elo & Kyngäs, 2008). In addition, because the second author is not trained in QCA, the first author provided training through written materials and conversations. Once the second author felt comfortable with the QCA process, he reviewed her coding and then they conversed for triangulation to create categories (Elo & Kyngäs, 2008). During triangulation, phases emerged and were ordered; key quotations were then identified to illustrate these. The coauthors had several iterations of theme names as part of the abstraction phase (Elo & Kyngäs, 2008) through many meetings in which they poured over the data looking for how to best capture the essence. Ultimately, in discussing what images and metaphors captured the different phases, based on our own the storytellers' experiences and our own experiences with suicide bereavement, the most fitting and powerful metaphors centered around various forms of

water. The themes presented in the results section are the product of this collaborative coding of the data.

Results

The authors identified the following trajectory of suicide bereavement based on the experiences of the six storytellers: sailing down the lazy river; (mostly) unexpected rapids; getting to shore before the waterfall; waking in the ocean of why; and finally, righting the ship and rescuing others.

Sailing Down the Lazy River

It resonated in the stories that there was a period of normal; a lazy river ride if you will compare with the coming suicidal crisis. Of course, *normal* is self-defined and each storyteller had a unique set of circumstances for *normal*. As Judy put it, "Allen and I had spent ten years of 'normal' marriage together. We lived in a 'normal' country home and had a 'normal' garden. We had three 'normal' children. Everything was 'normal'...that is, until the 'monster' moved in" (Rivedal, 2016, p. 131). Barb voiced a similar experience:

> John was twenty-years-old, my older brother by two years. He was my friend, confident, and the prankster in the family—and I decided this was just another one of those pranks...He would not do this. He would never hurt himself or anyone in our family. This was not true, it couldn't be, dear God, let me wake from this nightmare. It was like watching a movie in slow motion. (Rivedal, 2016, pp. 141–142)

Marcia describes her sailboat ride as follows:

> After all we had been through, we finally had our precious child. I was a mother. Two-and-a-half years later, we were blessed with another healthy son. After all the tragedy, I believed that my share of loss was over, and that my two sons would grow up to be happy, healthy adults...boy, was I in for a rude awakening. (Rivedal, 2016, p. 158)

(Mostly) Unexpected Rapids

In some of the stories, there is a turning point when the storyteller realized they were headed down the rapids with their loved one who was suicidal. Among the stories, there were different reasons for the rapids—schizophrenia, undiagnosed

depression coupled with type I diabetes, and drug misuse with struggles with depression. In one poignant example from Judy, she describes the onset of Allen's schizophrenia:

> The first time I recall something being awry was during a trip to Florida with our three small children in March 1994. Although Allen had always been a moody person, his behavior during this vacation went beyond *normal* boundaries. Allen displayed paranoia toward everyone we met. He verbalized fears that these strangers were out to somehow hurt our children. Allen, normally a friendly and outgoing man, refused to carry a conversation with anyone. He became so fearful of the surroundings that we left a day earlier than planned. (Rivedal, 2016, pp. 131–132)

Kenya describes an eerie foreshadowing of his uncle Peter's suicide:

> The last time I saw Uncle Peter was in June of 2009 at my godfather's memorial service. Uncle Peter's transition from this earth was seemingly already in motion. At the memorial service, I placed on the altar a picture taken on my last trip to California—it was my godfather, Uncle Peter, and me, all together. As I laid the photo down, my instincts told me to pick it back up. The gesture felt like a foreshadowing of my uncle's death...When I received the call two months later that Uncle Peter had died by suicide, I instantly flashed back to the photo. Devastation consumed me, but I was not surprised. (Rivedal, 2016, p. 180)

Contrastingly, other storytellers had no warning of the impending rapids. Barb describes her experience of being blindsided by her brother's suicide:

> Recently, John had been laid off from his job, and his friend had canceled their big parachuting trip—but the final disappointment for him was his girlfriend breaking up with him. In my eighteen-year-old mind, I thought, "You get another girlfriend, you get another job, you reschedule with your buddy, but *you don't kill yourself*." (Rivedal, 2016, p. 142)

Marcia's son's death was similarly unexpected:

> At the age of twenty-two, on the day his girlfriend broke up with him, my son Doug took his life. We did not see this coming. When people are depressed, many put on a mask. I did not even know that he and his girlfriend were having any problems. Whenever I asked him how he was, his answer was *excellent*. (Rivedal, 2016, p. 158)

Regardless of whether the storytellers could hear the rapids around the bend or not, these threw their lives into a tailspin.

Getting to Shore Before the Waterfall

In each of the stories, there were difficult decisions made about how far the survivors would ride out the rapids with their loved ones. Some survivors found themselves in the rapids after their loved one had suddenly suicided, and others rode the rapids with their loved one up until just before their death.

Riding the rapids alone . . . for how long? Here is Barb's description of the aftermath of her brother's death:

> So my grief journey began, one for which I was not prepared. I searched for answers to the "whys" by going to conferences, researching suicide, and educating myself as much as I could. During the 1980s there was very little written about suicide, and not many people were talking about it . . . The day John ended his pain, our pain began. I was determined to not let this destroy me as it did my father. Tragedies can make you bitter or better—it's a choice. I was going to be a better friend, mentor, and person in every way. When someone suicides, it changes you, but it doesn't have to destroy you. (Rivedal, 2016, p. 142)

Riding the rapids together . . . for a while. Jennifer's example illustrates the difficult decision about when to jump to shore:

> Ronnie and I met and fell in love in high school when I was fifteen and he seventeen. Three weeks into our new and exciting love affair, Ronnie dropped thirty pounds and soon after was diagnosed with a very severe case of Type I diabetes. At fifteen, I became a partner in fighting this terrible disease with my new boyfriend . . . We eventually married and had two sons. Our relationship was tumultuous at times, and over the years, through the struggles he faced with fighting his disease—and later, an undiagnosed and untreated depressive disorder—things became unbearable. I had to make a choice between being a good mother and staying in a tempestuous relationship that could damage my sons' future stability . . . Ronnie had threatened suicide during our relationship many times. I wasn't sure if he would be okay if I left, but I knew I had to do what was best for our sons. (Rivedal, 2016, p. 136)

Ashley's description illustrates how escaping to shore isn't always easy:

> Shortly before his twentieth birthday and after six months of being completely clean, Dane lost his struggle with heroin. I soon felt my depression blanket encase me so tightly that I felt that I couldn't breathe. My best friend was gone. Sleep was foreign to me, but I couldn't make myself get out of bed. (Rivedal, 2016, p. 146)

Waking in the Ocean of Why

A common experience of the suicide survivor is finding themselves in an ocean of *why*. As Ashley shared, "while I managed to finish my freshman year of college, I was completely lost. Why couldn't he [Dane] have kept a shred of the love he held for other people, for himself?" (Rivedal, 2016, pp. 146–147). Marcia similarly describes her ocean after Doug's death:

> How does a parent feel when they lose a child to suicide? I felt like my world had come to an end. I was just a normal, regular person. I had buried one child, and one child was severely brain damaged. Why me? I was on a planet all by myself. How could this happen to me? What would I do now? I was totally clueless as to what to do to continue on with my life without Doug. (Rivedal, 2016, p. 158)

Righting the Ship

This step, among all the storytellers, was one marked with purposefulness and intentionality—a bona fide choice that was twofold: finding a way to address their own grief and then living again, with a renewed purpose.

Marcia describes how the help of friends and solidarity with other survivors helped her right her ship:

> My friends helped me find support groups with other *normal* parents like me who had also lost their children to suicide. They were on this strange new planet with me. I went to every in-person support group available. I joined an online support group . . . We grieved together, we supported each other, and we understood each other. We were in a club that no one wanted to be in. (Rivedal, 2016, p. 158)

But as Kenya's story depicts, solidarity is not always enough to combat the stigma that accompanies suicide:

> I had to find meaning and work to break the stigma associated with suicide and mental illness. A month after his death, I signed up for a six-month grief and loss support group. I joined the American Foundation for Suicide Prevention's Out of the Darkness walk and participated in the National Day for Suicide Loss forum . . . Shame and guilt clouded over my uncle's death, which made everything more complex. My father asked me not to discuss the circumstances of the suicide with anyone . . . Understanding the immense pain my father was experiencing, I wanted to respect his wishes, but I also felt that secrecy would help no one. I pleaded with him to share his story in hopes that it would help him work through his feelings and that it might help someone else who had experienced suicide loss. (Rivedal, 2016, p. 163)

And Jennifer's story depicts that one is not always equipped at first with the necessary skills for righting the ship. Navigating out of the *ocean of why* did not immediately lead her to therapy; there was a detour of unhealthy coping:

> There were many times when, after tucking the kids in bed, I would retreat to my computer, put on my headphones, pour one, two . . . four glasses of wine, and just lose myself in music . . . Music was the very beginning of a means to process what my soul was begging me to deal with . . . My survivor's guilt had turned into self-loathing and binge drinking. My soul was crying out for help, begging and finally demanding for me to deal with my own pain. Music was the medium my soul used to wake me. (Rivedal, 2016, pp. 137–138)

Similarly, Ashley stated "my anger toward God and Dane was only matched by my hopelessness, and I started coping in unhealthy ways" (Rivedal, 2016, p. 147).

Rescuing others. For each of these storytellers, living again had a theme of working to help others survive. Judy noted an intentionality in her life and a focus on advocating for others struggling with mental illness:

> Life's darkest days have shown me just how precious life is and how it can change in a heartbeat. It has taught me to live every single moment as if it were my last. It has made me laugh harder, cry harder, and love harder. It has made me more understanding of others, since we are all fighting our own demons . . . I will continue on as an advocate for those who have lost their ability to advocate for themselves, and help others in their battles against *monsters*. (Rivedal, 2016, p. 134)

Barb spearheaded services for those like her:

> I started a support group, *Survivors of Suicide,* for loved ones left behind. I learned so much from the participants who were willing to share their stories—but still this wasn't enough. I thought, *We can sit around this table talking about the 'whys' and our grief for the next twenty-five years, or we can take our grief and educate others.* (Rivedal, 2016, p. 142–143)

Marcia continues to help other survivors in a number of capacities because

> There were wonderful people who helped me get through the shock of losing Doug and who helped me to start living again. Now I want to be there for others who are just starting out on this journey of grief. Giving back and helping others is the only way to give meaning to Doug's death. (Rivedal, 2016, p. 159)

And Ashley finds ways in her own career to create a space safe for those with struggles like Dane's: "My blanket of depression is looser than it has been in years. I know that I am strong enough to make it through anything and will be a teacher who incorporates a true sense of community and self-love . . . " (Rivedal, 2016, p. 148).

Discussion

As discussed earlier in this article, previous research on suicide bereavement, and suicide in general, has been largely quantitative. The limited qualitative research on suicide bereavement has largely elucidated making meaning of the death within the bereaved's social context (Shields et al., 2015). Missing is qualitative exploration into the path or trajectory of bereavement that culminates in this meaning-making. With the help of our storytellers, an initial conceptualization of this trajectory has emerged. Understanding of the steps along this bereavement path serve to inform clinicians and other helpers (e.g., volunteers, paraprofessionals, friends, and family) of what is most appropriate, useful, and essential at each step.

Beginning with the steps of *sailing down the lazy river* and *(mostly) unexpected rapids,* these may be the most difficult points of intervention for the potential survivor. These respectively refer to the seemingly *normal* everyday life prior to the person's suicide—the unexpected rapids during which the survivor became aware that there were problems emerging or becoming more difficult to ignore. In these initial stages, their loved one's suicidality may be escalating or it may be that they do not yet know of the loved one's suicidality. With the escalation situation, this is where our general mental health awareness campaigns and efforts to destigmatize mental illness and help-seeking are important. Not only do these perhaps serve as a means of the person who is suicidal accessing help and hopefully reengaging with life, but, if the loved one does suicide, the awareness around available help for the newly bereaved survivor is important. Of course, in our work, we have seen this having a deleterious effect where the survivor is adamantly against seeking help because such help did not keep their loved one alive. This is where the type of help becomes an important consideration.

Getting to shore before the waterfall—refers to the decisions made in the period prior to the suicide in which survivors are having to decide their level of involvement in the person's suicidal crisis or, in some cases, deciding after the suicide to get help for themselves so as to not also fall victim to suicide. This is where the importance of social context as found by Shields et al. (2015) in their review of qualitative studies is paramount. For most of the storytellers, there was a supportive social context that in some way helped them get to

shore—usually a friend or loved one who connected them to help. For some survivors, there are other ways they connect to services such as through active postvention programs like the Local Outreach to Suicide Survivors Team. An important consideration for these informal and formal connectors is to what do we connect these newly bereaved survivors? Conventional wisdom points to SOS groups, and there is evidence that these are helpful (e.g., Groos & Shakespeare-Finch, 2013). However, a national survey by Honeycutt and Praetorius (2015) revealed that 42% of those surveyed elected to attend individual therapy; only 12% chose the SOS group, and a wide variety of other services and tools were employed for healing. There may be a host of reasons for this, but one possibility relates to group format. SOS groups take on one of two formats: an open group or a closed, time-limited group. The open group is constantly receiving new members who tell their stories of becoming survivors. It is highly possible that this retraumatizes those already attending and makes the group counterproductive for them. Closed, time-limited groups, contrastingly, are usually 8 to 12 weeks, and once the group begins, no new members are allowed. This type of group prevents the continuous airing of new experiences of becoming a survivor but also creates the concern that survivors will have a waiting period before the next group begins. Regardless of these concerns about SOS group format, it is recommended that when working with survivors, we have individual conversations about what has worked for them in the past or what sounds comfortable before making referrals. A standard practice of referring all SOS to just one type of help such as an SOS group could, ultimately, not only result in dissatisfaction but worse, might result in an abrupt end to help-seeking, perhaps placing them at further risk for suicide themselves.

With or without engaging in supportive services such as support groups and therapy, survivors will most likely find themselves in the ocean of why, trying to understand their loved one's choice to suicide. The ocean of why can seem like a hopeless place because there is no one alive who can fully answer the question *why did my love one die by suicide?* The role of the clinician or other helper here is one of support and patience, walking with the survivor until she or he finds peace with the fact that the question will not be answered. This seems to be where many survivors appreciate the solidarity of speaking with other survivors whether in an SOS group, in a Local Outreach to Suicide Survivors Team visit, or other means. In addition, while in this ocean, the beginnings of the resolve to live again and make meaning from their loved one's death seems to emerge. Ultimately, with each of the storytellers, this included work toward helping others, usually those bereaved by suicide. Judy became *advocate for those who have lost their ability to advocate for themselves*; Barb started a support group for SOS Loss; Marcia stated that *giving back and helping others is the only way to give meaning to Doug's death*; and Ashley declared that as a professional teacher she will incorporate *a true sense of community and self-love* into her classroom.

This resonates with the second author; in his memoir, *The Gospel According to Josh: A 28-Year Gentile Bar Mitzvah*, he stated that after losing his father to suicide and experiencing suicidal thoughts, all those *painful ordeals . . . was worth it,* after helping a suicidal young man stay alive. Helping others is paramount to an SOS loss to not only survive but thrive as well. Throwing oneself into the service of others is a healthy distraction, a self-esteem booster, and can assist greatly in making meaning from their loved one's death. A major recommendation, though, related to this is that the survivor will need time to be ready for such work as it will at some point, trigger memories or discomfort. It is important to ensure that survivors have the tools and support to engage in such altruistic activities in a safe way.

Limitations

One limitation is sample size; though smaller sample sizes are typical for qualitative, it is certainly plausible that the small sample size here could engender a biased look at survivors' experiences. For example, it may seem curious (or biased) that five of the six storytellers are women. Coupling this with the knowledge that men die more often by suicide than women, it may not be as concerning (Drapeau & McIntosh, 2015). In addition, the way these storytellers were recruited to write for the project may also introduce biases. Also, at first glance, one might assume the major limitation of our study is that these survivors have all *found their way* in this trajectory and successfully righted the ship to rescue others. However, we would like to point out that represented here are the experiences of not only those who gracefully (if that's possible) moved through this life-altering experience but also those of survivors who didn't find their way right away (e.g., Jennifer and Ashley). Finally, though it is plausible that the trajectory that emerged from these survivors' stories is one that many survivors traverse, further exploration is needed to assess generalizability. This is especially salient due to criticisms of grief stage models such as the prevailing model of Kubler-Ross (1969), originally developed for the dying person's experience of grief but later applied to bereavement of surviving family members. A major criticism of her model is that it proposes that the stages are discrete and chronological (Prigerson & Maciejewski, 2008). This criticism is to be heeded here also in relation to generalizability.

Conclusion

Thus, to conclude, despite the limitations of the study, the identified trajectory is an important one useful in working with those bereaved by suicide that requires further exploration. Finding data for additional analysis may happen in a number of ways including (a) expanding this study to analyze additional naturally occurring narratives from those bereaved by suicide through this project; (b)

inviting submissions of longer stories through various suicide bereavement entities and analyzing those; and (c) locating existing, naturally occurring narratives in the public domain through blogs and other similar outlets.

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