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**GIVING VOICE TO THE TRANSFORMATIVE LEARNING OF MOTHERS  
WHO LOST A CHILD TO SUICIDE**

A Dissertation in

Lifelong Learning and Adult Education

by

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## ABSTRACT

The purpose of this study is to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. The study is grounded in two theoretical frameworks: feminist perspectives on adult learning and transformative learning theory, which explores the process of change in an individual's taken-for-granted worldview to make the worldview more inclusive. The study is designed to combine narrative inquiry and autoethnography. The personal experiences of the researcher are intertwined with the narratives of the four participating mothers who, like the researcher, have each lost a child to suicide. Data collection consisted of two sets of semi-structured interviews with each of the four participants. An autoethnographic analysis was employed through a series of reflections on the participants' narratives supplied during the initial interview.

Data analysis revealed four interrelated themes regarding how mothers who have lost a child to suicide learn to cope and move forward after their loss. The first theme centers on the distress experienced from losing a child suddenly to suicide. The second theme of trying to make sense, reveals the existential questioning that occurs as the mothers take stock of their new reality. The third theme uncovers the meaningful sources of support that were a lifeline in easing the participants' suffering. The fourth theme demonstrates how each of these women sought a way to help comfort and ease the pain of others. Reflecting on their personal narratives revealed new insights for the participants regarding their evolving transformative learning journeys: recognition of personal strength, motivation for further personal growth, and a hope for peace. The findings are examined in light of transformative learning theory, feminist perspectives on adult learning, and suicide bereavement literature. The study concludes with implications for theory and practice and offers suggestions for future research.

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## ACKNOWLEDGEMENTS

I started this journey a few months after I lost my son and it has been tremendously healing. It has also been an opportunity to share his story, along with the stories of four other beautiful souls who left this world before their mothers were ready to say goodbye. This work is dedicated to my son, Israel “Izzy” Whalen, who was so magical, he disappeared.

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## **Part One**

### **Prologue:**

#### **Autoethnography and Suicide Loss**

I saw my 23-year-old son, Izzy, in the morning before we both left for work. He would drive to a local office which is located a few miles from our house. He would park his car there and then carpool to their worksite for the day in a company van with other employees. That day his crew would be traveling to a worksite about 90 miles from our home. It was a Friday in early November in 2017. It had just started to get chilly outside and the leaves were still on the trees. Fall used to be my favorite season but now I wish I could skip it altogether. That evening I met my friend Angel for dinner. I glanced at my phone and noticed there was a missed call from a strange phone number. There was no voicemail, so I assumed it was a wrong number, but I now had an odd nagging feeling. A few hours later while I was driving home, my phone began to ring. It was the same number that called earlier. I was driving on the highway. I remember my exact location on the highway when I anxiously answered the call with a hesitant, “Hello”.

“Is this Izzy’s mom?”

“Yes...”

“I’m Kris, Izzy’s manager. I’m calling you mother-to-mother.”

At this point, I thought that he had been fired, but my mind quickly changed tracks because he was an adult and I didn’t believe she had the right to tell me about his employment status. This wasn’t going to be good.

“He never came back to work after lunch.”

“I don’t understand. Did you leave him there? How is he going to get home?”

“We looked for him all over the area and eventually called the state police. This isn’t like him. He is always conscientious. He was alert all morning and was working side-by-side with the site supervisor. He went across the street for lunch then we never saw him again.”

With those words, I instantly knew something was disturbingly wrong. It was now 8 pm. She said they saw him last at Noon. She tried to ease my mind by offering a scenario in which this was all just a big misunderstanding. She suggested, “maybe he called a friend to pick him up.” I told her I would call her when I got home to see if he was there. When I arrived home he wasn’t there, neither was his car. I drove to his workplace near my house and when I saw his car was still there my heart sunk. I drove that night to the location where he was last seen. I went to the state police who were called when he went missing in the middle of his workday. I was frantic because I knew in my core this was bad . . . very bad.

The next month was filled with unspeakable anguish. I couldn’t eat, sleep, or think. I barely functioned yet I was still working. There are no provisions for those dealing with a missing person. I also needed to take matters into my own hands and advocate for police and volunteers to continue to search for him. He didn’t have his phone on him because he left it in his room. His bank account, which was quite full, also remained untouched so we had no way to track him. Police officers searched our home on several occasions and retrieved several items from his room and car. His brother’s house in Florida was also searched by local police. With the help of public relations professionals, we had his face on a Missing Person flyer plaster all over the media outlets and on electronic billboards up and down the entire east coast. It was physically and mentally exhausting rallying the public to keep looking for him.

One item, a handwritten note, that was found in his room, was a bone of contention amongst myself, my family, and police officers. It stated among other things, “If you see me again, know it’s not me”. Officers believed that meant that he didn’t want to see me. But that was counter to the sentiment in another part of the note where he says, “I love you mom”. I

didn't know exactly what that statement meant at the time, but I would later come to understand its prophetic nature.

It was torture living in that liminal space not knowing if I would ever find my son. I was grasping on to hope for dear life as if it were a life preserver keeping me afloat. I would like to say that I never gave up hope but, eventually, I did lose hope. The Friday afternoon, one month after he went missing, I officially lost hope. I surrendered to the idea that I would never have an answer to Izzy's disappearance. I released my grip on the life preserver and I became a lost soul in the middle of the ocean. Within a few hours, I received the dreaded knock on my door. What followed was an out of body experience that I can't believe I survived. The officers explained that "his body" was found. The reporters on the news said "the missing man's body" was found. "Body Found" was the headline sprawled across the newspapers. No one was stating "he" or "the man" was found but instead referred to his body. I had a difficult time seeing and hearing this language used to refer to my son. Interestingly enough they were all reinforcing what he had written about in his departing letter. He was correct when he wrote, "If you see me again, know it's not me". He understood that when he died he would leave his body and no longer be a part of it. The word "if" in that statement was also foretelling. He had considered the scenario that I might never see him or his body again . . . and he was right. His body was identified by officers as they wanted to spare me from viewing it based on the method of death.



## Setting the Context

*If you bring forth what is within you, what you bring forth will save you.  
If you do not bring forth what is within you, what you do not bring forth will destroy you.*

— Gospel of Thomas

The story in the prologue is the catalyst for this dissertation topic. The purpose of my research is to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. I will share more details about the events that followed my son's death and how I learned to live with my painful loss. My stories will intertwine with those of my participants. The above quote was one that Dr. Libby Tisdell read at the start of a class. It instantly resonated with me. I had already decided on my direction for my research and when I heard this quote it all crystallized for me. I elect to share my deeply personal story for several reasons, one of which is to help dispel the stigma associated with suicide. Family and community members sometimes shun or ignore mothers like me because of the circumstances of our children's deaths. Those who have not experienced suicide's impact firsthand may have incorrect preconceived notions about the person who died by suicide, as well as the parents of children who die by suicide. My study will allow readers to peer into the world of suicide loss and will help humanize those who die by suicide.

As a bereaved mother, as an observer of the distress of my sister grieving mothers, and also as an educator, I quickly discovered an appalling lack of educational resources available to assist individuals in the aftermath of a suicide and during the never-ending grieving process. Firsthand account books written by those bereaved by suicide provided some solace, but there was little else published that proved useful. To navigate through this horrific time and to understand how mothers survived and continue to function, I relied on the support of other mothers who were also grieving their child's suicide. These mothers came into my life in various

ways. A stranger mailed a letter to me and provided me with the contact information of a mother who lost her child to suicide. I immediately called her and asked to meet with her. Another bereaved mother was an outreach volunteer for a local support group. She contacted me and came to visit and comfort me. Another mother had been a former childhood friend who had started a non-profit after her son died by suicide. I had also met others in grief support groups. None of these women were formal educators, yet they taught me the most important lesson in life—how to survive.

### **Sisters-in-Loss**

*Death wears a hood just as sisters do  
and it can never be removed.*

— unknown

Only another mother who has lost a child to suicide could understand what it feels like to endure the never-ending heartache. I refer to these women as my *sisters-in-loss*. Much like a sister-in-law, we share no blood relationship, yet we now are a member of a new family. We unwillingly joined this new family that remains nameless despite existing since the beginning of time. Unlike the celebrations that occur for new additions to a family, when we get a new member in our family it is a time for mourning. We have not had the privilege of meeting the children who connect us, but we know all about them through shared pictures and stories. This research is a vehicle to understand my new family members.

My sisters-in-loss experience dangerous levels of inner turmoil and feel judged by society (Fielden, 2003). These factors create physical and mental barriers that prevent them from advocating for themselves. As a mother who has lost a child to suicide, I decided to be

vulnerable and include an autoethnographic element to this dissertation to advocate on behalf of my sisters-in-loss so that others can better understand our collective experience.

Autoethnography offers a means for researchers to focus on their shared experiences with a group of people with the purpose of better understanding the group and themselves (Adams, Jones, & Ellis, 2014). It is a research method that enables researchers to use their personal experiences to describe and critique cultural beliefs, practices, and experiences. The autoethnographic-inspired approach to my research supplements the narrative inquiry component. Through sharing life stories, a narrative inquiry approach to research allows us to make sense of the world (Merriam & Tisdell, 2016). Each of our stories, like our children, are unique. The pain associated with our experience is an unstoppable transformative force. It has the power to destroy us and also serve as an impetus for post-traumatic growth.

### **Giving Voice**

*You are not a drop in the ocean.  
You are the entire ocean in a drop.*  
— Rumi

Rumi's poem above reflects how we perceive our children. These immensely important human beings, however, are mere statistics when discussing surging suicide rates. The Centers for Disease Control and Prevention reported that 47,173 Americans died by suicide in 2017 (CDC, 2018). My son was one of those individuals and each of the remaining 47,172 individuals was also someone's child.

When mothers face the shock of a child's suicide, they long to know they are not alone in their experience yet, they may find it challenging to share their experience. When women discuss an experience that had been unspoken, they are *giving voice* to that experience (Hayes, 2000c). The term, *giving voice*, originates from feminist perspectives in learning. The act of *giving voice*

can empower mothers who might otherwise remain silent about the loss of their child for fear of judgment. This dissertation sheds light on the survivor experience while empowering mothers to *give voice* to their experience of losing a child to suicide.

### **Organization of this Dissertation**

This opening prologue provides the reader insight into my experience with the dissertation topic and my interest in sharing stories of suicide loss to help dispel the entrenched stigma surrounding it. This prologue serves as a supplement to the more traditional dissertation chapters that follow in Part One. Chapter One contains the study purpose and research questions, Chapter Two offers a literature review that informs this study, and Chapter Three details the study's methodology. Because there are terms and phrases used throughout this study that have multiple meanings, I will define these terms before moving on to Chapter One.

### **Definition of Terms**

Terminology regarding suicide and suicide loss has evolved over the years. Below are some commonly used terms that closely relate to my dissertation topic. Some terms are considered antiquated as they perpetuate stigma. I offer these problematic terms along with up-to-date preferred terminology to clarify the rest of this dissertation and also to promote the use of the new enhanced compassionate terminology.

*Committed suicide* is an outdated phrase that suggests suicide is a crime, which it used to be, or sin. This phrase suggests “that to take one’s own life is a selfish, cowardly, criminal or irreligious act, rather than the manifestation of extreme mental distress and unbearable pain” (Tobitt, 2018, p. 1). The phrase *committed suicide* has “potential for inducing stigma and so it

deserves particular attention with the aim of eradicating its use” (Beaton, Forster, & Maple, 2013, p. 30). Unfortunately, this phrase has become so entrenched in English vocabulary that it has “an apparent naturalness which implies a deceptive harmlessness” (Olson, 2011, p. 1). Those experiencing suicide ideation and those bereaving a suicide loss need compassion, not the condemnation that this phrase carries.

*Completed suicide* is another phrase that has a negative connotation and should be avoided. Silverman (2006) suggested that the term is problematic because it is redundant and implies the success of an undesired outcome. This term arose as an alternative to *committed suicide* to differentiate a suicide from a non-fatal suicide attempt.

*Died by suicide* is the preferred phrase used to describe a death caused by suicide rather than using terms such as *committed suicide* and *completed suicide* (American Foundation for Suicide Prevention, American Association of Suicidology, & Annenberg Public Policy Center, 2001).

*Postvention* refers to the process to alleviate the “effects of stress in the survivor-victims of suicidal deaths. . . those appropriate and helpful acts that come *after* the dire event itself” (Shneidman, 1973a, p. 33). The Department of Defense (2017) also refers to *postvention* as *tertiary prevention* and defines it as follows: “to help suicide attempt survivors cope with their grief and to prevent additional suicides. It also may provide an opportunity to disseminate accurate information about suicide, encourage help-seeking behavior, and provide messages of resilience, hope, and healing” (p. 30).

*Suicide* is a word that seems to only have one meaning and defining it may appear unnecessary. As with other terms related to suicide, there is much debate on how to define this term. Silverman et al. (2007) have devised the following simplified definition to establish common nomenclature across disciplines: “a self-inflicted death with evidence (either explicit or implicit) of intent to die” (p. 273).

*Suicide survivors, survivors of suicide, bereaved by suicide, survivors of suicide loss, and suicide bereaved* are some terms applied to those who have lost someone to suicide (Cerel et al., 2014). My preference while writing this dissertation is to use *suicide loss survivor* and *suicide bereaved* because those of us who are survivors commonly use these terms.

*Suicide attempt survivors* refer to those who survived after engaging in a nonfatal suicide act (Cerel et al., 2014). Although I will not be discussing this portion of the population, I believe it is important to clarify this term since it is sometimes confused with those who are bereaving a suicide loss.

### **Judgment**

Suicidologist Samuel Wallace (1999) explains that the prevailing American attitude toward suicide is strong disapproval. Society often believes the deceased have acted selfishly, irresponsibly, and sinfully. Wallace considers the impact of this judgment socially cruel for bereaved families. Wallace studied 500 published empirical studies on suicide in the last 200 years and contends that given the diversity of the deaths, there can be no “single universal characteristic” instead, “all suicide is neither abhorrent nor not; insane or not; selfish or not; rational or not; justifiable or not” (p. 50). As you read this dissertation, you will undoubtedly place your own cultural, religious, or moral judgment on suicide. I urge you, however, to keep in mind that a person’s “self-annihilation may not be a rejection of life but, rather, a rejection of the ongoing pain of living” (Silverman, 2006, p. 529). In most situations, intense psychological pain impairs a person’s cognitive functioning hindering their decision-making ability. In such a mental state it is “impossible to make rational choices or decisions about ending their lives” (p. 528). Therefore, suicide is not a choice, decision, or act of free will.

## **Chapter 1**

### **Introduction**

This chapter provides an overview of the study where the purpose is to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. It provides insight into the background of the problem which continues to worsen as rising suicide rates occur worldwide. I will demonstrate the importance of understanding the needs of this group of bereaved mothers and the significance to the adult education community. In this chapter, I also briefly review the theoretical frameworks that inform this research and the chosen research methodology.

### **Background of the Problem**

Every year 800,000 people die by suicide, and among 15-29-year-olds it is the second leading cause of death worldwide (World Health Organization, 2019). In the United States suicide is the 10th leading cause of death for all ages, the second leading cause of death among those aged 10–34, and the fourth leading cause among those aged 35–54 (Hedegaard, Curtin, Warner, 2018a). Suicide rates increased by more than 30% in half of the states since 1999 (Centers for Disease Control and Prevention, 2018). With a conservative estimate of six people intimately impacted by each suicide, the American Association of Suicidology (2016) calculate that, in the United States (U.S.) each year, 250,000 people become suicide loss survivors. The upward trend of suicide rates has direct implications for more and more families each year. This research shows how a suicide loss impacts those adults closest to the deceased and how they have learned to live after their loss.

## **Suicide Epidemic**

Suicide has traditionally been associated with mental illness, but statistics now show that 54% of individuals who died by suicide did not have a known mental health condition (Centers for Disease Control and Prevention, 2018). Researchers and medical professionals struggle to explain the reasons for the drastic increase in suicides. The complexity of suicide makes it challenging to create effective prevention programs as there is no one cause.

With fourteen student suicides in the past six years, the University of Pennsylvania increased its mental-health resources and hired Dr. Gregory Eells as the school's executive director of Counseling and Psychological Services in March 2019 (Calfas, 2019). After six months on the job, Eells, a prominent mental-health professional whose work in the field has been recognized nationally, died by suicide. A suicide death of a doctor whose expertise was suicide prevention exemplifies the complexity of suicide and the fact that nobody is immune to this public health issue.

The founder of the American Association of Suicidology, Edwin S. Shneidman expressed that "the largest public health problem is neither the prevention of suicide nor the management of suicide attempts, but the alleviation of the effects of stress in the survivors whose lives are forever altered" (1972, p. xi). Despite Shneidman's plea 48 years ago, assistance is still not readily available for suicide bereaved. Educational efforts aimed at alleviating the suffering of the bereaved would truly make the world a more hospitable place for suicide loss survivors. I focus my research on postvention, not prevention, as I believe this is an area that shows the greatest need and opportunity for immediate results.

## **Bereavement of a Suicide**



There are unique challenges associated with suicide bereavement such as stigma, anger, guilt, shame, and blame (Kaslow & Aronson, 2004; Young et al., 2012). Researcher advocates acknowledge the plight of survivors and call for improved postvention efforts (Cerel et al., 2014; Cvinar, 2005; Maple et al., 2014), offer practical guidance to health care professionals (Cvinar, 2005; Kaslow & Aronson, 2004; Skodlar & Welz, 2013), and suggest new perspectives in approaching the study of suicide (Tatz, 2017).

The individual and societal stigma that surrounds suicide deaths present added stress on the bereavement process (Cvinar, 2005). This stigma complicates grief due to the way it shapes behavioral and emotional responses after a suicide loss. Those bereaved by suicide also are at elevated risk for suicidal behavior (Hamdan, Berkman, Lavi, Levy, & Brent, 2019). Health care providers could better support patients after a suicide loss by broaching how stigma is impacting the bereaved's state of mind (Cvinar, 2005). This is imperative from a clinical perspective as the onus to address stigma should be on the caregiver, not the bereaved. Kaslow and Aronson (2004) suggest the creation of public education campaigns to eliminate suicide stigma which could facilitate survivors' access to community and professional help.

The relationship and emotional attachment to the deceased determines the severity of the affects on the survivor. Cerel et al. (2014) propose designations for survivors "ranging on a continuum from those *exposed* to suicide through those who are *affected* by it and finally to those who are *bereaved* by suicide in the short or long-term" (p. 591). Using more precise terminology can improve clinical assessments, increase consistencies in research findings, and identify the services that would provide the most benefits to someone based on their position on the loss continuum.

One therapist recalls his "overwhelming and inexorable" shock when learning about one patient's suicide (Skodlar & Welz, 2013, p. 236). In this paper Skodlar, a psychotherapist, offers

his personal experiences with losing patients to suicide and Welz serves as a partner in dialogue who helps with the reflection process. Skodlar explains:

Words, a strong tool in my life, a tool I trusted and had even devoted my career (psychotherapy) to, simply did not work. I used them again and again in trying to talk through my pain and perplexity—but simply to no effect. (Skodlar & Welz, 2013, p. 239)

Skodlar was pushed to the limits of his understanding and endured feelings that defied verbalization. This psychotherapist admits that the usual clinical settings do not provide sufficient support for suicide loss survivors. From his first-hand experience, he now understands the need for additional resources to assist with suicide-related grief.

With insights from working in suicidology for two decades, Tatz (2017) is critical of the insistence that suicide is usually the result of mental illness and cautions about the unreliability of statistics as suicide remains underreported despite improved coronial practices. The vast amount of money being spent on prevention efforts are also a major concern. Tatz (2017) argues that “we use the pretentious word *prevention*, implying that we understand the phenomenon and we can, therefore, forestall or avert it by known measures” (p. 543). He calls for innovation in the field but cautions that bureaucracies, such as academia and government, are slow to even minor changes and are too conservative to be at the forefront of change.

Despite the surge in suicides worldwide, research is, unfortunately, lagging with the perspective and needs of suicide loss survivors. Maple et al. (2014) call attention to the lack of a “significant public health agenda” (p. 2) concerning suicide and note the field of suicide postvention remains “relatively immature in the knowledge base so far generated” (p. 8). We need more studies to provide a better understanding of the survivor’s psychological and social needs. According to Cvinar (2005), “Once understood, it may be possible, to develop programs to change the social view of suicide with the objective of acceptance of the survivor as a victim needing support” (p. 21). Suicide deaths are rising among all segments of the population and the

most alarming increase is among teenagers (Wan, 2019). This increase suggests that many of those bereaved by suicide will be parents who lost a child to suicide. Losing a child coupled with the complications of suicide bereavement intensify the emotional strain on parents.

### **Purpose and Research Questions**

Child loss is a loss like no other and there is a lack of research that seeks to understand what a grieving mother carries with her after losing her child by suicide. Moore et al. (2013), a group of suicide postvention researchers, provide evidence that suggests that participation by those bereaved by a suicide can “be a psychologically beneficial experience to the participant” (p. 302). There is potential to learn volumes from these individuals. Hence, the purpose of my study is to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. To understand their perspectives, the following research questions will guide my research:

1. How does engaging in discourse aid in learning to move forward after a suicide loss of a child?
2. What factors facilitate critical reflection after a suicide loss of a child?
3. To what extent can the learning that takes place after a suicide loss of a child be considered transformative?

### **Overview of Theoretical Framework**

Identifying a theoretical perspective provides an orientating lens that shapes one’s research (Creswell & Creswell, 2018). While considering the learning theories that would be most applicable to the experience of my research participants, I reflected on my own learning

process after my loss. As mentioned previously, there is a lack of educational opportunities for those bereaved by suicide. Many survivors, including myself, must navigate this uncharted territory left to our own devices. As I observed through my personal journey, I could learn by those who shared my experience and through some challenging self-reflection. The two theories that serve as a lens for this study are transformative learning and feminist pedagogy.

### **Transformative Learning**

Transformative learning revolves around the process of change in an individual's taken-for-granted frame of reference or worldview to make the worldview more inclusive. Transformative learning experiences typically consist of ten phases (Mezirow, 2012). Initially, there is a disorienting dilemma that triggers transformative learning. Disorienting dilemmas "illuminate and challenge invisible and unquestioned assumptions that determine how we know ourselves and the world around us" (Taylor & Elias, 2012, p. 150). Self-examination follows along with feelings of fear, anger, guilt, or shame. Next is critical reflection which is the critical assessment of our own assumptions (Mezirow, 1994, 1997). This deep level of self-reflection has the power to change our worldviews by enabling us to make meaning of our new circumstances or new information that the disorienting dilemma initiated. The next two phases are "a recognition of one's discontent and the process of transformation is shared by others who have negotiated a similar change" and "an exploration of options for new roles, relationships, and actions" (Mezirow, 2012, p. 86). *Rational discourse* helps shape the learner's perspective during these two phases (Mezirow, 2003). When engaging in rational discourse, we set aside preconceived notions to analyze an argument objectively and critically examine the assumptions behind the evidence (Mezirow, 1991a).

The next phases are “planning a course of action”, “acquiring knowledge and skills for implementing one’s plans”, “trying on new roles”; and “building competence and self-confidence in new roles and relationships” (Mezirow, 2012, p. 86). These four phases rely on the assumption that social norms shape our individual meaning perspectives. The learning experience is transformative if one continues to hold the new beliefs and act in ways that support those new values. Hence, the final phase is reintegration into one’s life based on conditions dictated by one’s new perspective. To sustain the actions required by the new beliefs, one will depend on others who share this new perspective or worldview (Mezirow, 1978, 1994). It is important to note that due to the complexities associated with changing aspects of the learner and the environment, these phases can occur in a non-linear and less-predictable way than this theory’s original linear progression of phases (Alhadeff-Jones, 2012).

### **Feminist Pedagogy**

The feminist perspectives on adult learning are also important considering the purpose of this research focuses on women. Feminist pedagogy is the application of feminist theory to education. Differentiating women as a separate learning group will position educators to better address their unique needs (English & Irving, 2015). Since gendered constructions influence one’s experiences in the world (Fausto-Sterling, 2000; Halberstam, 2018) exploring feminist pedagogy through the lens of transformative learning could offer great insight into the adult education aspect of maternal bereavement after a suicide.

Feminist pedagogy practices provide effective learning strategies regardless of the participants’ identities, but the assumptions that undergird feminist pedagogy are unique compared to other pedagogical approaches. The different models of feminist pedagogy have some interrelated themes in common: knowledge constructed, voice/authority, shifting identity,

and positionality (Tisdell, 2000). The academy has traditionally placed the most value on sources of knowledge that come from outside of one's self. Feminist pedagogy, however, legitimizes subjective knowledge, or one's inner voice, as important ways of knowing (Belenky et al., 1997). The feminist perspective of learning also recognizes a knowledge construction called connected knowing which acknowledges learning through interactions with others.

As mentioned briefly in the previous chapter, voice is a feminist term. We can use it in the literal or figurative sense when discussing feminist pedagogies. Voice can refer to (1) spoken communication in learning contexts and gender-related patterns of speech, (2) an expression of a woman's identity, and (3) an expression of influence and power (Hayes, 2000c).

Identity is also an important factor regarding the feminist perspective of adult learning. Because we do not have fixed identities, our positionality is also subject to change. For example, professions, parental status, or marital status can all change. Once a component of our identity changes, so too does our positionality in any given situation. An individual's positionality impacts learning environments (Brookfield, 2005).

### **Feminist Perspective of Transformative Learning Regarding Maternal Suicide Bereavement**

Since Mezirow's 1978 essay proposing this new theory of adult development, it has become widely popular in academic circles. The theory has generated the *Journal of Transformative Education* which is a peer-reviewed academic journal and seven international conferences, each devoted to a different aspect of transformative learning theory (Kitchenham, 2008). This widely popular learning theory surprisingly has a dearth of literature on women's transformative learning. There is a great need to expand the research to better understand the important transformations that women experience inside and outside the classroom.

Transformative learning, from a feminist perspective, is important to me as I focus on the role of the mother and how that role impacts transformative learning during the bereavement of a child who died by suicide.

Since the inception of Mezirow's transformative learning theory, there have been many incarnations of the original theory. I discuss these learning theory variations in detail in Chapter Two. For my research, I use Mezirow's theoretical perspective which is referred to as the psychocritical or cognitive-rational lens of transformative learning (Mezirow, 1991a; Taylor, 2008). Even though the psychocritical strand of transformative learning is criticized for its lack of consideration for the emotional component of learning (Dirkx, 2012), it has elements that provide a strong framework for examining the evolution of mothers' learning after losing a child. Since all my participants will have the same disorienting dilemma in common, it provides a unique opportunity to explore each of their potential learning trajectories through the lens of transformative learning. Important dimensions of my research focus on the individual learning of each mother and the exploration of her critical reflection after her loss. I am also interested in knowing if engaging in discourse with other survivors fosters their learning with regards to moving forward after the death of their child.

The mothers' critical reflection will take place amid strong emotions such as love and grief. However, the psychocritical lens focuses on the rationality of the process of critical reflection, not the emotional component. Taylor and Cranton (2012a) urge researchers to stop perpetuating the discussion of emotions as separate from rationality as "the very existence of rationality is rooted in the presence of emotion, without which it cannot exist" (p.566). Despite this plea, I still believe the emotional component of the learning of these mothers should be emphasized and honored in a way that the psychocritical approach alone cannot provide. Viewing transformative learning through a cultural-spiritual lens would make space for such emotions and value the insight they could bring to the analysis (Charaniya, 2012). We can

view the mother's loss as the start of a new journey and the cultural-spiritual strand of transformative learning would lend itself well in the analysis of such a voyage.

Another significant facet of the cultural-spiritual lens is the focus on narrative transformation and storytelling. Brooks (2000) notes "language and story are at the heart of women's transformative learning" (p. 139). Understanding transformative learning through a narrative lens allows us to harness the power of emotion-laden stories while also acknowledging the uniqueness of each person's story (Brooks, 2000). According to English and Irving (2015), "Recognizing and working with emotions can be key to facilitating the transformative learning of women" (p. 121). As documented in the pages of history, the powerful forces in societies have ignored, silenced, and mistreated women in the workplace, home, and school environments (Beard, 2017; Chemaly, 2018; Dicker, 2016; Manne, 2017). By shining the spotlight on their stories of transformative learning, I will construct important new knowledge about women's ways of knowing.

According to Brooks (2000), the following are distinct qualities of transformation through a narrative process:

1. It occurs interactively on personal and social levels.
2. It occurs as a by-product of personal storytelling.
3. It requires that the learner think both generatively and critically.
4. It requires the sharing of particular experiences and the collaborative development of abstract concepts.
5. It includes a moral dimension as the narrator weaves a criticism of the past and implies a better future.
6. This transformative process engages us not only mentally, but emotionally, spiritually, and physically. (p. 152)



Based on these characteristics, I see a direct correlation between a suicide loss survivor's sharing of her story and her personal transformation. This powerful transformation can be facilitated in a group setting with other loss survivors and also in a conversation with only one loss survivor during a research interview. I have asked the women in this study to share their most heartbreaking stories of loss because these stories have the power to transform them and also to transform the people that hear their stories. When women tell their stories, they can "touch those places that are closest to the soul and be caught up in the narrative process of transformative learning" (Brooks, 2000, p. 153). As Tisdell (2000) notes, "the stories, critical reflection on them, and the context of the experience are often what promote learning and change" (p. 183). Therefore, my research has the potential to facilitate learning opportunities for the participants and the readers.

An infusion of an arts-based component to the theoretical framework aids in the meaning-making process and simultaneously taps into the feminist perspective and transformative learning. When discussing arts-informed approaches to teaching and learning, researchers use the term *extrarational*. Some scholars interpret extrarational as a pejorative term because it devalues the emotional component of learning, but Lawrence (2012) who is a proponent of using art as a transformative vehicle, believes the term "does not reject rationality but is a more inclusive concept . . . extrarationality goes beyond rationality" (p. 472). Spring et al. (2018) focused on such extra-rational aspects of education for marginalized individuals. The authors reflected on the museum tours they provided to patients who have various mental illnesses. Clinical staff accompanied the patients for this art-based learning at the museum. The authors stated this was not group therapy, but rather art education. Engaging with art seemed to allow access to emotions which enabled deeper levels of understanding for the patients regarding their experiences in society (Spring et al., 2018). This feminist approach to transformative learning is inspiring because it involved educating a marginalized group of people who rarely have a voice in society, much like maternal suicide loss survivors.

Finding and using one's voice to create change is part of the feminist perspective that is also imperative for my transformative learning research. Referring to research related to women's learning, English and Irving (2015) state, "insufficient attention has been paid to the gendered dimensions of transformative learning and of its social transformational possibilities" (p.115). The empowerment derived from using one's voice to tell the story of suicide loss could make a change for a greater social good or on a smaller (but just as important) scale for personal improvement individually. I consider two factors to be especially important regarding a feminist framework to explore maternal suicide loss survivors. First, is the fact that a woman's identity has been socially constructed and is constantly in flux. Second, each woman has unique life experiences that contain valuable insight. These focuses guide me to utilize a poststructural feminist framework which addresses "issues of positionality and the voices of those who have not been represented" (Tisdell, 2000, p. 179). This framework also "gives legitimacy to the particularity of each women's experience, helping us recognize the complexity of our identities and our differences as well as our similarities" (Hayes & Flannery, 2000, pp. 14-15). For these reasons, the poststructural feminist framework would aid in understanding how the bereaved mothers in this study construct reality within the context of society and the context of their new world.

It is also important to mention that the learning that takes place when a mother loses a child to suicide is largely informal. As she learns to navigate her new identity, she relies on learning how others have adjusted to similar experiences. such types of learning that occur in the home and community are typically not deemed as important and overlooked (Gouthro, 2005). Referring to research in the field of adult education, Gouthro (2005) notes, "one site that has rarely been explored despite its significance to the lives of most adult learners, particularly women, is the homeplace" (p.5). Learning to move forward after a loss of a child is a momentous fete that deserves to be acknowledged as significant learning despite taking place outside the

confines of a formal environment. In this sense, my study will add to the limited research regarding the feminist perspective of adult learning and lifelong learning. In the next section, I will review the study's design and the methodology that will be used to analyze the collected data.

### **Overview of the Design and Methodology**

To explore the experience of mothers bereaved by the suicide of a child, I used a qualitative approach to my research. Qualitative research seeks to understand the meaning attributed to a social or human problem and would provide the perfect vehicle for learning about these mothers (Creswell & Creswell, 2018). A combination of a narrative inquiry and autoethnographic-inspired approach were also utilized to analyze the study findings. I will now provide a brief overview of the study's design and methodology which will be covered in more detail in the Chapter Three.

I utilized purposeful sampling in this study. Purposefully selecting participants enabled me to better understand my research questions which are focused on the experiences of mothers who lost a child to suicide. I received Penn State University's Institutional Review Board (IRB) approval prior to recruiting the participants; see Appendix E. Before the interviews began, I provided participants with a copy of my IRB approved consent form to conduct my study. Participants were provided with time to read the form and ask questions about the process. Once they verbally consented to participating, I proceeded with the interviews. They were also told they could exit the interview at any time.

During my first interview, I explained to participants that they will remain anonymous in the study. The participants, however, wanted me to use their first name and the names of their

deceased children. They did not wish to be given a pseudonym as they each feel this continues to perpetrate the stigma involved with suicide loss. Given this information, I submitted a modification to the IRB so I could include this information as per the participants' requests. I also changed the design of the study by adding a second interview so I could gather further feedback from the participants. See Appendix F for the IRB's approval of these modifications.

My participants' personal stories are the primary source of data and I collected this data through narrative interviews. Through the sharing of life stories, a narrative inquiry approach to research allows us to make sense of the world (Merriam & Tisdell, 2016). Because I hold an insider's perspective on the lived experiences of my research participants, I also incorporated an autoethnographic element to my study. With autoethnography, a researcher uses a personal story as a way of interpreting how their connection to the sociocultural context provides meanings to their experiences and perspectives (Chang et al., 2012).

Restorying is a tool used during narrative analysis to seam together the gathered data (Connelly & Clandinin, 1990). As I analyzed the data, I had the goal of answering my research questions. I used the process of restorying to re-write the participants' stories as they align with the theoretical framework of the study. Re-telling their stories allowed me to gain perspective of the potential ways they learned to move forward after their loss and to explore if the learning that takes place after the suicide death of a child can be considered transformative. The interview process and subsequent data analysis enabled me to gain more perspective on my experience, which then afforded a better understating of the experience of other mothers who lost a child to suicide. As such, following sections of the participant narratives, I wrote brief reflections on what I learned about myself from this experience.

I first present the participant's story from a re-storied perspective, then I performed a thematic analysis. I identified themes/categories aligned with the purpose of the study and coded accordingly. As Salmon and Riessman (2008) note, with the narrative approach "storytelling

happens relationally, collaboratively between speaker and listener in a cultural context where at least some meanings and conventions are shared” (p. 83). I also critically reflected on my own experiences so I could use that information in combination with the collected data to better inform the reader about understanding the lived experiences of the participants.

Using a narrative inquiry approach to explore these mothers’ experiences proved to be insightful because, as Freeman (2015) expresses, “in exploring the realm of real-life human affairs, in academic psychology and well beyond, narrative is, arguably, the most natural and appropriate means available” (p. 30). As will be discussed further in the Chapter Three, I also asked the participants to share a metaphor that describes their perception of their current worldview. Metaphors are a useful tool for women to construct meaning and express their emotional burdens (Fullagar & O'Brien, 2012). The generation of metaphors provided participants an artistic avenue for expressing themselves which may enhance the understanding of their circumstances.

### **Significance of the Study**

This study is significant for several reasons. First, it will be a valuable addition to the existing suicide literature that is negligently lacking regarding the maternal survivor’s perspective. A mother who loses a child by any means suffers an unbearable loss which results in psychological and physical stress. Within the first two years of a child’s death, a mother’s risk of mortality increases 326% (Espinosa & Evans, 2013). Losing a child to suicide has additional complications associated with stigma and guilt. Such an experience could bring about a dramatic shift in a woman’s worldview. I explored this change in perspective through the lens of transformative learning. With one person dying by suicide every 40 seconds (WHO, 2019), the number of mothers left behind is growing every day. My research draws attention to this

neglected demographic by providing a deep level of insight that could serve as a guide to comprehend their immediate and long-term needs.

Second, this study is also significant because it adds new knowledge into the field of transformative learning. The purpose of the study is to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. This research demonstrates factors that can facilitate women's transformative learning during emotion-laden experiences. Transformative learning lacks studies with a feminist learning perspective. This research shows the role of feminist perspectives of adult learning components such as subjective knowledge and shifting identity, in women's transformative learning.

Third, empirical research on suicide bereavement has been confined to the fields of death studies, psychiatry, and public health. The lack of information in the adult education realm provides an opportunity for adult education researchers to partner with scholars in these fields to provide educational resources to help the suicide bereaved community worldwide. The results of this research can serve as a starting point for such synergistic educational endeavors.

Last, this study's significance rests in the empowering potential it holds for all mothers who suffered the loss of a child to suicide. Giving voice to this experience promotes awareness for their needs and indicates the support they find most beneficial. This knowledge can inform community educators, government-funded agencies, and medical organizations. It also provided the participants with the opportunity to share their stories and talk about their children. Being allowed to share their stories can validate the grieving mother's experience and give her authority over her grief (Davidson & Stahls, 2010). Often times people are uncomfortable hearing about the loss of a child, especially when it is a death by suicide. This limits the number of safe spaces in which a mother can share openly about her deceased child and the often-times bewildering circumstances of their death. My interviews provided participants an opportunity to talk about their children with a person who has a high comfort level discussing this painful topic.

### **Assumptions, Limitations, and Strengths**

Every research study is based on some underlying assumptions, and also has both limitations and strengths, and this study is no exception.

The following are the assumptions of my research:

1. Suicide and suicide loss are complicated subjects and people in general as well as suicide loss survivors have complicated emotions that makes discussion of it avoidable in general conversation, resulting in stigmatization.
2. Discussing suicide loss with another suicide loss survivor can be healing to both parties under the right conditions.
3. Bereaved mothers can remember significant experiences surrounding their child's death regardless of the time since the death.
4. A life-altering event can trigger learning.
5. Reflection can be an important tool in the learning process.
6. Bereaved mothers can accurately and honestly articulate ways they learned to cope with their loss.
7. Researchers who have a shared experience with their participants can add value to a study by incorporating their own experiences. Electing to include one's story shows the seriousness with which the researcher regards the topic.

### **Limitations**

Some potential limitations of this study include:

1. Purposeful sampling was utilized to solicit participation. Participants are mothers who have been vocal about their loss, either through attendance at

support groups or by community involvement for suicide bereaved. The participants are actively seeking or providing grief support. This group of mothers had already established that they were open to discussing their loss and they may not be representative of other mothers who do not openly share their stories or do not take part in support groups.

2. As an insider to the population that I plan to study, I acknowledge my positionality will make me prone to an inherent bias towards the data, in the sense that I easily empathize with my participants given our shared experience. Some may see this as a limitation. As such, this study will have an autoethnographic element to allow for transparency for the reader as opposed to artificially distancing myself from the research.
3. Transformative learning theory is complex and difficult to assess. Showing that critical reflection and discourse has taken place could prove challenging. As such, I will be viewing their potential transformative learning journey through a more holistic lens which will allow greater flexibility for understanding the data.
4. Because we discussed sensitive topics, I planned to ensure the well-being of the participants. I notified participants that they could exit the interview at any time. A distress protocol was utilized during the interview process. It details how to best deal with participants who may become upset during an interview (Dempsey et al., 2016).

## **Strengths**



Despite the potential limitations associated with my study, there are also several strengths of my research. First, my acknowledgment before the interview that I too am bereaved by the suicide loss of my child, aided in the interview process. Suicide postvention researchers Moore et al. (2013), have found that when a researcher self-identifies as a suicide-bereaved, the resulting research conducting is “more sensitive to survivor needs” (p. 302). Our commonality improved rapport and trust which are both integral for discussions on sensitive topics (Dempsey et al., 2016; Dickson-Swift et al., 2007).

Second, those bereaved by suicide may welcome the opportunity to take part in research. Suicide loss survivors have confirmed that participation in serious research projects is valuable because it allows them the chance to process their emotions while talking about the deceased (Dyregrov et al., 2011; Ryan et al., 2013; Sands & Tennant, 2010; Sheehan et al., 2018; Wilson & Marshall, 2010). They also appreciated the chance to help others and not be passive victims.

Last, my autoethnographic-inspired narrative inquiry study lends itself to exploring new avenues for transformative learning. “Confronting our own transformation as we try to conceptualize the transformations we are studying” may help advance transformative learning theory from the perspective of both practitioner and researcher (Alhadeff-Jones, 2012, p. 190). The complex nature of the interplay of the main elements of my dissertation, which include suicide, feminist theory, and transformative learning, may become more digestible when viewed through a personal lens. I use my experience as a magnifying lens to examine how women like me can learn to survive in the midst of such powerful forces.

## Chapter 2

### Literature Review

The purpose of my study is to bring a deeper understanding of the lived experiences of mothers who have lost a child to suicide, in particular how they have learned to cope with their devastating loss. To gain insight into their unique circumstances and how their lives have been impacted, I questioned the mothers about the forms of support they have received, whether they be formal or informal sources of help. These mothers' perspectives about the support they received to help them adjust to their unique new identity were also explored. These mothers were also asked to share how they are still processing their new identity as a suicide loss survivor and explain how they have personally learned to cope with their devastating loss.

This chapter offers a review of empirical studies, as well as the conceptual/philosophical literature germane to understanding mothers bereaved by suicide. The chapter is structured in a way that will enhance the reader's understanding of their circumstances and is intended to serve as a guide that walks the reader along the path of these mothers' journeys as they come to terms with their personal tragedy and learn to exist in their new world. We will begin our trek through the literature by addressing suicide and its status as a global epidemic. Our next stop on the literature journey will provide insight into the unique nature of suicide grief. We will then explore a theory of adult learning that lends itself to processing disorienting life events: transformative learning theory. As the focus of this research is on mothers, it is important to also acknowledge ways women construct knowledge and feminist pedagogy literature will help us understand this aspect of their experience. Scholarly research at the intersection of transformative learning and feminist pedagogy will then be analyzed to aid in our understanding of the type of learning these mothers experienced after their loss. Our final stop on our literature review journey will include the exploration of studies that inform an understanding of the unique nature

of maternal bereavement. I will conclude with the rationale for why we need to expand research efforts focused specifically on mothers who lose a child to suicide.

### **The Societal Problem of Suicide**

The field of adult education has a history of advocating for social change to improve the lives of disenfranchised groups by empowering learners to take action in their communities. However, the social justice perspective of adult education centered on activism has fallen short in recent years (Johnson-Bailey, Baumgartner, & Bowles, 2010). With the worldwide rising suicide rates, the time is ripe to start a new humanitarian movement to spark social change by addressing the needs of a group of individuals who do not have a voice and continue to go unnoticed. Individuals who have lost a loved one to suicide, referred to as suicide loss survivors, are a marginalized segment of the population that could be supported by educational efforts.

Losing someone to suicide presents unique challenges when compared to other types of deaths, because suicide “stuns with soul-crushing surprise” (Gili, Delicato, Feggi, Gramaglia, & Zeppegno, 2016, p. S601). Suicide loss survivors not only have to endure the natural grief associated with losing a loved one, but also the unnatural trauma associated with violent sudden deaths. The literature reviewed aims to shed light on the demonstrated need for suicide bereavement education, as well as to emphasize the positive impact support efforts can have on individuals and society as a whole.

### **Worldwide Prevalence**

Suicide is a growing concern worldwide and impacts every nation. In October 2018, the world’s first ever Minister for Suicide Prevention was appointed by the British Prime Minister

due to the shocking increase in suicides since 2010 (Kolirin, 2018). The suicide rate in the U.S. increased 33% from 1999 through 2017 (Hedegaard, Curtin, & Warner, 2018b). According to the World Health Organization (2014), 800,000 people die due to suicide annually and it is the second leading cause of death among 15-29-year-olds globally. In 2019, the World Health Organization (WHO), in collaboration with other global health agencies, launched a *40 seconds of action* campaign to bring awareness to the prevalence of suicide in our society today, and the fact that one person dies by suicide every 40 seconds (WHO, 2019).

In the U.S., suicide is the 10th leading cause of death and is one of just three leading causes that are on the rise (Centers for Disease Control and Prevention, 2018). While suicide rates in some nations have fallen in recent years, U.S. suicide rates continue to rise (Weir, 2019). With a conservative estimate of six people intimately impacted by each suicide, it can be calculated that in the U.S. each year, 250,000 people become suicide loss survivors (American Association of Suicidology, 2016). While this number of six survivors for each suicide is widely cited in suicide literature, it should be used with caution, as it was a guestimate suggested by a suicidologist almost 50 years ago (Shneidman, 1973b). While there is no specific number of survivors for any one suicide death, taking several variables into consideration could provide a more accurate number. Empirical research conducted by Berman (2011) has shown that age is a determining factor for the number of people that are considered survivors, which included immediate family members and those who had everyday contact with the deceased. Individuals under age 25 will have the highest number of survivors, with an estimate of more than 80 individuals directly impacted by each suicide, and the number of survivors decreases with the age of the deceased. Others estimate that 22% of the population have been personally exposed to a suicide during their lifetime (Andriessen, Rahman, Draper, Dudley, & Mitchell, 2017). Even the conservative estimates of survivorship indicate the need to understand the experiences of these individuals in order to provide effective postvention support. Despite this increase in research

on suicide prevention, the topic of suicide bereavement education or postvention support is seldom explored in the field of health, psychology, or education.

### **Limitations of Official Suicide Statistics**

Studies indicate that approximately one-third of suicide deaths are incorrectly registered in the official record as deaths from unknown causes (Bakst et al., 2016). A study conducted by Phillips and Ruth (1993) demonstrated that suicides are misclassified as other causes of death when the decedent used a method that suggests an accident, such as pedestrian deaths. There was also evidence that the underreporting of suicides for Blacks and females is larger than other demographic groups, which can prove problematic when dealing with public health concerns, as these two groups have traditionally not been considered vulnerable to suicide (Phillips & Ruth, 1993).

Individuals who select a “less active” method of suicide, such as drowning or poisoning, are typically not classified as suicide deaths (Bakst et al., 2016). The researchers also found that factors such as age, gender, and marital status were also determinants of the death classification. For example, elderly deaths are less investigated and have a more common classification of “undetermined injury intent” and “ill-defined conditions and unknown causes,” as that demographic may be more inclined to utilize “less active” means of suicide (p. 116). Because the classification of a suicide death requires proof to suggest suicidal intent, suicides may continue to be misclassified, as many who die by suicide do not supply such evidence (Breiding & Wiersema, 2006)

Remnants of a history of criminalization of suicide also influence proper recording of suicides. For example, despite the decriminalization of suicide in 1961, England and Wales were

using a criminal standard of proof rather than a clinical standard for determining if a death was a suicide until recently. The May 2019 ruling in England and Wales which lowered the threshold for the standard of proof required for a suicide conclusion is expected to lead to an increase in deaths recorded as suicide (Appleby, Turnbull, Kapur, Gunnell, & Hawton, 2019). Another public health concern with a growing number of fatalities is the opioid crisis in America. In 2016, there were more than 63,600 drug overdose deaths in the U.S., and the rate of drug overdose deaths was more than three times the rate in 1999 (Hedegaard, Warner, & Miniño, 2017). The rapid increase in opioid overdose deaths has led to more difficulties with accurately measuring the suicide rates. Suicide by drug intoxication will continue to be under-reported without the proper “psychological/psychiatric evidence contributing to the manner of death classification” (Rockett et al., 2018, p. 10). Many opioid overdose deaths are classified as “undetermined,” because the medical examiner or coroner cannot know with certainty the individual’s intent (Oquendo & Volkow, 2018).

While official suicide data provides a useful tool to understand the extent of this growing societal problem, consumers of these statistics should be aware of the limitations and understand they are conservative estimates (McIntosh, 2002). Researchers agree that better data is needed to fully understand the pervasiveness of the suicide epidemic and more uniform reporting practices to guide the death certification procedures of the coroners and medical examiners are needed (Bakst et al., 2016; McIntosh, 2002; Phillips & Ruth, 1993; Rockett et al., 2018). Australia has taken active steps towards this goal by establishing a National Committee for Standardized Reporting of Suicide (Leo et al., 2010).

### **Unique Nature of Suicide Grief**

Suicide bereavement is different from other types of losses as the grief experience is

more complex. In this section I will explore the reasons suicide is considered a different type of loss and available resources will be highlighted.

Losing someone to suicide is considered one of life's most painful experiences, as the grief is magnified by feelings of guilt, confusion, shame, and the effects of stigma (Young et al., 2012). Survivors struggle to make sense of their loved one's motives and frame of mind that led them to take their own life (Jordan, 2001). Various research compared types of deaths and associated grief reactions. Bailey, Kral, and Dunham (1999) explored the bereavement experiences of 350 college students. When comparing suicide, accident, unanticipated natural, and anticipated natural deaths, they found that suicide deaths evoke more feelings of rejection, responsibility, shame, and stigmatization than other types of deaths. Another study demonstrated that when comparing the grief reactions of people who have lost a loved one to cancer, HIV/AIDS, and suicide, those bereaved by HIV/AIDS felt the highest levels of stigmatization which is defined as "society having a negative perception of the survivor as a result of the death of his/her loved-one" (Houck, 2007, p. 102). When examining the experiences of those bereaved by suicide, accidental overdose, cancer, dementia, cardiovascular disease, and HIV/AIDS, suicide bereavement is associated with the highest risk of suicidal ideation (Molina et al., 2019). When contrasted with other sudden losses, those bereaved by suicide, sudden unnatural death, and sudden natural death all experienced "stigmatizing social awkwardness," but those bereaved by suicide experienced this more severely (Pitman, Stevenson, Osborn, & King, 2018, p. 127).

There are issues that families must deal with regarding a suicide death that are not present for other types of death. These problems have the potential to destroy the cohesiveness of even the strongest of family structures. Both genetic and environmental factors surrounding bereaved family members may increase their predisposition towards suicide (Jordan, 2001). According to Cerel et al. (2008), "Suicide is a confusing death. Its causes are complex, multi-determined, and poorly understood. This ambiguity seems to increase the need within a social network to affix

blame” (p. 39). Survivors blame each other or themselves for the death, which puts intense pressure on family systems. Most survivors “overestimate their own role in contributing to the suicide or in failing to prevent it” (Jordan, 2008, p. 681). These feelings of guilt and responsibility add intensity to the grief.

According to the U.S. Department of Health and Human Services (1999), stigma is “manifested by bias, distrust, stereotyping, fear, embarrassment, and/or avoidance” of the stigmatized individual or group (p. 18). Stigmatization in bereavement is a negative perception of the survivor as a result of the death of a loved one (Barrett & Scott, 1989). Stigmatizing attitudes towards suicide have historically permeated society, and this stigma is the main reason survivors refrain from seeking help. Most countries had laws at the beginning of the nineteenth century that criminalized suicide, and it is still illegal in 25 countries (Mishara & Weisstub, 2016). Even traditional sources of comfort, such as one’s faith, have ostracized those bereaved by a suicide loss, as almost all religions condemn suicide. Catholicism, for example, only recently abandoned the prohibition of funerals for suicide cases (Bhugra, 2010). Many cultures, however, still treat the remains of suicide victims differently. For example, in Indonesia, the bones of those who die due to suicide “are not laid with those of other deceased members of the group who have died a normal death” (Hertz, 2009, p. 211). The societal stigma that continues to be associated with suicide “spills over” to bereaved families (Jordan, 2001, p. 93).

The stigma that surrounds suicide deaths complicates grief because of the way it shapes behavioral and emotional responses after a suicide loss (Cvinar, 2005). Family members experiencing a suicide death at times cover up the cause of death or elect not to discuss it. As Houck explains, “silencing the disenfranchised grievers only further wounds them into possible social isolation and placing them at a far greater risk for bereavement complications” (2007, p. 107). Stigma towards suicide loss survivors is associated with increased levels of psychological distress (Scocco, Preti, Totaro, Ferrari, & Toffol, 2017). This perceived stigma is thought to



explain the excess suicidality by those bereaved by a suicide death (Pitman, Stevenson, et al. 2018).

### **Available Resources**

Cvinar (2005) notes, “Once understood, it may be possible, to develop programs to change the social view of suicide with the objective of acceptance of the survivor as a victim needing support” (p. 21). Support and educational programs are desperately needed to help suicide loss survivors, but more studies are needed to more fully understanding of the survivors’ psychological and social needs.

### ***Postvention vs. Prevention***

Assistance provided to survivors is considered postvention and, according to Shneidman (1981),

Postvention consists of those activities that serve to reduce the aftereffects of a traumatic event in the lives of survivors. Its purpose is to help survivors live longer, more productively, and less stressfully than they are likely to do otherwise. (p. 350)

Postvention efforts are seldom mentioned during discussions of the global phenomenon of suicide. In 2014, the World Health Organization announced efforts to increase awareness of the public health significance of suicide by making suicide prevention training a high priority, yet there is very little mentioned for those bereaved by suicide. The U.S. Federal government allocated \$60 million in 2018 for Suicide Prevention programs, yet there is no mention of funding for postvention programs for loss survivors (U.S. Department of Health and Human Services, 2018). There is clearly a bias towards prevention at the exclusion of postvention efforts.

As previously stated, suicide bereavement carries with it factors not common in other losses, such as shame, guilt, and responsibility. Some of those destructive feelings can be a direct result of suicide prevention programs. The suicide prevention campaigns tout that suicide is a cause of death that is 100% preventable, and there are warning signs that are typically missed before the person takes his own life (Acosta et al., 2017). This type of community education drives this marginalized group deeper into the recesses of society, as the campaign messaging enforces the societal stigma that the act of suicide is a failure by the deceased, and it attaches blame for the death on the loss survivors. Societal shame and blame presents unique stress for the bereaved as it adds to their guilt and embarrassment and creates a barrier to reaching out for help (Pitman, Stevenson, et al., 2018). The increased spending on suicide prevention does not necessarily lead to effective results. The amount of funding spent each year on suicide prevention programs continues to rise yet so do the number of suicides (Carey, 2018).

The training is effective, however, in silencing the voices of suicide loss survivors and creating a breeding ground for disenfranchisement. It is unclear why government agencies who provide massive amounts of funding for prevention efforts do not take measures to ensure that there are effective support programs for this marginalized group of suicide loss survivors. With insights from working in the field of suicidology for two decades, Tatz (2017) believes the vast amount of money being spent on prevention efforts is also a major concern, as he believes, “we use the pretentious word *prevention*, implying that we understand the phenomenon and we can therefore forestall or avert it by known measures” (p. 543). Tatz remains hopeful that a shift in thinking is possible and appeals for innovation in the field. However, he also cautions that bureaucracies, such as academia and government, are places that are slow to make even minor changes and are too conservative to be at the forefront of change.

### ***Support Groups***

Very little is offered to support the specific needs associated with losing someone to suicide. The most readily available opportunities to assist the suicide bereaved are support groups and professional counseling. It should be noted, however, that many survivors are angry with mental health professionals as a whole for failing to help their loved ones, so they are skeptical of receiving services from such professionals or attending support groups led by them (Krysinska & Andriessen, 2011). Because of their vulnerability, Dransart (2017) notes some survivors sought, “more informal help from support groups, where they found comfort and guidance” (p. 1000). Cerel et al. (2009) believe more public health research should be concentrated on understanding how suicide loss support groups could be structured to offer the best support for the bereaved. Although they are not offered in all communities nor are they accessible to all survivors, professional and/or peer-led support groups are one of the few resources available to assist the bereaved in their healing journey. The empirical studies of suicide bereaved individuals that will be explored in a future section demonstrate the importance of such groups as a source of solace. Peer-led support groups have the potential to generate hope, which seems nonexistent for those bereaved by suicide deaths. Many times, it is those who have already suffered a suicide loss who are motivated to help the newly bereaved (Dransart, 2017). These individuals, however, may not be equipped to facilitate a support group, so with this in mind, several organizations have published facilitator guides that can be used as educational resources to assist in such endeavors.

### ***Facilitator Guides***

At the time of this writing, there were six published facilitator handbooks available to aid in efforts to start a suicide loss support group. One was created by a community-based nonprofit that was founded in 1909 (Mental Health America, 2016). Another was funded by the Australian Government Department of Health and Ageing (Lifeline Australia, 2009). A National Council member of the Suicide Prevention Action Network, who has been facilitating peer suicide support groups since 1996, authored one of the guides (Flatt, 2007). Another guide was created in collaboration with the Task Force on Postvention of the International Association for Suicide Prevention (World Health Organization, 2008). The final guide was created by a non-profit suicide bereavement outreach organization whose entire staff has been directly impacted by a suicide death (Friends for Survival, 2013). All of these peer support group facilitation guides with the exception of one (Mental Health America, 2016) focus strictly on leading suicide loss survivors' support groups.

The stigma experienced by suicide loss survivors seems to lessen when in the presence of others also bereaved by suicide. One of the primary goals of a support group is for survivors to tell their stories about the suicide loss in order to help dispel stigma. Each survivor's story is unique and painful and when facilitators practice effective listening they can open the space that's necessary for the survivor to begin healing (Friends for Survival, 2013). The support group facilitator's role, therefore, is to encourage members to share their stories and to be sure that an adequate opportunity is provided to do so (Flatt, 2007; Friends for Survival, 2013; Lifeline Australia, 2009; World Health Organization, 2008). Telling and retelling their story may contribute to the gradual development of clarity. These stories are considered under construction with the survivor revising and reinterpreting continually (Sands & Tennant, 2010).

**Additional Support Literature.** One particularly noteworthy educational resource that can help survivors, as well as those who support survivors, is worth mentioning. Public Health England and the National Suicide Prevention Alliance partnered to create *Help is at Hand:*

*Support After Someone may have Died by Suicide* (2015). This 70-page booklet provides practical guidance, emotional support, and offers advice on how to cope in the immediate aftermath of a suicide and in the weeks, months, and years following. It contains practical information such as way to tell people about the loss of a loved one and has sections dedicated to people with a particular connection to the person such as parents, siblings, friends, and partners. The book also explains that complexity and individualization of grief. Resources such as this are considered an important source of emotional support but they do not often reach people bereaved by suicide when they need it most which is soon after the death (Hawton et al., 2012).

The bereaved may not have access to a mental health professional or may be reluctant to reach out to one due to immobilizing grief. Also, support groups are not be offered in all communities and many suicide bereaved individuals may not feel comfortable sharing their stories, but they would still benefit from hearing other survivors' stories to know they are not alone. Firsthand account books written by those bereaved by suicide are more readily accessible to survivors than professional counseling or supports groups. These books can be read in the comfort of one's home and can be purchased online. According to the Alliance of Hope (2019), the following are books that are popular among survivors: *After Suicide Loss: Coping with your Grief* (Baugher & Jordan, 2016), *Dying to be Free: A Healing Guide for Families after a Suicide* (Cobain & Larch, 2009), *Grieving a Suicide: A Loved One's Search for Comfort, Answers, and Hope* (Hsu, 2017), *The Wilderness of Grief: Finding your Way* (Wolfelt, 2007), and *No Time to Say Goodbye: Surviving the Suicide of a Loved One* (Fine, 1999). These books can help with demystifying the complicated grief and removing the stigma by giving voice to survivors' stories. Hearing others speaking openly about the bereavement process and the daily struggles they face, provides a unique perspective for suicide loss survivors.

### **Importance of Understanding Survivors' Experiences**

In the past, much emphasis on suicide studies has been aimed at the prevention side and it was only recently that survivorship has become an area of focus (Cerel et al., 2008). This shift in mindset is a positive step, because by recognizing the needs of survivors, actions can be taken to improve the quality of their lives by implementing programs that will directly or indirectly assist them. Because suicide is still considered a taboo death, many people are unsure what to say to those bereaved by suicide to offer condolences and many times survivors and their friends and family members do not acknowledge the death has occurred (Chapple, Ziebland, & Hawton, 2015). This further alienates the suicide bereaved because it "reinforces the stigma either imagined (because of the bereaved's sense of guilt) or accurately perceived by bereaved friends, family, and therapists" (Sudak, Maxim, & Carpenter, 2008, p. 137). Peters, Cunningham, Murphy, and Jackson (2016) found that bereaved individuals faced insensitivities when dealings with emergency and social services immediately following the suicide death. They argue that education is vitally needed for all individuals who provide services to those bereaved by suicide. "Lack of recognition of the problem potential of suicide bereavement is a serious public health issue" (Feigelman et al., 2018, p. 5). Public health awareness campaigns to better understand the suicide loss survivor and destigmatize suicide would support their recovery. In England, journalists and public figures joined together for the Talking Suicide campaign and released a letter to the press encouraging everyone, not just the media, to stop using outdated language such as *committed suicide* which suggests that suicide is a crime or sin. The letter proceeds to state,

This form of words can imply that to take one's own life is a selfish, cowardly, criminal or irreligious act, rather than the manifestation of extreme mental distress and unbearable pain. It also adds to the stigma and feelings of shame that prevent people from reaching out for help. (Tobitt, 2018, p. 1)

Such a campaign would be beneficial for survivors of suicide in the U.S., but unfortunately, the antiquated language of *committed suicide* is still used.

By researching survivors' experiences we will be better able to understand the different types of support that may be needed. Not all survivors will need the same type of intervention, so special care should be taken to design programs that meet the specific needs of the populations they serve in order to be effective (Bowden, 2011). Providing an opportunity for suicide bereaved to participate in research has a two-fold benefit. First, it will inform future programming, which would benefit survivors and, secondly, provide a sense of empowerment and altruism (Andriessen, Krysinska, Draper, Dudley, & Mitchell, 2018). Although some researchers shy away from utilizing the suicide bereaved in studies, it has been proven that the benefits of their involvement outweigh the risks (Andriessen, et al., 2018; Omerov, Steineck, Dyregrov, Runeson, & Nyberg, 2014).

### **Empirical Studies of Suicide Bereavement**

This portion of the literature review is devoted to exploring empirical studies related to suicide loss survivors. The search for literature was conducted online in the U.S. Department of Education's ERIC database and ProQuest using keywords *suicide loss survivor* and *suicide bereaved*. The search was limited to scholarly articles that were reports of studies published in English in peer-reviewed academic journals. The goal was to locate studies with a primary focus on the needs of loss survivors so studies that did not contain the main search terms in the title were excluded. The results were then further refined to exclude gray literature, such as theses and dissertations. In an attempt to increase the relevancy of the materials reviewed, preference was given to the most recent studies and all selected studies were conducted within eleven years of this review. Once this process was complete, 21 studies remained for inclusion in this review.

### *Study Methodologies and Sample Sizes*

Of the 21 total studies, 12 are qualitative, 4 are quantitative, and 5 used a mixed methods approach to collecting data. The size of the sample for the 12 qualitative studies ranges from 6 to 460 participants. Meaning-making and transformation after a suicide loss was a focus of six of the qualitative studies (Dransart, 2017; Dyregrov et al. 2011; Fielden, 2003; Groos & Shakespeare-Finch, 2013; Miklin, Mueller, Abrutyn, & Ordonez, 2019; Sands & Tennant, 2010). Three studies concentrated on the stigmatization that silences suicide loss survivors (Mayton & Wester, 2018; Sheehan et al., 2018; Tzeng, Su, Tzeng, et al., 2010). Two studies (Gibson, Gallagher, & Jenkins, 2010; Pitman, Putri, et al. 2018) focused on understanding the impact of suicide bereavement on occupational functioning. The remaining study focused on how suicide deaths influence family relationships (Tzeng, Su, Chiang, Kuan, & Lee, 2010).

Two of the four quantitative studies address the high levels of mental distress endured by those bereaved by suicide (McMenamy, Jordan, & Mitchell, 2008; Ogata, Ishikawa, Michiue, Nishi, & Maeda, 2011). Another study with the largest sample population in this literature review focused on measuring perceived stigma in 3,432 participants who experienced various types of a loved one's sudden death (Pitman, Osborn, Rantell, & King, 2016). The remaining quantitative study takes a unique approach by exploring the economic benefits of providing support services to suicide loss survivors (Comans, Visser, & Schuffman, 2013).

Four of the five mixed methods studies look at the experience and needs of the suicide loss survivors who are parents (Feigleman, Gorman, & Jordan, 2009; Ross, Kolves, Kunde, & DeLeo, 2018), close family members (Wilson & Marshall, 2010), and health care professionals (Draper, Kolves, DeLeo, & Snowdon, 2014). In the last study, Ryan et al. (2013) examined an arts-based project that provides a voice to those bereaved by suicide.



### ***Participant Demographics***

Seven of the studies were conducted in Australia (Comans et al., 2013; Draper et al., 2014; Groos & Shakespeare-Finch, 2013; Ross et al., 2018; Ryan et al., 2013; Sands & Tennant, 2010; Wilson & Marshall, 2010). Five studies took place in the United States (Feigleman et al., 2009; Mayton & Wester, 2018; McMenemy et al., 2008; Miklin et al., 2019; Sheehan et al., 2018). Two studies were conducted in the United Kingdom (Pitman et al., 2016; Pitman, Putri, et al. 2018). Taiwan was the location for two studies (Tzeng, Su, Tzeng, et al., 2010; Tzeng, Su, Chiang, et al., 2010). The remaining research was conducted in Ireland (Gibson et al., 2010), Japan (Ogata et al., 2011), New Zealand (Fielden, 2003), Norway (Dyregrov et al., 2011), and Switzerland (Dransart, 2017).

The majority of the studies had an overwhelming number of female participants relative to their male counterparts. With the exception of gender statistics, most studies did not include rich demographic information about the participants. Other than providing the minimum age for participation, which was 18 in most studies, four studies provided no further data on the ages of participants. The ages of the participants in the remaining studies ranged from 15-82-years-old. Of the seven studies in which the race of participants was reported, White participants accounted for the vast majority of participants.

Most of the research was focused on interviewing close relatives or friends of the deceased with one notable exception. The study conducted by Draper et al. (2014) interviewed health care professionals following a patient's suicide and following a patient's sudden death to compare the professional and personal impact and the factors associated with both types of death. This study was also unique because the majority of the participants (73%) were men.

### ***Themes of Findings***

This literature review will be organized around the three main themes that emerged during exploration of the studies. First, we will examine the reasons why bereavement of a suicide is uniquely challenging and complicated. Second, we will delve into the barriers to obtaining support faced by loss survivors. Lastly, we will explore studies that report on established bereavement programs in order to provide best practices to bridge the gap between theory and praxis.

**Unique Bereavement Challenges of Suicide Loss Survivors.** There is an overwhelming consensus that outsiders cannot understand what a suicide loss feels like unless they have gone through it personally (Dransart, 2017; Groos & Shakespeare-Finch, 2013; Mayton & Wester, 2018; McMenemy et al., 2008; Ryan et al., 2013). The intentional nature of a suicide death sends a message to the survivors (Sands & Tennant, 2010) that can be viewed as a final judgment on the value of the relationship (Dransart, 2017). The question of “why” permeates survivors’ thoughts which causes them to be prone to feelings of extreme guilt and that they were somehow responsible for their loved one’s act or that they could have prevented it (Dransart, 2017; Dyregrov et al., 2011; Feigleman et al., 2009; Gibson et al., 2010; Groos & Shakespeare-Finch, 2013; Mayton & Wester, 2018; Pitman et al., 2016; Ross et al., 2018; Ryan et al., 2013; Sands & Tennant, 2010; Sheehan et al., 2018; Tzeng, Su, Tzeng, et al., 2010; Tzeng, Su, Chiang, et al., 2010). The bereaved report giving up or drastically reducing activities to avoid contact with the outside world (Dransart, 2017; Gibson et al., 2010; Mayton & Wester, 2018; Pitman, Putri, et al., 2018; Ross et al., 2018; Sands & Tennant, 2010; Tzeng, Su, Tzeng, et al., 2010; Tzeng, Su, Chiang, et al., 2010). Comans et al. (2013) demonstrated that the economic impact of the suicide bereavement on society is AUS \$14,000 per bereaved person. This cost takes into account workplace absenteeism and presenteeism, but since the adverse social and emotional costs are difficult to calculate, they were not included in this figure.

Societal stigmatization towards those bereaved by suicide was a common finding in five studies (Feigleman et al., 2009; Pitman et al., 2016; Sheehan et al., 2018; Tzeng, Su, Tzeng, et al., 2010; Tzeng, Su, Chiang, et al., 2010). Parental suicide loss survivors reported higher levels of rejection, shunning, stigma, shame, responsibility, and guilt than parents bereaved by a child's natural death (Feigleman et al., 2009). Bereaved families were viewed as contributing to their loved one's death through abuse, neglect, denial, or failure to provide adequate help (Feigleman et al., 2009; McMenemy et al., 2008; Sheehan et al., 2018). The studies found evidence that the public views the suicide bereaved as "contaminated" by their loved one's suicide (Sheehan et al., 2018, p. 336) and as having "tainted bloodlines" (Pitman et al., 2016, p. 27). Families also reported pressured to keep the suicide a secret due to societal stereotypes and prejudices (Sheehan et al., 2018; Tzeng, Su, Tzeng, et al., 2010; Tzeng, Su, Chiang, et al., 2010).

Two studies explored how living in a Chinese society dominated by Confucian values greatly enhanced the stigma felt by surviving family members (Tzeng, Su, Tzeng, et al., 2010; Tzeng, Su, Chiang, et al., 2010). Families members wished they could bury the stigma of suicide along with the deceased and also wished that the deceased had never been a part of their family (Tzeng, Su, Tzeng, et al., 2010). Survivors in such cultures could not expose the stigma of suicide in public because of the cultural importance of saving the family's face. Being unable to share their pain at home or in public makes the grieving especially complicated (Tzeng, Su, Chiang, et al., 2010).

Some studies examined the experiences of individuals based on very specific relationships to the deceased. The impact of a suicide death on healthcare professionals (Draper et al., 2014), close family members (Ogata et al., 2011; Tzeng, Su, Tzeng, et al., 2010; Tzeng, Su, Chiang, et al., 2010; Fielden, 2003), and parents (Ross et al., 2018) were explored. When comparing suicide and other sudden deaths of patients, suicide deaths were significantly more likely to impact the health care professional's practice and personal life than sudden deaths

(Draper et al., 2014). When examining PTSD symptoms of re-experience, avoidance behavior, hyperarousal, and maladaptation, family members who lost a loved one to murder and suicide had higher scores than family members who lost a loved one to natural causes (Ogata et al., 2011). With unanswered questions about the motivations for the suicide, feelings of shock and bewilderment were overwhelming (Ross et al., 2018). Draper et al. (2014) found health care professionals (HCP) reported disbelief, shame, anger, betrayal, guilt, feelings of vulnerability, loss of self-confidence, and fears that professional reputation might suffer as a result of a patient's suicide. The HCPs were included in the study if they had contact with the deceased within 6 months of the death. Over half of the HCPs in the study were general practitioners and a quarter of the participants were psychiatrists and psychologists. These emotions were reported as more intense in HCPs who had a consultation with the patient within a week of their suicide. The HCPs questioned if they "had 'missed' something in that consultation and whether they could have prevented the suicide if they had assessed and/or managed the case differently" (Draper et al., 2014, p. 724). Female HCPs were more negatively impacted in their professional practice and personal lives than male HCPs.

Two studies addressed the challenges faced by individuals when returning to the workplace after the suicide death of a loved one (Gibson et al., 2010; Pitman, Putri, et al., 2018). Both studies found that the emotional aspects of grief, such as tearfulness, confusion, anxiety, and profound sadness, were intense and experienced as frustrating and embarrassing. Explicit avoidance by colleagues and decreased self-confidence were also reported in both studies as having detrimental effects on their occupational functioning. Gibson et al. (2010) refer to the phenomenon of *double avoidance* occurring in the workplace, when those bereaved avoid coworkers for fear of having to discuss their loss, while coworkers simultaneously avoid the bereaved. Hearing coworkers use suicide phrases in a throwaway manner was especially hurtful and immediately returned their minds to the traumatic way they lost their loved one. Examples of

such language included “a meeting in which a colleague used the term *given enough rope*, a manager repeatedly talking about staff committing mass suicide, and a co-worker saying, ‘I felt so awful, I was going to kill myself’ (Gibson et al., 2010, p. 511). Mental health problems that emerged from the stress of their extreme grief were also found to adversely affect the work performance of those bereaved by suicide (Pitman, Putri, et al., 2018).

**Barriers to Obtaining Support.** Wilson and Marshall (2010) found that 94% of loss survivors reported a need for help to manage their grief, yet only 44% actually received some sort of support. Lack of available information, lack of awareness of services, help not offered, distance, thinking no one could help (Wilson and Marshall, 2010), and cost of services (McMenamy et al., 2008) were factors that prevented survivors from obtaining support. Professional help was needed by almost all of the participants, yet the majority indicated little or no satisfaction with the help received, due to the service provider’s lack of sensitivity and attitudes (Fielden, 2003; Wilson & Marshall, 2010). Participants also reported difficulties in sharing grief with family members (McMenamy et al., 2008; Tzeng, Su, Tzeng, et al., 2010; Tzeng, Su, Chiang, et al., 2010), and that physicians did not know what to do for them and that church members were judgmental (Wilson & Marshall, 2010).

The silencing effects of a suicide death on the bereaved were noted in several studies (Dyregrov et al., 2011; Feigleman et al., 2009; Fielden, 2003; Groos & Shakespeare-Finch, 2013; Mayton and Wester, 2018; McMenamy et al., 2008; Pitman et al., 2016; Ryan et al., 2013; Sands & Tennant, 2010). Due to the circumstances that surrounded their loved one’s death, the bereaved tend not to advocate for themselves despite experiencing dangerous levels of inner turmoil. Being overcome with grief and driven to social isolation hindered their ability to experience the natural grieving process (Mayton & Wester, 2018; Miklin et al., 2019; Pitman, et al., 2016; Sheehan et al., 2018). Suicide bereavement oftentimes leads to depression and suicidal thinking (Dransart, 2017; Feigleman et al., 2009; McMenamy et al., 2008; Miklin et al., 2019;

Pitman, Putri, et al., 2018; Sands & Tennant, 2010), which are also substantial barriers to reaching out for help.

If the bereaved get past the hurdles and start to look for support, they typically have difficulty in actually locating quality services to support their unique needs. The lack of existing resources creates a sense of frustration among survivors (Groos & Shakespeare-Finch, 2013). Of survivors that received professional help, Wilson and Marshall (2010) found that only 40% felt satisfied by it, citing lack of appropriate training and attitude of the provider as reasons for their dissatisfaction. Survivors have different coping styles and their bereavement needs are not all the same.

Dransart (2017) explains that “survivors of suicide face four major challenges: dealing with the impact of suicide, searching for meaning, clarifying responsibility, and finding a personal style of reaction and coping” (p. 994). The ways the survivors deal with these specific challenges result in what is called their *reconstruction*. Dransart (2017) sought to understand the suicide loss survivors’ perspective and identified four common patterns of reconstruction: the vulnerability, transformation, commitment, and hard blow. Each of these types of reconstruction has a unique set of risks and therefore requires specific modalities of support in order to be effective. For example, parents typically followed vulnerability patterns and need support that will help them put their guilt into perspective and improve their adaptation strategies.

Miklin (2019) found that the way suicide bereaved individuals make meaning of their loss determines their risk factors for suicide. After a loss some survivors find that suicide is not only thinkable but also doable. They may identify with a deceased person's perceived motivations and view suicide as “a thing one can do to cope with psychological pain or to deal with a personal problem” are at high risk for suicide (Miklin, 2019, p. 25). This increased vulnerability to suicide is known as suicide *contagion*. Other survivors, however, can make a

different meaning of their loss and experience an inoculation effect as they now view suicide as a way of harming loved ones through grief and trauma.

The emotional chaos experienced during the early days of grief paralyzes the bereaved, as they fear they might not survive (Fielden, 2003). The bereaved discussed “being so disabled by their feelings of shock, disbelief and numbness in the initial period after their loved one’s death that they only managed to just survive or exist day to day” (Fielden, 2003, p. 76). Clinicians are advised to address internalized self-stigma and guide the survivor to challenge those damaging thoughts (Sheehan et al., 2018). Since early treatment may improve the outcomes for those bereaved by violent traumatic deaths, Ogata et al. (2011) recommend that clinical practitioners perform an early assessment focusing on the symptoms of PTSD. Even those within the health care environment report a lack of support services when they are exposed to a patient or personal suicide. Draper et al. (2014) reported that after a suicide in a health care professional’s personal life, 47% who said they needed support services reported that they did not receive enough support.

Gibson et al. (2010) and Pitman, Putri, et al. (2018) both reported that loss survivors understood work and school continued in their absence, but they had difficulty readjusting due to the insensitivity of managers and instructors. One participant explained receiving a poor performance review, in which her manager did not make allowances for her bereavement (Gibson et al., 2010), and another was disciplined for sickness absences, as the employer was not considering the physical toll that grief had taken on her (Pitman, Putri, et al., 2018). Taking time off to grieve was helpful for students but returning to a backlog of work added to the existing high levels of stress and resulted in some students leaving school permanently or having drastically reduced grades (Pitman, Putri, et al., 2018).

The largest gap between the help needed and received was with respect to immediate crisis response teams (Wilson & Marshall, 2010). Such outreach efforts at the scene of the

suicide could encourage survivors to obtain professional help and to make them aware of resources, such as professional assistance and bereavement groups. Australia's Standby Response Service is a cost-effective means of providing such suicide crisis intervention to community members as well as workers that come in contact with suicide (Comans et al., 2013); yet, the research clearly shows a gap between the need for support and the support that is available. In the next section, the limited available resources and best practices in bereavement education are addressed.

**The Need for Bereavement Education for Suicide Loss.** A strong support system can help survivors begin to heal, but not all have such a system within the context of their existing connections to help facilitate their recovery. Survivors find family and friends as an important source of comfort and part of their support system (Feigleman et al., 2009; Mayton & Wester, 2018; McMenemy et al., 2008), yet others found them to be a hindrance as they blamed the survivor for the death (Fielden, 2003). Some survivors are accused of being murderers and are disowned by their entire families (Tzeng, Su, Chiang, et al., 2010). Fielden (2003) found that survivors were shocked by the blame placed on them by not only close family members but also estranged family members and police. Being judged by others added to their guilt and distress. Fielden's participants were equally surprised that the help they received during their early grief came from unexpected sources such as distant acquaintances and strangers.

Support groups, which are one of the few organized resources available to the bereaved, were considered vital in assisting in the survivors' healing journey. Being supported by individuals who have lived this experience has helped individuals avoid succumbing to suicide themselves (Dransart, 2017; Miklin et al., 2019). Peer support groups have the potential to generate hope, which seems nonexistent for those bereaved by suicide deaths. When individuals are faced with the shock of a suicide, they long to know they are not alone in their experience. Support groups are a place where survivors have permission to talk freely about their loss,



express emotions, and feel normal (Groos & Shakespeare-Finch, 2013; Mayton & Wester, 2018; McMenemy et al., 2008; Ross et al., 2018; Ryan et al., 2013; Sands & Tennant, 2010; Wilson & Marshall, 2010).

One of the primary goals of a support group is for survivors to tell their stories about their loss in order to help dispel stigma. Ryan et al. (2013) explain that sharing these stories is a slow, delicate process, but that the telling and retelling of their stories may contribute to the gradual development of clarity. These stories are considered under construction with the survivor continually revising and reinterpreting (Sands & Tennant, 2010).

The length of time since the loss occurred was viewed as an important distinction between support group members as it showed the newly bereaved that ‘normality’ can be reached eventually (Groos & Shakespeare-Finch, 2013). Knowing that it is possible to survive by learning about others’ personal recovery successes is a tremendous source of hope. Having this new way of viewing the world, many support group members are able to move from stories of despair to narratives of hope (Sands & Tennant, 2010). While it was once thought that grief should be resolved by disconnecting with the deceased, modern models allow for ongoing relationships and connections with the deceased (Gibson et al., 2010; Ross et al., 2018; Sands & Tennant, 2010). The dual process model, with the bereaved oscillating between loss and restoration orientation, is an important part of the healing process (Groos & Shakespeare-Finch, 2013; Ross et al., 2018).

Some survivors feel the need to create space to process their loss and make time to pursue activities, such as reading books and writing poetry (Fielden, 2003). Miklin et al. (2019) noted a mother who lost a daughter to suicide participated in “an art therapy group that combined suicidal individuals with bereaved individuals” and found the experiences to be “a transformative healing experience” (p. 26). How the bereaved construct meaning about their need to reposition relationships with the deceased, themselves, and significant others is a complex process (Fielden,

2003; Miklin et al., 2019; Sands & Tennant, 2010). Ryan et al. (2013) conducted an action research project in which they facilitated meaning-making by giving survivors a “a voice to express their often silent, lonely and stigmatized experience of losing someone close to them through suicide” (p. 214). They empowered the study participants, who had no formal writing training, to *story* about the suicide death, through the process of creating a play and publishing a book. Participants reported a decrease in the feeling of isolation and an increase in self-esteem (Ryan et al., 2013). Understanding that not all survivors are able to verbally express their experience, Mayton and Wester (2018) conducted a photovoice study within a survivor support group to help provide a way for survivors to express their grief. Photovoice is a qualitative participatory action methodology designed to enable participants to construct meaning out of their experience and communicate their internal experiences in a way that does not require words. This methodology is used with vulnerable populations because it empowers participants to actively share their voice that may not be heard within their communities. Participants in this research took photographs to share with the group, and then members took turns sharing their interpretations of the photographs. The participants grouped the photos into themes and then labeled the themes as *lonely struggle*, *everything has changed*, and *everyone has a story*. The use of photography enabled the survivors to share their experiences on a deeper level (Mayton & Wester, 2018).

Because suicide loss survivors are considered a vulnerable group by Institutional Review Boards that follow human subjects research protocols, they are not included in many studies. Suicide loss survivors, however, have confirmed that participation in serious research projects is valuable, because they are able to process their emotions while talking about the deceased, and they also have the opportunity to help others and not simply be passive victims (Dyregrov et al., 2011; Ryan et al., 2013; Sands & Tennant, 2010; Sheehan et al., 2018; Wilson & Marshall, 2010). Although many bereaved were upset and cried during the interviews in which they discussed the

sudden, unexpected, self-inflicted deaths, they also reported that the opportunity to participate in research by telling their story of loss was a positive experience as they had an opportunity to talk about and remember the deceased person and to recall the good days (Dyregrov et al., 2011).

### **Theoretical Framework: Transformative Learning**

This section of the literature review serves as an in-depth theoretical analysis and critique of transformative learning theory. I will begin by discussing this theory's view of adult education then examine the basic assumptions and terminology associated with this theory. Next, I will describe the learning process from this theoretical orientation and explore the diversity of theoretical perspectives. A critique of the theory's limitations will follow along with suggestions for future research as it pertains to transformation learning.

#### **Transformative View of Adult Learning**

In 1978, Jack Mezirow and Victoria Marsick conducted a national field study of women's re-entry programs in community colleges (Mezirow & Marsick, 1978). This research prompted Mezirow to develop transformative learning theory which, at that time, was referred to as perspective transformation. During the early days of transformative learning, adult education was mainly viewed as a cognitive process that led to the acquisition of skills and curriculum was designed around setting objectives and assessing the learning (Taylor & Cranton, 2012b).

Mezirow (1978) posited that there are five types of learning that adults experience: (1) learning how to do something, (2) learning how something works, (3) learning what others expect of us, (4) learning to form an evolving concept of ones' self, and (5) learning to critically assess our assumptions that form the patterns for the way we live our lives. He suggested that the fifth

type of learning, while neglected by educators, is the most important to adult development, and labeled it as learning about meaning perspectives. “Meaning perspective refers to the structure of cultural assumptions within which new experience is assimilated to-and transformed by- one’s past experience” (Mezirow, 1978, p. 101). Adult education has the power to facilitate such transformations. Transformative learning theory was intended to be a “comprehensive, idealized, universal model consisting of the generic structures, elements, and processes of adult learning,” (Mezirow, 1994, p. 222). In the next section, I will explore the key terminology and assumptions of this adult learning theory.

### ***Assumptions and Terminology***

As adults, we have acquired a body of experience that shapes how we view the world around us. We make meaning of the world around us through these orienting assumptions and expectations that involve our values and beliefs. Transformative learning is based on the idea that we interpret our experiences in a personal manner and our discernment of the world is a result of our perceptions of our experiences (Taylor & Cranton, 2012b). In transformative learning theory, this concept is referred to as one’s *frames of reference, meaning-perspective, mind set, or worldview* (Dirkx, Mezirow & Cranton, 2006; Mezirow, 1978, 1991a, 1997). A frame of reference involves cognitive, affective, and conative dimensions and is composed of a habit of mind and resulting points of view (Mezirow, 2012). A meaning schema involves beliefs about how something works, while a meaning perspective is a “structure of assumptions within which one’s past experience assimilates and transforms new experience” (Mezirow, 1991a, p. 42). Meaning schemas and meaning perspectives are also part of a frame of reference.

Transformative learning revolves around the process of change in an individual’s taken-for-granted frame of reference or worldview to make the worldview more inclusive. Events that

trigger transformative learning are called *disorienting dilemmas*. Taylor and Elias (2012) explain that disorienting dilemmas “illuminate and challenge heretofore invisible and unquestioned assumptions that determine how we know ourselves and the world around us” (p. 150). Disorienting dilemmas create the spark for one’s critical reflection (Mezirow, 1994).

The next important element of this theory is critical reflection or, as it was originally labeled by Mezirow, critical reflectivity (Mezirow, 1981). Critical reflection can change frames of reference when “becoming aware of the assumptions we or others make when we learn to solve problems instrumentally or when we are involved in communicative learning” (Mezirow, 1997, p. 7). There are three dimensions of reflection: content, process, and premise reflection (Mezirow, 1991a). Mezirow (1998) makes a distinction between critical reflection of assumptions (CRA) which refers to objective reframing, and critical self-reflection on assumptions (CSRA) which refers to subjective reframing and considers both as emancipatory elements of learning for adults. Taylor (2017) identified a lack of a “standard” of critical reflection in research and the challenges of assessing this component of transformative learning.

Discourse is the next major element of transformative learning. The process of shaping our perspectives comes about through *rational discourse* or *reflective discourse*, which is much different from traditional dialogue (Mezirow, 2003). Discourse involves evaluating beliefs, feelings, and values from the point of view of a particular frame of reference. When engaging in rational discourse, preconceived notions are set aside to attempt to objectively analyze an argument and critically examine the assumptions behind the evidence (Mezirow, 1991b). This provisional suspension of judgment is referred to as *epoche* (Mezirow, 2012).

Although an instructor is not necessarily needed for transformative learning to occur, educators could create an environment in the classroom that might facilitate it. Designing an educational event that encourages learners to question their own assumptions and allows for group deliberation and problem-solving could foster transformative learning (Mezirow, 1997). It

is also a best practice for teachers to engage in critical self-reflection of their own assumptions, in order to ultimately enhance the experience of the learners. This practice is a way of leading by example, which could encourage students to emulate and it also has the potential to positively transform their identities as teachers (Rahmawati & Taylor, 2018).

Since discourse is an essential element, transformative learning can be viewed as a social process. Schapiro et al. (2012) have identified three types of transformative learning in group contexts: (1) personal growth and awareness, (2) relational empathy across differences, and (3) critical systemic consciousness. This research is important for those who are interested in fostering transformative learning within groups. The authors provide a matrix of the different types of groups and their unique characteristics. For example, members in groups for relational empathy across differences are transformed by listening to the stories of others. This type of group provides a safe space for members to share their stories and reflect on ones that counter to others' narratives. This seems aligned with the type of transformations that can occur in support groups for those bereaved by suicide.

There are a few assumptions about this theory that I will address in more detail in later sections. First, there is an assumption that everyone is in a position to have a social circle that can provide a proper means of dialogue to help question one's assumptions. Secondly, there is an assumption that everyone is in a position to be able to safely question its culture's commonly held assumptions. Next, to engage in discourse there must be an assumption that there are universal principles that can be agreed upon (Mezirow, 1998). Lastly, the ability to critically reflect might not be a skill that comes naturally to some individuals. It is also difficult to teach and assess.

### ***Transformative Learning Process***

As adults move through life, we encounter circumstances that cause us to react and adjust

to our surroundings. When we encounter an event that is incongruous with our current worldview, there is a potential for a transformation to occur. If increasing knowledge or skills does not serve to integrate the new experience into the current perspective, then one must critically reflect on her reaction to the situation (Mezirow, 1978). Transformation occurs during the perspective taking of another's view. It is at this point when one recognizes the difference between her previous and new viewpoints and makes the decision to embrace the newer viewpoint as being more valuable (Mezirow, 1978). Our new perspectives have the potential to be constantly evolving as we synthesize new socially constructed knowledge with our existing beliefs. As Mezirow (2003) explains, "one may also reasonably contend that a given judgment is a supportable tentative conclusion on which to act until a new perspective, evidence, or argument is encountered and validated through critical dialectical discourse" (p. 61). Our current worldviews are then considered open to future evaluations when one encounters new perspectives.

Transformative learning is a process of examining, questioning, and revising those perceptions (Taylor & Cranton, 2012b). Sudden dramatic transformations are referred to as *epochal* or *threshold* concepts, while a progressive series of changes that result in a new worldview is considered *incremental* or *cumulative* transformations (Johnson-Bailey, 2012; Mezirow, 2012; Tisdell, 2012). Mezirow (2012) posits that transformations typically follow ten phases:

- (1) a disorienting dilemma, (2) self-examination with feelings of fear, anger, guilt, or shame, (3) a critical assessment of assumptions, (4) recognition that one's discontent and the process of transformation are shared, (5) exploration of options for new roles, relationships, and actions, (6) planning a course of action, (7) acquiring knowledge and skills for implementing one's plans, (8) provisional trying of new roles, (9) building competence and self-confidence in new roles and relationships, and (10) a reintegration into one's life on the basis of conditions dictated by one's new perspective. (p. 86)

Mezirow and Marsick (1978) initially proposed these phases in their original theory formulation, and the phases have remained relatively unchanged since that time. These phases do not suggest a simple linear progression of transformation. Considering the complexities of multiple changes impacting the learner and the learning environment, transformative learning “becomes much more difficult to anticipate, describe, and evaluate” (Alhadeff-Jones, 2012, p. 183). Instead of a progression of linear steps, transformative learning is more of an evolutionary or spiral process.

To participate in a discourse dialogue, one must become critically self-reflective and possess reflective judgment, which is “the capacity to engage in critical-dialectical discourse involving the assessment of assumptions and expectations supporting beliefs, values, and feelings” (Mezirow, 2003, p. 60). Dialogue is needed to make meaning and arrive at the best judgment about a new belief (Mezirow, 1997). Adult educators can enhance the opportunity for effective discourse by creating a learning environment where participants have the following:

full information; are free from coercion; have equal opportunity to assume the various roles of discourse (to advance beliefs, challenge, defend, explain, assess evidence, and judge arguments); become critically reflective of assumptions; are empathic and open to other perspectives; are willing to listen and to search for common ground or a synthesis of different points of view; and can make a tentative best judgment to guide action.

(Mezirow, 1997, p. 10)

These conditions that facilitate dialogue are also best practices for adult education in general.

Autonomy is also a necessary element of the transformative learning process. Mezirow (1997) describes autonomy as “understanding, skills, and disposition necessary to become critically reflective of one’s assumptions and to engage effectively in discourse to validate one’s beliefs through the experiences of others who share universal values” (p. 9). So, while it is necessary to rely on others to maintain our new worldviews, it is also necessary to be an



autonomous thinker. To be considered transformative, the learning must be derived from the rational process of critically assessing one's assumptions; otherwise, Mezirow believes transformative learning is "reduced to a faith, prejudice, vision, or desire" (as cited in Dirkx et al., 2006, p. 133). By not engaging in discourse, one is not thinking autonomously and, therefore, will turn to an authority, such as a tradition, church, military, or political party, to make a judgment for one's self (Mezirow, 1991b, 1997, 1998).

### ***Diversity of Theoretical Perspectives***

There are different lenses through which transformative learning theory can be viewed, which allows for a greater diversity of application from the practitioner's perspective: psychocritical or cognitive-rational, psychoanalytic, psychodevelopmental, social emancipatory, neurobiological, cultural-spiritual, planetary, and artistic expression. Some strands focus on the individual while others focus on social change.

Using the psychocritical or cognitive-rational lens, the aim is to effect change in one's frame of reference and develop autonomous thinking (Mezirow, 1997). Focus is on the individual learner as she engages in discourse and becomes critically reflective of her assumptions. This is Mezirow's perspective of transformative learning, which was discussed in the previous section.

According to Taylor (2008), a psychoanalytic view of transformative learning "is seen as a process of individuation, a lifelong journey of coming to understand oneself through reflecting on the psychic structures (ego, shadow, persona, collective unconscious, and so on) that make up an individual's identity" (p. 7). Boyd (1989) believed this approach, centered on a Jungian approach, to be most useful within small groups as group members play an important role in facilitating transformation. Dirkx (2012) has built upon Boyd's work and provides a lens in which we can view transformative learning as "nurturing the soul or soul work" (p.117). This

lens acknowledges the powerful emotions that can arise in the context of adult education and can be used in conjunction with the rational approach to provide a more holistic way of framing meaning-making (Dirkx, 2012).

A psychodevelopmental lens of transformative learning theory focuses on a person's incremental continuous growth over a lifetime with an emphasis on epistemological change in how he makes meaning (Taylor, 2008). Daloz, a teacher and administration who focused on adults returning to higher education, is associated with this lens (Merriam & Baumgartner, 2020). With this perspective, the educator would serve as a mentor guiding and challenging students (Baumgartner, 2001). Daloz found stories to be important on an educational journey as they could help expand a student's worldview (Merriam & Baumgartner, 2020).

The social emancipatory lens brings the role of context and social change to the forefront of learning. The intention is to foster critical consciousness which is "a process in which learners develop the ability to analyze, pose questions, and take action on the social, political, cultural, and economic contexts that influence and shape their lives" (Dirkx, 1998, p. 3). This deeper understanding of the forces that shape one's life better equips one to reach the ultimate goal of education which is liberation (Merriam et al., 2007). This newly found freedom empowers learners to reflect on their world and change it (Dirkx, 1998). This perspective aims to make the world more equitable for all people (Taylor, 2008).

A neurobiological view of transformative learning attempts to understand how perspective transformation can occur without critical reflection (Merriam et al., 2007). It focuses on studies that have shown the brain structure changes when learning occurs (Taylor, 2008).

According to Taylor (2008), a neurobiological approach suggests that transformative learning:

- (1) requires discomfort prior to discovery;
- (2) is rooted in students' experiences, needs, and interests;
- (3) is strengthened by emotive, sensory, and kinesthetic experiences;
- (4) appreciates differences in learning between males and females; and
- (5) demands that

educators acquire an understanding of a unique discourse and knowledge base of neurobiological systems. (p. 8).

This perspective helps individual learners restructure the ways that they make meaning in the world by offering a physical pathway.

Viewing transformative learning through a cultural-spiritual lens allows us to move beyond rational and logical dimensions of learning to help learners develop cross-cultural relationships as well as spiritual awareness (Taylor, 2008). While it has the potential for social justice, the learning must begin on a personal level (Charaniya, 2012). Tisdell (2008) explains that “spirituality is about an individual’s personal experience or journey toward wholeness” (p. 28). Charaniya (2012) posits that the starting point of this type of transformative learning journey “is an identity that is deeply rooted in the socialization process of religion and culture but somehow incomplete” (p. 231). The goal of cultural-spiritual transformative learning is to facilitate “a narrative transformation—engaging storytelling on a personal and social level through group inquiry” (Taylor, 2008, p. 9). Informed by a spiritual approach, Tisdell (2012) suggests that rather than being considered transformed we can “be transposed— as music is changed into a different key— to a variation on the theme of our core identity, and we live larger because of these types of experiences” (p. 22). Exploring transformations in this dimension can enrich our understanding of passages of life that are taken-for-granted. This deeper understanding will add a rich layer to our existence as we share the world with one another.

The planetary view of transformative learning “recognizes the interconnectedness among universe, planet, natural environment, human community, and personal” (Taylor, 2008, p. 9). This lens is unique in that it revolves around how people interact with the physical world and its goal is planetary consciousness (Merriam & Baumgartner, 2020). According to O’Sullivan (2012), it is “learning embraced as a journey, less concerned with trying to find fixed facts and more concerned with identifying what we need to learn to live well – ecologically,

peacefully, and justly” (p. 176). This view of transformative learning embraces holism. By envisioning oneself in a web connected to the human and natural world, an appreciation for the integrative and ecological nature of transformative learning can be developed.

Transformative learning can also be viewed through artistic expression. Creating or viewing art causes us to slow down and take in a new perspective (Lawrence, 2012) and “slows down our pace in meaning-making, giving us time to resonate fully with our phenomenological world” (Kasl & Yorks, 2012, p. 510). Art can be used as a means of reflection and as an entry point into difficult emotion-laden conversations (Lawrence, 2012). This lens of transformative learning can convert “tacit knowledge and emotional experiences into concepts and principles that become the foundation for new behavior” (Kasl & Yorks, 2012, p. 504). Art has the power to tap into the affective and spiritual domains and, therefore, provides multiple ways of knowing and a means for people to make sense of particularly painful times (Lawrence, 2012). English and Irving (2012) encourage educators to incorporate creativity and arts in their programs as they have shown to be very important to women’s transformational learning.

To review, psychocritical, psychoanalytic, psychodevelopmental, social emancipatory, neurobiological, cultural-spiritual, planetary, and artistic expression are variations of transformative learning theory. The diversity of lenses through which transformative learning can be viewed, provides flexibility to use this theory in a variety of contexts but can also add to confusion about the theory. The next section I will critique transformative learning and identify limitations to the existing literature about this theory.

### ***Critique of Transformative Learning***

The strength of transformative learning is that it addresses a higher level of learning than theories that relate solely to the acquisition of skills and knowledge. It is a complicated theory

that acknowledges learning opportunities may be found during the messiness of life. The strength of this theory is that it empowers adults to create their own learning experience with the use of critical reflection. The paradigm shifts that can result are powerful and can be used as an agent for personal and/or social change.

There are vast amounts of published literature on this learning theory some of which seem to be at odds with one another and others that appear to complement one another. The credibility of transformative learning theory is reduced by the widely different ways it is interpreted and applied (Dirkx, 2012; Newman, 2012, 2014). An analysis of the current transformative learning literature reveals that the theory's language is being used in a superficial way (English & Irving, 2012). Taylor (2017) also notes there are substantial inadequacies in existing studies, specifically with regard to the lack of a standard of critical reflection and the challenge of assessing this component of transformative learning.

Not all who subscribe to transformative learning theory believe in Mezirow's insistence on rational discourse as an essential component of transformative learning theory. An individual's maturity level and ability to function at higher levels of cognitive reasoning play a role in whether transformative learning can take place. Merriam (2004) believes that high levels of these factors are imperative to engage in critical reflection and rational discourse, which are necessary for transformative learning. The level of maturity and cognitive development that must be possessed, however, is undetermined.

Others note that the conditions necessary for critical reflection and rational discourse do not exist for all people. Collard and Law (1989) believe the theory is lacking because ideal critical reflection is never truly possible because of contingent variables. They believe Mezirow failed to acknowledge the structural inequalities in social environments that hinder optimal circumstances needed for transformative learning. English and Irving (2012) also argue that critical discourse "can only be played on a level playing field and that field is rarely level for

women” (p. 248). According to Mejiuni (2012), groups that hold institutional power control the discourse around frames of reference that individuals and groups may want to change. In these circumstances, alternative discourses or counter-discourses are required for community-wide transformation to occur.

Mälkki and Green (2014) argue that emotions which function as a survival mechanism, influence our cognitive functioning, which creates an obstacle for critical reflection. Experiencing negative emotions associated with the uncertainty that arises from critical self-reflection can make one less inclined to critically reflect. “Instead of *pathologizing* human emotions, we suggest the emotions need to be *normalized*, to be understood as a normal, essential part of the human condition” (Mälkki & Green, 2014, p. 333). They suggest that acknowledging the emotional component of our thought-process will enhance one’s ability to critically reflect. Next, I will explore areas of transformative learning literature that have the potential to be expanded and enhanced.

### *Limitations of the Transformative Learning Literature*

There is a gap in the literature regarding women’s role in transformative learning. Although Mezirow’s work started with the research conducted on women returning to college, there is a lack of research focused on women’s experiences with transformative learning. English and Irving (2012) question this point, because much of the existing literature implies that women have a “particular experience of transformative learning that differs from men’s” (p. 245). This is important to my research, which focuses on the role of the mother and how it influences transformative learning during the bereavement of a child who died by suicide.

Also tied closely to my research focus area, there is a gap regarding the death of a loved one. Tisdell (2012) notes that it is startling that “there are relatively few published studies in the

transformative learning adult education literature dealing with two very fundamental aspects of human life that, to me, are intricately related to the most significant of transformative learning experiences: love and death” (p. 27). Love and death are central to my research which could aid in expanding understandings of these deeply personal yet universal experiences.

Despite the popularity of this theory, much of the research is considered redundant. According to Taylor and Cranton (2012b), the literature has “a strong deterministic emphasis of capturing transformative experiences and replicating transformative pedagogy in various settings, while overlooking the need for more in-depth theoretical analysis, including Mezirow’s perspective as well new and emerging perspectives” (p. 12). This dissertation’s research would help to fill in some of these gaps and would not lead to further stagnation of this theory.

### **Empirical Studies of Transformative Learning of Suicide Loss Survivors**

Of the literature previously reviewed regarding suicide loss survivors, only six articles focused on the meaning-making and transformation after a suicide loss (Dransart, 2017; Dyregrov et al. 2011; Fielden, 2003; Groos & Shakespeare-Finch, 2013; Miklin et al., 2019; Sands & Tennant, 2010) and only one study (Sands & Tennant, 2010) specifically explored transformative learning theory. In this latter study, Sands and Tennant analyzed the transformative experience of participants who attended a suicide bereavement workshop. The prevailing societal attitudes towards suicide initially made it difficult for the bereaved to make meaning of their new life circumstances. The authors advanced the argument that the suicide bereaveds’ assumptions “which are highly emotional laden, are best surfaced through nonverbal processes such as drawings, psychodrama, re-enactments, and mime, and through the processing of feelings” (Sands & Tennant, 2010, p. 115). The supportive climate of the group of survivors created space where they felt comfortable sharing their stories, which then enabled them to engage in critical

reflection and discourse dialogue. A tripartite model emerged regarding the survivors' meaning making in "three areas of relationship: the relationships of the bereaved with themselves, with the deceased, and with significant others outside and within the bereavement group" (p. 106). The elements of the model include: (1) Intentionality: *Trying on the Shoes*, (2) Reconstructing the Relationship: *Walking in the Shoes*, and (3) Repositioning the Relationship: *Taking off the Shoes*. This research provides an opportunity to put theory into practice within the context of suicide bereavement groups by showing how the elements of transformative learning enable survivors to develop a new healthy frame of reference that allows for an ongoing construction of meaning.

The lack of existing studies that incorporate transformative learning theory and suicide loss survivors provides researchers with new avenues with which to further explore, refine, or expand on this theory. The paucity of available learning resources and the barriers to finding adequate support further demonstrate that survivors would benefit from additional research, such as the study performed by Sands and Tennant (2010). Survivors typically rely on self-directed ways of coping which may or may not include critical reflection to make meaning of their circumstances. Research supporting transformative learning best practices could greatly help this demographic.

### **Feminist Perspectives on Adult Learning**

Feminist pedagogy is the application of feminist theory to education. "Adult education has always emphasized the importance of experience in adult learning, but it is only feminist pedagogies that point to the gendered nature of human experience and its relationship to adult learning" (Tisdell, 1998, p. 153). Since our experiences in the world are influenced by gendered constructions (Bracken & Nash, 2010), exploring the feminist perspective of adult learning may help to understand the learning that occurs when a mother loses a child.



## **Feminist Pedagogy**

According to Merriam and Baumgartner (2020), feminist pedagogy “focuses on the concerns of women in the teaching-learning transaction” (p. 310) and is derived from various feminist theories, such as “literal, radical, psychoanalytical, Marxist, and postmodern versions” (p. 310). The feminist perspective not only places the women at the center of analysis, but also “undertakes a power analysis of gender-based inequality across personal and social relationships, work, politics, and ideologies of sexuality” (Brookfield, 2010, p.75). It should be noted upfront that the term *feminism* when it refers to pedagogy can be problematic as it has different meanings to different people. Some dislike the term as they hold the belief that women have already achieved equality with men (English & Irving, 2015), while for others it is a source of comfort and a strong identifying notion (Hayes & Flannery, 2000). While conducting research in establishing a feminist space in a higher education setting, McCusker (2017) discovered that the word *feminism* had a negative connotation for many of her participants who were all female college students. Some participants’ reaction to the word include “there’s a stigma attached to it”, “I thought it was a derogatory label that you did not want to be associated with”, and “if someone would have accused me of being a feminist I would have run a mile and denied it” (McCusker, 2017, p. 454). After engaging with the students and exposing them to works by authors such as Audre Lorde the students began to identify positive associations with the identify of feminist.

English and Irving (2015) express their concern about the practice of gender mainstreaming as they strongly believe it is detrimental to women learners and feminist educators:

This mainstreaming, though well-reasoned normalizing process, sometimes resulted in the undermining of the hard work of studying the persistence of gender disparities and of

developing strategies to effect change. This normalizing process has also obscured the distinct contributions of feminist educators and practitioners. (p. 4)

They believe that by not having women as a distinct group of learners, the inequities that plague women will only grow because their unique needs will not be addressed.

On the other hand, Hayes and Flannery (2000) agree that, while there may be differences in men's and women's learning styles, they are not necessarily better or worse than one another, so we should be careful not to make sweeping generalizations about either gender. They notes that "there is a kaleidoscope of ways of learning, which overlap at times but are unique because people are of different races and genders and because people's histories, cultures, and life circumstances also differ" (p. 8). Due to the complexities of a learner's multiple identities, there is a need to understand learning as it impacts the whole person. According to Hayes (2000a), "learning as a process involves not only cognitive but also emotional, spiritual, and embodied dimensions" (p. 236). Brookfield (2010) notes that feminist pedagogies are prominent in adult education, because there is "a recognition that learning is holistic involving emotional, spiritual, and kinetic dimensions just as much as cognition" (p. 76). This holistic perspective of the learner is the reason feminist pedagogy inspired classrooms have become preferred practices for adult educators in most contexts.

The practices of feminist pedagogy provide effective learning strategies regardless of the participants' identities, but the assumptions that undergird feminist pedagogy are unique compared to other pedagogical approaches (English & Irving, 2015). Tisdell (2000) notes that the different models of feminist pedagogy have the following five interrelated themes in common: "(1) how knowledge is constructed, (2) voice, (3) authority, (4) identity as shifting, and (5) positionality" (p. 157). We will review the distinctions between the different strands of feminist pedagogy in the next section and, in this section, we will explore some general aspects of these underlying principles that make women's ways of knowing unique.

### *Knowledge Construction*

Everything we learn comes from our life experiences and how we give meaning to those experiences. According to Flannery (2000a), “Unfortunately, because many institutions, such as schools and churches, have told us, didactically, what we should know, we may think that knowing and knowledge as valuable only when they come from outside ourselves” (p. 112). Women learn through connections to themselves and others. Subjective knowing and intuition are two ways women can learn by making connections within themselves. Subjective knowing recognizes one’s inner voice as a valuable source of knowledge (Belenky et al., 1997). Women learn by listening and watching others like them and consider truth as personal because it is arrived at through an intuitive process. By taking on the mindset that truth comes from within a person, women become their own authorities and are, therefore, empowered. Flannery (2000a) suggests that, while intuitive knowing can be powerful, it also can require more effort than rational thinking. She suggests that we can develop our intuitive skills with practice much like we hone our cognitive capabilities.

Women also learn through interactions with others. Belenky et al. (1997) discuss this type of learning as connected knowing. Rooted in a capacity for empathy, connected knowing strengthens relationships with others and builds trust. Connected knowers hope to understand another person's ideas by using their own personal experiences. They also know that each person has their own deeply personal experiences that cannot be fully understood by another, yet they appreciate learning in collaborative environments where partnerships can be formed (Flannery, 2000a). Hayes (2000b) reminds us that the most significant learning in a women’s lifetime takes place outside the confines of a formal classroom. Therefore, to gain greater insight into how women learn, we must explore the different social contexts, both formal and informal, in which their learning occurs. Not all women have access to higher education and those who do

participate in such formal learning environments may do so under, oftentimes, invisible constraints. Since women may act differently in the classroom, they may evoke different responses from faculty members. Student-student and student-faculty power relations arising from gender, race, class, and other social identities should be considered to ensure that classroom discussions do not reinforce patriarchal power relationships.

The knowledge that is created for consumption in these formal learning environments has traditionally been written by those in power which are most often White men. The curricula are also typically dictated by the patriarchal forces that lead the institution. Feminist standpoint empiricism, however, is a “branch of feminist empiricism that is committed to producing empirically adequate knowledge that challenges, rather than reinforces, systems of oppression” (Intemann, 2016, p. 261). This standpoint of knowledge creation seeks to improve the circumstances of marginalized populations.

The workplace, home, family, and community also serve as contexts for informal learning. The on-the-job training experienced by women typically comes in the form of informal interactions with colleagues and bosses. Hayes (2000b) notes that male-dominated workplaces may be particularly challenging places for women. The behaviors that help men to advance such as directness may be seen as positive attributes of men but when executed by a woman may be received as inappropriate aggressiveness. This seems to be more prevalent for women of color. Monaghan (2010) notes studies have shown that White women had learned the “hidden rules of managing” (p. 183) such as not to do anything that would intimidate another person, whereas women of color were not privy to the same information. Women’s cultural and racial backgrounds were found to impact the type of managerial knowledge they received in the workplace.

Likewise, while family structures can create oppressive environments, they also offer opportunities to learn skills. Managing a household and raising children require considerable

talent, yet, “the patriarchal structure of society renders such learning invisible precisely because it is associated with women’s work in the private realm of the home, traditionally treated as less significant than work and learning in the ‘public’ world” (Hayes, 2000b, p. 38). A women’s family life may not offer her a safe haven, but it does entail much learning. The different roles and responsibilities women have in their personal lives require a vast array of learning experiences to survive.

In all of these different environments, both formal and informal, women learn much more than the skills or subject matter that is being taught. “They learn implicit and explicit lessons about themselves as women and, more specifically, about themselves as women of a particular race, class, and culture” (Hayes, 2000b, p. 51). What they learn in one context may be contrary to what they learn in another context. Since women are constantly moving between contexts, they may experience simultaneous emancipatory and oppressive forces. Examining women’s responses to these forces can improve our understanding of the ways women learn. The social dimension of learning is an essential component of feminist pedagogies to explore because it can influence women’s future learning and how they see themselves (Hayes, 2000b).

### ***Voice and Authority***

*Voice* is a feminist term that can be used in the literal or figurative sense when discussing feminist pedagogies. Hayes (2000c) distinguishes between three different types of voice. First, it can refer to spoken communication in learning contexts and gendered-related patterns of speech. *Rapport talk*, which is considered favored by women, is a communication style that emphasizes maintaining relationships through talk. In contrast, *report talk* is used to establish power and control in conversations and is more commonly associated with men. Report talk is similar to the communication style in college classrooms, so the students who are not comfortable with ritual

opposition will not find that environment conducive to learning and, hence, may not thrive.

Belenky et al. (1997) note that *women's talk* is distinguished by “both style (hesitant, qualified, question-posing) and content (concern for the everyday, the practical, and the interpersonal)” (p. 17). This type of talk is considered undervalued by both men and women.

Second, voice can relate to an expression of a women's identity. Hayes (2000c) uses three metaphors to provide perspectives on different ways this type of voice facilitates women's identity-related learning. *Giving voice* is when women name an experience that had previously been unspoken. This act of voice challenges existing words used for experiences. For example, instead of referring to oneself as a victim, which implies passivity, the term *survivor* can be used, as it is more empowering. Transformative experiences can arise from the act of giving voice, when the experience that had been unarticulated is considered taboo. *Developing a voice* refers to “a process of evolution, of gradual unfolding, with voice taking on different forms as it develops” (Hayes, 2000c, p. 93). This may involve a woman learning more about herself, so she may find her voice. The development of one's voice is an act of discovery that may come in the form of a deliberate process undertaken to achieve a personal goal. For example, a woman may learn effective communication techniques to help her get her message across clearly. Creative acts like writing can also assist women in developing a voice. The final metaphor relates to the process of regaining a voice that was lost due to oppressive societal and cultural expectations. *Reclaiming a voice* requires courage because it entails reconnecting with past emotional experiences. This process of exposing our deep emotions, which may be societally unacceptable, creates vulnerability, which is why silence is often used as a means of self-protection. It is a considerable learning experience when a woman can recognize and accept the emotions she experiences, such as anger, that society deems improper. Dialogue is a tool that women can use to challenge previously-held boundaries that are set by societal forces. By engaging in dialogue, women may gain confidence in voicing and expressing their multiple identities.

Third, voice can be used to connote an expression of influence and power (Hayes, 2000c). The use of *rapport talk* is ineffective when it comes to patriarchal settings, so women must adopt alternative communication strategies. Women must use their voice strategically when attempting to obtain power. Using *report talk* and being outspoken may allow women to be heard and, therefore, gain more authority, but this may not always be the best course of action based on the cultural circumstances. Instead of using their individual or collective voice to gain authority and power, women at times use silence as a way to undermine existing power relationships. In this case, silence is a choice rather than a manifestation of a lack of confidence. Remaining silent in certain situations can help women achieve goals, as they appear at the surface to be conforming to the existing power relationships. Hayes (2000c) suggests women develop a *tactical voice* that changes based on the circumstances.

As Brookfield (2010) notes, “encouraging the expression of students’ voices” is a facet of feminist pedagogy that is used regularly in the adult education classroom (p. 76). When students are able to share their personal stories using their own words and/or cultural/ethnic dialect it can be an empowering experience as it challenges traditional power structures. Experience-based storytelling also confronts traditional power dynamics inside and outside the classroom. Stone-Mediatore (2016) explains that by encouraging experience-based storytelling, “feminist thinkers have pushed the boundaries of academic and political debate to make room for voices and styles long denied a public audience or intellectual credibility” (p. 932). Encouraging such storytelling opens forums so we may hear the voices of different backgrounds beset by social problems.

### ***Identity***

Flannery (2000b) states, “Women have common themes of searching for self, of being found, of being lost, and of wrestling with the societal expectations of what it is to be women” (p.

55). Women must navigate through the world while carrying with them a set of identities, such as wife, mother, and other workplace roles. As if these roles were not difficult enough, each of these identities comes with the burden of gendered expectations dictated by a patriarchal society. Most research about women's identities has been based on the White, middle-class women's perspective (Flannery, 2000b). Women of a different races or classes may have very different societal expectations placed on their identities. Race and class cannot be separated from one's gender identity. Women learn to adapt to conflicting expectations placed on their identities' roles, which are informed, not only by their gender, but also their race and class.

Because identities are formed by internal and external influences, some aspects of a woman's identity are dynamic and subject to change (Flannery, 2000b). Like knowledge, women's identities are socially constructed. Women, however, do not have to be passive recipients of this construction; rather, they have the ability to reinvent new identities, resist identities ascribed to them, and reconstruct other identities (English & Irving, 2015; Flannery, 2000b). Those engaged in feminist activism activities learn to "carefully negotiate a fluid identity to support their beliefs, their organizations, and their causes" (English & Irving, 2015, p. 138). This agency in the formation of a woman's identity is especially important because self-esteem is tied closely to how a woman feels about her identity.

Identity must also be negotiated in learning environments. Women's identities and self-esteem are intertwined and strongly influenced by their learning environments (Flannery, 2000b). Women who have not had success in traditional learning environments, such as high school and higher education classrooms, may be prone to self-doubt when they encounter less formal means of education. Being a successful or unsuccessful learner has a direct impact on a women's self-esteem, which then impacts her other identities.

Some feminist schools of thought in the new millennium have moved away from the focus of gendered identity. According to Ehlers (2016),



In taking this step, these feminist scholars have rejected what they see as the poststructuralist focus on epistemology and moved instead toward a focus on ontology—a move from the critique of how things are *known* (through language, discourse, knowledge systems) to the study of what *is* (of that which exists outside of language, discourse, and knowledge systems). (p. 360)

Despite this new direction in feminist theorizing, it is still important to recognize gendered identity. Given that notion of gender is socially constructed, the power dynamics that form gender identities and the inherent inequalities that result, cannot be ignored.

### ***Positionality***

Positionality is closely tied to the concept of identity. McIntosh (1989) encouraged educators to acknowledge their “invisible weightless knapsack of special provisions, maps, passports, codebooks, visas, clothes, tools and blank checks” (p. 10). McIntosh was referring to types of capital that are associated with White privilege. This type of self-examination or unpacking is considered an awareness of one’s positionality. Positionality is our identity in the context of our situation. Brookfield (2005) refers to positionality in terms of one’s position relative to the others in the classroom.

Tisdell (2000) explains, “who the messenger is and who the hearers are will be a large factor in determining how the message is received” (p. 173). While not all educators discuss their positionality within the classroom, it nonetheless always impacts what takes place in the classroom. Some differences and similarities among educators and learners are inherent, due to factors such as race, class, social status, sexuality, ability, and gender. Our positionality is rooted in our identity, which, as noted earlier, is not static; therefore, our positionality is capable of changing as well. Acknowledging the positionalities among all actors in the learning

environment is an important component of poststructural feminist pedagogies which will be discussed further in the next section.

### **Models of Feminist Pedagogy**

There are numerous strands of feminist learning theories but, at their core, they all focus on the concerns of women in the learning environment (Merriam & Baumgartner, 2020). Just as there are many strands of feminist pedagogy, so, too, are there different methods of categorization.

#### ***Liberation and Gender Models***

Maier (1987) contrasted two bodies of educational thought with regard to classifying feminist pedagogies. The *liberation* model views female students as an oppressed silenced group that need to be empowered in the classroom. The *gender* model focuses on elements of a women's identity that stem from aspects of their private lives, such as their roles as mothers. Gender models provide the epistemological emphasis on the subjective personal experiences of women and encourage more expressive and participatory ways of learning.

According to Maier (1987),

Liberation models of pedagogy, like many Marxist analyses of oppression in different contexts, tend to ignore gender as a special category of analysis, while gender models tend to ignore the nature and extent of oppression in shaping the experience of women, and of women students. (p. 92)

Hence, neither the liberation nor gender model alone can provide an adequate pedagogy. Maier instead proposes a synthesis of both models to provide a more encompassing conceptual

framework. Since Maher's urging to construct a better feminist pedagogy, more theoretical perspectives have been proposed. Next, we will explore different strands of feminist pedagogies.

### ***Psychological, Structural, and Poststructural Theories***

To understand the different feminist theoretical perspectives, we will examine three frameworks: psychological, structural, and poststructural feminist pedagogies. According to Hayes and Flannery (2000), the psychological feminist theories "seek to achieve equality for women and men within the existing social order" (p. 11). This attention to the problem of women's exclusion from major institutions is also referred to as *equality feminism* (Disch & Hawkesworth, 2016). Psychological models focus on the needs of women and do not explore power dynamics in the learning environment. While these models are considered emancipatory in relation to a woman's individual development, they are not focused on social change (Tisdell, 2000).

Structural feminist models bring attention to the power dynamics within the social structures that create an oppressive environment for women. The emphasis is on understanding how women learn under oppressive conditions created by the patriarchy and capitalism (Hayes & Flannery, 2000). These models challenge notions of women's natural tendencies through an examination of the social structure of society. Because social change is at the forefront of the framework, the learners' individual needs fall to the background (Tisdell, 2000). Another downside of this framework is that women are viewed as passive victims of societies' oppressive forces (Hayes & Flannery, 2000). This is also referred to as *difference feminism* because the focus is on women's differences with men and also with other women of difference backgrounds such as class, race, and sexuality (Disch & Hawkesworth, 2016)

Hayes and Flannery (2000) explain, “Poststructural feminist thought gives legitimacy to the particularity of each women’s experience, helping us recognize the complexity of our identities and our differences as well as our similarities” (pp. 14-15). The poststructural framework acknowledges that both oppression and privilege exist for women and their experiences change based on the context. This model acknowledges the intersectionality of oppressive powers as well as the individual’s agency with regard to resisting these forces. There is an importance placed on how women respond to their oppression and how language is used as a means to construct the learner’s reality.

Tisdell (1998) draws on insights from the psychological, structural, and poststructural frameworks, and then adds elements of critical pedagogy and multicultural education to create what she calls “poststructural feminist pedagogies” (p. 145). The positionality and the shifting identities of both the instructor and the students are underscored. Educators are urged to analyze the systems of oppression and privilege that influence their values and beliefs and to assist students to do the same. By examining the differences, limitations, and constraints of all parties involved in the learning process and the context in which the learning happens, there is a greater chance that emancipatory learning can occur. Such analysis can also enhance learners’ locus of control (Tisdell, 2000). The idea of deconstruction to explore how something is constructed is also a main tenet of poststructural theories. This examination of social constructions of prescribed roles can be a catalyst for increased agency and the development of new behaviors. Despite powerful social forces, learners can see resistance as a possibility and may consequently be motivated to get involved in affecting change on a larger scale. This approach to feminist theory which is marked by a refusal of categorization is also referred to as *postmodern* (Disch & Hawkesworth, 2016)

Poststructural feminists critique the notion of identity at the epistemological level. Ehlers (2016) explains,

Poststructural theorists use the term *subjectivity* (denoting ways individuals are subjected to and participate in forming themselves in relation to dominant cultural knowledges, discourses, and practices) rather than the term *identity* (which suggests there is a self that exists apart from culture and that is then oppressed within the cultural realm). (p. 357)

Individuals are born into a world that has a predetermined set of gender categories which are associated with behavioral norms. A woman's identity is therefore considered a subject position. Poststructural feminist theorists suggest that women unite and advocate for themselves based on a common goal rather than rally around a common identity (Ehlers, 2016).

Educators employing poststructural feminist pedagogies will actively seek to consider both the similarities and the differences of the participants and of themselves (Tisdell, 2000). By incorporating activities that enable participants to share their diverse life experiences, the outcomes may be new perspectives for the learners, as well as enhanced bonding of the group (Tisdell, 2000). This, in turn, may also offer the opportunity for enhanced self-esteem of the learners.

Some scholars like English and Irving (2015) focus on utilizing feminist pedagogy for the greater social good and emphasize the global perspective. They admit to having a political agenda and prefer critical feminist pedagogy which stresses women's resistance to power in learning environments. To move women's learning toward social transformation, English and Irving see the following as goals of critical feminist pedagogy: (1) fostering social analysis, (2) supporting women's leadership, (3) building organizations, and (4) creating social change. In this perspective, feminist pedagogy, if harnessed effectively, has the power to bring about large scale and lasting societal change.

Alternatively, some scholars approach the feminist perspective from a personal perspective to demonstrate female ways of knowing. Hayes and Flannery (2000) believe the most important contribution of feminist theorists in relation to adult learning is that "they

challenge the invisibility and marginalization of women's experiences in the knowledge-building process" (p. 11). They believe that women can use their individual agency to challenge oppressive societal forces so they can shape their own learning experiences.

In the 1980s the different feminist theories shared a "common critical vocabulary rooted in interpretive strategies that are characteristic of the humanities (Disch & Hawkesworth, 2016, p. 12). Today, there is a profusion of feminist theory that spans a diversity of subjects and disciplines. According to Disch and Hawkesworth (2016) there are three common characteristics of contemporary feminist schools of thought: "(1) efforts to denaturalize that which passes for difference, (2) efforts to challenge the aspiration to produce universal and impartial knowledge, and (3) efforts to engage the complexity of power relations through intersectional analysis" (p. 1). The evolution of feminist theories allows for a continued deeper understanding of power dynamics that shape the modern world.

### **Feminist Pedagogical Approaches to Suicide Loss Support**

As English and Irving (2015) expound "feminist pedagogy does not stop with awareness but rather moves to active engagement" (p. 107). While the literature regarding educational best practices for the suicide loss support groups does not explicitly mention the use of a feminist pedagogical framework, the learning activities utilized, like storytelling, and the reasons they are considered effective such as giving voice to survivors, align with the feminist ways of knowing addressed in the previous section.

While McMenemy et al. (2008) found participants experienced severe difficulties in the social arena after the suicide loss, they also found that the participants overwhelmingly reported that contact with a peer survivor was the most useful type of support even over professional counseling. After finding that survivors were highly dissatisfied by professional support services

due to a perceived lack of sensitivity to their circumstances, Wilson and Marshall (2010) concluded that a trained “been there” other person should be called upon to provide ongoing support for the newly bereaved and a “buddy system similar to the SIDS and international models” should be established (p. 638). Studies like these relate to the individuals’ new identities as survivors. It also indicates the importance that the survivors place on the positionality of the educator. If the professional has not experienced the same type of loss, the education is not perceived as valuable as when they are learning from those with a similar positionality. While not explicitly stated, the shifting identities and the importance of positionality is an important part of the survivors’ new worlds.

When compared to other means of support, Szumilas and Kutcher (2011) found that peer support groups seemed to be most effective in terms of significant immediate improvement in measures of mental distress for suicide loss survivors. The social dimension of learning that is a hallmark of feminist pedagogies is evidenced in this study. Learning from one another in support groups is an example of the social construction of knowledge. What survivors learn from each other in these settings influences how they see themselves and their future in light of their new circumstances. As discussed with feminist ways of knowing, this type of learning can positively impact a person’s self-esteem.

Research on suicide loss survivors emphasizes the importance survivors place on having permission to discuss their loss (Groos & Shakespeare-Finch, 2013; Mayton & Wester, 2018; McMenemy et al., 2008; Ross et al., 2018; Ryan et al., 2013; Sands & Tennant, 2010; Wilson & Marshall, 2010). This alludes to the three iterations of the concept of *voice* as it relates to an expression of a woman’s identity within the context of feminist pedagogies. The survivors are able to *give voice* to the experience of suicide which is a topic that is considered taboo to discuss. Hearing others share about their loss either in the context of support groups or one-on-one conversations, helps survivors *develop* or *find their voice*. This process may manifest through

spoken language or written stories about the suicide and how it has impacted the survivor. Suicide survivors are often silenced due to real or perceived stigma. The survivors in the aforementioned studies talk about the value of freely discussing their loss, expressing emotions, and feeling normal. This is evidence of the survivors *reclaiming their voice* which was lost due to oppressive societal stigma. The courage needed to *reclaim their voice* seems to be found among their bereaved peers.

Arts-inspired elements of education can be extremely impactful for suicide loss survivors as it offers an embodied component. Arts-based learning “is about honoring our whole being and of having an encounter with the content and the ideas” (English & Irving, 2015, p. 44). Art-based activities can also help a woman find her voice. Hayes (2000c) explains that finding one’s voice is “an act of discovery: it is not uncommon for women to link finding a voice with a creative act” (p. 93). Either through creative expression or witnessing art, “an opening to transcend the small individual self” is created (Boucouvalas & Lawrence, 2010, p. 38). Two previously mentioned empirical studies of suicide bereavement incorporated arts-based elements to give voice to the survivors’ experiences. Mayton and Wester (2018) employed a photovoice methodology to enable survivors to share their feelings through photography. Photovoice is often used for marginalized or vulnerable populations whose voice may not be heard in their communities. Ryan et al.’s (2013) study empowered participants to tell their story about the suicide death through the process of creating a play and publishing a book. Writing and performing components were deliberately incorporated into this action research project as they are considered “effective ways to give people words and a voice to express their often silent, lonely and stigmatized experience of losing someone close to them through suicide” (p. 214). The study decreased the participants’ social isolation and contributed positively to changes in the participants’ self-esteem and mental health.



### **Empirical Studies at the Intersection of Transformative Learning and Feminist Pedagogy**

Transformative learning theory has its origins in an empirical research study on women returning to college after a hiatus (Mezirow, 1978). Factors that helped or hindered their success in their new learning environments were documented and the women involved in the study were found to have undergone a perspective transformation which is later termed transformative learning. In his 1978 essay, Mezirow proposes a theory of adult development that relates to the learning that occurs during life crises. Interestingly, he suggests that we look to the consciousness-raising groups that formed during the 1970s women's movement, to witness how perspective transformation naturally occurs in such an environment that allows discourse among its members. These groups did not have a formal leader yet the discussions that occurred led the participants to question their previously held beliefs which ultimately led to a new set of beliefs about their life circumstances. "It is ironic that this educational development which has transformed the perspectives of hundreds of thousands of women has never found its way into the literature of adult education" (Mezirow, 1978, p. 102). What's even more ironic is that women's informal learning after major life events are still not given much attention as it relates to transformational learning theory.

The paucity of literature that does exist, however, implies that women do indeed have a "particular experience of transformative learning that differs from men's" (English & Irving, 2012, p. 245). The most important contribution of feminist theorists in relation to adult learning is that "they challenge the invisibility and marginalization of women's experiences in the knowledge-building process" (Hayes & Flannery, 2000, p. 11). In contrast, the practice of gender mainstreaming undermines "the hard work of studying the persistence of gender disparities and of developing strategies to effect change" (English & Irving, 2015, p. 4). Focusing on women as a distinct learning group separate from men has the potential to enhance learning for all people.

Irving and English (2011) conducted a critical literature review on transformative learning theory and women's learning. "One of the most troubling findings in our review is the lack of direct attention to the theoretical frameworks that support transformative learning" (Irving & English, 2011, p. 307). The importance of women's relationships, bodies, emotions, race, class were highlighted for facilitating women's transformative learning experiences. Creative arts-based activities such as photography, storytelling, music, and creative writing were also shown to aid in women's transformative learning journeys. The research reviewed spanned the publication years of 2003-2009 and included studies that explicitly used the term transformative learning theory in addition to studies that implied its use in order to broaden the scope of their review. The following literature review that I have conducted will complement Irving and English's work as the studies I selected for inclusion were published between 2007-2016 and also, I only examined empirical research in which the use of transformative learning theory was explicitly stated.

I will now review empirical studies in which transformative learning theory has been as a lens through which to explore the role of women's learning. As such, this review will begin with an overview of the studies identified including the study methodologies, purposes, and description of the participant demographics. Then I will discuss the major findings of these studies organized by themes. I will conclude by explaining the areas of transformative learning that were the main focus of these studies.

### ***Methodology of the Review***

The search for literature was conducted online in the U.S. Department of Education's ERIC database and ProQuest using keywords "transformative learning" and "women". The search was limited to scholarly articles that were reports of studies published in English in peer-

reviewed academic journals. The research articles selected for inclusion in this literature review were based on the following criteria:

- (1) The article clearly stated it was an empirical study. Conceptual articles and gray literature were not considered for inclusion.
- (2) The study demonstrated how transformative learning theory has been used as a lens through which to explore the role of women and adult learning.
- (3) The findings were published in a peer-reviewed publication

Once this process was complete, 16 studies were selected for inclusion in this review.

### ***Study Methodologies and Sample Sizes***

Of the 16 total studies, 15 are qualitative and 1 is quantitative (Madsen & Cook, 2010). The types of qualitative designs varied widely. Narrative analysis of data is used in two studies (Bridwell, 2012; Cooley, 2007), an action reach approach was used in two studies (Tsouvala & Magos, 2016; van der Merwe & Albertyn, 2010) and life history/lifeline was used in two studies (Mälkki, 2012; Sandoval et al., 2016). Other methodologies include focus groups (Purtzer & Overstreet, 2014), arts-informed (Brigham, 2011), case study (Snyder, 2011), phenomenology (Madsen, 2010), emergent and exploratory (Brown & Brown, 2015), and interpretive (English & Peters, 2012).

The quantitative study (Madsen & Cook, 2010) has 294 participants while the size of the sample for the qualitative studies ranges from 3 to 41 participants. Nine of the qualitative studies have less than 10 participants and only 4 studies have more than 20 participants.

### ***Study Purposes***

Six studies focused on the transformative learning experiences of female students in higher education (Brown & Brown, 2015; Jang & Kim, 2010; Madsen, 2010; Madsen & Cook, 2010; Romanowski & Al-Hassan, 2013; Snyder, 2011). Three examined the transformative learning impact of community-based programs for disenfranchised women (Bridwell, 2012; Sandoval et al., 2016; van der Merwe & Albertyn, 2010). Two studies looked at the transformative potential of women involved with feminist organizations (Cooley, 2007; English & Peters, 2012). The remaining studies explored the transformative learning in the context of embodied learning (Tsouvala & Magos, 2016), immigration (Brigham, 2011), professional development (Hamza, 2010), preventative health screenings (Purtzer & Overstreet, 2014), and emotionally charged experiences (Mälkki, 2012).

### ***Participant Demographics***

Eight of the studies were conducted in the United States (Bridwell, 2012; Brown & Brown, 2015; Cooley, 2007; English & Peters, 2012; Hamza, 2010; Purtzer & Overstreet, 2014; Sandoval et al., 2016; Snyder, 2011). Three were conducted in the Middle East (Madsen, 2010; Madsen & Cook, 2010; Romanowski & Al-Hassan, 2013). The remaining research was conducted in Canada (Brigham, 2011), Finland (Mälkki, 2012), Greece (Tsouvala & Magos, 2016), Korea (Jang & Kim, 2010), and South Africa (van der Merwe & Albertyn, 2010).

All the studies were conducted with female participants over the age of 18. All but two studies (Madsen, 2010; Romanowski & Al-Hassan, 2013) provided the ages of the participants. With the exception of one study which worked with immigrants from 17 different countries (Brigham, 2011), the participants were from the countries in which the research took place. Some studies collected rich data about the participants such as marital status, profession, and parental status while other studies did not.

### *Themes of Findings*

This literature review will be organized around four main themes that emerged during the exploration of the studies. First, I will explore how gender role expectations and feministic ways of knowing play a part in these transformative learning studies. Second, I will examine the impact on the participants' self-confidence and empowerment regarding their transformative learning experiences. Third, I will delve into the impact of supportive safe learning environments for women's transformative learning. Lastly, I will review the cross-cultural competency elements within the studies.

**Gender Role Expectations & Ways of Knowing.** While all of the studies relied solely on female participants, only five discussed the impact of societal gender role expectations on the women (Brown & Brown, 2015; Jang & Kim, 2010; Madsen & Cook, 2010; Romanowski & Al-Hassan, 2013; Sandoval et al., 2016). Brown and Brown (2015) sought to understand the reasons women over 40 years old return to higher education to pursue a doctorate degree and found the majority of the women reported feeling torn between family responsibilities and their jobs. The women were expected to fulfill traditional duties associated with being a wife and mother while at the same time being a breadwinner for their families and therefore learned to navigate in a biculturalistic environment (Brown & Brown, 2015). Jang and Kim (2010) explain that Korean women are expected to sacrifice their personal needs for a career in order to be housewives. The discontentment with their roles as housewives and the desire to recover their personal identity was the reason for their participation in higher education (Jang & Kim, 2010). It should be noted that the women in both of these studies were not motivated to return to school for advanced degrees for economic reasons but rather for personal fulfillment.

Two studies involved female college students in the Middle East and the prevailing societal attitudes towards women in that region of the world. One study addressed the changing

perceptions of the roles of women in UAE society and the influences on the students' transformational learning experiences (Madsen & Cook, 2010). An important factor that especially impacted the students was the exposure to new engaging pedagogical activities such as personal reflection papers and class discussions, as they were used to nonengaging educational activities that encouraged rote memorization of material (Madsen & Cook, 2010). Another study found the students' barriers to leadership included the Arab culture's traditions, patriarchal structure of the family, and prejudice against women (Romanowski & Al-Hassan, 2013).

Sandoval et al. (2016) explored the positive impacts of gender-responsive programming (GRP) which is educational programming for female prisoners that recognizes the women's pathways to jail including systemic race, class, and gender oppression and addresses the unique needs of female prisoners. These incarcerated women were able to understand that their struggles with the law began in their youth when they were exposed to repeated physical and sexual abuse in their homes (Sandoval et al., 2016).

Four studies specifically addressed how women construct knowledge. Bridwell (2012) explored an area often ignored in academic writings, how low-income and homeless women of Color make meaning of their experiences. This study was conducted in the context of a shelter-based GED education program. Brigham (2011) acknowledged using an arts-based approach to help their participants better communicate and make meaning of their immigrant experience as it aligned with feminist aims of empowerment. She found the "arts-informed research process also acted as a shuttle between the unconscious and the conscious and between the rational/cognitive and the extrarational/affective dimensions" (Brigham, 2011, p. 48). Sandoval et al. (2016) also noted that the art-based expressive ways of knowing used in the program offered the incarcerated women the opportunity to explore their past experiences and make new meanings. Tsouvala and Magos (2016) sought to access embodied ways of knowing to explore how one can better understand the self in relation to the world. They observed, "The interrelation between

perception and action, experience and cognition indicates that the students engaged themselves in multiple ways of knowing, through the embodied experiences of dance” (Tsouvala & Magos, 2016, p. 34).

**Self-confidence & Empowerment.** Most of the studies noted the improvements in the participant’s self-confidence and general overall self-efficacy that resulted from the process of study whether that involved self-reflective activities or explicit educational activities. The studies explained that confidence was improved due to specific learning activities, skills acquired, or relationships. Increased confidence was attributed to specific classroom activities that provided memorial learning experiences such as the use of case studies, role-playing exercises, brainstorming, metaphorical analysis of critical incidents (Romanowski & Al-Hassan, 2013; van der Merwe & Alibertyn, 2010) and the opportunity to discuss feelings (Sandoval et al. , 2016). Acquiring new skills such as public speaking, the English language (Madsen, 2010), and enhanced cultural competency (Hamza, 2010) also aided in the improved self-confidence. Role modeling by female leaders and a shared group identity also allowed women more confident in fully expressing themselves (Cooley, 2007; English & Peters, 2012; Snyder, 2011).

With the improved self-confidence also came a strong sense of empowerment and desire for advocacy. While participants may have initially lacked confidence as a result of their circumstances as a result of meeting regularly with other women with similar backgrounds, they expressed a desire to give back to others and make plans for social change (Brigham, 2011; Sandoval et al., 2016; van der Merwe & Alibertyn, 2010). Learning English has been very empowering for the women of the Madsen (2010) study as they now possess more power than their husbands who do not speak English and are relied on to interpret when traveling with their families.

For some women, their educational activities changed the trajectory of their lives and the lives of their families. The female prisoners found their classes offered valuable opportunities for

meaning-making as well as a positive, healthy escape from their negative thoughts (Sandoval, et al., 2016). Of notable interest is the *Loves Herself Regardless* course that is part of a shelter-based GED program in Boston (Bridwell, 2012). This class was developed in alignment with the shelter's self-advocacy and empowerment goals to create space for discourse and reflection. The homeless women in Bridwell's study (2012) credited "Loves Herself Regardless" with their personal growth of self-confidence, increased self-agency and self-advocacy.

Three studies focused on the age of women in higher education learning settings and how being older than other students initially negatively impacted their confidence but ultimately through the course of their degree programs their confidence was bolstered (Brown & Brown, 2015; Jang & Kim, 2010; Snyder, 2011). While not dealing with an educational environment that could affect confidence, one study provided findings that related to women's self-worth and their behaviors regarding their health. Purtzer and Overstreet (2014) found that women who were proactive with mammogram screenings had a higher sense of self-efficacy than women who did not participate in screenings.

**Supportive Safe Environments.** Being in a setting where one feels supported and encouraged is especially important to a women's transformative learning experience. When in a safe environment, women will feel more willing to communicate openly and even challenge one another. These types of supportive spaces are especially important for critical reflection (Bridwell, 2012; Brigham, 2011; Cooley, 2007; English & Peters, 2012), dialogue (van der Merwe & Albertyn, 2010) and to explore new roles (Madsen, 2010; Sandoval et al., 2016). While this type of safe environment was mostly described in the context of group settings, Mälkki (2012) suggests that the researcher's interview may also offer such a safe space in which participants can examine and clarify their perceptions and feelings. Society can also be considered a safe environment that is conducive to the transformative learning experiences of women (Madsen & Cook, 2010).



The emotional support of peers is also vital in helping women successfully navigate their learning journeys. Being able to engage in dialogue with women in similar circumstances in order to compare interpretations of experiences helps foster the reassessment of taken-for-granted frames of reference (Brigham, 2011; Brown & Brown, 2015; Cooley, 2007; English & Peters, 2012; Madsen, 2010; Madsen & Cook, 2010). Some studies also note the importance of relationships such as family and friends in fostering their transformative learning by helping them make meaning (Mälkki, 2012; Snyder, 2011). In the case of the embodied learning research, the students literally had to rely on the support of their classmates as they performed dances, “I could trust my partner to support me in balancing, to let me fall and lift me up again. She was doing exactly the same for me” (Tsouvala & Magos, 2016, p. 35).

Having a peer group provides more than simply educational support to get through a program, it can also act as a lifeline, saving some women from a world of isolation (Jang & Kim, 2010). The prison’s GRP program researched by Sandoval et al. (2016) encouraged the women to care for one another and hold each other accountable.

One study noted the women’s perspective transformations were facilitated by those who were part of a different culture and the participants feel they are now prepared to offer support to help their colleagues who may be in a similar circumstance in the future (Hamza, 2010). Another study found the lack of such peer support could also be detrimental to a women’s health as women who did not participate in regular mammogram screenings also reported an absence of feeling valued and supported (Purtzer & Overstreet, 2014). The researchers believe the absence of such support hindered the women’s critical thought and reflection whereas those with social support were able to engage in the questioning of assumptions regarding personal vulnerability to breast cancer (Purtzer & Overstreet, 2014).

Encouragement from teachers and staff was found to be especially important for the marginalized women in community programs. This encouragement served as a motivator for not

giving up (Bridwell, 2012), as a catalyst for questioning their assumptions about themselves (van der Merwe & Albertyn, 2010), and as validation needed to forgive and accept themselves (Sandoval et al., 2016). One participant expressed a sentiment held by other inmates regarding the staff who run their prison's GRP program, "They would just treat us like humans. They were the only people in the jail that treat us like humans" (Sandoval et al., 2016, p. 40).

**Cross-cultural Competency.** Five of the studies had a strong cultural component. Three of the studies involved the experiences of students and faculty in higher education the Middle East (Hamza, 2010; Madsen, 2010; Madsen & Cook, 2010), one was set in Canada (Brigham, 2011), and another took place in Greece (Tsouvala & Magos, 2016). In one study, Emirati students believe they were able to successfully overcome their biggest educational hurdle, learning English, because their professors were British and American (Madsen, 2010). In this instance, the cross-cultural connection supports the learners. Madsen and Cook (2010) sought to understand the experiences of Arab women in higher education to provide insight for those designing programs to support Arab women's lifelong developmental. They found the exposure to new engaging pedagogical activities such as personal reflection papers and class discussions positively impacted the students, as they were used to nonengaging educational activities that encouraged rote memorization of material (Madsen and Cook, 2010). The students in Arab countries were not the only ones to have had transformative learning experiences, the foreign educators of Arab students did as well. American female educators working in Arab countries of the Gulf region were able to gain a greater cross-cultural awareness which offered a rewarding form of professional development (Hamza, 2010). This study was important as it showed how the educators' personal enhance cultural competency derived from international experiences also benefited their home universities as well as the students of the host country (Hamza, 2010).

Another study revolved around the cultural and social adaptations undergone by women who immigrated to a country that did not recognize their teaching credentials earned in their

countries of origin (Brigham, 2011). The women dreamed of a better life but instead were faced with faced discrimination and isolation during their migration and acclimation process which caused them to question their identities and their previously held assumptions about their new country (Brigham, 2011). As part of the Tsouvala and Magos (2016) study, students explored regions of the city that were unfamiliar to them so they could explore views of otherness regarding new groups of people. They visited a Roma settlement where the participants taught neighborhood children games and in return, the children taught them their cultural dances. Since the Roma people rarely teach their dances to outsiders this was found to be a significant component of the study as it showed how dance has the power to overcome cultural and social barriers and unite people (Tsouvala & Magos, 2016).

### ***Incorporation of the Transformative Learning Theory***

Various aspects of transformative learning theory were focused on in each study. Some researchers covered the theory superficially and others explored it in more depth. While not every study explicitly addressed feminist pedagogy, they were all careful to use only female participants which therefore offers the readers more insight into the experience of the women in relation to transformative learning. I will address the focus of each study in relation to the different components of transformative learning. This critique will provide clarity of the areas of transformative learning that can be further explored in relation to women.

**Disorienting Dilemma.** Events that trigger transformative learning are called “disorienting dilemmas” and are considered the triggers for critical reflection (Mezirow, 1994). Disorienting dilemmas “illuminate and challenge heretofore invisible and unquestioned assumptions that determine how we know ourselves and the world around us” (Taylor & Elias, 2012, p. 150). Some studies noted specific common disorienting dilemmas of the participants

such as starting college (Madsen, 2010), involuntary childlessness (Mälkki, 2012), and participation in a dance class (Tsouvala & Magos, 2016). Other studies noted that a disorienting dilemma did not trigger their transformative learning but rather incremental changes over time led to their shifts in meaning perspectives. (Cooley, 2007; English & Peters, 2012)

One study suggested that the tremendous emotional strain that results from a disorienting dilemma that involves a life-event crisis, causes the reflection to be a challenging and painful process that does not occur naturally (Mälkki, 2012). Another study sought to understand the nature of participants' disorienting dilemmas that caused them to take preventive measures for their health (Purtzer & Overstreet, 2014).

**Critical Reflection.** An important aspect of transformative learning theory is critical reflection. Critical reflection can change frames of reference when “becoming aware of the assumptions we or others make when we learn to solve problems instrumentally or when we are involved in communicative learning” (Mezirow, 1997, p.7). Brigham (2011) took the approach of using art to tap into the extrarational/affective dimensions to understand transformative learning whereas the rational/cognitive dimensions have typically been utilized to understand this learning theory. Two studies showed that through arts-informed methods such as writing, storytelling, and art-making women were able to participate in critical reflection and dialogue to elucidate shifts in their worldview, and how they make meaning (Brigham, 2011; Sandoval et al., 2016). One study was unique in that it created a disorienting dilemma for the participants as they entered an unknown discipline (dancing) and showed how embodied learning can be used as a vehicle for reflection (Tsouvala & Magos, 2016).

Cooley (2007) addressed critical reflection and how it is fostered in women's enclaves. A study focused on barriers to leadership faced by Middle Eastern women propose that critical reflection of their social reality is imperative in order to emancipate themselves and become leaders in their communities (Romanowski & Al-Hassan, 2013). Another study suggests that

critical reflection does not always have a positive outcome towards transformation and that it could bring about more disorienting dilemmas which could trigger further reflection (Mälkki, 2012).

**Discourse Dialogue.** Discourse is another major element of transformative learning. The process of shaping our perspectives comes about through rational discourse which is much different from traditional dialogue. Discourse involves evaluating beliefs, feelings, and values from the point of view of a particular frame of reference (Mezirow, 2003). Bridwell (2012) challenges previously held notions that marginalized populations are unable to fully participate in rational discourse and hence are not able to fully realize the power of transformative learning. By creating an environment that engages learners and supports reflective dialogue she has shown that the barriers to transformative learning faced by marginalized people can be overcome (Bridwell, 2012).

A study has found that the presence or absence of dialogue and critical reflection can positively or negatively impact an individual's decision to be proactive in health screenings (Purtzer & Overstreet, 2014). It is suggested that nurses can provide opportunities for dialogue and critical reflection through a strategy called motivational interviewing which encourages patients to articulate their fears, values, and preferences (Purtzer & Overstreet, 2014).

**Constructivist Assumptions.** In order to truly be transformed by the learning experience, one must continue to hold the new beliefs and act in ways that support those new values. In order to sustain the actions required by the new beliefs, one will be dependent on others who share this new perspective (Mezirow, 1978, 1994). Transformative learning theory, therefore, assumes that our individual meaning perspectives are shaped and sustained by social norms. In addition to exploring women's critical reflection and discourse, Brown and Brown (2015) emphasized the theory's constructivist assumptions as participants explained how others encouraged their transformations and they, in turn, encouraged other women to pursue their

dreams. Cooley (2007) shows how deep relationships formed in women's groups can initiate a sustained change in a woman's meaning perspective. English and Peters (2012) note that the participant's stories of transformation are not explained by the logical, rational discourse proposed by Mezirow but instead emphasized the role of relationships in fostering a women's transformative learning.

**General Understanding of Transformative Learning.** Several studies focused mainly on uncovering factors that foster transformative learning within different environments such as international work (Hamza, 2010), a male-dominated society (Madsen, 2010; Madsen & Cook, 2010), re-entering higher education (Jang & Kim, 2010) and prison (Sandoval et al., 2016).

Two studies were unique in that the transformative journeys were not simply studied in retrospect but instead the participants were studying during the midst of their transformations (Snyder, 2011; van der Merwe & Albertyn, 2010). Snyder (2011) collected a wealth of data including hundreds of pages of reflective writings, participant-generated photography, and face-to-face interviews and tracked the transformations using the participants' own journals. During an eight-week training program, van der Merwe and Albertyn (2010) were able to observe the participants' initial assumptions, critical reflection, and the creation of new perceptions enabling them to witness the transformations as they occurred.

### **The Need to Expand Transformative Learning Research in Feminist Pedagogical Ways**

Despite having roots in studying women and how they learn, there is a lack of transformative learning research focused solely on women and feminist pedagogies. The amount of studies found to examine for this literature review proves there are many opportunities for scholars to add to the small pool of information about the female perspective of transformative learning. According to English and Irving (2012),

We speculate that in the attempt to unite with other causes in the struggle for equality and to tone down feminist rhetoric, adult education scholars have forgone special attention to women; this depoliticization means that women's needs and causes are increasingly hidden. (p. 246)

Taylor and Cranton (2012a) also urge researchers to “pay particular attention to voices on the margins – voices of transformative experiences that are often overlooked and inadequately understood” (p. 572). As discussed earlier, suicide loss survivors face stigmatization that causes them to self-isolate and lose their voice. Examining their transformative learning experiences may provide insight into transformations that are not as positive as many of the current transformative studies suggest.

Hoggan (2015) calls for adult educators to return to the original intention of Mezirow's idea of transformative learning. The proliferation of this learning theory and the many branches that now exist do not enhance our understanding of truly transformative learning experiences but rather serve “to accommodate almost any kind of learning outcome” (Hoggan, 2015, p. 1). Perhaps we can consider these new disciplinary perspectives as apples that have fallen far from the transformative learning tree. To get back on track, Hoggan believes “researchers should reserve the use of the term transformative learning for use only with learning experiences that result in a dramatic change in the way a person experiences, conceptualizes and interacts with the world” (p. 4). Losing a loved to suicide would constitute an event that would bring about a dramatic change in a person's world. A mother who loses a child by any means suffers an excruciating loss. Combining these two types of circumstances, losing a child to suicide, would bring about a dramatic change that may even require another level of understanding that extends beyond transformative learning theory.

## **Mothers as Suicide Loss Survivors**

I will now examine the lived experience of maternal bereavement and the associated implications that arise after the loss of a child. Then I will narrow the focus and explore the research that has been conducted with parents who have lost a child due to suicide.

### **Maternal Bereavement**

The loss of a child is one of the most devastating of all human experiences (Worden, 2018). The impact of such a loss can be felt by parents for a lifetime. Professionals are cautioned to exercise extreme empathy when informing parents about the death because a lack of compassion in the delivery of the tragic news can complicate their grief (Win, 2018). Despite the destructive impact of child loss, few bereavement studies focus on the health of parents after the death of a child (Stroebe, Folkman, Hansson, Schut, 2006). The Recent Life Changes Questionnaire (RLCQ) estimates the magnitude of life change events to determine the level of stress and individual will likely experience (Miller & Rahe, 1997). The RLCQ indicates that the death of a child is the most stressful event a woman can endure.

A search for empirical studies regarding parental bereavement by any cause of death resulted in only a small amount of studies. The research was conducted in the United States (Espinosa & Evans, 2013; Lewin & Farkas, 2012; Murphy, 1996; Murphy et al., 1996), Denmark (Li et al., 2005), Finland (Aho et al., 2012), Slovakia (Martinčeková & Klatt, 2017) and the United Kingdom (Harper et al., 2011). Two studies focused on effectiveness of intervention programs for the parents (Murphy, 1996; Murphy et al., 1996) while the other studies focused on the grieving experience (Aho et al., 2012; Harper et al., 2011; Lewin & Farkas, 2012;



Martinčeková & Klatt, 2017) and the health impact of the grief (Espinosa & Evans, 2013; Li et al., 2005).

Each study focused on different age parameters. Some studies focused on parents who have lost a live-born child under 18 years old (Li et al., 2005), a live-born child of any age (Espinosa & Evans, 2013; Harper et al., 2011); a live-born child less than one year old Aho et al., 2012), a child age 1-30 years old (Martinčeková & Klatt, 2017), and a child between 12-28 years old (Murphy, 1996; Murphy et al., 1996). Only one study included a child's death by stillbirth, miscarriage, and abortion (Lewin & Farkas, 2012).

Li et al. (2005) show that the risk of hospitalization for psychiatric disorders increases for parents who have lost a child. Parents who lost their only child had the greatest risk of hospital admission. Bereaved mothers were found to have a higher risk of hospitalization than bereaved fathers. Mothers were also shown to have the highest risk of hospitalization within the first year of the death and the risk remained significantly elevated even after five years after the death. This study relied on extensive data from several government agencies. The use of high-quality databases and documented admissions records rather than on self-reported data adds strength to the findings.

Two studies focused on efforts to alleviate the distress of parental bereavement (Murphy, 1996; Murphy et al., 1996). Both studies refer to the same educational program. Murphy (1996) described the development of a theory-based preventive intervention program for parents who have lost a child between the ages of 12-28 years old due to a sudden violent death which includes accidents, homicides, and suicides. The program is intended for parents who lost a child between 2-7 months earlier because early interventions for such traumatic events have been proven in previous research to improve the outcomes for participants. The community-based intervention program consisted of a problem-focused and emotion-focused support dimension. The problem-focused portion focused on providing information to building skills in the areas of

managing emotions, cognitive responses, and relationships while the emotion-focused dimension allowed participants to discuss their feeling and share their experiences with the topics discussed in the problem-focused portion. This experimental program was conducted for 156 bereaved parents in small groups of 5-10 individuals (Murphy et al., 1996). The participants rated both the problem-focused and the emotion-focused elements as *relevant* and *very relevant*. These studies demonstrate the positive impact that well-structured intervention programs afford.

Only five studies focused solely on maternal bereavement (Aho et al., 2012; Espinosa & Evans, 2013; Harper et al., 2011; Lewin & Farkas, 2012; Martinčeková & Klatt, 2017). Bereaved mothers experienced suicidal thoughts (Aho et al., 2012; Harper et al., 2011; Lewin & Farkas, 2012). Having other children kept the bereaved mothers from following through on their plans now but that may change once those children reach adulthood and no longer need them (Harper et al., 2011). Mothers also expressed hopes for passive means of death. Death is viewed as a desirable event that would end their suffering and reunite them with their children (Aho et al., 2012; Harper et al., 2011). One group of mothers who are currently or had been previously incarcerated demonstrated the most maladaptive behavior after child loss (Lewin & Farkas, 2012). These mothers did not have access to bereavement services and lacked a family support system. To escape their pain, they resorted to drug use, alcohol abuse, prostitution, and suicide attempts. Sadly, some of these mothers believed that because they never were able to properly deal with their deep losses, they made poor life choices that caused them to be imprisoned.

Espinosa and Evans (2013) used statistical data to investigate the *maternal bereavement effect* which is the heightened mortality of a woman after the death of a child. This is the first study to examine this topic empirically using a large national dataset that combines information from the Census, Current Population Survey, and the National Death Index which includes information about causes of death. The findings suggest that a mother's mortality increases by 133% after the death of a child. The heightened mortality is greater in the first two years

following the child's death (Espinosa and Evans, 2013). These findings are aligned with the reported suicidal thoughts and longing for death expressed by mothers (Aho et al., 2012; Harper et al., 2011; Lewin & Farkas, 2012).

Maternal feelings of guilt and anger are prominent components of bereavement (Aho et al., 2012; Martinčeková & Klatt, 2017). Bereaved mothers in Finland found it socially unacceptable to share about the death of their children and their deeply personal feelings associated with the loss (Aho et al., 2012). These mothers, however, were able to find a safe place to express their emotions in an online peer-support group community. They found hope in the encouraging words of others and felt accepted for they are.

Motivated to improve the effectiveness of grief counseling for bereaved mothers, Martinčeková and Klatt (2017) examined the impact of forgiveness on posttraumatic growth of bereaved mothers. Posttraumatic growth represents a positive psychological change in a person following a painful experience and forgiveness is the release of resentment. The anger felt by the mothers was directed towards God, themselves, and others such as physicians and family members. All participants expressed strong feelings of guilt about the death. The findings suggest that mothers who practiced forgiveness of themselves and others experienced higher levels of posttraumatic growth. While this study did not distinguish between the age of the child or the method of death, it is still useful for those creating bereavement programs or counseling bereaved parents.

### **Studies of Parental Bereavement of a Suicide**

When comparing parental bereavement by cause of death, parents who lost a child to suicide reported higher levels of stigma, shame, and guilt than parents bereaved by a child's natural death (Feigleman et al., 2009). Parents bereaved by suicide are riddled with feelings of

intense guilt as they feel they must have had some responsibility in the death (Ross et al., 2018). Parents bereaved by suicide showed higher levels of distress and lower levels of sense-making ability when compared to bereaved who had other types of relationships with the deceased (Kawashima & Kawano, 2019). *Secondary wounding* refers to psychological scarring as a result of a survivors' surroundings and others' insensitivity to the loss. Kawashima and Kawano (2019) found that parents' secondary wounds impeded their meaning-making process which hinders their ability to find relief from their distress.

Suicides are typically viewed as unexpected, but some parents may be prepared for their child's suicide (Maple et al., 2007). The level of preparedness for the death influences how the parent makes sense of the event and greatly impacts their resulting grief. Parents who have witnessed the decline of their child's mental health including psychiatric hospitalizations, past suicide attempts, and high-risk behaviors experienced a tremendous amount of anguish while their child was alive. Other parents' children were successfully navigating through life and were shocked by the news of the means of death and suffered additional trauma due to the unexpectedness. Maple et al. (2007) found that parents whose life was turbulent prior to the death perceived the death as a relief that their child was no longer in pain and on some level, they understood their child's decision. These parents still experienced shock but it is an anticipated shock.

Sugrue et al. (2014) shined a light on the plight of mothers who lost a child to suicide. This research which was conducted in Ireland is full of rich descriptions of their intense feelings of love for their sons as well their great anguish that manifested itself in psychological and physical ways. The mothers felt the need to hide their pain from other family members and children. As one of the mothers explained, "It was like if you look through one of those kaleidoscopes and you see a pattern and you think it is beautiful and you do not want to move it, and then it moves and it all changes and that's what happened in my life" (p. 120). They

suffered shattered assumptions, loss of faith, and the end of the world as they knew it.

One mother was able to make meaning from the depths of her pain. “After he died I wanted to die myself. I finally understood the pain he must have been in” (Sugrue et al., 2014, p. 120). As in previously discussed studies, the mothers long for death either by passive or active means and one mother had recently been hospitalized for a suicide attempt. “In suicide, this nonsense about time heals is a load of \*\*\*\*. This is a scar on the soul forever and with a mother it goes beyond the grave” (Sugrue et al., 2014, p. 121). This study paints a bleak picture of surviving mothers. The authors note they were recruited to participate from a national suicide-bereaved support organization, but it is unclear if these mothers have ever received bereavement support.

### **Expanding the Research on Maternal Bereavement of a Suicide**

My literature review demonstrates little research has examined the impact on mothers of losing a child to suicide. Most studies about child loss and bereavement involve either very young children or deaths of many causes such as sicknesses or accidents. Other studies focused on both parents, not just the mother. But those studies have shown there is a difference in the grief experiences of mothers and fathers.

As previously reviewed literature has demonstrated, child loss impacts mothers deeply. Also, as the suicide bereavement literature suggests, losing a loved one to suicide has more complications associated with it than death by other causes. A systematic review of suicidal ideation in bereavement found that those bereaved by a suicide death have the highest risk of suicidal ideation (Molina et al., 2019). My research would add to the narrow yet neglected category of research on mothers bereaved by the suicide death of a child. Since so little has been published in this area my research has the potential to make an impact and draw attention to this

vulnerable group of survivors.

A rare study that focused only on mothers who were bereavement of a suicide examined took place in Ireland (Shields et al., 2019). This study is in stark contrast to the other maternal bereavement study previously discussed (Sugrue et al., 2014). Shields et al. (2019) chronicle how mothers came to make-meaning of their loss and overcome their crippling guilt and anger. The mothers found hope in support groups which acted as sanctuaries where they could sort out their feelings and understand they were not responsible for their child's actions. Speaking freely about their loss and continuing their bonds with their child was liberating and helped them reconstruct their lives. One participant, Jenny, shared the following moving story that serves as a metaphor for her newly constructed life:

This girl bought me an angel of courage. And I had her on top of my filing cabinet. And I'd say, right, whenever I'm feeling weak here, I look up and say "angel of courage, sort me out." The angel of courage smashed on the floor. And I was in bits. And I picked it all up and left it on top of the filing cabinet. Two days later this wee fella came in and said, "What about your angel?" And I says, "I know, I broke it." And he says, "Sure I stuck it back together." And I went over and looked at it. And it's my most precious thing. It's the angel of courage who has been smashed, she's all stuck together and her hand is missing. There's something missing. She's nearly all, but there's something missing. (Shields et al, 2019, p. 192)

The posttraumatic growth experienced by these mothers was facilitated by their participation in a support group and the support of other bereaved mothers who, like them, are now also missing something.

## Conclusion

Through this literature review, the societal problem of suicide and its far-reaching grip have been illuminated. The global enormity of the problem coupled with the personal local implications create the backdrop for understanding suicide loss survivors. Being bereaved by suicide has been shown to be unique due to the stigma associated with this taboo death. The minimal resources available to those bereaved by suicide such as support groups, facilitator guides, and first-person account books were deemed helpful, yet the majority of resources allotted by government agencies for suicide are spent on prevention education. Understanding the specific needs of survivors and how those needs can be met by educational programs is the first step to creating and implementing programs to improve the quality of their lives.

Empirical studies of suicide bereavement provide evidence of the challenging and complicated experience of being a suicide loss survivor and the barriers they face to obtaining support. An in-depth theoretical analysis and critique of transformative learning theory were presented as a means of demonstrating why this theoretical framework would align with the examination of suicide loss survivors. The lack of existing studies that incorporate transformative learning theory and suicide loss survivors exposes a major gap in the literature.

An examination of feminist pedagogy illustrated why the application of this theoretical framework is relevant to understanding the learning that occurs when a mother loses a child. The underlying principles that make women's ways of knowing unique- knowledge construction, voice, authority, identity, and positionality – can be used to give perspective to the meaning making that occurs with mothers who lose a child to suicide. Examining psychological, structural, and poststructural feminist theories also provided insight into pedagogical approaches that would best support these mothers. Studying the existing empirical research that includes elements of both transformative learning and feminist pedagogy demonstrated the need to expand transformative learning research in feminist pedagogical ways.

The final focus of this literature review was on mothers bereaved by the suicide of a child. The death of a child is the most traumatic event a woman can endure yet there are limited studies exploring this deeply troubling experience. The examination of empirical research of suicide loss survivors shows that on the rare occasion that mothers are participants in studies they are not singled out for their perspective but rather consolidated into the category of *parent*. The few studies that focused only on mothers illuminated the deep levels of despair and also unimaginable hope they experienced in the face of tragedy.

In conclusion, the purpose of this literature review was to gather the broken pieces of the existing narratives and experiences of suicide loss survivors. Much like Jenny's angel of courage, I do not have all the pieces to put together the entire image of the mother bereaved by suicide. The missing fragments and broken shards are out there. They just have not been discovered yet and intellectualized in the form of published research. Through my research, I have collected more of the shattered pieces by interviewing four mothers. As I examine the collected pieces, I worked on placing them strategically to create a mosaic that tells a story. The creation of this mosaic is not an attempt to reconstruct a fractured image of these mothers but rather is a new creation. This dissertation will serve as the glue to hold the pieces together.



### Chapter 3

#### Methodology

moms losing a child  
to suicide, learning to  
move forward with life

The purpose of this study is to understand the experience of mothers who have lost a child to suicide, in particular how they have learned to cope with their devastating loss. As such, the research questions that will guide this study as it relates to the women's transformative learning experiences include:

1. How does engaging in discourse aid in learning to move forward after a suicide loss of a child?
2. What factors facilitate critical reflection after a suicide loss of a child?
3. To what extent can the learning that takes place after a suicide loss of a child be considered transformative?

I have written the Haiku poem at the beginning of this chapter to provide a quick glimpse into my topic. A Haiku can be used as a tool to make meaning of an experience. There are a few characteristics of this type of poem that dovetail with the elements of my study. A Haiku is simple, yet, at the same time, it is deeply complex. This paradoxical nature correlates with my topic. Death is simple, it is an unavoidable part of life, but when a death occurs out of order, such as an offspring predeceasing a parent, complexity enters the picture. A self-inflicted death even further complicates the matter. Besides being simultaneously simple and complex, a Haiku is also described as *egoless* (Harr, 1975). When a child dies by suicide, the mother's ego also dies. This study will provide insight into the learning process of mothers coming back to life after a part of them dies.

This chapter starts with an overview of qualitative research, then offers a detailed description of the narrative inquiry and autoethnography methodologies that will be employed in my study. Next, I provide information on participant selection and data collection. The chapter will conclude with a discussion on data analysis and verification strategies.

### **Qualitative Research Paradigm**

Humanity's inherent need to understand the world around us has led to various forms of research. In a quest to satiate this unending thirst, civilizations since the beginning of time have been looking for information and creating knowledge in hopes of enlightenment. The world of academia places an emphasis on knowledge creation by presenting formal research findings. So as modern-day researchers we approach our subject through a set of lenses, which then informs our data gathering tactics. Quantitative researchers collect numbers while qualitative researchers collect words. Quantitative studies address problems by testing objective theories, qualitative research seeks to understand the meaning attributed to a social or human problem (Creswell & Creswell, 2018). The answers to some research questions may not fit neatly into quantitative studies because research, just as life, can be complicated and messy. Qualitative research acknowledges the complexities of what it means to be human and has a growing number of methods to approach ways of understanding how individuals construct reality within their worlds (Merriam & Tisdell, 2016).

St. Pierre (2012) explains that scientifically based research is limited in the knowledge it can produce because it cannot adequately address complex social problems. Relying on the construction of knowledge using only a positivist viewpoint that employs quantitative methodologies can be dangerous to society when considering there is no room for diversity. According to St. Pierre (2012), "There are always those, even in a field like education which touts

diversity at every turn, who try to rein in difference and shut down knowledge produced by the Other” (p. 483). As Pascale (2011) explains, those who employ qualitative research designs have historically “been at the center of challenges to hegemonic conceptions of science” (p. 20). The power relations among quantitative and qualitative researchers still exist. In a research methods guide contained in a medical journal, Denny and Weckesser (2019) exclaim that qualitative research is “not a poor substitute for quantitative research” and there is value to this methodology because it “allows the voice of patients and carers to be included in research” (p. 369). The authors acknowledge that qualitative studies are considered less rigorous in the scientific fields but are nonetheless important because “qualitative research considers why individuals think or behave the way that they do and how they come to understand these complex thoughts and actions within their lives” (p. 369). Proponents of knowledge construction via qualitative research aim to improve the effectiveness and accountability of this research process. Qualitative researchers utilize verification and dependability strategies to improve the trustworthiness and reliability of their study results. I will discuss such strategies later on in this chapter.

Some types of qualitative research methods include phenomenology, ethnography, case study, narrative analysis, and grounded theory (Merriam & Tisdell, 2016). The most common type of qualitative research is the basic interpretive study which is not affixed to a specific qualitative research methodology. I have used a combination of a narrative inquiry and autoethnographic-inspired methodology in order to best explore the experiences of my study participants and enhance the understanding of their circumstances.

### **A Narrative and Autoethnographic Inquiry**

This study combines narrative inquiry and aspects of autoethnography. In this section, I will discuss these types of qualitative research approaches and how they will be combined.

## **Narrative Inquiry**

The narrative inquiry approach to research allows researchers to explore the experience of their participants by listening to their personal stories. As Czarniawska (2004) explains, narrative research can be “understood as a spoken or written text giving an account of an event/action or series of events/actions, chronologically connected” (p. 17). The text from first-person accounts serves as the data for the study (Merriam & Tisdell, 2016). Researchers analyze the participants’ stories to understand the meaning of their experiences. Then they retell or restory the information (Creswell & Creswell, 2018). With narrative inquiry, knowledge is not discovered but instead constructed (Wertz et al., 2011). Methodological approaches such as biographical, psychological, and linguistic are the most common ways to analyze stories (Merriam & Tisdell, 2016). When the narrative contains views of both the participant’s life and the researcher’s life it is referred to as a collaborative narrative (Creswell & Creswell, 2018). By offering my perspective along with that of my participants, there is an element of collaborative narrative analysis in my study.

Narrative inquiry rests on the principle that people understand their lives in storied forms and as Wertz et al. (2011) note, the “stories are played out in the context of other stories that may include societies, cultures, families, or other intersecting plotlines in a person’s life” (p. 224). Freeman (2015) emphasizes the importance of the retrospective element involved in narrative inquiry.

Set against the still-pervasive tendency within the social sciences to seek lawful, predictive relations narrative understanding embraces the historical nature of human reality, seeing in retrospection not an impediment to knowing but an inroad, a pathway into dimensions of meaning that cannot be had any other way. (Freeman, 2015, p. 28)

Hence, we must not look for understanding while a story is unfolding, but rather afterward. It is only in retrospect that we can better piece together our perspective with other elements such as the context and others' accounts to make meaning. While the common saying *hindsight is 20/20* seems relevant to narrative analysis, it should be noted that this methodology does not supply us with definitive answers. It is, however, considered to be the most appropriate means available for exploring real-life human affairs.

Contexts influence stories, but the stories, as De Fina and Georgakopoulou (2015) note, “also create new contexts by mobilizing and articulating fresh understandings of the world, by altering power relations between peoples, by constituting new practices” (p. 3). Narratives are shaped by their surroundings and also have the ability to turn around and shape those same environments. This constructivist nature of narratives also has the power to create, change, and rebuild one's identity. According to Merriam and Kim (2012), “narrative analysis is particularly well suited for the study of transformative learning because it allows people to convey their personal experience of this type of learning through stories” (p. 63). As I have used transformative learning theory as a lens to explore the stories of the mothers in my study, the narrative inquiry process provided an excellent means to that end.

Also, feminist scholars often use narrative inquiry to investigate the concept of voice (Wertz et al., 2011). Since I am giving voice to an experience many do not discuss—that of mothers who have lost a child to suicide—it is important to view the findings from a woman's perspective. In particular, I am doing so with a feminist lens. As Freeman (2007) states,

Autobiography is the inroad par excellence into exploring the dynamic features—as well as the profound challenges—of narrative inquiry, or at least that portion of it that looks to the comprehensive study of lives as an important vehicle for understanding the human condition. (p.120)

Researchers who acknowledge their own narratives can achieve a deeper understanding of the narratives of others. With this in mind, I now turn my attention to exploring the other methodology of autoethnography which I used in conjunction with narrative inquiry.

### **Autoethnography**

To offer my experience as a researcher who has a shared experience with the participants, I have utilized an autoethnographic-inspired approach to my study.

Autoethnography focuses on the collective relational practices, common values and beliefs, and shared experiences of a group of people with the purpose of better understanding the group and themselves (Adams et al., 2014). Autoethnography is not simply a narration of a researcher's history. It is a research method that enables researchers to use their personal experiences to describe and critique cultural beliefs, practices, and experiences. The way researchers use their personal stories distinguishes autoethnography from autobiography. With autoethnography, a researcher uses a personal story to interpret how the self connects to the sociocultural context and how this provides meanings to the experiences and perspectives (Chang et al., 2012).

Pensoneau-Conway et al. (2017) beautifully describe autoethnographers as ones who “integrate emotional, spiritual, and moral parts of themselves with the intellectual and analytical in order to hold on to the personal connection to their experience” (p. vii). As mentioned in the previous section, the narrative inquiry approach does not supply us with definitive answers to life's problems. Autoethnographic research also shares this trait. Instead of supplying tidy answers, it is “a kind of meditation that teaches us to sit comfortably with questions that have no answers” (Hoppe, 2014, p. 70). Autoethnographies can be useful tools with which to make meaning through the exploration of identity. Utilizing this methodology empowers the researcher

to move around her story and search. I like to think of this action as traveling on a Mobius strip which is not orientable, meaning there is no inside or outside on the path.

It is not enough to write about one's lived experiences, one must instead use critical self-reflection to explore the connection between society and self. This leads to the topic of reflexivity, which researchers conducting qualitative studies should address. It is a fundamental concept that differentiates qualitative from quantitative research. Reflexivity means that researchers reflect on their role in the study and how aspects of their personal backgrounds shape their interpretations of their findings (Creswell & Creswell, 2018). When teaching students how to conduct proper qualitative research techniques, professors like Hsiung (2008) go to great lengths to show students how to detect *conceptual baggage* and warn how this baggage can hinder their research. This is in direct conflict with the autoethnographic method which challenges the idea of the artificial distancing of self from one's research. Since autoethnographers are both the researcher and the participant, they reject "claims to objectivity" and value "subjectivity and researcher-participant intersubjectivity" (Foster, McAllister, & O'Brien, 2006, p. 47). Shunning the convention of impartiality, autoethnographers direct their research toward "acts of meaning associated with the lived processes of creating and managing identity, making sense of lived experiences, and communicating it to others" (Pensoneau-Conway et al., 2017, p. vii). Autoethnographers want readers to react and engage with their stories as they are communicating *with* the reader rather than *at* them. They write in a revealing way because they want to connect with the reader on a personal level.

Chang et al. (2012) explain the various approaches to autoethnographic research. The evocative approach which is also known as the *heartfelt* or *emotional* approach focuses mainly on the personal matters of the researcher such as abortion, teen pregnancy, and grief. In contrast, the analytical approach is more like an ethnography as it involves data collection, analysis, and interpretation. Chang et al. (2012) propose a new type of autoethnography called *collaborative*

autoethnography. They explain that is a method in which “researchers work in community to collect their autobiographical materials and to analyze and interpret their data collectively to gain a meaningful understanding of sociocultural phenomena reflected in their autobiographical data” (Chang et al., 2012, pp. 23-24). They equate autoethnography as a solo artist’s performance, whereas collaborative autoethnography is an ensemble performance. Rowe (2017) proposes an *object-oriented* perspective of autoethnography in which physical objects that make up our everyday world could become the focus of a narrative. By examining one’s relationship to a particular object, one can engage in a “mapping of that object into a sociopolitical location” (p. 230). The emerging iterations suggest that there is opportunity to further expand this methodology to enhance the meaning-making of the writers and the readers.

According to Chang et al. (2012), “autoethnographers place value on being able to analyze self, their innermost thoughts, and personal information, topics that usually lie beyond the reach of other research methods” (p. 18). Researchers electing this methodology must also possess a certain degree of comfort self-disclosing emotional personal details of their lives. Adams et al. (2014) believe “the stories we tell enable us to live and to live better; stories allow us to lead more reflective, more meaningful, and more just lives” (p. 1). Autoethnography values the researcher’s relationships with others, and as such I tell my story as it relates to the cultural bond I share with my participants. This research will not be a strictly autoethnographic study, rather it will be inspired by the principles of autoethnography.

### **Combining Narrative Inquiry and Autoethnography**

As a mother who has lost a child to suicide, I hold an insider’s perspective on the lived experiences of my research participants. I combine an autoethnographic-inspired approach to my research with a narrative inquiry of mothers who have faced the same circumstances. Through the



sharing of life stories, a narrative inquiry approach to research allows us to make sense of the world (Merriam & Tisdell, 2016). By employing a narrative inquiry to my study, I will be able to hear the participants' first-hand experiences with their loss. During all aspects of this study from interviewing to writing up this report, I will be critically reflecting on my own experiences so I may use that information in combination with my collected data to better inform the reader about understanding the lived experiences of the participants during my research study.

Henry David Thoreau spent a few years living in the woods, away from the distractions of everyday life. During this contemplative time, he wrote the memoir, *Walden*, in which he posed the rhetorical question, "Could a greater miracle take place than for us to look through each other's eyes for an instant?" (Thoreau, 1845, p. 13). This is a powerful notion and reminds me of why I elected to conduct this research. My research is an attempt to provide the reader with such an opportunity. The stories generously provided by my participants will enable you to catch a glimpse of the lives they now live after losing their children. If I am to ask others to share their deepest stories of loss, I would be remiss if I did not also share mine.

### **Researcher Background**

As noted earlier, the purpose of my research is to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. I have described my background related to this topic and provided an autoethnographic component in Chapter One. The individuals who I will interview may differ from me in a variety of ways, but we will all share the common bond of losing a child to suicide. As a group of mothers, we share something so deep that bonds us together in the culture of suicide loss survivor mothers.

There are challenges and advantages of conducting research with one's cultural group. One strength of this research method is that the researcher's deeply personal and emotional connection to the culture group would imply that the researcher would take great care during the representation of herself and others in the group (Adams et al., 2014). Another strength that I have as a researcher is the ability to empathize with the strong emotions participants have communicated during the interviews. The acknowledgment and expression of such emotions by others do not make me uncomfortable and I see these emotions as a pathway to understanding. The information derived by tapping into the emotions of my sister bereaved mothers help to better understand the learning that occurs with this culture. Emotions are intrinsically tied to all facets of life, yet they are rarely acknowledged in scholarly research. Such research that excludes emotional elements deny a large part of what it means to be human and hence, miss the mark by creating knowledge that only scratches the surface of the human existence.

An additional advantage of my research is that participants are better able to relate and more willing to share with someone who understands their beliefs and experiences. Autoethnographers take the risk and expose deep parts of themselves because they want readers to engage with their adversity and to empathize with their feelings, and ultimately to do something to assist fellow sufferers (Pensoneau-Conway et al., 2017). Also, because researchers undertake a writing style intended to create connections and further understanding of a culture, these studies can reach a broader audience than most academic studies.

The willingness of the researcher to be vulnerable could initially present a challenge with this type of study, and in the data collection section below, I will detail how I have conducted the interviews in light of our common shared experience. The participants knew before our first interview that I am a mother who is a survivor of suicide loss. It is difficult to share parts of oneself for others to judge, but overcoming this apprehension adds an element of gravitas to the study. Researcher-participants engage with topics they hold close to their heart to shed light on

their experiences, hoping to improve the lives of their fellow sufferers. In conclusion, researchers that embark on an autoethnographic journey will not find the answers to life's difficult questions but, by moving through the process they may find healing and understanding for themselves and the culture they represent.

### **Participant Selection and Informed Consent**

I utilized purposeful sampling in this study. Purposefully selecting participants will equip qualitative researchers to better understand the research question (Creswell & Creswell, 2018). Participants had to meet one basic criterion to be selected to take part in this study; they had to have lost a child to suicide. Coincidentally the mothers that agreed to participate in this study have all lost a son to suicide. The prevalence of male suicides in this study may be due to the gender differences in suicide statistics. Women were 1.4 times more likely to attempt suicide, yet men died by suicide 3.6 times more often than women (American Foundation for Suicide Prevention, 2020).

The time that transpired between when the loss occurred to the time of the interview will not have a bearing on the participant selection. After receiving Penn State University's Institutional Review Board (IRB) approval, I began recruiting participants. I reached out to mothers who I met through suicide loss support services after the death of my son. Once participants agree to be interviewed and before conducting each interview, I provided each participant with a copy of my approved consent form to conduct my study from the Penn State Institutional Review Board (IRB). Participants read the form and had the opportunity to ask questions before I proceed with the interviews.

## **Data Collection**

As Merriam and Tisdell (2016) explain, qualitative research entails an inductive process in which researchers “gather data to build concepts, hypotheses or theories rather than deductively testing hypotheses as in positivist research” (p. 17). In this study, I collected the primary source of data through two separate in-depth interviews.

### **Interviews**

It is advisable to create an “interview protocol” that will act as a guide for asking questions and recording answers (Creswell & Creswell, 2018, p. 190). When interviewing, researchers should use five to ten questions consistently with all participants (Creswell & Creswell, 2018). There is a continuum of interview structures ranging from standardized to unstructured. I used a semi-structured interview style in this study because as Merriam and Tisdell (2016) note, it provides greater flexibility to respond in the moment “to the emerging worldview of the respondent, and to new ideas on the topic” (p. 111). Before each interview, I notified the participants that I would be recording their responses. Although I recorded each interview, I also took notes as it is a suggested best practice in the event of equipment malfunction.

### **Addressing with Sensitive Topics**

Due to the nature of the study and the participant population, I took additional precautions. It is understandable and even expected to encounter strong emotions from the participant during the interview especially with a topic of losing a child. Dempsey et al. (2016)

provide a framework for conducting sensitive interviews with vulnerable populations. Their first suggestion is to develop an interview schedule to be used as a guide, not as a script from which the research reads verbatim during the interview as they considered this off-putting when discussing sensitive subjects. The researcher's role is that of an active, empathetic listener and it is her responsibility to be familiar enough with the questions so as not to rely on the schedule during the interview so she can fully concentrate on the participants' needs instead (Dempsey et al., 2016). It is also important to show respect for the participants' stories and to develop a trusting relationship to facilitate rapport development. Learning how to be comfortable with interview silences and allowing space for the participant to experience difficult emotions is also an important practice.

Once agreeing and giving consent to take part in the research, I provided participants with the list of questions in advance of our initial interview. The intention of presenting the interview questions prior to the interview was to ease any concerns the participant may have involving the nature of the interview and the questions that I will ask. See Appendix A for the list of questions for the first interview. It is important to assure participants that I will not be asking them about the method of suicide or any other details specific about the cause of the death. As we would be discussing the most traumatic event in their lives, participants would be more comfortable receiving the questions in advance. This will help them collect their thoughts and prepare for the interview. This practice is consistent with the findings from a study of bereaved parents' experiences regarding their participation in research (Dyregrov, 2004). The parents provided the following recommendations to grief researchers who plan to interview bereaved parents:

Contact us by letter when approaching for the first time; give us thorough, and written information before research participation; let us decide where and when to meet; listen respectfully to the mementos we find relevant to show, or tell you about; give us enough

time and quietness for the interview; let us meet trained interviewers with knowledge of the bereavement process; conduct the interview in an empathetic and cautious way; give us the opportunity to reflect and ask questions during and after the interview; some of us might need extra time and care before, during and after the interview; offer follow up after the interview, e.g. information, contacts to professionals; discuss the result with some of us if possible; and send us the report, let us read it and give feed-back.

(Dyregrov, 2004, p. 395)

By recognizing such participant needs, and incorporating practices that meet these needs, the research will be respectful of the bereaved. I implement such practices when dealing with the bereaved mothers in my study.

I also shared information about the loss of my son during participant recruitment and explained how this study is intended to shed light on our collective experience as grieving mothers. To ensure that the relationship between the researcher and the participant is non-hierarchical a researcher can create some sort of level playing field by taking part in a reciprocal sharing of their personal stories or self-disclosure about their connection to the research (Dickson-Swift et al., 2007). This can also improve rapport and trust which are both integral for discussions on sensitive topics (Dickson-Swift et al., 2007; Dempsey et al., 2016). Having a shared experience is beneficial, because as Ruane (2016) notes, “discussion of sensitive topics can also be facilitated by carefully matching interviewers and interviewees” (p. 199). I was also receptive to an open exchange of dialogue with the participants during the interview process. If a participant asks me to share personal information about my experience as it relates to the topics being discussed, I gladly obliged.

During my initial interviews with the participants I discovered that they did not wish to be anonymous. They wanted to retain ownership of their hard-earned story and wanted their sons' names to be spoken and written. As such, I submitted a modification to the IRB so this

personal information could be included in this study. See Appendix F for the IRB's approval of this modification. After our initial interview I sent each participants a copy of her respective chapter from my study. After reading their chapters, we had a second interview to solicit feedback from the participants to ensure I accurately depicted their narratives. This participant feedback also known as a member check, is a strategy employed by researchers to establish credibility (Thomas & Magilvy, 2011). See Appendix B for the list of questions that were discussed during the second interviews. During this follow-up interview, the participating mothers offered further reflections and additional insight about what they have learned about themselves and their changing worldviews.

During the interviews, participants had the option to decline any question or stop the interview at any time. I also used a distress protocol that detailed how to deal with upset participants during the interview process (Dempsey et al., 2016). Such a protocol guides the researcher on intervention tactics based on the level of distress a participant appears to be experiencing. The researcher can ask the participant any of the following based on the level of perceived stress: if she wants to take a break, if she wants to end the interview, and/or if she would like the researcher to contact a friend or family member to spend time with them (Dempsey et al., 2016). See Appendix C for the distress protocol that I utilized during my interviews. Researchers should also provide contact information for additional support resources that the participant can access if needed (Dempsey et al., 2016; Merriam & Tisdell, 2016). See Appendix D for the list of support resources that I provided to the participants at the beginning of our initial interview. I also welcomed participants' feedback on the interview process which is considered a best practice when conducting interviews on sensitive topics (Dempsey et al., 2016; Dickson-Swift et al., 2007).

## **Documents and Artifacts**

I collected the next source of data from documents and artifacts. According to Merriam and Tisdell (2016), there are six types: public records, personal documents, popular culture documents, visual documents, physical material and artifacts, and researcher-generated documents. During interviews some participants elect to show me newspaper articles, items displayed in memory of their child, or other personal items of deep importance to them as mothers of deceased children. Some documents and artifacts were public records and others were personal documents.

## **Researcher-Generated Documents**

Another type of data I collected was researcher-generated documents. These are documents created by the researcher or for the researcher during the study and could include having the participant create a piece of art, write a poem, or take a photograph (Merriam & Tisdell, 2016). I asked my participants in advance to think of a metaphor that describes their worldview now. As mentioned in Chapter One, metaphors are a useful tool for women to construct meaning and express their emotional burdens (Fullagar & O'Brien, 2012). The metaphors constructed by my participants are useful in this study as they enabled participants another avenue for expressing themselves and allowed for a greater understanding of their circumstances. Barker (2000) likens metaphors to art which helps “us understand the difficulties of life . . . and expresses the inexpressible, yet does so indirectly” (p. 98). Using metaphors can help us get closer to the lived experiences of others and also explore our own identity. Soliciting participant-generated metaphors provided the mothers in my study an opportunity to articulate the unfathomable.



## **Photo Elicitation**

I asked participants to provide pictures or videos of their sons at various ages so we could look at them during the interview. Collier and Collier (1968) introduced ethnographic photography as a valid research tool for anthropologists to elicit participant responses. During participatory photo interviewing, participants provide photos and discuss the meanings and significance of these photos (Adams et al., 2014). I did not collect my participants' photos, as the photos simply served as an elicitation device to understand how their worldviews have shifted since their loss. According to Padgett et al. (2013), using photo elicitation in conjunction with interviews is beneficial "particularly when study participants have had painful or sensitive life experiences that are difficult to verbalize, and when they are able to exert control over the images they choose to share" (p. 1443). Photo elicitation can generate more substantial richer accounts of participants' lives than traditional interviews.

The purpose of my research is to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. I was interested in understanding if the learning that takes place after their loss can be considered transformative. Using photos assisted the mothers in recalling and describing their life perspectives before the suicide. Using photo elicitation empowers the participants "to teach the researcher about aspects of their social world otherwise ignored or taken for granted" (Clark-Ibáñez, 2004, p. 1524). Researchers can use this data collection technique alone or with interviews to produce rich quality data.

The rationale for mining data from many sources stems from the purpose of the study, which is to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. Creswell and Creswell (2018) suggest that collecting a diversity of data is preferred as it can help the researcher "capture useful information

that observations and interviews can miss” (p. 187). The various types of data I collected provided me with relevant information because it empowered participants to select photographs, metaphors, and words that demonstrated what was most important regarding their experiences.

### **Data Analysis**

Qualitative data analysis is a process that involves a sequence of required steps and multiple levels of analysis (Creswell & Creswell, 2018). I analyzed the data as I collected it. Immediately following each interview, I transcribed the interview recording. Given that this is a narrative autoethnographic study, I will first discuss narrative analysis, and then thematic analysis in qualitative research.

### **Narrative Analysis**

Connelly and Clandinin (1990) suggest the use of *storying and restorying* as a tool to analyze the data and seam together the gathered material. I used the process of restorying to re-write the participants stories as they align with the theoretical framework of the study. A narrative inquiry approach to research requires the construction of narratives at several levels. As Connelly and Clandinin (1990) suggest, “At one level it is the personal narratives and the jointly shared and constructed narratives that are told in the research writing, but narrative researchers are compelled to move beyond the telling of the lived story to tell the research story” (p. 10). I examined the text from my interviews to explore through narrative inquiry, if the learning that takes place after the suicide death of a child can be considered transformative.

The narrative approach enabled me to collect first person accounts of mothers’ stories as they unfold through time (Clandinin & Connelly, 2000). Re-telling their stories allowed me to

gain perspective of the potential ways they learned to move forward after their loss. After restorying their stories, I provided the participants with a copy and asked them for feedback. Participants shared their feedback during our second interview. This made the process a collaborative effort in which I was co-constructing the participants stories with them. McCormack (2004) describes the process of storying stories as a “way to approach and re-present interview conversations . . . to highlight both the individuality and the complexity of a life” (p. 219). To honor the uniqueness of each mother’s story, I used a holistic approach in which the data from each participant will be kept intact. As Beal (2013) explains, a benefit of this type of approach is that it “takes into consideration individual variations in an experience common to the participants” (p. 702). I first presented the participant’s story from a re-storied perspective, then I performed a thematic analysis.

### **Thematic Analysis**

The most common type of data analysis in qualitative research is thematic analysis (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). Once I carefully reviewed and coded the transcripts and other collected documents and artifacts, I began the process of thematic analysis. Notes were captured in the transcript columns and on the artifacts and documents. I began listing tentative themes of the first interview before I interviewed the second participant. By analyzing data simultaneously with collection, the researcher can remain focused and not succumb to being overwhelmed by the volume of information. I then analyzed the data from subsequent interviews in relation to the previously collected data. The data from all the interviews were then compared to each other to identify themes and patterns. The constant comparative method of analysis is often used for grounded theory studies, but it proves useful for a qualitative study such as this because it offers an analysis that is both inductive and comparative (Merriam & Tisdell, 2016).

Since the aim of data analysis was to answer the research questions, I identified themes/categories aligned with the purpose of the study and coded accordingly. Coding involves bracketing chunks of the data, segmenting them into categories, and then labeling those categories (Creswell & Creswell, 2018). I utilized open coding during my initial analysis as it allows a researcher to be expansive in identifying themes while not restricting any possibility during early analysis (Merriam & Tisdell, 2016). Ultimately, the categories or themes were narrowed down and discussed in the findings section. I selected rich, thick descriptions to represent each of the identified themes and sub-themes. According to Ponterotto (2006), “Thick description captures the thoughts and feelings of participants as well as the often complex web of relationships among them” (p. 543). Merriam and Tisdell (2016) suggest rich, thick description provides context to the findings and enhances the transferability of the study as it allows readers to “determine the extent to which their situations match the researcher context” (p. 259). It also transports readers to the setting so they can share the experience (Creswell & Creswell, 2018).

### **Autoethnography and Data Analysis**

The researcher’s reflexivity and role as an insider or outsider to the community being studied impacts the research process and therefore should be acknowledged (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). As a mother who has lost a child to suicide, I acknowledge my positionality makes me prone to an inherent bias towards the data. As such, this study had an autoethnographic element. During data analysis, autoethnographers should think critically about how their experience might question, add to, or illuminate parts of these themes (Adams et al., 2014). To make sense of our stories, Adams et al. suggest reading through field notes looking for repeated images, phrases, and/or experiences and then assembling these clues into a handful of categories of themes. Chang et al. (2012) suggest analyzing data early in the

collection process by thematizing to help narrow the focus of the study.

When combing through the mass of collected data, autoethnographers may be halted by an inability to fit their data into neat themes. In such instances, Helps (2017) suggests that we should remind ourselves that that “language is only meaningful in relationship and that it is the embodied, spontaneous mutually adjustive connectedness that is the thing, *the thing*, that creates meaningful connection” (p. 145). Rather than relying solely on my personal experience or only the experience of the participants, our conversations were able to paint a more vivid picture of our experiences. Discussing the complexities of our pain helped to create a collective story with elements of shared meanings. Hoppes (2014) reminds us that “although inquiry cannot yield solid, static answers to life’s mysteries, it has the power to heal minds and hearts” (p. 64). The autoethnographic storytelling “inward–outward/backward–forward” method helps the researcher to make meanings that are not ordinarily available (Hoppes, 2014, p. 67). By interviewing mothers who lost a child to suicide, I gained more perspective on my experience, which then afforded a better understating of the experience of other mothers who lost a child to suicide. As such, following sections of the participant narratives, I wrote reflections on what I learned about myself from this experience.

### **Verification Strategies**

To enhance the trustworthiness of a qualitative study, a researcher should strive for *credibility*, *transferability*, *dependability*, and *confirmability* (Lincoln & Guba, 1985). The term qualitative rigor is also used synonymously to denote a study’s trustworthiness. Krefting (1991) considers a study to have *credibility* “when it presents an accurate description or interpretation of human experience that people who also share then same experience would immediately recognize.” (p. 218). *Transferability* refers to the extent in which findings have applicability to

other groups or other contexts (Lincoln & Guba, 1985). *Dependability* of a study exists if another researcher is able to follow the decision trail used by the researcher. This is not to imply one could duplicate a qualitative study because as Thomas and Magilvy (2011) explain, “like a river, the water is not the same even if one’s stance and perspective from the bank is from the same spot” (p. 153). When credibility, transferability, and dependability have been established, then *confirmability* occurs. A study with confirmability provides a sense of trust to the reader or consumer of the research (Thomas & Magilvy, 2011).

Validity and reliability are also terms associated with the caliber of a qualitative study. Increasing the trustworthiness and validity of this study is especially important as an insider to the group that is being studied. According to Creswell and Creswell (2018), “Qualitative *validity* means that the researcher checks for the accuracy of the findings by employing certain procedures, whereas qualitative *reliability* indicates that the research’s approach is consistent across different researches and among different projects” (p. 199). It is recommended that a researcher incorporate multiple approaches to check the accuracy of the findings and to convince readers of that accuracy. Such *validity strategies* will be discussed next.

Triangulation can increase the study’s validity by using multiple sources of data and checking them against one another to construct reasoning for themes (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). This approach will compare the interview data against the data from documents and artifacts. Shefner and McKenney (2018) caution researchers to “recognize the need for triangulation efforts that take into account that the perspectives of the less powerful may not always be represented faithfully or at all in document and archival evidence” (p. 228). Because the process of triangulation is subject to power analysis, researchers should exercise care when comparing data sources to ensure the people being studied are accurately represented. To this end, researchers are encouraged to use member checking which is also known as informant feedback or respondent validation. According to Thomas and Magilvy (2011), member checking

involves “returning to the persons from whom data were generated to ensure that the interpretations of the researcher are recognized by the participants as accurate representations of their experiences” (p. 153). I provided each participant with the re-storied version of their story that I will have written and provided them an opportunity to give me feedback during our second interview. Their feedback ensured that their ideas were not being misrepresented. This practice not only increases credibility, but it also informs the participants of the significance of their opinions regarding how I interpret the data.

Peer reviews can also enhance the reliability of the study findings. They were conducted by other doctoral candidates in the program cohort. Through the peer review process, I gained an outsider’s perspective from a peer who is undergoing similar research but on a different topic. In addition, my doctoral dissertation advisor acted as another peer reviewer.

I also strived for maximum variation of my sample to incorporate a greater diversity of my participants. Diversity could be represented in terms of ethnicity, age, professions, educational backgrounds, number of children, and marital status. As Merriam and Tisdell (2016) explain, this strategy will “allow for a greater range of application of the findings by consumers of the research (p. 259). Hence, the strategy of maximum variation sampling is a best practice for enhancing both dependability and transferability.

As discussed previously, reflexivity it is important to address as it relates to the autoethnographer. Acknowledging reflexivity is also a way to enhance the dependability of a study’s findings. Riessman (2015) refers to reflexivity as “a hall of mirrors that illuminates a social phenomenon from many angles” (p. 233). I find this description especially useful for my research, which is an autoethnographic-inspired narrative inquiry study. Riessman (2015) notes, “The subjectivity of the investigator does not stand in the way, nor does it belong at the center; rather it is one object among many” (p. 234). In this sense, my story is one among many told in this research.

Autoethnographers should strive to write stories that are trustworthy and reliable because they are considered to have narrative rationality and will be more likely to be accepted by readers and incorporated into their lives (Adams et al., 2014). Ways suggested by Adams et al. (2014) to enhance the dependability of the findings include avoiding self-indulgence, connecting motives to larger cultural issues, avoiding blaming and shaming, avoiding heroics, avoiding framing self/others as victims without offering a critical analysis of injustice, avoiding self-righteousness, and learning more about the culture represented in the research.

### **Concluding Rationale for Conducting the Study**

Vulnerable populations taking part in research on sensitive topics welcome the opportunity to share the experiences they rarely get to discuss (Alexander, Pillay & Smith, 2018). Suicide loss survivors have confirmed that participation in serious research projects is valuable because it helps them process their emotions while talking about the deceased and it provides an opportunity to help others (Dyregrov et al., 2011; Ryan et al., 2013; Sands & Tennant, 2010; Sheehan et al., 2018; Wilson & Marshall, 2010). The empowerment of participating in research lets them break out of the role of passive victims. This identity, which others often assign to them, can be detrimental to helping them heal. Despite some reports of initial distress when discussing emotional topics, research participants report that being interviewed about sensitive topics is a positive experience in which they can gain a new perspective or meaning about the experience (Alexander et al., 2018; Dyregrov, 2004; Dyregrov et al., 2011). As Alexander et al. (2018) suggests, the discomfort felt by some participants discussing sensitive topics “is typically not long-lasting or severe” (p. 85). Dyregrov (2004) conducted a study involving parents who had lost their child by suicide, SIDS, and accidents and found that “100% of the parents experienced participation as positive or very positive, and none regretted participating” (p. 395). The parents



in the study voiced regrets that their social circles no longer want to talk about what happened and they associated being able to tell their entire stories as a reason the interview was a positive experience (Dyregrov, 2004). Cook (2001) recognizes the benefits associated with researching suicide bereaved individuals and explains that Western researchers often mistake the sadness and crying during emotional interviews as being stressful and negative for the participant. In actuality, bereaved participants perceive such emotional releases as welcomed and helpful.

Since mothers who lost their children to suicide are considered a vulnerable population, there are few opportunities to learn about their experiences and provide them with a voice. Considering the rise of suicide deaths, especially in the age range of 15-29 years old, the number of mothers who will join this group is exploding worldwide. To continue to silence these mothers by excluding their participation in research that could eventually help them, is doing an injustice to this already marginalized group. While conducting research on a sensitive topic with a vulnerable population may pose some inherent risks, Dempsey et al. (2016) advise that avoiding such important research could be considered “as evasion of responsibility and disempowering to the individuals involved” (p. 482). Echoing this sentiment, Alexander et al. (2018) state,

Although well-meaning, the actions of gatekeepers are not only paternalistic, they could be further marginalizing vulnerable populations by denying them the benefits to be gained from research designed to identify and begin addressing their needs. (p. 85)

Researchers have an obligation to protect participants from harm and should embed precautionary safeguards into their study design when sensitive topics are being studied. These extra cautionary measures should not deter researchers from engaging with populations impacted by circumstances that would be considered sensitive. Keeping this population safe should involve exploring their experiences further rather than avoiding them because of their challenging circumstances. As previously discussed, vulnerable populations who take part in studies, find the experience beneficial.

Despite the wealth of evidence that supports research on sensitive topics, researchers are still frequently experiencing obstacles in their attempts to conduct such research. According to suicide postvention researchers Moore et al. (2013),

Some ethical boards place restrictions or raise concerns about research being conducted in an absence of sound knowledge about the safety of such research . . . It is both timely and imperative for ethical board members to be well educated on what the risks of those who are bereaved by suicide may be prior to making recommendations on research project designs. (p. 297)

While it is important for ethical boards to ensure strict guidelines are being met, they may stifle the efforts of researchers to understand this population better if they do not understand that participation in suicide bereavement studies is considered a beneficial experience for the bereaved.

As mentioned previously, the rise of suicide rates has led to increased government spending for prevention training but little to no postvention support for those left behind. The survivor population has been shut out of the suicide epidemic conversation. My study provides insight into their experiences and allows their voices to be heard. By having more opportunities for surviving mothers to take part in suicide bereavement research they could take back some power and encourage other mothers to come forward which could help dispel the stigma one voice at a time.

The literature has demonstrated that it is vital to provide better support to survivors to assist them on their lifelong journey of healing. If relevant educational programs are to be designed, it is imperative to conduct research to understand their experiences and correctly identify their needs. The knowledge gained from my research would be useful to a variety of entities and could be applied in different ways to benefit those bereaved by suicide. Those who would benefit from reading my research findings would be policy decision-makers within

government agencies and workplaces, ethical boards, government officials, health care providers, school officials, curricula designers for medical programs, public health officials, grief education providers, coroners, law enforcement officials, funeral directors, and suicide loss survivors.

The findings of my research bring an understanding of the experiences of mothers who lost children to suicide. This understanding could be utilized by those aforementioned individuals/entities to start a conversation to dispel stigma about this taboo death, design a postvention training to support these mothers' specific urgent needs, explain the hurtfulness of suicide prevention campaigns' messaging, enhance medical education programs for physicians, improve workplace policies, call for government spending for suicide bereavement programs, remove barriers to receiving help for survivors, and develop general community adult education programs.

In conclusion, the benefits of conducting my research far outweighed the risks. By utilizing strategies to respectfully include suicide loss survivors in my research and safeguard their wellbeing, participants received the benefits of sharing their stories and also the benefits that may arise as by-products of the study such as increased awareness, new educational programming, and improvement in care.

## Part Two

### Mothers' Narratives

*A smooth sea never made a skilled sailor.*

Franklin D. Roosevelt

Part Two of this dissertation contains Chapters Four through Seven which describe the findings of this study. Each chapter will present the narrative of a mother who has lost a child to suicide along with reflections of my personal experiences as a member of this group. These stories provide an opportunity to peer into the world of someone who has lost a part of themselves and yet somehow continues to function. The children who we discuss are no longer physically near us, but they are now closer to us than before the loss. Ever-present in our thoughts, we continue to mother them in new ways.

The lack of educational opportunities for those bereaved by suicide results in survivors struggling to keep afloat while attempting to navigate uncharted murky waters. The narratives presented of these mothers demonstrate the varying types of navigational devices and life preservers they used to keep from drowning and make it to the shore. The Franklin D. Roosevelt quote at the opening of this chapter represents the learning that takes place when you find yourself in situations like these surviving mothers. While we all would have preferred to live on the calm waters of our previous lives, we have tapped sources of internal strength we did not even believe existed and gained wisdom from unlikely sources.

The purpose of my study is to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. To understand their perspectives, the following research questions guide my research:

1. How does engaging in discourse aid in learning to move forward after a suicide loss of a

child?

2. What factors facilitate critical reflection after a suicide loss of a child?
3. To what extent can the learning that takes place after a suicide loss of a child be considered transformative?

Through one-on-one interviews, participants shared their personal journeys from the birth of their children to their new role as a bereaved mother. All participants were asked the same questions. See Appendix A for a list of the interview questions. The open-ended questions provided a semi-structured element to the interviews by allowing discussions about additional topics to emerge. By encouraging such open dialogue, the interviewees could select the ideas that were most important to them in their learning journey. The diversity of the mothers' experiences is evident in their narratives. There is also, however, some commonalities along their paths. Their stories are built around these themes that emerged from my analysis of the data. Before explaining how I built the narratives, and because this study is also autoethnographic, I begin by revisiting an aspect of my own autoethnography in light of the metaphor of black and blue butterflies.

### **Autoethnography Revisited: Black and Blue Butterflies**

Besides asking questions about their experiences, I also asked participants to share a metaphor that describes their perception of their current worldview. These metaphors are considered researcher-generated documents because they are created for the researcher during the study (Merriam & Tisdell, 2016). As discussed in Chapter One, metaphors enable women to construct meaning and express their emotional burdens (Fullagar & O'Brien, 2012). The process of generating metaphors may also enhance their understanding of their circumstances, which could allow others to have a deeper understanding of their lived

experiences. Each mother's unique metaphor will be presented at the end of their narrative.

While in the process of analyzing the data for this study, I arrived at my own metaphor for this group of women. One mother, Deb, spoke to me about her excitement when she sees black and blue-colored butterflies. Their sight represents a message from her son Josh who passed away over 16 years ago. After my interview with Deb, I reflected on the imagery that my mind conjured up when I heard the words *black and blue butterfly*. *Black and blue* makes me think of a bruise on the skin that is very tender and in the process of healing but not quite there yet. The mere sight of a black and blue mark would indicate to an outsider that some injury has occurred. The word *butterfly* is synonymous with transformation. I recall my science class in elementary school in which we had a mesh container that held a caterpillar's cocoon. We were told not to touch this delicate creature because it will soon emerge and become something much different from its original state, which was a caterpillar. We excitedly ran to view the cocoon when we entered the room each day, eager to see the new creature. It was, however, disappointing when we had to look at that cocoon for what seemed like an eternity but in actuality was only a few weeks. We were not impressed with looking at what appeared to just be a blob hanging from the top of the container. Our impatience led some classmates to ask the teacher if we could help expedite the process by prying, albeit gently, open the cocoon. She explained that it does take a lot of work for the butterfly to get out of the cocoon and it may seem like the humane thing to do by helping it, but we most definitely cannot interfere as it is something that it must do on its own time. She told us that if we intervened, we would stunt its growth, resulting in malformed wings that would render it unable to fly. So, we learned that this beautiful delicate looking creature possessed a strength that we could not fathom. Although it was explained to us, it was still very perplexing. After all, how could something so small and seemingly fragile possess such strength to endure the struggle to get out of that tightly wrapped cocoon?

The mothers in this study are metaphorical black and blue butterflies. We have been

injured and have had to go through the struggle, each in our own time, to arriving at this place where we could emerge from our cocoons to discuss our losses and unpack our learning experiences. While we instinctively formed our cocoons immediately after our losses, it may have appeared to the outside world that we were stuck in time. We were told we should be ready to join the human race again and take part in social functions just as we had in the past. But we were no longer caterpillars able to move as we did in the past. In fact, we could not move at all as we were immobilized in our protective cocoons. There were some well-meaning individuals who wanted to pry us out of our cocoons, believing they were doing what was ultimately best for us. Just as my science teacher instructed her class of impatient students, the butterfly will emerge when it is ready not when we want it to appear. At times it was very necessary for us to be alone in our cocoons. There is much we need to sort out and this is a task that no one else can do for us. This is not to say we do not need help to stay alive while in this transitional state. During this time, it is imperative that those around us assist by ensuring our environment is climate-controlled as to be conducive to us eventually emerging in our new form. After all, the struggle and effort we must put forth to transition is never fully seen by others, much like the hidden work that occurs in the butterfly's cocoon. I believe this exertion is also analogous to labor pains. The labor pains of losing a child, however, is much worse than the labor pains of birthing a child. When a cute cuddle baby emerges the birthing labor pains are over but the bereavement labor pains are never ending and result in a cold tombstone or urn.

This study documents the pivotal transformative learning of these beautiful black and blue butterflies. We are a rare breed of beings who are full of contradictions. We are simultaneously delicate and strong, both fearful and brave, and concurrently wounded and healed. The emergence from our cocoons is nothing short of miraculous, but adjusting to life as a new creature has many complications. Much of the world still expects us to move on the same spatial plane we did when we were caterpillars. But we cannot touch the ground anymore as that has

been pulled from underneath us. We must now fly to survive. Admittedly, this affords us a better vantage point of our surroundings, but it is nonetheless unsettling for those with a fear of heights.

The chapters that follow illustrate how each of these black and blue butterflies learned to operate in their new spatial planes. They share their personal insights and nuggets of hard-earned wisdom. My voice will also be added to each story as a reflection on each narrative. I greatly admire each of these women as they provided me solace in my darkest hour and I will never forget what each of them has taught me. I trust you too will find insight from their informal learning journeys.

### **Navigation of Narrative Chapters**

Each chapter that follows is devoted to one mother and her experiences with learning how to cope with her loss. Since I have had a personal connection to each of these mothers since losing my son, I will be transparent regarding how I have met each mother. All those interviewed are advocates for survivors and have shared their stories publicly and several of their stories were the topic of published newspaper articles. I met all but one participant after losing my son and they each provided me with much-needed support during the worst time of my existence. Each woman possesses a type of wisdom that is only doled out to individuals who have gone through extraordinary trials and tribulations. They have imparted their wisdom on me through their words, actions, and how they conduct themselves in the face of tragedy. As such, I will begin each chapter with an introduction of the mother and my reflection of what this mother has taught me and how she has aided in my transformative learning journey. Then I will focus on presenting their deeply personal narratives. To honor the uniqueness of each mother's story, I use a holistic approach in which I keep the story as data from each participant intact as much as possible, though I do not simply paste in their transcripts. Rather, I share excerpts from their interviews



that demonstrate their learning experiences as they relate to the research questions.

After narrative excerpts, I will provide my reflections. The purpose of this element is to include my autoethnographic narrative as additional data. The participants' narratives are italicized, and my reflections will be identified with a heading. Each chapter will then conclude with a summary analysis of the mother's interview.

Each chapter is written in a way to provide a 360 degree view of my transformative learning by introducing individuals who have engaged in discourse with me when my emotions were running high and have held space for me which fostered opportunities for me to critically reflect on my new circumstances. These women will also provide information about the people or circumstances that helped them learn to live with their loss. In my personal reflections and analysis of the data, I explore the extent to which the learning that took place after the suicide loss of our children can be considered transformative. Obstacles of researching transformative learning experiences are that it is a complex theory and difficult to assess. It can be challenging to demonstrate that critical reflection has taken place during the course of a learning experience because this is largely an unseen process. As such, I have asked direct questions relating to how the participants arrived at their new frame of reference. Also, using an autoethnographic lens will provide greater understanding of this element of transformative learning because I will share my reflective process and how this reflection impacted my emerging worldview. These elements will allow our transformative learning journeys to be viewed through a more holistic lens which will allow greater flexibility for understanding the data.

## Chapter 4

### Josh's Mom

Deb is Josh's mom and she lost her beloved son 16 years ago when he was only 14 years old. She is driven to help others. She does this through her profession as a massage therapist and also by her outreach work with individuals like me who have lost someone to suicide. She has been doing this work for many years and has recently started a local support group in the city where she lives. Of all the participants, she is the mother who has lived the longest without her son. Deb is honest about her highs and lows from the past almost two decades of learning to be a survivor.

#### Reflections on Initially Meeting Deb

During the immediate aftermath of my loss, I was in a state of shock. I could not believe something like this was happening to me. Being overwhelmed with feelings of guilt, sorrow, anger, and shame did not allow me to take in everything that was going on around me. The amount of outpouring of condolences was surprising. This may seem like a positive thing, but when you are in the midst of such a crisis, it feels like a bombardment of other peoples' emotions. I half-heartedly read each condolence card, letter, e-mail, text, and social media message. I was not ungrateful, but rather I felt my new appalling reality sinking in with every message I read. "So sorry for your loss." "I can't imagine what you must be going through." "He is in a better place now." "You are in our thoughts and prayers." There was much sympathy being expressed, but did any of these people really understand what I was going through? Sympathy made me only feel worse about my circumstances. What I desperately needed instead was some empathy. And as these thoughts sprung in my mind, I opened a card. It

had flowers on the cover along with the standard printed condolence message, but it contained something more . . . something that no other message provided. “I have a friend who lost her beautiful teenage son many years ago. Her name is Deb and her phone number is \*\*\*-\*\*\*-\*\*\*\*. Feel free to call her if you would like someone to talk to about your loss.” My heart jumped! This was it . . . this is what I needed and secretly wished would come my way – somebody who could empathize with my loss. I immediately reached for my phone. Then in that instance I felt fear and self-doubt creeping into my thoughts. “You can’t call her; you don’t even know her.” “She probably lost her son to sickness or an accident.” “If she knew how you lost Izzy, she would be mortified.” After wrestling with these negative thoughts, I mustered up the nerve to send Deb a text message. I could not call her because at this point I could not last a minute without crying. I quickly typed, “This is Gina, I just lost my son. I got your number from someone who said you lost a son too” and immediately hit send. She sent a message back to me asking if I would like to meet somewhere for coffee. I explained that I am not ready to go in public because all I do is cry all day. She offered to visit me at my house instead. I took her up on that offer. This is when I learned that she too had lost her son to suicide.

### **Perpetuating Stigma**

Deb shares her story freely and speaks in public settings and to media outlets about her experiences with suicide. She is confident and is very direct about her thoughts on the challenges of a suicide loss. When I explained that she would be referred to anonymously in this study, she respectfully rejected that idea.

*I don't need to have the anonymity only because I think sometimes the anonymity feeds into the stigma. People don't even want to admit that they've lost a child to suicide because of the stigma that's already connected to it. So then if we continue with*

*anonymity about it, then how do people then respond to us in a compassionate way if they don't even know what happened? Does that make sense? I had some clients want to make small talk when they're getting their massage. They ask, "oh, do you have any children?" and then when I tell them "yes – combined, my husband and I have three daughters, and we have one son. But our son is no longer here". Then they're like, "Oh my gosh, I'm so sorry. What happened?" And then I said, "well, he died by suicide". And then they don't even know what to say. And, then they said, "I'm sorry. I didn't mean for it to bring up any hurt or pain." And I said "No. I want to talk about him because in a way, it keeps him alive and his memory will always be alive, he will always be a part of me, I will always be a part of him, but in talking about him it keeps him present." Even though he's not here ... he is...but he's not. He's not physically, but he is spiritually and I feel that by continuing to talk about them that does keep their memory alive, it keeps them alive and in a way, it allows them to continue past that physical plane, if that makes any sense at all.*

### **Reflections on the Catch 22 of Anonymity**

I recall the first day I met with Deb when she sat in my living room with me. From the first day she came to visit me, I learned from her that it is ok to own the way my son died. Deb's openness made me feel like I was not alone. By simply observing her that day, she also taught me that someone could go on to lead a productive, happy life even after such a tragedy. My immediate prospects seemed bleak, and she was a ray of light I needed in my dark world. In reflecting on her reaction to being anonymous in this study, I had to reassess what has been ingrained in me regarding participant confidentiality and anonymity.

Her assertive stance in challenging the preconceived notions of a seemingly benign

element of research such as anonymity is an example of the thought-provoking discourse that occurs amongst survivors of suicide. I had to set aside my preconceived notions that participating mothers would prefer to remain unidentified. This forced me to critically assess why I held that belief. Did it stem from my education regarding researcher best practices? Or did it originate from an even deeper held belief that it is shameful to lose a child to suicide? I determined it was a mix of both but, sadly, I must admit that the latter may have been more prominent in my original thought-process undertaking plans for this study. I had not even considered that the topic of anonymity would be a prominent thought with participants, but the idea of honesty and stigma with regards to suicide seems to still be a vicious Catch-22 cycle. If survivors are open about suicide there is judgement yet if we protect ourselves from this judgement during our difficult times, we are perpetuating the stigma which only further serves to inflict pain on us as a group of survivors.

While I could not remain anonymous due to the autoethnographic nature of this study, I had assumed the participants would appreciate being able to share freely under the cloak of an alias. I had not considered that they, like me, would want to be identified as they do their part to expose the insidiousness of suicide survivorship. Also, I had not made the connection that it was women like Deb who shared freely, that taught me I had the right to also share my reality and no one should have the power to make me feel otherwise.

### **Raising a Voice**

I then asked her how she learned to be so open about her loss to those who have never been intimately exposed to suicide.

*I think the questions need to be posed to them - What would you do if it were you? How would you think you would respond to this? What would you do if you were in our shoes?*

*And that's kind of how I've looked at things from the very beginning. Right after this happened I had met with one of the administrators at Josh's school and I told him that I wanted to do a school-wide assembly for parents, teachers, and students and they asked me, they said, "Well, who's your target audience?" I said, everyone. "Well, what do you mean everyone?" I said all the parents, all the teachers, and all the students. And they said, but, (pausing) and this is actually horrific that they even said this...they said, "Well, what good is it going to do now, your son's already dead?" And I said, SO IT DOESN'T HAPPEN AGAIN! I said, you're keeping it quiet. You don't necessarily want to draw any negative attention. But it needs to be done. You know, you need to get this out and how this affects people. So, a voice needs to be raised and unfortunately, Josh's voice has fallen silent. And I think that's one of the reasons why I've gotten into this was so that it doesn't fall silent so that other people are made aware and that he can continue to make a difference, even though he's not here. So I've kind of made that my mission.*

### **Live Long and Prosper**

Josh had a love of outer space. As a young child he would watch Star Trek with his father and grandfather. When the show would begin, he would run around the room with his Starship Enterprise toy.

*Definitely with his love of space we always knew that he would be involved in space, in some way, shape, or form. He went to Space Camp twice. The summer before he had passed, he had gone. His goal was to be an astronaut. He had to write a paper in school on where he saw himself when I think at age 30 or something like that. And he actually saw himself as president of NASA. He wanted to be the president of NASA. My outlook on life at that time... I guess, I mean I was positive that... I did have a positive*

*outlook. Sometimes I could be a little cynical, but I always tried to help him to achieve those dreams and so did his dad, especially with Space Camp.*

Deb describes the immediate physical and mental anguish she experienced the day Josh passed away. Her world did not simply change, but instead began to crumble to pieces.

*It's like your entire breath, just being sucked right out of you - everything all at one time - your breath being sucked out of you, the hole being ripped into your heart or even your heart being ripped out, your whole world shattering - all of that happening all at one time, to the point where you can't even breathe. That's just how it feels. Like somebody just gut punched you and knocked the wind right out of you. It's kind of how I describe it to people. Losing him that day was like my whole world just fell apart. Even though I still had my daughter and my second husband, I still felt as though my whole world fell apart. It was ...(long pause) like an empty hole in my chest that I didn't think would ever be filled. However, I've learned since that time, in a way, that hole won't ever be filled, because that was a spot that was reserved just for him.*

After the initial shock, the mental pain continued to be ever-present for her. This also gave her an understanding of her son's pain. She describes a time of deeply regrettable behavior that was caused by the intensity of her anguish. Amid this action, however, she was able to reach a new level of understanding regarding how others around her were also suffering.

*I had hoped that he would have gone on to be the president of NASA but I think his own inner torment and pain...he couldn't see past that. And I can understand that because I've been at that place. I've had my own darkness and after this happened with Josh, I mean, yes, there were points in my life where I just didn't care anymore. I didn't care if I lived or died. But the one day...and I hate to even admit this, but I think that we need to be completely honest that we have these thoughts and these feelings...when my daughter and I were headed to our one counseling session and I was driving a little bit too fast.*

*And she said, "Mom, you're scaring me slow down!" and I said, "I just don't care anymore. I just don't care if I live or die!" ...and the terror in her face...when I think back on that day, that is the one thing that I regret, scaring her that bad that I can see that terror in her face. She had just lost her brother she could not go through losing her mom, and my family is actually what keeps me doing what I'm doing. And not just my family, but other people's families because I think that it's something that's important that we need to have. I could not put my family through that, no matter how dark I get, I cannot put my family through that. I will find a way to get through it somehow and if I need to phone a friend to help me through something that I'm going through then that's what I'm going to do. If I need to make an appointment with a counselor, then I will see a counselor. Whatever, whatever that is, I will do it because I could not put my family through that again. ...not by choice.*

### **Reflections on Catastrophic Shifts**

Deb equated her experience to a shattered world. My world also completely changed, but it did not shatter, instead it stopped spinning on its axis. My world came to a screeching halt when the officer in my house told me they found him...and he was not alive. Then when I was told how he died, it was as if every molecule in the universe conspired against normalcy, the Earth began rotating in a completely opposite direction as more news about his death was revealed. Losing a child was one blow, learning about the cause of death was another blow, and then having to wait to hear from a coroner about the exact cause of death was another blow, having it reported in the news was another blow, and there was more to come. It was entirely too much to absorb and endure at once. Rather than Deb's gut punch, I was up against the ropes repeatedly receiving blow after blow. To process this catastrophic shift is as unnatural as the Earth changing its



rotation. Time and space ceased to exist as it did before. Nothing mattered yet everything mattered. This new reality is full of contradictions.

### **Greater Purpose**

Deb thinks back to that fateful night and explains how she began to immediately try to make sense of what just happened.

*At that time, I guess it was that night, we ended up staying at my second husband's parents and I even said to my second husband at the time, I said to him, "there is a much larger purpose here". I said, "I have to believe that", I said, "because if I don't I said I will lose my mind." There is a much greater purpose and why Josh died. I said, "I think that God needed him and I have to look at it from that standpoint that God needs him more than we do...for whatever reason". And from that time until 2010 I guess I was just kind of like meandering around, not knowing what to do and then things just started to change. I stuffed my feelings, I stuffed some of it. I thought, you know what, it's time to get back to work. I need to start doing things, you know, and I probably didn't have as much counseling as I should have had. Because I stuffed it, by just trying to bury it and push it all down and then seven years later, it came back with a vengeance and I had to deal with his loss all over again.*

She instinctively had the notion that there was something much larger at play, but she failed to sustain this new worldview as she admittedly avoided thinking about the negative aspects of her loss. While she experienced an initial perspective shift, it had not been a permanent change to her worldview as she was not acknowledging the nature of her loss with herself or with others. As she learned to lean into her pain, she explains how her outlook on life changed after Josh's death.

*It made me question my own mortality, what I'm doing here, what I'm here for, what's*

*my purpose? And to this day, I still question that, however, recently my purpose has become very clear. So, I've been using that as an opportunity to try to move forward with that purpose. And I do believe that is suicide prevention. I really do believe that, you know, it's kind of like the suicide prevention, but also should the unthinkable or unbearable happened to somebody, it's that support afterwards. Because somebody that has lost someone to suicide is not going to be understood by somebody that has not. You can go to all of the counseling sessions that you want to, but unless they've actually lost someone to suicide, I don't know that they will fully understand what their clients are going through.*

### **Reflections of Death Order**

After losing Josh, Deb began truly pondering her life's purpose because her own mortality now became a salient reality. The first time I seriously contemplated my own mortality was at my father's funeral, which was a few years before my son passed away. Having a parent die gave me the feeling that I was up next. Grandparents die, parents die, then their children die, and so goes life...or so I thought. At my father's funeral, my siblings and I applauded my brother's bravery for being able to hold it together enough to deliver the eulogy. We also discussed how much more difficult it would be to give our mother's eulogy and that he should perform that one as well. When we had that discussion, our mother was not ill, and she still is not today. She was perfectly healthy, yet we all held the reality that she would be the next person in our immediate family to die because parents precede their children in death and older people die before younger people. I would find out several years later that our flawed knowledge creation was based on a wishful reality. There was a family portrait displayed at the funeral that was taken 10 years earlier. My father was the oldest person in the photo, my mother was the next

oldest, and their grandchildren were the youngest. We would never have considered the youngest person in that photo would be the next to die. We now look at that photo and it is a sad reminder that death is very close to all of us at any given time. While we may be living, we are also simultaneously dying.

### **Finding Her Voice**

After years of pushing her feelings deep down and keeping up appearances, Deb reached a point where she could no longer be untruthful to herself and those around her. She knew she must express herself to those closest to her.

*And I did. And I think at that point. I actually had to admit some pretty horrible things to my loved ones at that time that I had to verbalize. It wasn't so much that I needed them to feel hurt, but I needed to feel heard.*

Deb's desire to be heard helped her reach a deep understanding about the nature of grief. These tough conversations helped her comprehend that while she lost a biological child, there were other people in Josh's life, each with unique relationships to him, who were also deeply suffering.

*We each grieve in our own way, you know, a stepparent that loses a child to suicide will grieve differently than a parent that has lost somebody to suicide. A stepparent's loss should not be diminished in any way, shape, or form, any less than a birth parent's loss should because there they are two different losses. So, they need to be grieved in two different ways. And I had to realize that. I guess it's easiest to put this way, a stepparent chooses to love a child, but a parent automatically loves a child. And if a stepparent chooses to love the child then when that child is lost that person's grief is going to be different than the birth parent's initial grief. My parents also had their loss from their point of view because Josh and Alexa had lived with my parents for three or four years.*

*So, they were like children to them, not just grandchildren. It was a very complex situation, I guess you can say, and you know one of the things that I've learned is suicide is one of the most complicated griefs, it's not it's not an easy grief, it's, it's a very complicated grief.*

Learning to live with her loss, Deb accessed friends, family members, and mental health professionals. She shares about the individuals who were most impactful in coping with her loss. Her spiritual advisor provided a sympathetic ear and helped her to make meaning of her experiences.

*I talked to the pastor at my church. We would talk at length, about Josh and I would actually share some of the dreams that I would have at night with her and she would almost help me interpret those dreams or kind of what they could represent.*

### **Support System**

Her ever-supportive parents helped her be patient with herself and taught her that grief has no timeline. They were mourning the loss of their grandchild and were also in pain over the suffering of their own daughter's trauma. Despite this, they could provide the stability Deb needed.

*They didn't ever say to me, well, when are you going to get over it? I think they understood grief enough to understand that it's in your own time. You can't rush it. Whether it's a suicide loss or it's a job loss or a relationship loss. It's still a grief. So you still have to allow your yourself to grieve that in your own timetable. And you know, when you're coming from the loss of a child to suicide. Now you're throwing in a whole different, that's a whole different ball of wax, where you do need to allow yourself that*

*time because you now have to create a different kind of life. You now have to create a different type of life for yourself.*

Two strangers also threw a life preserver to Deb. They reached out to her in-laws shortly after Josh's death and asked if they could visit Deb.

*Their son had died by suicide a year or two prior to Josh and actually the night that Josh died, I don't know if it was that night or the night after, they came to see us and they gave us their phone number and said, "Doesn't matter what time of day or night. If you need to talk. Just call" and then they had us over for dinner and we talked about different things, and to this day, they're still available. If I needed to talk to them, I could just pick up the phone and say, "Hey, is this normal?" They were a tremendous help just knowing that they knew what we were going through, you know, was it was a huge help.*

Deb remembers the impact of their mere presence on her mental state of despair, and notes:

*They didn't even to need to say anything, and that's the part that's so profound is someone that does actually know what you're going through. They don't have to say anything. And even if it's just to sit and hold silence in the room. To me, that helped a lot. Just knowing that somebody else understood -knowing that you're not alone that you're not the only person that has ever lost somebody to suicide, even though I knew that- I knew that there were other people that have lost children just suicide- but being able to **see** another person and they don't even have to say anything. Just knowing that they know and knowing that you know you're not alone. That just helped ... that was comforting.*

She also describes another notable person instrumental in helping her make-meaning of losing Josh. This individual offered words of wisdom that shifted Deb's perspective of her loss:

*There was a girl that I used to work with before I had become a massage therapist. She was a coworker and then we ended up sharing a house together at one point in time. But then after this happened with Josh, she and I reconnected and became very close. I had opened my massage shop in July of 2003 and then Josh died in November 2003 and then in January 2004 I had hired her as my secretary. Had she not been there for those four months, day in and day out, I probably would have lost my mind because she kept me on an even keel every day. She was very grounded. So, she helped me tremendously get through those first few months of the loss. She said, "I know you're hurting, and I know this really sucks but you were Joshua's mom for a reason". She said, "You were the one that God chose to teach him what he needed to learn in this life. God doesn't make mistakes. He chose you and your ex-husband to be Joshua's parents because only the two of you could have taught him what he needed to learn while he was here." And that stuck with me even to this day. I'm obviously tearing up by thinking back on that moment of her saying that because I remember specifically where we were sitting what we were doing, and it was one of those profound moments that you know you just don't forget what she had said. Yeah. And, and I think that's where I get the opinion of, I was the lucky one, because God chose me to be Josh's mom and not somebody else. She was, she was a huge, tremendous help to me getting through that.*

### **Reflections on Providers of Hope**

Deb attributes the individuals previously described as giving her hope. While some had experienced a suicide loss of a child, the rest did not, yet they were able to support Deb in unique ways that collectively aided in her survival. I was fortunate to receive support from my immediate family members, close friends, and even strangers. Looking back on the initial steps of my grief

journey, I would have to say that Deb, along with the other women whose stories you will read, have all aided me along the way. I have found that there is not a magic panacea that helps all mothers cope after losing a child to suicide. In fact, nothing helps a lot, but everything helps a little. All those small incremental supports provide an environment conducive to our growth. The impact of seemingly small amounts of support provides exponential benefits in the lives of survivors like us.

### Using Pain as Fuel

After being on this journey for close to two decades, Deb has come to an understanding about how she can best move forward in her life in a healthy, meaningful way that adds value to her son's memory and the community.

*I did self reflection, I did journaling. I did all of those things. But then also **helping others** is the thing that really is kind of like, I guess you could say my driving force. It's using the using that pain as fuel. Rather than letting that pain eat me from the inside out. I take that pain and I use that as my fuel to make a difference in the life of somebody else. I think the more open and honest you are about the things that you've gone through, the less baggage you have to carry around because you're not trying to hide it. You don't have to drag that trailer behind you. You're not trying to conceal anything. If you're open and honest about the things that you've gone through it is...it's very freeing. When you do get with like-minded people, it does make a difference. It puts us into a club that we don't necessarily want to be a part of. But yet once we're together in that club, we have these bonds with each other that nobody else has. And in a way, I feel like that's one of the positive aspects of it. Not that it's a positive thing that happened. It's absolutely not,*

*but good does come out of it and I think it's creating those bonds with other people that we can help each other.*

### **Deb's Metaphoric Lighthouse**

Deb's inclination to be of service to others has provided a perfect metaphor for her outlook on life now.

*It's actually become the logo for my suicide loss support group that I facilitate and it is a lighthouse...a lighthouse after the storm or even during the storm, if you will. The lighthouse represents shining a light of hope for others that may be going through the same thing, and to guide them safely to the harbor, in whatever way that is, whether it's being part of a support group or getting them resources in whatever form that that's going to be the most help to them. Being an ear or shoulder.*

I pressed her further to explain what it means to guide someone to harbor:

*Now I'm going to take a quote from one of my support group attendees... being able to walk WITH your grief, not IN your grief. Because you can still walk with your grief, you just don't have to constantly walk in it. And learning to navigate your life with that grief, rather than remaining to stay in the grief. Because we're always going to grieve the loss of that person. I don't know if I'd say I'm the lighthouse. I can see myself as the lighthouse worker.*

*No one would voluntarily want to take this journey, but those that have lived through it and moved past it, can use it to make a difference in the lives of others. I feel as though that is why we went through, what we went through, to shine a light in the darkness for others and let them know there is a way and there will be brighter days ahead. And in*



*those brighter days you will find yourself using your pain as fuel, fuel to make a difference.*

Deb has undertaken the emotionally laborious task of starting a support group for suicide loss survivors in her community as she understands the value of having a space free of judgement to talk about lost loved ones:

*By giving parents a chance to talk about the children that they've lost, it's a way of keeping them alive. They're still here. It's a way of honoring them.*

### **Josh's Messenger Butterfly**

Keeping her son's memory alive is an important part of Deb's everyday life. She finds meaning in her environment and a special butterfly plays an especially meaningful role.

*I find a way to honor him in different things that I do or different things that I see or, different things that that might happen. Certain things like, for example, when I see a black and blue butterfly. My husband and I were on a walk in Jim Thorpe and we had seen a black and blue. As soon as I had seen it, I knew that it was Josh, I knew that it was a messenger and I just kept following that butterfly and we eventually caught up to it. And we were actually able to get pictures of it. It had stopped right before my husband and I had gone down the steps to the to the river. It had stopped and landed on the hand railing and it was just sitting there opening and closing its wings, letting us take pictures of it from all different kinds of angles. And it was just so cute and I was just like, this is so cool. And I guess it was the summer right after Josh had passed, we were camping and the black and blue butterfly came through our campsite. It lingered there between our campsite, and the two neighboring campsite which were our other friends that were camping with us. There was a group of us. And it kept flowing back and forth for 45*

*minutes between the three campsites while we ate breakfast and as soon as I saw it. I was like, that's Josh, I knew right away. It was Josh. And then when I saw that one on our walk, I knew that it was him. That's his messenger. So, when I see a black and blue butterfly. I always feel that that's Josh coming to visit, you know, or just different things, little clues that he's with us.*

### **Reflections on Time**

I have always been obsessed with time. Since the age of eight, I insisted on wearing a watch daily and even to this day that is one item I will not leave my house without wearing. I cannot give a reason for this as I do not recall anyone in my spheres of influence as a child that would have imparted the importance of knowing what time it was at any given moment. One positive aspect of being ever cognizant of time, is that it has led to a natural ability to effectively manage my time. A downside of this trait is that when specific time frames are unclear, I become frustrated and annoyed. In a sardonic twist of fate, I do not know how many days, hours, and minutes my son spent of this earth. My best calculation is between 8,522 and 8,543 days or 204,538 – 205,032 hours.

Given my preoccupation with time, the first thing I will always ask a sister-in-loss bereaved mother when we meet is: *How old was he when he died?* The children that we will be discussing in this study were between 13-24 years old when we lost them. Their age at death becomes their *forever age*. However, their *forever age* is only one aspect of their age. While they may be frozen in time and forever young to the outside world, as mothers we also keep track of how old they would be if they were alive today. As I write this Izzy would be turning 26 years old.

Another question I ask to satisfy my time-fixated mind is, *how long ago did you lose him?* The time since the deaths of our sons in this study range from 16 years to 3 years. Deb and I represent the longest and shortest durations, respectively. In my early days of grief, I was reading any and everything related to child loss. One time-based fact that I remember reading was that losing a child required the longest recovery time relative to other types of loss and it could take ten years to return to a state of normalcy. TEN YEARS?!?! This certainly was not good news as it invoked an imaginary scenario in which I would not be productive in any major capacity for a decade. This was unacceptable and I refused to accept this “fact”. I explain my thought-process to provide insight as to why I am interested in exploring transformative learning as it relates to my cohort of mothers. My belief is that learning from other mothers who have successfully negotiated these uncharted waters could offer me a set of navigational devices, so I do not get lost at sea but rather reach land by taking the most efficient route for me. Deb’s lighthouse is truly one such navigational aid.

## Chapter 5

### Collin's Mom

Betsy is a former nurse who lost her son Collin one week after his 24<sup>th</sup> birthday. It has been three years since he died. Betsy also has two other children who were Collin's older siblings. I had met Betsy during a series of workshops hosted by an area grief center for individuals who had lost a loved one to suicide. We bonded as the only mothers in the group. I looked to her for guidance as she was a year farther along in her grief journey and her son was close to my son's age. I knew she would be an excellent person to provide insight into the experience of a mother who lost a child to suicide as she is outspoken and a straight shooter. These traits are immediately evident in the beginning of the interview process when I explained that to ensure her anonymity and confidentiality, I will use a pseudonym when referring to her in this study.

*I'd rather not have a fake name.*

She, like Deb, has been open about her loss and even chose to address his suicide in his obituary. To honor Betsy's wishes, I will not use pseudonyms for her or her son. She explained her reasoning.

*If we don't talk to people, they're never going to know And, and, you know, we didn't do anything wrong. Gina, you know, our kids, our kids made a decision and here we are. I don't care if my name is put out there. I just don't because I am a person. I have a name. I am Collin's mom.*

### Frustrations and Hope

Showing me photos from Collin's childhood, Betsy explained how excited she was when she was pregnant with Collin. After being widowed at age 30 with a young child, she was excited to be in the next chapter of her life with her new husband. They had a daughter just 15 months earlier and now they were expecting a son.

*I ended up having him when I was 38 years old. I had to have amniocentesis, and everything was fine. . . . I was excited and thrilled to death, but it didn't turn out that way. Well, life was pretty much difficult with him. He was very colicky, he was unable to self soothe but you look at his face, and you think...it's got to get better. So, there was always hope, but it's like a frustration, you know, doctors' appointments, just trying to figure out what was what. Being sent to pediatric rehab for sensory integration to learn how to deal with these things....Then the psychiatrist and third grade, that's when he was officially diagnosed with bipolar disorder and was hospitalized. I would always say, how can you have 3 children and they all be so different? My older son was different, and you know I mean he was 7 when his dad died in a car accident. Gosh, he was so mellow and Collin was... I felt like I was living in Hell. It's just...I was exhausted...just exhausted, all the time.*

### **Reflections on Slow Sudden Deaths**

As Betsy shares her story, it is easy to discern that her son's illness infiltrated every cell in his mother's body. My son also struggled with mental illness in the last few years of his life. This was heartbreaking. Your child is a sweet, kind, intelligent human being then one day things change. From the outside world, he looks the same, but there was some fundamental, irrevocable shift that happened when he was 17 years old. As there is a stigma attached to suicide death, there is still a stigma with a child's mental illness. A diagnosis of pediatric cancer may seem like

a death sentence but there some treatment options that may mitigate the disease. They can track the progress of the child with a physical ailment through blood tests and lab tests. But with mental illness, you just do not know what is going on inside their heads—and neither do they. It is an insidious way to lose a child because we can't fully comprehend how someone else's mind operates.

Before I started attending the suicide loss support series, where I met Betsy, my husband and I had attended a support group for parents who lost children. We were the only parents there who lost a child to suicide. I remember being jealous that these mothers were able to tend to their sick children and were with them when they died. They knew the end was coming and got to say their goodbyes. This is something that parents who lose a child to suicide do not get a chance to do. While our children may leave a final message for us in the form of a letter, we, as parents, are not able to communicate our sentiments to them. If that were the case, then maybe our children would not have died. If only they knew how much they meant to us and to those around them, maybe they would not have taken their lives. But I realize now that this is faulty logic because we do not know what they were thinking or how much control they had over their actions. It is, however, a vicious cycle of *what-if's* that play in surviving parents' minds. But as you will read regarding Betsy's circumstances, even if you sense they are in a dark place and the end may be near, you do not have control over their actions.

A mother in the child loss support group said to me, "You don't know what it is like to see your child wither away and die right in front of you. It is the worst thing that could happen to a mother." At the time, I did not respond because that was a lot to process. As I reflect on that conversation now, a few things are illuminated for me. One, I indeed *do* know what it is like to see my child die. I believe he was dying since he was 17; he was terminally ill. But that is not what it appears like to the outside world because his body was strong and healthy. This mother who said this to me had a son who was mentally healthy but physically beyond repair. Perhaps

she was jealous of me, because my son *looked* like the same person when he died while her child did not.

I am including much information about Betsy's life with Collin before his death because I am beginning to realize that I, like Betsy, seemed to start mourning my child's loss before he was officially pronounced dead. We began grieving and learning to cope while they were alive. We grieved the loss when we realized they were different than our other children. We then grieved further when their behaviors became self-destructive. We learned how to function in states of chaos and maintain shards of hope to help us get through what seemed like the worst of times. Although we did not realize we would have to transfer this knowledge to learning how to move forward when our sons were no longer present. When they died, so did our hope.

### **Waxing and Waning Hope**

The photos of an adorable child and a handsome young man looking so calm and peaceful belie his reality. Betsy shared the challenges of mothering him but also lit up when she talked about other aspects of his life.

*From when he was a little guy, he was always good with things that had the wheels on,, you know, scooters, skateboards, bikes I mean his first bike was so tiny. We put training wheels on it, and he would NOT get on it. He wanted it without the training wheels—we had a couple next door that were grandparents and they said, “My God we can't believe how good he is -how athletic he is!” Well he liked that kind of stuff and he always had a lot of friends and you know he did a lot of cross country-running and then he played soccer when he was little, he and [his sister] did volleyball together. He did enjoy a lot of things. . . the beach was always a place that he loved. If you look around our house, there are lots of shells, there are so many memories in collecting them.*

Collin was intelligent, athletic, and popular but faced academic challenges which created additional stress for Betsy. However, there was a period when it seemed that things were changing in a positive direction for Collin.

*He had more bad days than he had good days in school...he was very smart, but he hated school. So, it was hard to get him up and get him going. But then 6th grade to 9th grade was amazing it's like "did a light go off" "God, what's going on?" But I'll take it - I mean he was AMAZING. And it's like -we have a life. Because we didn't, we didn't go out a lot and people didn't seem to understand.*

It was heartbreaking for Betsy when she came to the realization that this change was not permanent. Her son would continue to struggle and as Collin got older Betsy encountered more intense situations. After years of dealing with her son's on and off again drug use, she had decided that she could not continue with the cycle of frustration and hope.

*You know, we'd think we were out of the woods and that the drug thing was going to be over and whatever and ... and then having to put him out and bring him back and put him out and bring him back and finally saying "enough is enough" and that's pretty much when the end came. Then he said, "I need help" and he went to recovery.*

At this point, Collin was 19 years old and had already attempted suicide two times. His second suicide attempt was the impetus for a new trajectory in his life.

*The second time that he did, he spent 15 days on a ventilator with the catheter and feeding tube - they didn't know if his liver and kidneys would recover.*

After spending almost two months in a hospital physically recovering, he was being transferred to a recovery house in Florida for his drug addiction. Betsy knew that this change was what would be best for her son but as she explains, Collin was not happy about this move.

*It was either Florida or Arizona. They were the two big places but here he was he wanted to come home and do 90 meetings in 90 days and that's when we had to say "Collin you*



*can't ever come home again, this is destructive for all of us". And it's hard (sobbing) and it still breaks my heart because when he left they were taking him down to Philly airport to get on the plane by himself at 19. And he called me to say how scared he was and then the plane was delayed and he said "I'm afraid. Could you please come back" And I knew Gina if I went there he would be coming home and I said calmly "I will talk to you until your plane gets going and you can call me when you get down there but I can't come down. I can't, I can't rescue you anymore I know this is going to be hard but you are worth so much more than this". He got down there and there was a period where he couldn't talk to us. Blackout. That was hard because you didn't know if it was good or bad. But the recovery house was good and they saw a lot of things. Collin thought the world should be perfect - not him but everybody else so he had a lot of issues with people down there but he finished that insurance paid for 105 days in that facility. We were so fortunate because they say the longer you can stay in traditional care, the better your recovery is going to be.*

### **Reflections on the Cycle of Hope and Frustration**

My Izzy was very intelligent. He loved books and carried a book everywhere he went from the time he was 2 years old. He loved to learn, and I had hopes that he would become a successful man. He was likeable and smart—a winning combination. As he reached his late teens, he, like Collin, had gotten into trouble with the law and in school. Like Betsy, I too had moments when he was doing well and at those moments everything was right with the world. Days were sunny, and the future was bright. Then the feelings of dread cast a shadow when behavior changed, and they fell back into old patterns. Like Betsy, I was exhausted and got to the point where I knew I did not have any control over the situation. As mothers, we could take our sons to

the best hospitals, provide a robust support system, encourage every step of their journey, have access to the best type of doctors, but we only have so much influence in how another person's life unfolds. Having a child like Izzy or Collin makes one realize that even as a mother, you are essentially powerless in many areas of your life. This is both a frightening and liberating realization. Learning this insight has aided in our ongoing healing process.

### **Meaningful Memento**

Betsy has a physical token that marks the ups and downs of Collin's life. She showed me a memorial piece of a tree that she preserved because of its mysterious connection to her son's wellbeing. She shares the story of her 10-year-old son returning from his first stay in a child psychiatric hospital. She and her husband wanted to plant a tree in the front of their house to mark this point in time. They waited until he came home from the hospital so he could select the tree and plant it.

*He came out of child psych we decided OK, we're going to get a tree. . . and we went to a big nursery, and we looked at trees and he said "I like this tree" so he picked this flowering plum and we said we're going to plant this to a NEW beginning. So, we did a lot of, I don't even know what you want to call it, ritualistic kind of like, let's make this good. He helped plant that tree, he was just a little dude and he just helped plant that tree.*

Her husband started to notice a connection between the health of the tree and Collin's health:

*He said that tree is weird. When Collin's not in a good place, that tree is not in a good place. And finally he died and that tree died. . . . We had the tree guy come and take it down and it was one fell swoop, it was down. . . . I said I need a piece of that tree, I need a slab of that tree. . . . I said, "I don't know what I'm going to do with it, but I need it.*

*That tree has so much meaning and it was a part of something that Collin helped with and I NEED that tree.”*

Her husband suggested they have an etching made, so he contacted a local business that performed etching to see if they could help with a design.

*They said, you send us that and we'll show you we are going to do and it's not going to cost you anything -it's the least we can do for you. And they put a shell on there too, a scallop shell, which is a sign of hope too.*

### **Forever Home**

After successfully completing his time at the recovery center, Collin progressed to living in a nearby halfway house. During his time there he worked a full-time job. He eventually moved into his own studio apartment and remained sober for the rest of his life. Betsy recalls a family visit to see him in Florida, which turned into a mini family vacation. Collin was a new man.

*He stayed in Florida. He told us that Florida had to be his forever home. The visit was really nice. And we had a great time. We did a lot of things on Collin's bucket list on that trip. (Showing me photos) This was the jet boat- we saw tons and tons of gators and all kinds of wildlife and this was his favorite restaurant. Awhh, this just felt so good. He made amends with all of us. He was on, I forget step 5 or Step 6 and that was what he was supposed to do. He had pulled out his paper we were here in City Place and he told us the wrongs that he did and what he's done to change that. He said he'll never be the same and that he feels so much better in recovery. You know he was.*

Collin was 21 years old at this time, and Betsy's outlook on life changed:

*I had a lot of hope. We had a relationship with Collin when he was in Florida that we'd never ever thought we would have. He called me every day to say “I love you, Mom”. I*

*could pull out letters that he said to me or cards with notes that said "I am so grateful I had you because I see a lot of people down here that don't have their families anymore because of the life that they chose".*

### **Reflections on Sunny Days**

Betsy's story resonates with me on many levels. My son also loved Florida and lived near the ocean during college. He always wanted to return there to live. My older son had recently moved there so, I had secret hopes that maybe one day they could live together as young adults.

Just as Collin had apologized to his mother for the pain that he had caused her, so too did my son. One day, a few weeks before he died, he said, "I want to say I'm sorry for everything and you will not have to worry about me anymore". He actually cried as he told me this and after that conversation he seemed like a new man. He was upbeat, helpful, and grateful. Before this conversation everything was a struggle with him, but it seemed like a shift occurred and he was finally the young man I knew he could be. He was a joy to be around. My spirits were at an all-time high. The cycle of frustration had ended, and a new era of hope had been ushered in.

### **One Last Touch**

Collin had returned to visit Betsy and her family just 15 days before he died. He only stayed one day and Betsy knew immediately he had changed.

*He was ...he wasn't himself. We knew he was coming. We wanted him to come. I think what he wanted to do, was to tell us...(crying)... that it was coming (long pause, sobs) We were all here and he said (sobs) "I love you I thank you for everything you did for*

*me. Putting up with. I don't know...I just don't feel right." And then he said he forgot something with his sleep apnea gear and couldn't stay since he needed that to sleep. I don't think he wanted to do it here because he talked about the days-the ugliness here. He said, "I didn't think life would be like this again", and I said, "I don't understand that Collin, it's not - you've done so well!" "You do not understand how bad it is, mom," he said, "and I know that you struggled with sadness". He said, "but you just don't get it mom". (sob) I said, "Collin, we'll help you." He said, "You can't help me for the rest of my life" At that point I wanted to give him whatever he needed. He said "I just got to go. I love you and I will always love you." He told us how much he loved us ... "thanks for the good times", that's how Collin always ended a card or a phone call. And then he said, "I'll see you on the other side."*

As hard as they tried, they could not convince him to stay. Betsy could not bring herself to go with her husband as he drove Collin to the airport that night at 4 a.m.

*I just didn't want to go. I just didn't want to go and see him get out of that car. I said I'm sorry but I just can't go. But then I felt bad. Collin called us and talked to us while he was waiting for his plane and said, "I'm sorry it didn't work out. It'll be OK"*

With that sentiment, there seemed to be a droplet of hope lingering in the air. Then 15 days later there was a knock on the door from the local police informing her of her son's death. She learned that he was found in his apartment and was thought to have been there several days before being found.

*I screamed, "You can't do this! You didn't do this! We need you, Collin!" I want to see him to say goodbye (sobbing). They recommended not. I just ...Collin had sensory integration issues when he was little and he hated to be touched, and then he loved to be touched, and then he hated to be touched, but he became a real loving touching son for*

*those three years that we had that were so good and I needed to touch his hand and just say goodbye...(trembling voice) it didn't happen.*

### **Reflections on Hand Holding**

Like Betsy, I never got to see my son to say my final goodbye. My sister was the one who convinced me not to see him. She said, “That’s not him anymore. You don’t want that to be the last image you have of him.” I explained that I only wanted to touch his hand. I did not need to see any other part of his body. She told me, “it will be cold” and for some reason that resonated with me and helped me to heed her advice. During moments of distress when I had to make quick decisions, I do not know what I would have done without her sage guidance. It is interesting that like Betsy, I just wanted to touch his hand one last time. What was it about their hands that had been instinctual for us? Perhaps our brains were trying to protect us from seeing their bodily injuries, or was it even deeper than that? Holding someone’s hand during moments of distress is an act of compassion. Maybe we needed *them* to comfort *us* one last time as we knew we could no longer comfort them.

### **Photographic Power**

Betsy is grateful for her collection of photographs of Collin at all ages.

*I'm glad because we have pictures. Collins said “nobody, nobody takes pictures anymore”. I want to tell you something, I am not disappointed that I used that camera like crazy because I have so many memories - good memories.*

She places much value on these important photographs. The images of Collin and her family before his death bring her to happier days when she still had hope. Her face lights up when she tells me some stories behind the photographs.

### **Reflections on Photographic Evidence**

Our photographs and videos are the only evidence we have left of our children's existence. We have our memories now, but they too will pass when we do. In this sense photographs become much more important as they are the closest thing we have to our children. Our photographs are much more than still images. They are power generators. They can produce sparks of joy as they serve as a time machine transporting us to the brighter days of a bygone era. Photographs can also induce feelings of sadness as we long for the past. Emotions of guilt, anger, confusion are also stirred up by photographs. World renown photographer Ansel Adams famously said, "You don't take a photograph you make it". Though not the magnificent landscapes of which Adams is known for, our photographs are exquisite in their own right. They represent part of the tragically beautiful landscapes of our lives.

### **The Aftermath**

Betsy had to travel from Pennsylvania to Florida to settle Collin's affairs and clean up his apartment. Much to Betsy's surprise, Collin had meticulously provided her information to help her with this process. He even explained that he wanted all his ashes scattered off a pier, which was a favorite fishing spot.

*He left all this information on his dining room table ...who to call, who to contact, his lockbox, his keys to his car, who his landlady was....he had it all in order. And all these*

*letters... written to [his sister], me, [his brother], grandparents, [his father]. The coroner was very nice, he kept what he could to give back to us. Collin had...he wanted Oakley glasses. That was a big thing he wanted, and he bought them himself and he was so proud of it and I wanted those glasses ...but they were shattered.*

Although Collin had been despondent during his recent visit and had a history of suicide ideation, Betsy was in a suspended state of disbelief. She carries guilt of the last time she saw him in person and still struggles to make sense of everything.

*I knew but I just can't believe it. It's A KID... it's NOT HOW IT'S SUPPOSED TO BE! I just can't believe it. Even though you know for years and it's not the 1st time - I mean, I knew his situation was bad but I knew he wasn't going to stay here and if he stayed here it would have happened. So, was it bad it was there or here? I don't you know. My guilt... I DO have guilt ...because he was my kid and I couldn't save him, and I TRIED (sobs).*

At Collin's funeral service, Betsy displayed a board in which she displayed words that described Collin. She had collected this information from his friends, coworkers, recovery buddies, and family members. She showed me a picture of the board and began reading some words on it.

*determined, understanding, a good listener, has strong moral compass, handsome, supportive, gentle, iconic laugh, spiritual, strong, caring, giving, loving, peaceful, peaceful nature, intelligent, courageous, overcomer, loved. (sniffling, holding back tears) so these are all things people said - that's the sad thing is...he never realized that he was [all those things] He never EVER realized that. And that's probably what kills me more than anything (sobs).*

Her pain of realizing that he was not able to see how others saw him, was palpable.

*He didn't know his worth. There was a song in the service, that was just background music when people were coming up and you know going through the line...and I don't*



*remember who it by though but the lyrics were "You're worth so much more than all of this". I wish [he would have known].*

### **God, Why are You Doing This?**

Betsy's faith is important to her. While it seems to bring her comfort, she admits she struggles with understanding why God would let this happen to her.

*We do have faith, I was raised in church and I know-but DAMN IT God, WHY??? But I know where he is, and I know he's out of pain. And I know I will see him again someday. And my husband has peace with that where I could SAY it, but I don't FEEL it... yet. I do WANT to feel it, but I don't feel it. You know, he should be here...I should be able to touch him and tell him I love him. I should be able to hear him.*

Less than a year after she lost Collin, Betsy underwent surgery for the excruciating back pain she had been experiencing. When we woke up, she received a devastating diagnosis.

*He died in September, and this was Good Friday which would have been March. Yeah so Easter morning I woke up and found out that I had cancer. I knew, I knew something was wrong; I didn't expect cancer. I wake up and they're like, "do you know where you are?" In the hospital. "Do you know what happened?" I had an MRI. "You don't ..you don't remember what they told you? That you have cancer." And I was screaming, "Why are you doing this to me God??? Don't you think enough is enough???" I'll be honest when I got cancer I told him, I said, I just want to come and be with you I don't want to go through this Collin - I want to be with you.*

### **Reflections on Shattered Lenses**

By the volume of letters Collin penned before his death, it appears that he was doing some deep reflection. Izzy also wrote a final note to me. I was in the house when he wrote it and he penned it moments after I saw him for the last time. The message indicates he was not thinking clearly. However, there were some aspects of his message that were amazingly lucid and attuned to how his departure would be perceived by me. The contents of his last message were simultaneously bizarre and comforting. I am very grateful that he chose to write these parting words. While it can never fully explain what was going on in his mind the last seconds of his life, it does, nonetheless, provide me with an idea of his frame of mind and I consider his final message a gift.

I find it symbolic that the coroners both Betsy and I dealt with had talked to us about our sons' glasses. I never really thought of glasses as an especially personal part of a person's possessions. But now that I reflect on this item of personal effect, I have a deeper meaning of the significance of their glasses. It was through them that our sons saw their last images with their earthy bodies. They were the lenses that were supposed to help Collin and Izzy see better, but not even the best prescription designer frames could help them see what we saw.

Collin was proud of the glasses he was wearing, and Izzy chose to wear his glasses that day, even though he had contacts. His contacts hid his need for assistance with his sight while his glasses were a sign that he needed help to see accurately. Part of our sadness as mothers is that we now understand that our child's view of the world was a landscape that was foreign to us. It was not until they were gone that we came to that understanding. It is also at this time that we have a new relationship with death. While death has broken our hearts and wounded our souls, it is also now a symbol of solace. As the mothers I have interviewed, I am not afraid of death now. Our sons went before us and took that fear away from us. Death ended their suffering and as mothers we will not be free of our grief until we depart this life.

### **New Worldview**

Betsy has seen her fair share of heartaches even before Collin passed. All her experiences had led to her new outlook on life, which teeters between hope and despair.

*My life motto is: Life sucks and then you die! There are days that I miss him terribly and I do miss him terribly but there are more days lately that I just have been feeling angry at it - like it's not fair. And that's why life sucks and you die . . . A song I am hopeful will be me is "I Can Only Imagine" by Mercy Me. Hopefully, I am going to Heaven and not Hell, and I'm going to see Collin again. Even though, I will be honest, the past, probably the past four months or so I've been pretty angry with Collin and it's something I didn't feel ever. I didn't blame him, I didn't feel that way. It just, it's that it just doesn't go away and one of the things that he said in his letter...he said, "you're just gonna have to adjust" It just keeps rolling in my brain. And I'm like, Yeah, right. I just have to adjust...[speaking to Collin] you're free and you just left me here.*

### **Providers of Encouragement**

Collin's parting advice to Betsy was that she will have to learn to adjust to life without him. While thinking about this makes her angry these days, she took the time to reflect on people and practices that have been helping her learn to move forward with life. She credits staff members at a local hospice facility for helping her deal with her loss. The facility houses a Grief Center that offers programs for unique types of grief, including loss of a child and suicide loss. She is especially thankful for the multiple week program where she and I met.

*I just didn't know how to help myself. I mean, I just stayed in this house and just cried for years. . . . I mean, without that six-week program and you know, to stay involved with like*

*Survivors of Suicide and that type of thing, I don't know where we would be really It's been so helpful. And I really think Elaine, who was our facilitator, she's always available. She's just...she's just been amazing! If I need her or just in a pinch. I call her and she helps me through things.*

Betsy was especially appreciative for a physician whom she had never met. She had heard about Betsy's loss and sent her a book and a note about how she was impacted by suicide as she had lost her father to suicide.

*She reached out and gave a book to me and it was one of the most helpful books that I read and I mean she didn't know me from Adam but she was so great - so gracious to do this. Those are the things that let me know I'm not alone-but nobody could take that pain from you. NOBODY FEELS exactly like you do.*

While she valued learning from other survivors in support group settings, she did not, however, see the value of professional counseling sessions because they could not fully comprehend her situation.

*You've got to help yourself. Nobody can help you through this- because honestly if somebody wants to give me advice and they've never been through this and I don't want to hear it. Because how would you even begin to know?*

Betsy has also accumulated quite a collection of books about suicide loss. She started exploring such books at the Grief Center library where the books are organized by type of death.

*I read a lot of books. I read some books at home from hospice library and I knew that they gave me valuable information and I thought OK I have to have it [the book]. I mean there is a lot of people... these were people that actually went through a suicide of a child.*

She is internally driven to be a self-directed learner, but even after reading volumes and attending different type of support groups she still struggles with putting some ideas into practice. She does not let this stop her from reaching out to others to offer support and an empathetic ear:

*I DO learn a lot it's just, I tell others this is what will make you feel better, but I can't practice what I preach (laughs). Well, we learn from one another. And we can take, you know, take it for what it's worth, and we know what it's worth. I'm glad we're not putting it [suicide loss] to the side.*

### **Reflections on Self Help**

Like Betsy, I too am motivated to read about others' experiences to understand how they have learned to live with their loss. The mere fact that someone could muster enough energy to write coherent thoughts that would result in a blog, article, or book gave me hope that I, too, one day could be productive. Some experiences I had read about that showed suicide bereaved individuals could not only survive but also thrive seem too farfetched. I have always been cynical even before my son died, so I can completely relate with Betsy's life motto. I believe my pessimistic nature has served me well throughout my life especially in dark times. I understand that the world is not perfect and good things will not happen around me just because I think happy thoughts. Betsy said we have to help ourselves and I could not agree more with that sentiment. Having viewed life with a critical eye has enabled me to discern what is truthful and what is best for me. This is why I believe I am drawn to people who are honest about their anger, pain, heartbreak, and setbacks and do not pretend that everything will magically work out fine. Grief work is hard work! Having a realistic notion of the challenges of suicide survivorship is an important component to my personal healing. It seems like Betsy and I are on the same page here.

### Continued Relationship

Betsy has learned new ways to continue her relationship with her son and keep his memory alive. She makes donations in honor of her son to her local Grief Center, men's drug and alcohol rehab programs, and suicide prevention programs. Symbolic connections are important to her as she performs informal rituals such as launching memorial balloons, writing messages in bottles to release in the ocean, and scattering his ashes at some of his favorite places. She also has many cherished memories on display in her house. She decorated his bedroom in a beach theme and that's where the urn that holds his remaining ashes resides.

*A friend of ours gave us three little containers, and they had scrolls in and we wrote a message to him and put ashes in there and this is at Ocean City Maryland at an inlet. We threw his ashes into the inlet because he loved the beach. Collin wanted all his ashes thrown down in Florida, but we just couldn't do it.*

Betsy and her husband have decided they too will be cremated. It was not a preference before Collin died but her views on this type of final disposition of a body has changed.

*I always thought cremation sounded like you're burning in Hell...but you know, his soul is where it needs to be. And that was just flesh that he destroyed anyway.*

Besides scattering his ashes at some of his favorite places, Betsy also had necklaces made for some women in her family that contain some of Collins ashes.

There is an area which Betsy still finds difficult to reconcile. Since she never saw her son's body, there is a small part of her that wonders if he is still alive. She understands that this is not logical but explains how her mind struggles with this idea.

*We know when somebody dies and you see that body its final, I'm going to tell you there are times...we are wherever driving wherever and honest to God it's Collin's old car. He had this old beat up Chevy Cavalier - it's THAT car. And it's COLLIN driving it. HE is in*

*the car driving and he has his sweatshirt on with his hood up - the one he always wore... And I'm not crazy because [her husband] sees it, too. And it's like, you know, How do I know he's dead? How do I know that? You know, when they did an autopsy... he was so... it wasn't Collin, that's for sure. And Izzy wasn't Izzy. Everything that I've read on this subject says that is a "protection"- protecting me from what???*

### **Reflections on Ashes and Bereavement Hallucinations**

My son's ashes are near me as I write this. They are on a shelf next to a picture of him playing his bass guitar. The urn is beautiful. It is silver with seafoam green colored etching of birds flying. I vividly remember selecting it at the funeral home while I was crying unconsolably. The funeral director was such a nice gentle man. I actually felt sorry for him because it seemed like he did not know what to say to me and I could see the pity in his eyes when he looked at me. This is a look that I am now accustomed to seeing. He gave me some pamphlets about dealing with suicide loss. I thought this was strange... did he have a brochure for every type of death? Did funeral directors provide reading material about the cause of death to everyone who plans a funeral? This was the first time that I was introduced to the idea that my loss was a special type of loss.

I was still in a state of shock. Just a few hours earlier I had learned of my son's demise and now I had to decide what to do with his remains. Factors surrounding his death conveniently narrowed my choices and provided me with one less decision to make. Although I had never considered cremation, this was my only option. I did not want to bury his ashes and be tethered to any physical location, so instead I elected to keep them with me in my house. This way, if I move, his ashes will come with me. I selected a mini version of my silver urn for my sister.

Unlike Betsy, I did not want to scatter my son's ashes or share them with anyone other than my sister. But like Betsy, some of my son's ashes are in Florida, as that is where my sister lives.

I had asked the funeral director how much ashes are left of a person after cremation. Would the entire urn be filled with ashes? He explained that it is based on a person's height, not weight, since the ashes are actually the person's bones. When I picked up his ashes from the funeral home, I found the urn to be surprisingly heavy. He was thin but tall, so I guess that makes sense based on what I had just learned. On the drive home, while my husband was driving the car, I cradled the urn in my arms as if I were holding a baby. This was not intentional but more instinctual because I had precious cargo in my arms that I wanted to protect. The weight of the urn was about the same weight as a newborn. It was surreal walking in my home and placing my son on a shelf.

Betsy and I did not get to see our sons in their final state, nor did we have to identify their bodies. We had to place faith that whoever had done this in our stead, were correct. And in both our cases this was someone in the police force whom we did not know and who did not know our sons. When I was at the funeral home selecting an urn, I had asked if Izzy's body was somewhere in the building. The funeral director informed me Izzy, or rather *it* (Izzy's body) was not there yet. Even though I had resolved the night before that it was best not to see him, there was still a part of me that wanted to make sure they found the correct person. That little bit of doubt (or hope) had also caused me to think that maybe this was all wrong and maybe Izzy is out there somewhere living a new life off the grid. For the first year after his death, every time I heard the front door open, my heart jumped a bit thinking Izzy would walk in the door and this was all a colossal mistake. Many of my dreams have played out that scenario as well because there is still a sliver of hope. However, I come to the realization very quickly, even in these dreams of my true reality. Our bereavement hallucinations, whether in our dreams or waking states, seem like a short circuiting of our pessimistic minds. While we are deeply rooted in the



reality of this cruel world, hope wants to somehow work its way in and hijack our minds if only for a moment or two.

### **Betsy's Hell on Earth**

Betsy's would describe her new perspective as a tortured state of being. Her metaphorical description is aligned with her spiritual questioning.

*My metaphor would be - this is Hell on Earth. I think we ARE living in Hell. I know some people think this is Purgatory, I don't think so. I think this is Hell for people that have been given this crap like we have. For who knows what reason... you know? Just Hell on Earth. I thought I would have support because there are hundreds and hundreds of people that came [to Collin's funeral service] and it's like they come, they feel like they did their service and it's done.*

It is not until after the service when she was faced with her new normal that she needed assistance. During the immediate aftermath, she did not need these people.

*Because you are so NUMB to it all. I felt like I was just existing.*

She has received vital emotional support from an unlikely source—Collin's friends.

*There were four boys that came and two of them still keep in touch and I'm SO grateful for that because it feels like part of the Collin is with me when they come.*

Another young man from his recovery group in Florida is also a source of comfort.

*He said if it wasn't for Collin, I wouldn't be here today – Collin saved my life . And he keeps in touch with us and lets us know, you know, another year sobriety and he's in nursing school now.*

Betsy reads the obituaries religiously and takes action when there is an explicit mention of a suicide death or implicit allusion to suicide such as when a young person is reported to have died *suddenly at home*. She sends a sympathy card to the funeral home addressed to the parents.

*I sign it [sympathy card] and put my phone number in it. And people will call me that I know and say "we have friends [who experienced a suicide death], can you at least reach out to them with a card?"*

Living in her metaphoric states makes her empathic to other survivors. She hopes to be the type of support that she needed in those early days.

## **Chapter 6**

### **Kyle K.'s Mom**

Samantha's son Kyle was only 13 years old when he died thirteen years ago. She is also the proud mother of three other children, one of whom is an identical twin of Kyle. I have known Samantha since we grew up in the same town and attended school together. After graduation our paths diverged, as is the case with many young adults. We would only see each other in passing and I knew we had sons about the same age. If Kyle and Izzy were with us today, they would be 27 and 26 years old, respectively. Shortly after my loss, a friend suggested that I reach out to Samantha since her son also died by suicide. I then discovered she was sponsoring a support group for those bereaved by suicide through a non-profit she had founded. I found her phone number on her organization's website and sent her a text. She was immediately helpful in letting me know that I should not feel guilty and it was not my fault. Those comforting words via text were a lifeline for me. I remember thinking she was so brave to talk openly about her loss. She has always been a strong person, but now she is more of a force as she uses her outspokenness to advocate not only for herself but also for individuals like her who lost someone to suicide.

### **Stopping the Silence**

When her son died in 2007, there was minimal community support for survivors. Her advocacy efforts were born out of frustration and anger. After raising over \$120,000 for a national suicide support program, the organization had yet to place a support group in her hometown as they had promised to do so. It was then that she started her own non-profit to support the local community of survivors and to bring awareness to the destructive impact of suicide. She speaks publicly about her experience and is a staunch advocate for prevention

programs in schools. To Samantha it would be disingenuous to use a pseudonym as she believes it is important to be forthright about her personal experiences as a survivor to encourage others to feel comfortable sharing. Her non-profit is aptly named *Help STOP the Silence*. She had lost close friends and relatives to suicide, but when her son died, she found no comfort in those survivors because they would not discuss or acknowledge the suicide deaths.

*I mean, there were other people fresh out of high school. I lost one of my dearest friends but his family doesn't speak about it ever and they still don't so there was also another friend and his family still doesn't speak about it so... and right before my Kyle had died, the year before, [family member] died by suicide—he was fresh out of high school. But they were not at all any type of support for me because nobody spoke about him, so I was truly alone. And even members within my own family weren't talking about it so I had nowhere but then I started researching and trying to find out what type of therapist or counselors could I find who have this type of educational background-certifications specific to suicide but there was none.*

The lack of support left her feeling alone as she dealt with the shock and horror of her loss. She felt socially excluded from familiar family circles and the stigma affected her everywhere we went.

*My children are all part of this school district so I am being mom, being a dad, because [husband] left 3 months after my son died - he said it was too much for him, he couldn't deal with it. So I'm doing Mom, Dad, jobs, dealing with the aftermath of human nature of the gossip... of the stigma, of everywhere I felt walking into grocery stores alone and I felt everyone's looking at me like a bad mom, "that's the kid's mom who just [died by suicide]—what's she doing out of her house?" kind of thing. Because I was treated that way, more times than I could count. There were friends who weren't allowed to sleep at*

*our house anymore. It was awful and I don't think about that anymore. It's OK... but then watching my children trying to grieve, you know?*

Kyle left behind a 15-year-old brother, a three-year-old sister, and a 13-year-old identical twin:

*He was 13, identical twins, which takes it on to a whole other level because now we have an identical twin left behind. Now the rest of us are all grieving the loss of Kyle, yet we have a physical being in front of us that is identical to Kyle. So you're trying to process someone's absence, yet he's standing right in front of you. You know, I was hallucinating, I was...again trying to process.*

Samantha's suffering was compounded even further when she quickly returned to work at the school district her son had attended. She worried about what her children would hear from classmates and school officials as they were also in the same school district.

*I went back to work four days after Kyle's death ... I had to send my kids back to school and there was no way I could send them back to school if I was staying at home. So I went back to [her workplace] that's where you heard EVERYTHING. We've had teachers speaking about it inappropriately in the classroom. "Well I heard it was a gun" and "I heard that he changed his mind because...." So, were you there - that you knew he changed his mind??? So, I had ...I just...at that point, the frustration of not being able to find service, the frustration of the human nature component.*

Despite her circumstances, she was able to take a step back and reflect during this painful situation that impacted her and her children.

*I tried to give people the benefit that they don't know any better.... try to also put myself in that situation and hope that I was never like that. And I really don't think I was, you know? I definitely found myself in my lifetime in a gossip situation but definitely never when it came to any type of you know tragedy or...and I was trying to process like if I'm hearing this - what are my kids hearing???? And ALL of that is what made me start to*

*talk openly about it. You know, any question you ask me I will tell you and I started just openly sharing my... "day of events" is how I'll put it of how Kyle died just with anyone who was willing to listen because I wanted them to know the truth. You know, was it so that my son didn't die in vain? Or was it so that... I don't know, I don't even know the reasons...also just to shelter my boys from hearing any of that. You know so I thought if people heard it from me, they got it right from the horse's mouth, they know what happened and continue to talk about it with any type of malice. And bring anything upon my kids I don't know if it makes sense.*

### **Delineation of Time**

Samantha was the one who found her son. She recalls screaming and not being able to think. It was not until years later that she discovered she had her daughter with her when she made the discovery.

*No one ever told me that and if they did that, I didn't process it. Because one thing I could say for sure I have extreme memory loss since he died. I don't remember so much of like there's a 'before Kyle' and an 'after Kyle' in my life. And I also find myself even more so absent minded even till this day-I don't mean to be and it's in addition to having my hands in so many pots all this time who you know in managing jobs and a family and even till today on a daily basis trying to keep my kids alive and trying to keep myself alive ... and so I never knew that about my daughter- I didn't even know she was with me. I just know that when I came in the house that day, he and I both came in together because I was taking them to a birthday party he didn't want to go to and get out of the car.*

### **Reflections of Before and After**

There is a schism in my life. If there were a visual representation of the timeline of my life, there would be a fine continuous line that goes along for 47 years then disappears on November 10, 2017. The line would reappear on December 1, 2017 and it would be a different color. It would be difficult to see, almost transparent. The line would then get thicker and bolder as it progressed through the next few years. This would not imply that by life is better since his death but rather it is fuller in the sense that my worldview has been expanded. Having experienced the depths of despair, my heart has expanded. It is deeper now and can hold more sorrow and at the same time there is now more room for positive joyful emotions. My expanded repertoire of emotional intensity allows me to be a more empathetic person and opportunities present themselves to help my sister sufferers in a way that I am best suited.

### **Most Successful Child**

By every account Kyle seems to have been quite an empathetic young man who wanted to help those who were suffering. His mother shares her hopes and dreams for his future.

*This was a kid who was so naturally popular – almost three weeks before he died I said to a colleague at work, “He’s going to be my most successful child.” Just because, I mean this was a kid who volunteered in the community he used to like crocheting hats and gloves for the domestic violence service center at 13 years old. Which was so odd - he was a young man who read books and used to keep journals of every book that he read and I would say to him “Why do you do that?” He had notebook upon notebook, and he would say because he didn’t want to ever forget what he read. He would do like almost like a CliffNotes to every book that he read because he was just an avid reader. I mean he*

*had a makeshift library in his room. You know, complete history buff. So he was that like the nerd slash cool kid.*

I immediately questioned Samantha's statement that Kyle would be her most successful child. Her words were heavy with regret. I asked, "but don't you think he is?" After all, I was proof that his life made a difference. I received support because of his legacy and thousands of others have also been assisted. He was so endearing that individuals rallied after he passed away to facilitate supports groups, raise funds, and bring awareness to a topic that is not often discussed.

*Yeah -oh my God... I never thought about that. I never would have thought about that...I never thought about it that way. I really NEVER did...he always wanted to be a game changer, meaning my mother had always struggled with health issues, and at that time the only superficial thing he could see was that she has psoriasis. She was covered at the time was full body scales which she hurt all the time and Kyle hated seeing her in pain so because of all that when he was that young he just aspired he was going to Miami [to attend medical school].*

### **Best Laid Plans**

At the time of Kyle's death, Samantha had only recently moved back to her childhood hometown after living in Florida. She left a high-paying job so her sons could spend more time with their father. She took a part-time job that was child-friendly because she had recently remarried and had a newborn daughter. This change of jobs would allow her to spend evenings and holidays at home with her children. She planned to go back to the Miami area within a few years so her twins could go to college there.



*All Kyle wanted to do was go to med school and try and cure disease and that's what he spoke about because he was always so upset seeing my mom suffering. But then we came back here and then he ended up dying, my husband left and wouldn't let me leave. And that's how I'm here.*

Kyle's death precipitated additional financial strain because as a newly single mom, she only now had one income.

*I loved my job and I had family benefits so I wouldn't leave my job plus it allowed me to work during the day when my kids were in school be home at night as a single parent so now it just became a game of survival. Just robbing Peter to pay Paul all these years. But I wouldn't give up the job - I had to live like this for our well being. – I exhausted all of my savings and mental health because five of us were going for counseling and a \$100 co-pay a pop...and especially after the paying for the funeral - I had nothing left. because I found that financial component is a huge part and forgotten end of survivors... not just with me, I mean with others along the way that I've met.*

She eventually lost her house which was distressing in its own right but even more so given her other circumstances. It was the last place she saw her son, so she did not want to give it up. The financial constraints became too obtrusive, and she begrudgingly decided to walk away from her family's house. It was already a tumultuous time for her and her children so she wanted to maintain a shred of stability by staying in their family home but looking back now she can see things from a different angle.

*That was probably the best thing I did just to... because I found myself every day walking up the stairs looking in the same spot where I found him. You know, I don't know why ...because I didn't want to see it but I couldn't NOT see it -I couldn't walk past without looking. And I don't know that I would have continued to move forward if I was still in*

*that house so it all came full circle, but it was probably a blessing. But I've never looked back.*

Troubles with finances or relationships do not phase her now as they might have in the past. It is all very trivial compared to what she faced when she found her son.

*I don't know if it's because I really don't care or if it's because I faced the most difficult thing I would ever...you know....every person's nightmare times a thousand. It's like you CAN'T POSSIBLY hurt me any worse than I've already been hurt in my life - unless God forbid it was another child. - I just mean ...in general people ...and life itself and the whole other perception I have to people who really believe they have problems...and I think they have no idea. They really don't have any idea.*

### **Reflections on Activating Invincibility**

Looking at Kyle's picture, I am brought back to the days of our youth. He looks so much like his mother at that age. She and I grew up during a time when video games were being ushered into American society. We could be seen at arcades and roller-skating rinks gathered around coin-operated video game machines. Pac Man was all the rage at the time and when someone was playing a game, there were hordes of children gathered tightly around the person who was navigating the joystick control. Having people watch us play was nerve-wracking, but it was also an opportunity to low key show off our skills. In Pac Man the ghosts would chase us around trying to destroy us, so we were always on the run. However, if we consumed an energizer pellet, there was a period in which we could not be harmed. When this invincibility was activated, we felt powerful as we could move around without fear.

The experience mothers go through when losing a child to suicide drains us of energy, injures us to the core, and makes us instantly vulnerable. Surprisingly, this experience is also

akin to ingesting an invincibility pellet. We know the worst thing that could happen to a person has already happened to us. What is left to worry about that could begin to compare to this magnitude? So, while my son's death created a gaping hole in my life that I feel every day, it has also enabled me to understand the triviality of previously considered so-called problems.

### **Jokes that Trivialize**

We discussed appreciating being around people who knew us before our loss and know what has happened to our children. Meeting new people means that we will have to eventually disclose this huge, painful part of our lives. We do not do it to garner sympathy, but rather to let the person truly *know* us. Perhaps more importantly we do it to avoid potentially offensive interactions. This does not guarantee that insulting offhanded comments about suicide will not be stated, but we are giving those around us a warning and an opportunity to consider choosing their words more carefully. Samantha discusses how her tolerance for seemingly light-hearted joking about mental health or suicide has drastically changed and how she will now speak up if someone is saying something offensive.

*I am so offended, and I've actually TOLD people over the years. When I'm around people that will say in a joking manner that they were going to kill themselves-I find it NOT amusing at all. And I even retraced my life in my steps and thinking to myself, did I speak that way? Was I that shallow and inconsiderate to others around me? I know that I wasn't. I would never have said "I'm you know ready to blow my brains" and I hear people speak like this and I - in that split second in the conversation - I let them know what they just said and end it and I've definitely lost some friends over it. But I've also gained some who have just said "I never thought about it that way". I say, "it's not*

*funny to somebody like me that did lose someone, it's not funny to someone who's struggling because now you're making a joke."*

### **Reflections on the Last Frontier of Socially Acceptable Jokes**

Given the politically correct culture in which we now live, it seems like poking fun of mental illness and suicide is the last tolerated frontier. Watching a movie or television show that was made in the 1970s or 1980s will show how public sentiments has changed. The cringe-worthy jokes about gender, race, sexuality, and mental capacity that pepper such media creations demonstrate how far we have come as a society regarding tolerance for differences. This is not to imply discrimination no longer exists in those realms, I am merely pointing out that it is no longer socially acceptable to make fun of someone regarding these areas. I often wonder why it is still socially acceptable to joke about a topic that affects so many families. As discussed earlier, suicide is an epidemic that impacts everyone around the world. Given that so many people have been directly impacted by a suicide when an offhanded comment about suicide is made, someone in the room may be very hurt by those words. If more people were open about their suicide loss and spoke up when a hurtful comment was being made, perhaps there would be less trivialization of suicide through humor. Samantha is doing her part to change this social norm, but most people do not have the comfort level she possesses. Unfortunately, the insidiousness of the stigma surrounding suicide ensures that people affected remain silent about their painful losses. This only further aids in the continuation of the societal norm. The silence that results from stigma only helps to reinforce the status quo. I do not believe we will shift this norm until the stigma is lessened or eliminated. The only way we can eliminate it is by discussing it openly as the participants in this study are doing.

### Locating and Creating Help

Samantha had some close friends and family members who offered comfort, but she could not find a formal support system that could offer her the type of assistance that she had needed to navigate her strange new life. She discussed her family's participation in professional counseling sessions.

*I didn't really even find that it helped me. I mean some would say to me "why do you keep going?" and I'm like "this is what I'm supposed to do" But I didn't find that helped me.*

She founds value in reading books about those who have experienced suicide loss. She had wished there would have been more of these types of books in the early days of her loss.

*We actually just started a lending library just for survivors and I just submitted my 1st book list for them to purchase all the books on Amazon and I think there's 31 books that I requested and there's a handful for children. Because I didn't know how to talk to [her daughter]. I don't....I don't remember all the things I told her when she was that young. All I remember mainly, which was huge, is what we were instructed to keep telling her that he IS NEVER coming back - like no false hope.*

Having read about other people's loss and understanding that suicide happens every day, she longed to be able to meet and talk to people in her area who experienced suicide loss.

*I just KNEW there had to be other people. I couldn't find any support online other than online support groups BUT I wasn't really a fan of that. I didn't ...and some are [helpful] but it just wasn't for me. The only place I really found any type of help and comfort was through the actual physical support group. I felt safe. I felt like my words weren't going to be judged. I felt like I didn't have to put on that persona of my story-making sure you're hearing what I want you to know and hear.*

She ultimately started a support group in her local community because she had to travel quite a distance to find a support group for suicide loss survivors. She discusses the most important type of help she received during these informal sessions.

*I think just the understanding. I was so tired of speaking to people who would respond to me and say “yeah, I understand” No, you DON’T understand—you haven’t a clue! And sometimes I have to take a step back and think “stop- are you being ... self-serving...in thinking that way?” But then I really think about it and I’m not. It’s a whole... it’s a whole different....(long pause) WORLD that NOBODY could possibly understand unless they went through it. I feel that you and I have the double whammy - we had a child death and the worst possible death you know for someone to grieve.*

### **Get Over It**

She is much more introspect about life these days but, as hard as she tries it will never make sense to her.

*There’s NEVER any processing it-there’s never any...closure, ever. Ever. You know I had even a family member years ago say to me “you have to get over this”. And I didn’t speak to him from almost 2 years. Because I was like first of all I’m never going to get over the death of my son. I will work through it. I will survive, but I’ll NEVER get over it. And I was just like “you are clueless to even ...what you’re saying I mean there’s never going to be closure” even though I DON’T blame myself, I BLAME myself. You know? Even though I know like... I just think I should have done better. To this day I think I should have done better...in identifying something, you know? I was familiar - I was familiar - I was fairly educated on the subject prior I spoke to my children about it. So they were educated. So I feel like too “What did I miss???” Even that day... driving home in the*

*car what did I miss when he wouldn't get out of the car? So, I KNOW it's not my fault but that DOESN'T MATTER because it's still our fault. Like I don't know if you feel that way but I 100 percent feel that way about it all. You know, what'd I miss before that? I don't know why (long pause) But the part of never knowing...even if someone did leave a note, the validity of it means nothing in the frame of mind they were in when they wrote it so. Even then you get no answer.*

### **Reflections on Closure**

When discussing loss, closure is an idea that is often discussed. Closure is not a word that is associated with suicide deaths. It carries with it an assumption that things can be tied up nicely into a bow. My type of loss was especially complicated, as it involved my son being missing. Since he vanished, my loss was ambiguous and unresolved, and my grief was disenfranchised. Just hours before his lifeless body was found, hundreds gathered for a beautiful candlelight prayer vigil. Reporters from several television news stations were in attendance to interview participants. During an interview, I pleaded for people to continue to search for him as I explained that the pain of having a missing child is unbearable. I ended the interview by saying that I needed closure. I did not plan to make that statement, so as those words were coming out of my mouth, it was as if I were having an out-of-body experience. It was not the logical part of my brain talking, but rather I felt knew it was my subconscious trying to prepare me for the knock on my door from state troopers that would come a few hours later. He was found, but the closure that I was seeking was elusive. To me, closure is a meaningless word and if someone is searching for it after a suicide loss, they will be disappointed. There are other healing paths for suicide bereaved to take, but the road to closure is a dead end.

### Hardest Lesson to Learn

Upon reflecting on her changing perceptions of her life, Samantha contrasted her former self with her current self and what she learned most about the loss of a child.

*My worldview back then was definitely full of...I would say more hopes and dreams and ...colorful. But I think also that I was so much more hopeful, in the sense of...having control. Like when our children were really little, and I would say "well my son's not going to do that". You know I had this whole misconception of the way parenting was going to be (laughs) and if I said it was - that's how it was going to be. Well certainly my views changed on that early on but as far as you know guiding them into their adult lives, I think I was extremely hopeful on that path...like directing them to college...the choices they were making along the way. I think people's perception to some degree bothered me - I wanted to BE that person in control and be successful myself with my children and I don't know the world was HAPPY then. There was... It was easier to...walk out of work and just go and have fun and then I'd socialize a lot with friends and get babysitters to do it. And I looked forward to it. I don't know, I don't know how to describe it other than by giving you like situations but I think CONTROL would be definitely the word I would use and that that was the HARDEST lesson I think I've ever learned was the fact that you have NO control over anything...because definitely before that I thought things were going to be the way I said they were going to be (laughs), because I was going to do my best to make that happen. So that definitely... Life definitely turned gray... I'm definitely monotone. I don't go out very, VERY rarely if I have to. I don't want to see people-STILL.*

### Reflections on Control



The stiff emotional cocktail made of equal parts guilt, shame, regrets, and sorrow is intoxicating in the worst type of way. We had not ordered this poisonous concoction, but we imbibe it, nonetheless. One of its side effects that I found most startling is the constant stream of tears. In the early days of my loss, I would cry all the time, and anything could set me off even well-meaning words of sympathy. I did not think the human body was capable of producing this volume of tears. This is one reason I limited myself from being around others. My outbursts of crying embarrassed me. They were like nothing I had experienced before. This was another area of life where I discovered I had no control.

It is almost three years since his death, and I can talk about my son freely without crying. But then sometimes I am flooded with feelings of sadness and the tears flow. I used to be ashamed of my crying and apologize for my tears because I can see how uncomfortable it made people. Their uneasiness made me feel even worse and seemed to confirm reasons for my embarrassment. I could only imagine the negatives things they thought of me and my situation. *Not only did her son take his own life, but now she has totally lost it.* These days I have a new outlook on tears and other such displays of emotional pain. There is no need to apologize for them. There may be a tendency to want to socially distance ourselves from grief, but it is something that we will all experience. Such external displays of grief such as crying provide a reality check of what it means to be human. I have learned that the vulnerability associated with tears does not indicate weakness but rather bravery. Also, those who are comfortable in the presence of someone else's pain are equally brave. So, whichever side of grief I find myself on, I am reminded that this is an emotion felt by many people before me and many more after me.

### **Samantha's Dizzying Ride**

She discusses her life journey metaphor in terms of a ride at an amusement park.

*One of the things that I often say is, "I'm ready to get off the ride." [My life] is kind of like a merry-go-round that won't stop. After he passed, I feel like it's been like a never-ending ride ...and I WANT TO GET OFF. You know? And I know I CAN'T get off. I don't know how else to describe my life that was the only way I can SAY it.*

I questioned her further about this ride because a merry-go-round has a positive, happy connotation for me. I wanted to understand this better.

*See, I look at it differently because I get sick on things that spin. I CAN NOT go on them. But I've used that as saying like, you know, that I'm ready to get off the ride...you know, stop the ride...I'm ready for it to stop. Because I HATE merry-go-rounds ...absolutely. I look forward to really nothing anymore. Yes, I guess I get out of bed but most days it's pushing myself...challenging, you know? So, now I have some mornings I just open my eyes and think sadly, "I woke up" ... I know it is NEVER going to stop... the additional burden now of carrying this now for the rest of our lives. THAT'S what takes me to, "I'm ready to get off the ride." You know some days I JUST can't process it well. BUT like I said, I DO get up, I get dressed, I do my thing. I go to work.*

She finds it beneficial to be productive in her work environment. Work is somewhat of an escape for her because it helps her compartmentalize.

*I have never really had so much of a hard time at work because he wasn't with me at work, BUT it's almost like I become this whole separate person. The second I'm walking out the door and get into my car, nothing has to happen, and all of a sudden I have a whole different emotion. You know, that happens again-nobody's going to understand except another survivor. And it's like reality sets back in. So, when I'm out at places I'm definitely a different person than what I am in my real world...a double life.*

She can find relief in her suspended state of reality while at work. She is constantly on the rapidly spinning ride, but while at work she is in the center of the ride where the gravitational pull

is not as strong. As she gets further away from work, the centrifugal force gets stronger causing her to feel the nauseating effects of the dizzying motion.

### **New Sharper Vision**

Samantha is a stylish person and I could not help but admire her eyewear when we met. Her oversized round black-rimmed glasses were a bold fashion choice. They immediately caught my eye and made for a strong but also pleasing impression. They also seemed symbolic of the expanded, corrected lenses with which she now views humanity and her role in it.

*I think that people that have never dealt with any kind of tragedy in their lives are BLINDED... they are completely ...like I've found that it takes some type of tragedy...it take some kind of tragedy to have people have ANY kind of human compassion ...I feel people are just.... (long sigh)...they're missing what truly life is all about ...which I even question myself on that too, "Was I like this before?". You know? And I think in some regards I was. But for the most part it wasn't. I think I was definitely always slightly of a fighter for things I believed in and things that are important.*

She sees her lived experience as providing her with better vision. Her vantage point provides her with a broader perspective than she had previously. The bigger picture is now in focus.

*I KNOW that I'm a much better human being. Through this ...ESPECIALLY through this whole experience. You know prior to that I definitely knew I was a good person, I definitely cared about people, I definitely would NEVER turn my back on anybody that needed something. But right now, dealing with society going through grieving this process, I'm at a WHOLE other level. I feel like...it was a high price to pay but I definitely feel I'm on a different level than an average person who FEELS like they have so many problems, and truly don't know the 1st thing about life.*

*And it's not to say because I think it's coming across as I'm perceiving myself as better than someone... I don't feel like I'm better than someone, but I DEFINITELY think I'm DEFINITELY more knowledgeable, definitely more... more experienced and I also think that has created in some regards like I'm unapproachable because of it.*

By *unapproachable*, she means that she personifies a harsh reality of life. She believes that others may want to live in ignorant bliss and not want to contemplate the fact that suicide may one day touch their lives. Hence, by such keeping their distance from her, they are insulating themselves from considering this genuine possibility. She and I discussed that those people in a sense select to wear blinders. Since we had each experienced suicide losses of childhood friends, we were not totally blind to it. Instead, we were wearing lenses to correct our vision, but they were still a bit clouded or smudged as the suicide deaths did not affect us as intimately as the suicides of our offspring. We agreed that we can see much clearer now because our lenses have been washed. This improved vision is not necessarily better as it has a drawback. It is no longer a possibility to view the world with a bit of naivety as we once did. We no longer have the option of distancing ourselves from the reality of tragedy.

## Chapter 7

### Kyle S.'s Mom

Gail lost her son Kyle thirteen years ago when he was 20 years old. A few years after his death she attended a training that enabled her to start a chapter of the HALOS (Hope After a Loved One's Suicide) support group. I did not know Gail when I reached out to her a few weeks after my loss, but she proved to be very valuable to me in those early days. We had exchanged several e-mails discussing the logistics of her support group as I was determined to attend. It was during this time that I was ravenous to attend such meetings, because I desperately needed to know that life does go on after this type of shocking loss of a child. She agreed to meet me an hour before the start of the support group meeting so we could talk. I suspect she wanted to do this to give me a chance to feel comfortable before the room filled with unfamiliar faces. I was able to share my story with her and this one-on-one time provided me with an opportunity to have an empathic listener. Although I had only met her in person once, she had a lasting impact on me. She had provided me with something that was more important than air—she gave me a glimmer of hope.

Gail has struggled to arrive at a place where she could not only help herself but also be of assistance to others. Since gaining confidence in her role as a surviving mother, she has been active in her community as a spokesperson for other survivors. She is not ashamed of what happened and willingly shares her story because she remembers how important it was for her to hear others openly sharing about their loss. Like the other mothers in this study, she does not want a pseudonym. She has worked hard to get to where she is now and wants to maintain ownership of it.

*I've told my story so many times. I'm not worried if people know who I am. I have no problem with who I am, because that is MY story. That was MY son.*

### Forever Young

Gail, who has been a school bus driver for the past 20 years, has three biological children and two stepchildren. Kyle was her youngest child. She reflects on his personality and his love of childhood.

*He was always the easiest child. He was just very easy going. He didn't even hardly ever get mad or anything like that. He LOVED being a KID and he would tell us from a pretty early age like five, six years old that he loved being a kid and he said this as he was growing up, he never wanted to grow up because he really, really liked being a kid. And in the beginning, sure you're glad they're happy as a child so I didn't think much about it but as his teenage years would go, it did concern us a little. He was the type of kids that liked to try out a lot of different things. He played different sports -baseball, soccer, wrestling...but each time that he gave something up, it was because something negative would happen. He was a really good ballplayer and one boy sat on the bench ALL the games and Kyle went to the coach and said, "I'll give up my last two innings so Matt, could play" because he knew this boy he wanted to play and his coach said "No, you're going to play" because Kyle was a very good ballplayer. So, with that, Kyle came to us and told us that he wanted to quit, which we were really shocked because he really liked it because he didn't feel it was fair. So I said to him, okay, that's your decision that you have to tell your coach that, which he did and his coach told us we were terrible for allowing him to quit in the middle of a season because he wanted to give up his time so another boy could play because this coach was all about winning.*

He was 11 years old when this incident occurred. Though Kyle excelled in sports, he was not motivated to perform simply to win. He instead enjoyed the camaraderie and the act of playing itself.

*The same thing happened when he gave up wrestling after three years because he thought the coach was just...because the coaches... I don't know if you ever been to wrestling meets, but they SCREAM at these kids. Kyle didn't like that. So, he just ...he was not there for the competition. He was there to enjoy it. And I mean, we never forced our children to do things. And at the end of his wrestling season he told us he didn't want to go again because he didn't like these coaches screaming at him. He was very sensitive in that way. . . . I guess part of the problem was he was just too tender-hearted at times and it kind of got him discouraged.*

When he approached his parents to buy him a guitar, they were skeptical because they expected that this would be a short-lived interest. Much to their surprise, this was an endeavor we would not abandon and his love of creating music remained a constant for the rest of his life.

*He took up the guitar at 14 and he always played the guitar. He had a band and he really, really enjoyed and stuck with it. When he first came and said he wanted to play the guitar I did not say, "Oh, okay. We'll go get a guitar" because they're not cheap. So I made the deal with him after six months of asking for it I said, "Fine your birthday is coming up, we'll chip in and pay half for the guitar if you really want a guitar". So he agreed to it. So that's what we did. And he took lessons for a year and then he said, I don't need to take the lessons anymore. And I thought, oh, he's giving this up. He said because I'm teaching myself which he did, and he was really good at it. Then we bought him two more guitars throughout the years. The first one was an acoustic and then we got him an electric and then another electric because it was a bit better than the one he had, because he really got into it. Like I said he had a band. He did write his own music, he really enjoyed that.*

## Reflections on our Greatest Teachers

It is often said that parents are a child's greatest teachers. Children indirectly learn by watching their parents navigate the world. But these days I often contemplate the question "who really teaches whom?" Do we teach our children, or do they teach us? I vividly remember a dinner at home one evening. My husband, Izzy, and I were sitting around the table having our normal dinner time discussions in which Izzy would tell us about something he read or learned that day. He was a bibliophile and could not get enough to read. His desire to learn was insatiable. My husband and I constantly told him we appreciate how much he teaches us each night. During this particular dinner my husband told us a story of a meeting he had with a spiritual advisor when he was much younger. He explained that this person said he would marry a woman with a child who would "teach him about life". My husband was convinced this is what the person was referencing. Izzy was in essence a curator of knowledge for us and imparted us with new insight each evening. Izzy balked at the story and was suspicious of such a prediction. He said, "What am *I* going to teach *you* about life?"

I am now confident in saying that my child has taught me more about life than I have taught him. I wonder if Gail feels the same way about Kyle. In listening to her talk about the way he advocated for those around him, I assume that he did so because he learned the importance of taking care of those in need by watching his parents. So, was Kyle an advocate because Gail was? Or is she now an advocate because Kyle had been? Perhaps she is following in his footsteps rather than he was following in hers.

I often think we who lost children by any means, have learned unspeakable volumes from being their mothers. The more we contemplate our interactions with them, the more we can learn. It is as if we have this treasure chest of wisdom gems bequeathed to us upon their death. It is often too difficult to open and search through it immediately following their death. Time is



needed as a buffer before we can accurately sort through and appraise the jewels enclosed in the chest. Once we make time to dive into the treasure trove, we can select which gems we want to wear daily, which ones we want to bring out for special occasions, and which ones we want to keep locked up because they are too precious to risk sharing with anyone.

Kyle reminds me of my son in that they wanted to live life on their terms. They both seemed to be idealists who longed to live in a world that was fair and just. Both Gail and I are each striving in our own ways to bring our sons' visions of the world closer to reality. One way we do this is by openly speaking about suicide with the hopes that the stigma surrounding it will eventually be eradicated.

### **Be Yourself**

Thinking about her perspective on life before Kyle's death, her recollections are centered on her role as a mother. She wanted her children to be respectful individuals who were independent thinkers.

*We always wanted our kids to be their own person, you know, I didn't want cookie cutter kids. My kids did not wear the latest fashion or anything like that. We just told them you know, "You be you. Don't be who the other kids are, or your friends. You be who you want to be." All three of my children are very individual and I think as long as they did well with school as long as they were good respectable kids, which they were we really didn't have much issues . . . we just tried to teach them to be that way. So, I had just always just figured my kids will grow up and have respectable jobs and families and stuff like that, it was no BIG dream like I want my kids do this or that. I'd always tell them, "As long as you are an honest and respectable person. I don't care if you're the garbage*

*man. It's an honest job. That's what you do. If that's what you want." So that's kind of what we always did with our kids.*

### **Waiting On Death Row**

Gail recalls her personality prior to her loss and how that affected her experience. Despite gaining a new role of suicide loss survivor, she focused on the role she knew best, that of caretaker. She later discovered that ignoring her new identity as a grieving mother would not aid her long-term healing process.

*My husband was always a very strong independent person and in business and I kind of just went along with him because I was not. Well, I guess that part of it is because of the type of person I always was. I was not a very self-confident person. So like that first night when we initially found out what happened my first reaction was just to scream, which at the moment my husband caught me right away and said "You can't do that". So like I just shoved everything down because he just didn't know...he didn't know what was going to happen, he didn't know how I was going to act or anything. So with that, my first thing was to take care of the rest of our kids. We had to have them each come home to tell them. We didn't want to tell them on the phone. They were not living with us. So, it was really HARD because I had to figure out how to comfort THEM. And then I just CONTINUED to do that the first year. I think I was so NUMB because I did not take the time for MYSELF. My first reaction is to take care of my family because that's what I always did. You know, I just had to make sure they were okay but when I realized that I wasn't doing so well because I couldn't even figure out how I got home from work some days or how I even GOT to work. You know, I had to start figuring it out ...to talk to somebody, but there was NOBODY in this area and I reached out to many places . . . as*

*far as how I FELT, I have to say I was numb for that first year. My description and I used to say to people, was "I feel like I'm sitting on death row waiting for my turn" because I just, I just didn't know what else to do. I didn't know HOW I was supposed to FEEL or ACT. I didn't know what was normal. Because like I said, I just didn't. I didn't let anything OUT. I held WAY too much in for WAY too long.*

Almost three years after her son's death, Gail was still struggling to find help. Her frustration with the lack of available resources motivated her to start her own support group, which eventually served a seven-county area and was held at a local hospital. She shares how taking the steps to form this group and meeting with other survivors was a pivotal point in her healing journey.

*I was so secluded. I just stayed away from people and when I found out about starting a group and I went away for that weekend - it was a three day training session- I was so SHOCKED to find out what other people had to say MADE SENSE! Like, that's how I felt or that's how I thought, OH MY GOSH these people understand THIS. So, when I started the group, the more stories I would hear from people, the more it validated how I felt. And I think then through that process is when I started to actually heal myself. Because I've read dozens of books and talked to probably a couple of hundred people over the years. and each time I would think, OH MY GOSH, that's so horrible! When I hear each person's story, whether it was through the group - I did a lot A LOT of phone counseling - I couldn't believe that there'd be anything worse ...and then the next person would come up and their story would be horrific.*

### **Reflections on the O.G.'s of Social Distancing**

If you are not familiar with the term O.G., it is an urban slang term that literally translates as Original Gangster. It refers to someone who has already tackled challenges that others are now facing. O.G.'s are considered guides and mentors because they have an old school depth of knowledge about certain problems. As suicide loss surviving mothers, we are the O.G.'s of social distancing. I write this as we amid a lockdown because of the Covid-19 pandemic. The current situation of maintaining a safe distance by staying at home to avoid contact with others is nothing new to us as surviving mothers. Each mother in this study has discussed feeling alone and isolated. There are many reasons we isolate and withdraw from society. Some reasons include lack of motivation to socialize, not wanting to discuss our loss, or feeling judged. Our complicated situations create a new normal for us and that includes quarantining to varying degrees. While much of the world is experiencing feelings of grief over the forced social isolation, the feelings of grief are what trigger mothers like me to seclude ourselves. Whether social distancing is the cause of our grief or the effect of our grief, we may all agree that our worlds become much smaller because of it.

### **Receiving by Giving**

Over the years, facilitating the support group also helped her see her surroundings in a new light. She now had a powerful desire to help make the world a better place. She instinctually gravitated towards easing others' suffering, especially with causes that involved children or the loss of a child. Her once absent confidence was now emerging, and her healing progressed as she helped to relieve other people's pain.

*I tried to get involved in things. If I would see a group- a fundraiser group that was doing something that had to do with the death of a child, whether it was suicide or not or mainly with children, I would just call them up and say, "I'd like to volunteer to help you*

*with that function”, even though I had nothing to do with them. You know, I just wanted to do SOMETHING to just try to make someone else feel better. So I guess, for the most part, I just wanted to be more helpful to others. I guess part of it was that it helped me, but I also didn't want other people to hurt. So, I you know I did different stuff like that.*

She explains one particular project she implemented a few years ago, that has become very popular. She is especially proud of this project because it is a public display showing what she knows deep within her soul—everyone who dies by suicide mattered to someone.

*At Christmas time the local borough sponsors Christmas trees in the park, and you could decorate them. We sponsor a tree and it's called HALOS. We hang snowflakes on the tree and there's a sign that's alongside the tree that says, “Write your loved one's name if they passed by suicide in remembrance of them”. And I have something like 86 names over the years . . . there's always new ones. The lady that organizes it, when I talked to her this past year, she asked, am I going to do it. And I said, yes. She said, “you know, your tree is the most sought out tree of all the trees we have” And they have over 100 trees. So, what does that say?*

She uses soft foam snowflakes so they can withstand the weather. She decorates the tree each year with the snowflakes that already have names on them from the previous years. She then also places blank snowflakes so those walking through the park could have a moment to honor their lost loved one. This tree serves as a testament that the individuals' names written on each snowflake are important and their memory lives on.

*When I look at some of the names, I know they're from neighboring towns but there's SO MANY and I don't even know who these people are, because I've never heard of them before. So, you know, SOMEHOW when they're walking through this park that has over 100 trees and they come upon THIS TREE they take the time to read it and say, “oh, I lost someone to suicide” or “I know someone who's this position”. I just think it's, it's a*

*way to help heal themselves as well as maybe get through the holiday because it's saying "My loved one still counts." Somebody out there still cares about them. They're not forgotten, because that's OUR FEAR. We don't want OUR CHILDREN being forgotten.*

Gail discusses the significance of this tree as proof that there is something deeply profound that only those who lost someone to suicide can understand. It is a symbol of solidarity that we understand one another on a level that is incomprehensible to those outside this world of suicide loss.

*It's like... SEE, THESE PEOPLE MATTER, this MEANS SOMETHING. And I guess the one thing that bothers me the most, because in the professional world, they really DON'T GET IT. You know, support groups that are run by professionals like psychologists, stuff like that. If this doesn't hit you personally, you don't GET THIS. It's, it's just different. That person might MEAN WELL to try to help, but I don't understand how you can help if you didn't go through this.*

She has formed this opinion over the years as she was unsuccessful in her attempts to receive help from health care professionals. She describes a time when she tried to get help when she was at her most vulnerable. Bewildered by the decline in her physical and mental health, she mustered what seemed like supernatural energy to visit a doctor because she knew she needed assistance. She describes that visit.

*The first couple of weeks after Kyle passed I...I obviously... I was not sleeping and eating and stuff like that, like not functioning right. And I DID go to my family doctor and I told him this. And so he prescribed some kind of antidepressant and I was still sitting there looking at him dumbfounded. And I said, "but you didn't even ask me why am I feeling this way" - because he did not. And he said, "Well why do you think you feel this way?". And I said, "because my son just died a couple weeks ago". And he said, "OH" and I, and then I told him, I said, "he took his life". [Doctor then said] "Oh" and THAT WAS*

*IT! And I thought, this is not the way to take care of myself so It definitely came from other survivors and reading literature and mainly, when I say about reading the books, mainly from the people that wrote the books that ACTUALLY lost someone.*

Gail then understood that she must seek sources of support that have experienced suicide loss. She learned from reading or hearing stories of survivors helped. These accounts also helped normalize her experience and she no longer believed she was alone in this new world.

*They made personal points that you sit back and go, OH, OH MY GOSH, THAT'S ME! You know, because you're in such a fog, you don't understand WHY you feel the way you do, you're questioning so much of WHY...that your questioning yourself as well- I don't understand how I keep doing this or I'm fumbling with this... but HEARING their stories, sitting there and listening. Each time somebody would tell me what happened that was more helpful because you understood where they were coming from.*

She first longed to know she was not alone in her feelings. Then she sought to learn how other navigated this foreign landscape. Other suicide loss survivors became her greatest teachers.

*In the beginning, for me it was being validated on the way I thought and felt and all that. But as time went by. I felt I was becoming MORE normal -NEW normal. I could see it and other people could see it. So, it gives you a glimmer of hope because you knew how bad off this person was when this first started. Like I knew how bad off I was that I couldn't even go get my hair cut for three years. I had a little girl on my bus, tell me I look like a witch. That's what woke me up, and I said [to herself], "hey, you gotta do something!" But you realize that you CAN be okay you know you can laugh and smile and joke around and get through a day without falling apart.*

### **Reflections on Elevator Small Talk**

I only met Gail once and I recall taking the elevator with her at the end of her support group meeting. She was talking about her upcoming plans to take a trip to visit her daughter and grandchildren. It was merely a passing comment and perhaps a way to squelch the awkward silence of the elevator ride. But that seemingly benign comment gave me hope. It was less than a few months into my loss and the thought of traveling or spending an enjoyable time with others seemed as foreign to me as taking a spaceship to Mars to fraternizing with Martians. So, her comment taught me that one day I may be able to do things that previously seemed trivial but now seemed insurmountable.

### **Last Moments**

Gail and I shared a commonality regarding the site where our children had their last moments on this earth. I shared during a support group meeting that I had asked to see the location where my son was found. When I explained that I took of a picture of the sight, she shared that she had done the same thing. Gail had never heard anyone else say they did that. She now shares why this was important.

*Probably a few weeks after, after Kyle passed because we weren't allowed down there at first because he did this under a bridge and they had it roped off. So you weren't allowed down there. But after the police tape was gone and stuff like that we were allowed to - we went down there and several kids including my daughter over the time had graffitied the wall under the bridge with messages to him. And... and... (long pause- deep exhale) to me... it was so OVERWHELMING to see all these messages spray painted on the wall in memory of Kyle and then someone wrote his name out in river rocks on the ground...that's why I took the picture because it just.. to me...it just meant that they just loved him so much, like it meant so much for them to leave their messages for him. We*



*went down under the bridge many, many, many times because I always felt closest to him there. Because that was his last place. Now I often wondered...did he face looking out at the river as the water was going by? What was the last thing he looked at? Which way was he? Because THAT I don't know. But yeah, it was IMPORTANT because it was like having the LAST thing that HE SAW, the LAST part of HIM -that moment -they were his last moments, and it was IMPORTANT. So Yeah, I have pictures of it.*

I shared with her that I too took pictures of that last place because I never saw him again. I could not see his body.

*Yeah, me neither. I mean, some people might think it was bizarre, like why would you do that? But that was their last moment! You just took that picture to hold on to those last moments.*

### **Reflections on the Terribly Important Scene**

Since my son was reported missing, I was heavily involved with law enforcement as they actively investigated his disappearance case. The officers who arrived at my door to inform me that my son's body was found, were unfamiliar to me. They were local agents who were asked to pay me a visit. The main detective in the case who contacted me almost daily, offered to come to my house to return the box of evidence that they had collected during the course of the investigation. I deeply appreciated this as I had a slew of questions. *Where he was he found? Who exactly found him? When did he actually die? Are you sure it was a suicide?* The detective along with colleague paid me a visit a few days after finding him. Once again, the pity I saw in their eyes when they looked at me intensified my pain, although it was certainly not intentional on their part.

They explained how deeply affected they were by their discovery. Until they said this, I had not considered what it must have been like for them to find him and then have to contact his mother. We arranged a time to meet later that week when the officer was off duty. He would walk me to the location where he was found. Along the walk I thanked him for taking the time to do this. He said, “I understand that you must need some type of closure, maybe this will help”. I had a few people join me that day. When we reached the location, we all instinctively held hands as we, without words, acknowledged the gravity of the importance of this location. The place he took his last breath. I had not planned to do so, but before we left, I took a few pictures of the site. I do not know what compelled me to do this, but in retrospect it was as Gail explains, important. Unlike Gail, I have never returned to that location even though I think about it often.

### **Losing Faith, Finding Peace**

Gail had become very introspective after her loss. Learning from others in her circumstances was important, but there was more work to do internally. She struggled with her faith and the messages that she received from her church. She could not make sense of what she was hearing versus what she was feeling. The competing ideas led her to take a step back from organized religion for many years.

*For a long, long time I was really angry with God because I really felt that he could have stopped it. Like, why would He even allow something like this to happen? I just didn't understand. And I thought I was a person of faith, so like I wanted nothing to do with anything with that. . . I've had people tell me that this was God's way of punishing me and stuff like that, which I thought was horrible. Actually, a family member was one of them that told me that if I lived a better life this would not have happened—this was God punishing me. And I felt that way. I thought, you know, maybe I am not a good person*

*and maybe this is what He did. . . We used to go to church when this happened and my minister at that time told us that...like we explained the way Kyle was and he said, “you know, Kyle was just trying to be Jesus-like but that wasn't his job, he has to leave that to the professionals” I was like “WHAT?!?!” So we never went back there and we never went back to church...didn't want nothing to do with it because it's just, to me, it was I just... I just couldn't believe that it would be this way.*

While she no longer attended church, she did not give up entirely on God and her spirituality. Her internal struggle with trying to reconcile her lifelong relationship with God and what he allowed to transpire in her life was a constant in the recesses of her thoughts.

*Something always gnawed at me, I guess, deep down, and two years ago I decided, well, I'm going to give this a shot and I found a church, totally different from what I used to go to and started to go on a regular basis. And I was doing Bible studies and everything else. And a lot of that helped me have peace WITHIN MYSELF and accepting what's happened and that I can, I could continue to talk with Kyle and I believe that I WILL see him one day, I really do.*

Gail is cautious as she discusses her spirituality. She understands that a person's beliefs are sacred and does not want to impose her ideas on those around her. Understanding that many survivors have anger towards God she also does not want members of the support group to offend one another by discussing their beliefs.

*I always tried to be really careful not to have religion in the group, even though it would come up time to time because people would say the same thing. They felt a lot of anger towards God because we feel like He could have, He could have stopped it with every with every case, but that's not how it works. But till you get to that point... and you have to let that anger go and that bitterness, because it'll eat you up and. And with that, I think*

*I found a lot of contentment with myself. You know, I just have, I DO have peace in my heart.*

She emphasized that she does not believe there is a perfect religion or church. The best one for each person is the one that provides what they seek. It took deep reflection and a lot of soul searching to arrive at her place of peace, so she does not want to imply that the healing process is as easy as going to church and praying. There is no panacea to replace the arduous process of looking for guidance. Times of self-reflection provided insight. She also knew that she may be able to access wisdom that was hard-earned by others. She remembers asking other people who appeared to be at peace despite challenging lives how they have learned to cope with loss. She credits a few individuals who helped her see the bigger picture and understand that no matter your life circumstances, inner harmony is an actual possibility.

*I didn't want to feel this way anymore. I didn't want to have that heavy burden hanging on me all the time. And I shouldn't say burden, that... heavy weight. It's, it's like a heavy weight that hangs on your heart all the time and you talk to others and you say this, and they say, "Yes. That's how I feel." But it's not that I DIDN'T want to feel that-that it would make any less of Kyle, because that's not so. But I knew by feeling this way, it wasn't good for myself. It wasn't good for my family because I, I tend to stay to myself and like any, anything that would be going on a family function a wedding or you know somebody's having a picnic - I just didn't want to be bothered with that. But I knew being that way, not a good thing. So, I did step back and say, I have to look at this differently now. How can I do that? I guess that's when I start taking the time to try to figure out where to find peace. How do I find this peace? I need to find this peace. And from talking to people...I'll give you an example of this one woman that I met with a few times. She lost a daughter, and then three years later, she lost her second daughter. But she was always so kind and soft spoken and tender hearted. And I, and I asked her how, how are*

*you this way? How were you able to reach this? And that's when she said she just started taking the time to talk to God to just try to make peace because her life was in such turmoil and she had another daughter and she didn't want to lose that daughter, because she was so distant from her at this point. And I thought, well I got that because I was not taking the time with my family. Grandchildren were coming into our lives and it's not that I didn't care about them but I just... I just couldn't, I didn't want to...it hurt too much. So, I needed to do something, and that's when I started to take quiet moments, time to myself, time to reflect. A lot of times we don't do that. Sometimes we just sit there by ourselves just cry or feel depressed, sorry for ourselves. I just tried to take it a step further and that's why I thought I'm going to try going back to church and see if it helps. And it did.*

### **Wisdom Knows No Age**

This woman who lost two daughters sparked Gail to reflect a little deeper about how she was conducting herself and how her actions may impact those around her. She was beginning to understand that the work that needed to be done starts within but is sustained by hearing how others learned to cope. She seemed to be getting similar messages about the importance of self-reflection and gratitude.

*Since Kyle's passing, I've asked people - I just come out and ask them, "So WHY, HOW could you turn out the way you are?" I had this student on my bus that was the same way. This kid went through horrible family tragedies. His mother died on the side of the road as a drug addict, his father was abusive-it was a horrible, horrible story ...but this kid had some kind of... ray of sunshine in him all the time, like he was a happy kid and I asked him, "HOW did you get to this??? How could a little boy like you who has gone*

*through such tragedy, and yet you seem to have peace and have it together??? And he basically told me the same thing. And he was only about 10 years old.*

Gail did not see his age as a barrier to having knowledge on this topic. On the contrary, she was astounded by the idea that he could maintain positivity despite having endured a life full of pain. These conversations reinforced what she was thinking in the back of her mind...there has got to be more to life.

*Sometimes you're on a bus with just the last kid until you get to the last stop, and it might be miles before you get to their house. That's how he and I got to talking. His adopted family was involved with the church and he said he had a hard time at first, but he felt peaceful going there. And he was able to pull his life together in such a short time. I mean, you think of it... he was like seven years old when his mother died on the side of the road in her car of a drug overdose. The father used to beat them - he had several siblings and they all got separated, except for one brother. He and one brother were adopted into the same family so he was always happy that at least he had one brother.*

### **Reflections on Life's Messenger-Transporters**

Like Gail, I have accumulated much needed wisdom from those who can go through bleak times and remain miraculously full of light. Some such individuals I have sought, while others crossed by path serendipitously. These are rare individuals so if you find one, I urge you to strike up a conversation. Sometimes these individuals show up in your life and share unsolicited nuggets of wisdom that you will need later on. I am reminded of an ominous chat I had with a stranger a few weeks before I lost my son. At the time I did not realize it was profound, yet I remember being very moved by the conversation. I was waiting to board a bus to New York City for a fun weekend getaway. As I was waiting outside in the unseasonable hot late-October day I

heard a voice say, “Is that your name? Is your name Celeste?” The question was asked by a man in his late 60s in a uniform and I quickly realized he was the bus driver. He was looking at my luggage tag. I explained that Celeste is my middle name, and it is a family name held by my sister, my mother, and great-grandmother. He was pensive when replying, “That *was* my daughter’s name”. His use of the word *was* indicated that she was no longer living. I was shocked and did not know what to say, but I uttered, “Did she pass away recently?” He explained that he lost his vibrant young daughter when she was only 19 years old. She was riding in the car with her fiancé when a tire fell off causing the car to crash. He called it a “freak accident” and she died immediately on impact. With genuine sympathy I said, “I have two sons and I can’t imagine how that feels”. I cannot say I was being empathic because I would not even allow myself to go there mentally and envision the amount of pain that losing a child would cause me. “That’s the worst thing that can happen to a person”, I said regarding losing a child. These words just sprung from my mouth, but I am not sure where I had retrieved that piece of information.

I was trying to be a source of comfort as I could see the tears welling up in his eyes as he was brought back to that day over 40 years earlier. Instinctively knowing this was every mother’s worst nightmare, I asked him how his wife managed to go on after the loss. He said she was “hit hard” but did not expand on what he meant by that. He talked about his other children and his life now. He retired a few years earlier but took this job recently to get out of the house and talk to people. He was an inspiration as he was living proof that one could make it through the other side of a tragedy. A mere two weeks later my son was missing, and I was now in this stranger’s shoes. Although I never saw this man again, I consider this bus driver as one of my guides because this conversation helped prepare me for what was to come. I would then meet another wise bus driver by the name of Gail who would help transport me to the next stop on my grief journey.

## Gratitude

Her initial worldview after Kyle's death was bleak as she was metaphorically sitting on death row waiting for her turn. Through her searching and contemplation of the bigger picture of life, Gail has actively cultivated a practice of gratitude. She now has a fresh perspective.

*I have a great appreciation for the SIMPLEST things. Whether it's sitting outside or sitting in the kitchen at the table and looking outside and watching the squirrels and the birds eating. It's just the simplest things - it is not a new purse or a pair of pants or something - to watch the sunrise. I'm lucky that when I'm driving my bus in the morning, I'm driving towards the sun rising and the skies are so beautiful. And I, and I just take those moments and I say, "Thank you God for being such a magnificent artist". That's how I try to look at things anymore - to be more optimistic about things.*

### Reflections of a Gratitude Jar

Gratitude is probably the most challenging aspect of healing, yet at the same time I have found it to be the most accessible component of the process and the most powerful. What we lost can never be replaced. We may work on maintaining a spiritual connection with our children, but we will never have their physical presence again. This void and pain create a heavy dark storm cloud that overshadows every corner of our lives, even the most seemingly positive aspects. Starting a gratitude practice during this time requires a bit of blind faith, and that is a precious commodity not readily available. Thankfully, someone came into my life that could lend me some so I could get started. Her name is Dianna, and she is the facilitator of a bereavement program sponsored by a local church. I consider Dianna vital in my ability to move forward as



she helped me envision a world where I could move forward with my loss while simultaneously grieving.

She was the sweetest person with the kindest soul. She took the time out of her very busy schedule to meet with me, a total stranger, because I found the group atmosphere to be too overwhelming as I was very early in my grieving process. This was during the time I could not go for more than a few minutes without crying. Every time we would meet, she would give me a thoughtful little present. One gift in particular helped me to heal and change my mindset. It was a gratitude jar and consisted of a simple, clear glass jar with strips of paper. She told me to place it somewhere in my house where I could readily see it. When I looked at it, I should try to think of something, no matter how small, for which I am thankful and write it on a strip of paper and place it in the jar. She explained that cultivating a grateful attitude will not change the past but could help me with the future by allowing me to view my surrounding differently. I trusted her, so I tried it. I took it home and placed it on an end table in my living room and started a daily practice of selecting one thing in my life that I appreciated. Admittedly this was a forced task at first, but I was desperate to do anything that may result in helping me move forward. After performing this ritual for several months, I realized I no longer needed the jar as a prompt. My gratitude practice had solidified to the point where I could notice and reflect on positive aspects of my life in the moment as I was experiencing them.

### **Metaphor Co-Construction**

Gail was unsure of the best way to describe her life now in terms of a metaphor. After visualizing her early morning drives and her view of the most spectacular artistry, I offered my suggestion for sculpting a metaphor based on her own words. I asked, “So, you are driving the bus towards the sunrise... does that sound like your life now?”

*Yes! I was trying to think of one and I just couldn't...but YES, that would be it!*

She had the metaphor in her all long, just as she had the power to change her worldview with the help of others. Her metaphor is symbolic of the dawning of a new day and the hope that accompanies the illumination of the world. There are times when she finds it challenging to remain optimistic, but she continues to steer her vehicle towards the sun.

### Part Three

#### Summary of Findings

*One cannot collect all the beautiful shells on the beach.  
One can only collect a few, and they are more beautiful if they are a few.*

Anne Morrow Lindbergh

I attended an oceanside retreat a few years before my son died. One night while having dinner, each attendee selected a card from a deck of cards containing inspirational quotes. The card I randomly selected had the above-listed quote on it. It touched me in a way that I am still not sure I can explain. I placed this card on a bulletin board in my kitchen and it has been there ever since I had returned from that retreat. As I passed it today, I had the urge to remove it from the bulletin board and hold it. The events of the relaxing long weekend rushed back to me. I then decided to look up this author as I was unfamiliar with her even though I have been displaying her quote for almost five years now. Much to my astonishment, I discovered that Anne and I share some similar preternatural experiences. She too had a child who was missing and when he was discovered was in a lifeless state. The circumstances were much different, but the results were the same. Our sons had died and neither of us had a chance to say her final goodbye. Anne's son Charles was only 20 months old, and he is famously known as the *Lindbergh baby* who was kidnapped in 1932 (Roensch, 2003). After her son's death Anne, who was an aviator, went on to also become a prolific author whose writings were deeply personal reflections of her life (Lindbergh, 2002). Perhaps I had been channeling Anne subconsciously during the process of this study.

As Anne's quote expresses, when we behold a small number of things, they become more precious because we can look closely at each one and examine the beauty it possesses. I equate the mothers participating in this study to the precious seashells. While there are so many more

women in the world that lose a child by suicide, it is not possible to collect all of their stories. Instead, by collecting in-depth accounts of four such mothers, I can offer a richer exploration of their experiences. Reading a few in-depth accounts will be more insightful for exploring their transformative journeys than skimming the surface with a large sample size. These mothers do not represent all surviving mothers, but rather they represent the most important person in their healing journey — themselves. Their narratives of pain, suffering, resiliency, and hope will provide an intimate opportunity to see the world through their eyes.

Part Three of this dissertation focuses on relating the data collected through the interview process to the literature reviewed for this research and to the theoretical framework I used for this study. Chapter Eight of Part Three begins by identifying the significant themes that resulted from the analysis of the narratives which were constructed with information provided during the initial interviews. In Chapter Nine, I present additional participant narratives from information collected during a second interview. After reading their respective narratives and my autoethnographic input, the participants offered further reflections and provided additional insight about what they have learned about themselves or their worldviews during a second interview. Chapter Ten provides a discussion relating the findings of this research to adult education as they relate to Transformative Learning Theory and Feminist Perspectives on adult learning. I conclude the chapter by discussing implications for practices in adult education and recommendations for future research as it relates to the findings of this study. I will then conclude with my closing reflections.

## Chapter 8

### Discussion of Research Findings

The intention of this study is to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. The research questions that guided this study were threefold:

- a. How does engaging in discourse aid in learning to move forward after a suicide loss of a child?
- b. What factors facilitate critical reflection after a suicide loss of a child?
- c. To what extent can the learning that takes place after a suicide loss of a child be considered transformative?

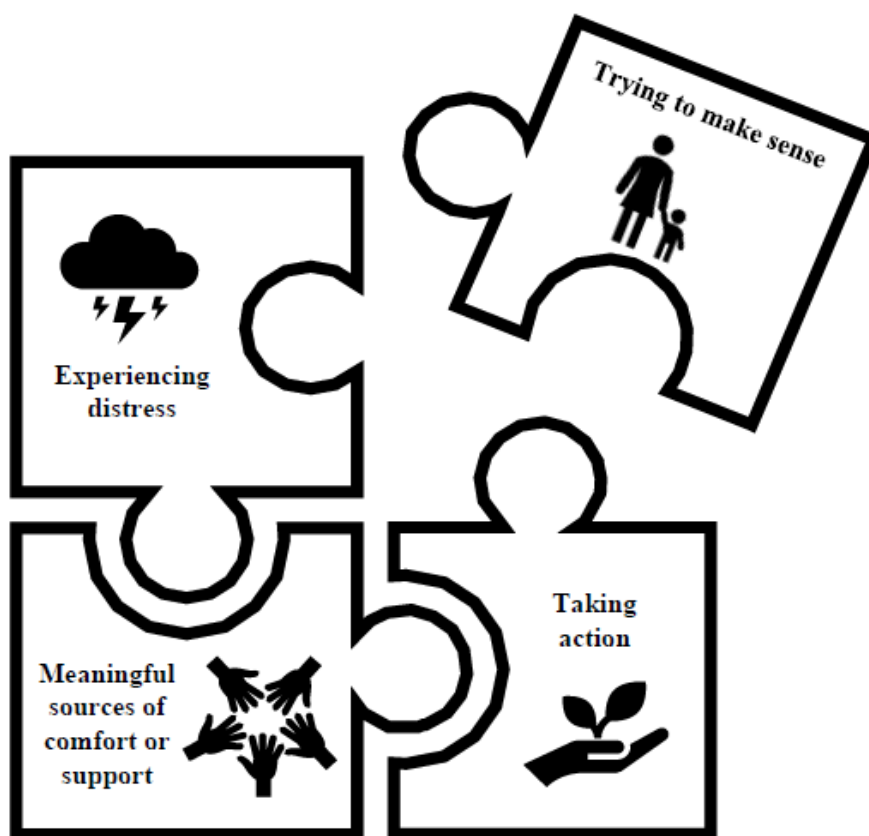
As a result of the analysis of the data collected through the participants' first interviews and my autoethnographic reflections, four significant interrelated themes emerged. These themes are the focus of this chapter as they provide insight into the purpose of this study.

The four inter-related themes are: experiencing distress; trying to make sense; meaningful sources of comfort or support; and taking action. Figure 1 is a model representation of the general categories of the findings. This chapter will serve as an overview of the themes represented in each mothers' narratives. I will further explore these themes in subsequent chapters when I discuss the relationship of these mothers' experiences to Transformative Learning Theory and Feminist Perspectives on adult learning.

#### Experiencing Distress

The first theme centers on the anguish experienced from losing a child suddenly to suicide. Their worlds were changed in an instant. The impact of the suicide infiltrated all aspects

of their lives from that point forward. They explain the immediate trauma and the ongoing psychological pain of losing a child in such a shocking way. The distress that they experienced manifested through a range of disturbing emotions, a desire to stop living, and self-isolation.



**Figure 1:** *The experience of a mother who is a suicide loss survivor*

### **Feeling Guilt, Disbelief, Helplessness, and Anger**

The raw emotions the participants described were palpable during the interview. They have total recall of how they physically and mentally experienced that initial traumatic shock. As

noted previously, Deb vividly describes transitioning through the entrance point into this new reality:

It's like your entire breath, just being sucked right out of you . . . the hole being ripped into your heart or even your heart being ripped out, your whole world shattering - all of that happening all at one time, to the point where you can't even breathe.

The guilt associated with suicide deaths is compounded for mothers as they are the primary caregivers responsible for their child's wellbeing. As Betsy explains, "I DO have guilt...because he was my kid and I couldn't save him, and I TRIED." Even with counseling and others reinforcing that we are not to blame, the societal expectations that have been ingrained in us as women override any such logical responses. As Samantha explained in her narrative, "I KNOW it's not my fault but that DOESN'T MATTER because it's still our fault." I also concur with this seemingly contradictory sentiment. I *know* that I cannot fully control someone's actions because if I could my son would still be alive. I also feel my role as a mother rests blames on me, which leaves me, like Samantha, in a state of cognitive dissonance. This guilt is a burden that is complex and not easily eradicated.

The aftershocks of this world disrupting event continue to affect these women daily. Despite the intense inner turmoil that was erupting, some pushed down their feelings to comfort those around them. Gail was confused about her feelings and the lack of knowledge about how to proceed in her life cause her additional strain. She explains, "I didn't know HOW I was supposed to FEEL or ACT. I didn't know what was normal...I didn't let anything OUT. I held WAY too much in for WAY too long." Tamping down their feelings also occurred because they believed that was the correct thing to do to move forward with their everyday responsibilities. As Samantha explains "when I'm out at places I'm definitely a different person than what I am in my real world...a double life". Suffering in silence is common among this group of women. Gail

perfectly describes the dire hopelessness of being in this situation as “sitting on death row waiting for my turn”.

The anger expressed by the participants was focused in many directions. Some were incensed with God, their son, son’s friends, mental health professionals, physicians, school systems, and family members. The anger can also be directed inward as I discussed previously, some of us may be burdened by guilt as we feel we could be partially to blame. I can attest that these feelings can eventually dissipate when we move along the healing process and are able to think more logically, but when amid such intense grief these feelings create excruciating psychological pain. Hearing people joking about mental health and suicide also angers surviving mothers and adds to our distress. With Gail, a traditional source of comfort enraged her and further complicated her stress. Her spiritually crumbled when her unsympathetic minister cruelly chastised Kyle even in death.

### **Wanting to Die**

All the participants discussed the vast amount of energy it takes them to get through the day being weighed down by these invisible struggles. They each expressed varying degrees of an indifference to living. Their secret hopes of death would relieve them of the pain that is unbearable for them at times. Betsy, who is now cancer-free, recalls receiving her cancer diagnosis just months after her son’s death. Now, in further despair, her longing for her son became even greater. She remembers saying, “I don't want to go through this Collin, I want to be with you.” Although each of these women had additional children, the desire to be out of their torment overruled their obligations to their families. Deb expresses their collective sentiment when she said, “I just didn't care anymore. I didn't care if I lived or died.”



### **Isolating Self**

The previously mentioned emotional distress caused the women to self-isolate. Gail expressed the participants prevailing thought, “Anything that would be going on, a family function a wedding or you know somebody’s having a picnic - I just didn't want to be bothered.” The tendency to seclude themselves led to further strains on previously healthy relationships with family and friends.

The judgement from others, whether it was overt or covert, also added to the desire to seclude themselves from society. Samantha explained the gossip she heard behind her back and the banishment sentence she received by other mothers: “There were friends who weren't allowed to sleep at our house anymore. It was awful.” Since my son’s case was in the public eye, I also felt and heard the judgement. As mothers, we were already judging ourselves and did not need any further condemnation.

Others stayed in their homes because of the overwhelming emotions of grief. Betsy shared, “I just didn't know how to help myself, I mean, I just stayed in this house and just cried for years. My world was this house.” I have a natural inclination towards solitude, so the last place I wanted to be while distressed was around others. I found that when a crying outburst occurred others became uncomfortable, so I believed it was best for me and those around me if I kept to myself.

### **Trying to Make Sense**

There are so many questions that circulate in the mothers’ minds about what their child was thinking in those final days, hours, and minutes. The foremost question that is constantly revisited is *Why?* This simple one-word question holds in its atmosphere the mysteriousness of a

black hole and the complexities of the entire universe. These mothers are living in a liminal space in between their previous *normal* worlds and this new reality which feels like an alternate universe. In a moment, their lives were irrevocably changed and there is no rhyme or reason in this new world. Samantha acknowledges that she along with other survivors have an endless amount of questions regarding their loved one's motives and choices, but she reluctantly concedes, "We are never going to find the answers."

### **Existential Questioning**

All the participating mothers consider themselves spiritual and have varying degrees with which they practice their spirituality. For most, their spiritual foundation became cracked under the weight of this new life circumstance as they ask why God would let this happen to their child. Betsy struggled as she explained, "We do have faith...I was raised in church . . . but DAMN IT God, WHY?" Not only did they feel damned and forgotten by God, but others exacerbated their pain by supporting that notion. As Gail explains:

I've had people tell me that this was God's way of punishing me. . . if I lived a better life this would not have happened—this was God punishing me. And I felt that way. I thought, you know, maybe I am not a good person and maybe this is what He did.

These types of interactions and thought processes added to the tendencies to self-isolate.

The mothers ruminated on the events and their interactions with their sons in the weeks, days, and moments before their sons died. Over 13 years have passed, and Samantha still finds herself asking:

What did I miss??? . . . I don't know why. The part of never knowing...even if someone did leave a note, the validity of it means nothing in the frame of mind they were in when they wrote it so. Even then you get no answer.

Arriving at the understanding that our questions will remain unanswered does not offer solace to us as mothers. Instead, closure eludes us as we attempt to live in the world of our *new normal*.

### **Nature of our Sons**

Our sons that were lost had some similar traits in common. They were all extremely intelligent individuals with high levels of empathy for those suffering around them. Their mothers beamed about their accomplishments and their impact on the world. Kyle K. volunteered in the community for a domestic violence center and wanted to become a doctor so he could help ease others' pain. After attending Space Camp several times, Josh was determined to become an astronaut and then the president of NASA. Collin was a vital source of strength and a role model for his recovery peers during the last few years of life. Kyle S. and Izzy both found ways to share their talents and love of music. Kyle S. did so by playing guitar at a men's homeless shelter, and Izzy played bass for several churches in the area as a member of their worship teams.

Their friendly nature and generosity add to the confusion as their last acts do not seem congruent with the individuals we knew and loved. They were positive forces in life, but in the end, they have mortally wounded those that were closest to them. Betsy explains, "I know he didn't want to hurt anybody, and I know that, but WOW, he did. Forever. And I'm sure you feel that way about Izzy, you don't know what you left behind for us."

### **New Perceptions**

All participants see the world with a different set of lenses these days. The acknowledgment we have little control in life is a sentiment the women now share, but previously they had hope that they could steer their children in the right direction. Josh had a goal of being

an astronaut and Deb was diligent in finding ways he could inch closer to achieving that dream. Betsy helped Collin access the best services he needed to successfully overcome his addiction, and she was in the process of doing the same for his sleep disorder. Gail did not burden Kyle with high expectations and expressed to him she only hoped he would live an honest and respectable life. Izzy had revolving career aspirations and I supported each one by finding different universities to suit his changing needs. Kyle K. desired to be a physician and Samantha had long-term plans that would ensure his success in this endeavor.

As mothers, we were immediately stripped of former assumptions that we could pave a way for our children, and they would follow that path blindly. Samantha speaks for all of us when she explains her new perception:

The HARDEST lesson I think I've ever learned was the fact that you have no control over anything. Definitely before that I thought things were going to be the way I said they were going to be...because I was going to do my best to make that happen.

If we as mothers could not control our children's destiny then we question if anything is actually within our control. This struggle to make sense of our sons' actions can either lead to further distress, but it can also provide us with the desire to understand our life purpose in this new world.

### **Meaningful Sources of Comfort or Support**

All mothers acknowledged that there was a paucity of formalized professional support after their sons' deaths. Many previously close family members and friends did not want to discuss the suicide with them. After the funeral, the mothers felt alone as friends and family returned to their normal lives while they were now left in a state of shock and despair. The

meaningful sources of support came mainly from understanding individuals who in most cases were strangers. They also found some newly adopted practices helped to ease their suffering.

### **Supportive Others**

The overwhelming consensus among these mothers is that other suicide loss survivors taught them that they could continue to live and potentially thrive despite their dire circumstances. The support that was provided by other surviving mothers was inexplicably helpful. Whether it was merely being in their presence, hearing their stories, or having the ability to share their stories, the participants express this support was surpassed by nothing else. Samantha explains, “I felt safe. I felt like my words weren’t going to be judged.” Betsy is adamant that “if somebody wants to give me advice and they've never been through this then I don’t want to hear it. Because how would you even begin to know?” Deb describes the impact of being supported by someone who has lost a child to suicide, “The part that's so profound is someone that does actually know what you're going through. They don't have to say anything.” Gail describes the first time she heard other suicide loss survivors talking about their experience as surprisingly validating. She states, “I was so SHOCKED to find out what other people had to say MADE SENSE! . . .OH MY GOSH these people understand THIS.”

The sense of validation received by interacting with those bereaved by suicide helped enable these participants to move from simply existing to bravely surviving. As I am writing this section of the dissertation, I serendipitously received a text message from Betsy with the following quote from Cheryl Strayed: “The healing power of even the most microscopic exchange with someone who knows in a flash precisely what you're talking about because she experienced that thing too cannot be overestimated.” Betsy had just read it in her *Compassionate*

Friends' monthly newsletter, and she thought I might want to incorporate it in the study as it aptly describes her experience.

There were other individuals in their lives who did not have previous experience with suicide loss but nonetheless could comfort them and ease their pain. Deb cites her parents, pastor, and a close confidant with helping her understand that her grief does not have a timeline. I found the facilitator of a bereavement program, Dianna, to be a tremendous source of strength. Samantha explains her son's father is incredibly supportive. Gail and Betsy also credit their husbands' strength and understanding as pivotal with helping them forge a new normal.

Most of the women received professional counseling, and some had also taken their surviving children to a family or child therapist. All those who received counseling did not have access to someone who specialized in suicides and all described their experiences as ineffective. I am in the minority regarding this topic. I was fortunate to have found a wonderfully progressive therapist, and she exposed me to a treatment called Eye Movement Desensitization and Reprocessing (EMDR) which I found to be very effective.

### **New Personal Practices**

They found reading books that provided personal accounts of those who have suffered similar losses to very useful. They felt less alone in their grief by reading such personal stories. Some mothers also found new ways to continue to communicate with their sons. Betsy enjoys displaying photographs and mementos of happy days shared with Collin. His love of the ocean inspired her to decorate his former room with a beach theme and it now serves as a place where she can spend time talking to her son. Seashells seem to serve as a talisman for Betsy's healing. Black and blue butterflies have the same effect on Deb. When she sees one, she explains, "I always feel that that's Josh coming to visit."

Deb and Samantha both explain they returned to work shortly after their loss to get back into a normal routine. Knowing that this was only a temporary measure and would not eliminate their pain, both indicated it provided a much-needed sense of normalcy. For Samantha, keeping occupied and working hard provided an escape as she learned to compartmentalize. Since she was not thinking of her son when she was busy, it provided a modicum of peace. I also found keeping busy with work to be beneficial as it helped me focus on something other than my grief.

All mothers discussed how important it was to talk about their sons and keep them part of their families. As Deb explains, “I want to talk about him because in a way, it keeps him alive and his memory will always be alive, he will always be a part of me, I will always be a part of him, but in talking about him it keeps him present.” Gail believes every single person who dies by suicide is important. Because of this strong conviction, she created a way for survivors to display the names of their lost loved ones on snowflakes during the holiday season. As she explains:

It's a way to help heal themselves as well as maybe get through the holiday because it's saying, “My loved one still counts.” Somebody out there still cares about them. They're not forgotten, because that's OUR FEAR. We don't want OUR CHILDREN being forgotten.

Samantha also speaks of her son and tells his story while she is conducting outreach to bring awareness to suicide. Betsy's family keeps Collin present by incorporating him into milestone events. For example, his sister had a table for him at her wedding and had one of his t-shirts cut into a heart and sewn into the lining of her dress.

Gail's practice of appreciating the simple things in her surroundings has helped her maintain a level of optimism which does not come naturally. She also resurrected her spiritual side and found a new church that supports her healing. Of her new relationship with God, she explains, “that helped me have peace WITHIN MYSELF and accepting what's happened and that

I can, I could continue to talk with Kyle and I believe that I WILL see him one day, I really do.”

Betsy also reminds herself that the separation is temporary, albeit painful. She says, “I know where he is, and I know he’s out of pain. And I know I will see him again someday.”

### **Taking Action**

Having experienced extreme trauma that nearly destroyed them, each of these women instinctively sought a way to help ease the pain of others. They directed efforts toward the survivor community and other populations in need. These actions also helped comfort them as it aided in their healing process and provided them with a healthy outlet for their pain.

### **Offering Support**

Gail explained that early in her grief process she was drawn to causes that involved children or the death of a child: “I would just call them up and say, ‘I’d like to volunteer to help you with that function’, even though I had nothing to do with them. You know, I just wanted to do SOMETHING to just try to make someone else feel better.” As noted earlier Betsy makes donations in honor of her son to her local Grief Center, men’s drug and alcohol rehab programs, and suicide prevention programs. I also make monetary donations in honor of Izzy to various suicide awareness agencies that cater to survivors’ needs.

Almost immediately following her son’s death, Samantha channeled her grief by undertaking a massive fundraising effort for a national suicide prevention organization. She explains, “I did the thing I thought best, I got a group together, we entered a walk and raised \$42,000.” Within three short years, that total climbed to over \$120,000. Deb also took action in the early days of her grief. She reached out to school administrators to discuss ways she could



help engage with the students and teachers to have an open conversation about suicide. She believes in using her pain as fuel to make a difference in someone else's life.

### **Supporting Suicide Loss Survivors**

These mothers now take part in outreach efforts to help ease the pain that they know about all too well. Betsy sends a sympathy card when she learns about a suicide death. She includes her phone number and invites the bereaved to call her anytime. She also lists information about organizations she has found helpful, as she would have appreciated knowing this information when her tragedy occurred. Deb also began with informal outreach efforts and after receiving training on how to best support survivors, she has formed a support group in her community for those who lost a loved one to suicide.

Samantha started her own non-profit to support her local community of survivors and to increase awareness of the suicide epidemic. She speaks publicly about her experience and is a staunch advocate for prevention programs in schools. She recently received approval to place signage inside every bathroom stall within her school district. The important signage targets those struggling with suicidal ideation and provides resources students can access without fear of being judged. Gail formed a regional support group after attending a formal training program. She facilitated monthly meetings for eight years and has also performed phone counseling for survivors.

These mothers understood that if they could be comforted best by other survivors, then the newly bereaved would need their support. Deb describes the affinity survivors have for one another:

No one would voluntarily want to take this journey, but those that do, are made members of a club that no one wants to be a part of. However, those that have lived through it and moved past it, can use it to make a difference in the lives of others.

The cycle of seasoned survivors supporting new survivors is inspiring. Their service to others is a testimony to their undying love of their sons. The altruistic acts performed by these mothers exemplifies the pinnacle of human compassion.

### **Summary**

Four interrelated themes emerged from the narrative analysis of the participants' interviews and through my personal autoethnographic reflections that explore how mothers who have lost a child to suicide learn to move forward after their loss. The first theme relates to the distress experienced because of the loss. Feelings of guilt, disbelief, helplessness, and anger lead to an indifference towards life and a desire to self-isolate. The next theme involves the struggle to make sense. Their sons' sudden deaths provoked existential questioning as they seek to understand why God would allow this to happen to them and why their sons decided to take such action. Stripped of former assumptions, the only way they found to make sense of such a travesty was to adopt a new outlook on the world. The third theme involved the identification of meaningful sources of comfort and support. Types of people who aided them during their transition into this unfamiliar world involved other suicide loss survivors, family members, friends, counselors, and spiritual advisors. They also had personal practices that provided comfort such as continuing communication with their son, compartmentalizing while at work, talking to other about their son, and cultivating a gratitude practice. The final theme centered on proactively being of service to others. These acts not only aided their own healing but also enabled them to create meaning out of their loss.

Each participant received a copy of their narrative chapter and read the document to prepare for a follow-up interview. During this second interview, the participants offered further reflections and additional insight about what they have learned about themselves or their worldviews by examining the content of their narratives and my autoethnographic input. In the following chapter, I present additional participant narratives from information collected during this second interview.

## Chapter 9

### **Holding up a Mirror: New Reflections**

As a reminder, the purpose of my research is to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. To understand their perspectives, the following research questions guide my analysis of the data:

1. How does engaging in discourse aid in learning to move forward after a suicide loss of a child?
2. What factors facilitate critical reflection after a suicide loss of a child?
3. To what extent can the learning that takes place after a suicide loss of a child be considered transformative?

Critical reflection is a basic tenant of transformative learning theory. It plays an important role in evaluating of our own assumptions (Mezirow, 1994, 1997). This deep level of self-reflection has the power to change our worldviews by enabling us to make meaning of our new circumstances initiated by a disorienting dilemma which in our cases was the suicide death of our sons. Chapters Four through Seven provides the participants' stories based on my initial interviews with them, along with an autoethnographic reflective component. During the interviews we explored the critical reflection that took place after our losses. We also discussed triggers for such reflection, which included family members, friends, sister survivors, and spiritual guides.

Since I am also interested in knowing if engaging in discourse fosters their learning regarding moving forward after their loss, the interviews were dialogic in nature. Being a sister-in-loss survivor allowed me to have a conversation with the participants about our respective losses. In some instances, we were able to make further meaning of aspects of our experiences during these conversational interviews. While transcribing each interview, I gleaned more insight

about what I have learned and added my personal commentary to their stories. My hopes are that this component enhances the reader's understanding of our experiences.

After writing Chapters Four through Seven, I sent each mother a copy of her respective chapter. I then asked her to read the chapter and reflect yet again on our conversation. We then discussed these reflections during a second interview. With a constant barrage of demands competing for our time, we may not fully process or reflect on words of wisdom in the moment—even if we are the ones speaking the wise words. Allowing these mothers an opportunity to read the words they have spoken provided them another opportunity to process our conversation. By taking the time to slow down, they were better able to digest the value of their own words. Also, by reading my autoethnographic reflections triggered by their stories, they realized the impact their words and actions had on me. During our follow-up interview, I asked each mother if this extra layer of reflection provided any further insight about what they have learned about themselves or their new worldviews. This additional component also provided the participants an opportunity to share their thoughts on participating in this research project. This chapter is a compilation of their narratives from our second interview. It ends with some of my own reflections on these follow up interviews, given that this is also an autoethnographic narrative study.

### **Deb: Looking Beneath the Surface**

Deb appreciated the opportunity to read Chapter Four, which is devoted to her narrative and to revisit the words she spoke during our initial interview. She equates this reflective process to journaling. She had journaled extensively when her 14-year-old-son died, and she recalls looking back at what she wrote during her early grief with a bit of awe.

*When I was journaling in the past, I'd think, "Where did that come from?" I don't know, it's just really bizarre, maybe it's the aspect of the writing itself that, not so much that you're purposeful, but you're really digging down deep. You almost get into, I don't want to call it a trance, but almost into like a philosophical state, I guess. I don't know if you want to call it reflection or introspection. Like your own emotions, grief, and loss and how you just get to a completely different place. Then of course life comes in and takes over and you just go about your day and about your business. Then you might pick that book back up that you were journaling in and you start flipping through the pages. And it's like, wow, who said that? And then you realize it's your own writing.*

### **Bitter or Better**

Deb has had the last 16 years to contemplate the meaning of life since her loss. Reading past journals have helped her process her thoughts but seeing her spoken words in writing and reflected on by another person, was a unique type of experience. She initially felt a bit removed from the narrative, as if she were reading someone else's story. This distance made for a positive experience because reading about her life gave her a sense of accomplishment.

*I look at it, and I think, WOW. I don't mean to pat myself on the back, but to go through that and to still want to continue moving forward and then not only just want to move forward, but then to want to make a difference for somebody else. Because you have a choice when adversity strikes and I'm going to quote my pastor, "You can either choose to be bitter, or you can choose to be better." And I've always been the type of person that choose to be better. At times, I was bitter, but I think we all go through that when some type of adversity strikes us. And I don't want to ever be selfish. I've always wanted to take my experiences and use them to help other people.*

She was pleased that Josh's symbolic black and blue butterfly became my metaphor for this group of mothers. Moved by emotion, she was also struck with the idea that her words could invoke such an idea in another person. This process has motivated her to intensify her own reflective practice.

*I loved it. I loved it. It actually made me cry. I didn't really connect it to the bruise. But it was so beautiful the way you put that. I just took it at face value, you know, like I just had that inner feeling that when that butterfly floated into the campsite like I knew immediately that it was Josh, I could just feel it. I could just sense it and whenever I see a black and blue butterfly, I get that warm fuzzy feeling inside and just like he's sending me a message like, "It's okay, Mom." I just took it at that face value, but the way you had termed that or the way that you had written that...Wow, I was only skimming the surface, kind of like the iceberg. You only see what's right above the surface, but there's so much more below.*

### **Dig Deeper**

This extra layer of reflecting on her words and experience gave her a renewed sense of purpose and the feeling that there is so much more left to do.

*I see that I've come a long way, but I also feel that after reading this, I feel like I need to dig down even just a little bit deeper. And still do some more of that transformative learning. I don't know how to describe that. It's just like, I only feel like I'm still skimming the surface a little bit. I still need to dig down a little bit deeper to learn more about myself. And also, how this experience has shaped me. But then how I'm using that experience to shape others. I like helping others. I still feel like there's still more for me TO DO in that realm.*

As the years pass, she is beginning to understand that her loss has new implications. As her reflections become more nuanced, so too do the meanings placed on her experiences:

*As you age, we think that our children are going to be there as we get older. Once you've lost a child, as we age, they're not there. There's aspects of our of our existence, I guess that you could say, not only are we dealing with the aging process but we're also dealing with the fact that we do not have our child by our side physically... spiritually, yes. And as we ourselves are growing spiritually we are, I think, deepening that spiritual connection with our children, even though they're not here.*

### **Continued Growth**

She has recently taken some steps towards following her dream and life purpose. She admits it scares her, but she believes she is meant to serve others in a pastoral or counseling capacity. She recognizes that she will not reach her highest potential if she is not willing to step outside her comfort zone. After a decade of contemplating returning to school for psychology and religious studies, she is ready to be a student again.

*I remember having a conversation with one of the girls that I work with just two weeks ago. And I remember saying something to her, "That is what I would love to do. I wouldn't care if I got paid for it or not." And I realized in that moment- I had one of those aha moments- I realized, oh my gosh, that's what I'm supposed to be doing! I realized the one that frightens you, that's the one you're supposed to do, because that's the one that's going to make you grow the most. The thing that challenges you and that scares you, that's what you're supposed to do.*



Her son's death has given her access to a spiritual world that she would have never believed existed. Her spirituality and her desire to help others are the two loves of her life. She views returning to school to support these two passions as a gift and an honor.

She recalls a training that she attended that reminded her of the aspect of this study that asks her to provide a metaphor for her life. Hearing this multiple times now, confirms her thoughts of taking her reflection and service to other to a new deeper level.

*I have gone to LOSS (Local Outreach to Suicide Survivors) Team training. . . one of the things that he talked about at the training when you come in contact with a newly bereaved person is using a metaphor to describe what you're going through – in terms of what it feels like. So, I was like, oh my gosh [facilitator] talks about metaphors! So, it brought all that back to my mind, and you know, really starting to get back into and start making that more of a priority than what I've been doing.*

As our second interview was concluding, Deb shared her final thoughts on the meaningfulness of participating in this study.

*I will tell you this, I'm very humbled by what you had written on how we met and if something that I was able to stay gave you comfort or just my presence, that is why I wanted to use such a negative experience for positive - to help somebody else through their own process. And if something that I said or did was able to do that for you, then Josh's passing was not in vain.*

### **Betsy: Searching for Peace on Earth**

When Betsy and I talked for the second time to reflect on Chapter Five, which is devoted to her narrative, she expressed that she cried a lot while reading it. She admits it was an emotionally exhausting process to wade through her own words and my reflections on them.

*It was like living my life all over again in Hell. And it's like, even though I felt very comfortable giving you that information and it was MY LIFE, but to have it in writing, it was a lot different. It wasn't negative. I told you my story. I told you everything; I was honest about everything but when you sit and you read it. It's the pain is just, it's all raw again. And that's just part of life. I mean, it isn't going to be the only time that I'm going to feel that way.*

### **Painfully Honest**

As painful as it is to see her story about mothering Collin in writing, she understands that it is a way of keeping his memory alive and a potential learning moment for others. It is important that her story is represented in an accurate light and not sugar-coated for easy digestion. By truthfully chronicling her suffering, others will understand the deep level of pain she has experienced as a result of her son's death.

*I do share my feelings and there's no gray area with me, there's never has been so I call it as I see it . . . You don't want it to be minimized. You need it to be what it is. If I stay inside myself and don't share my story when I have an opportunity, then nobody can learn from anything.*

Betsy has a supportive husband who understands the importance of sharing her story so others could know they are not alone. She acknowledges that Collin's death deeply affected her husband as much as it impacted her, but she believes her husband may always be in a better place than she is emotionally. She ponders if that is due to his optimistic nature or the biology of motherhood that starts with pregnancy:

*He always tries to find the light in the dark and I'm the opposite. Not that I try to be negative, but I don't see it quite the same. He's better at letting things go than I am. I*

*mean, I could push them down and squish it, but it never goes away. It's hard for him too, even though he's in a much better place and I think he always will be. But I think, you know, we carried those little critters for 10 months of our lives. It is different. And I guess I'm a little sorry that I feel that way, but we did.*

### **Revisiting Anger**

She commented on my reflections of mourning the death of our sons while they were still alive. She is mentally transported to the time when she began to understand what her future may hold. There was a six to eight-week period before his death that she tried to get him into a new therapeutic program. She was exerting much effort to help with this, but he had an array of excuses for not being able to participate in this program. She recalls this is when she started making connections between what she felt deep in her heart and what she thought in her brain:

*That was a really, really, really hard time. . . . I knew, I knew in my heart. And it's just, you know, I grieved many times, but that was when I think my head knew that it was coming.*

In our first interview she expressed her newly found anger for her son but looking back she believes that perhaps she misdirected that anger. Reflecting on his final visit home helps her process her feelings of anger and reminds hers of the extreme anguish he must have been experiencing. Given his state of mind, Betsy realizes it took a lot of effort for him to make that plane ride home to deliver his last goodbyes.

*When he got here, I think he just knew he had to say what he had to say. And he was fearful to say it. . . . I do have periods of anger, but I can't be angry that he wanted to be out of the pain that he was in. I am angry that I don't have him here to listen to his voice and to hear his stupid, funny, sarcastic things.*

Reflecting more critically, she now believes her anger stems partially from his absence during her health issues. She lost more than a son; she lost a confidante.

*There's just so many things that I've been through with my health since he left. That kind of makes me angry that he wasn't here, because we always talked about things. So yeah, it's just a lot of things are hard, cause really I had a surgery, three months after he took his life and then two months after that I had a cancer diagnosis. Five months after he died, is when that all transpired and it's just like, I just want you to be here to talk to me. I need you. I love you.*

### **Brief Time, Lasting Impact**

While Collin's life was short, she notes the impact he continues to have on the world through the work of his sister who is a licensed clinical social worker. She works at a psychiatric facility and also volunteers her time providing grief programming for children who lost family members to suicide.

*She chose that profession because of her brother. She is well-liked, well-respected and gives 100% of herself plus some. She said, "Everything I do, I do for Collin." She made it through, and I think it made her a lot stronger because of it. And I think this whole experience has helped her to see things in a different light as well because she's experienced it firsthand.*

Collin was beautiful inside and out. He fundamentally impacted many people's lives as evidenced by the flood of messages Betsy received following his death. She finds great solace in the fact that others saw his beauty, even if he was blind to it.

*When you mentioned that poster board with all the describing words, people said, I mean I... that was amazing too Gina, I appreciate that because that wasn't from us. That was*

*from people that knew our son. And it meant the world. He had positives, but he never saw the positive in himself - ever. I really believe that.*

### **Budding Peace**

When Collin died, so did the flowering plum tree he helped plant when he was 10 years old. Initially Betsy did not want to plant something else in its place because that spot in her front lawn represented something painful. She then grew tired of the empty space and planted Collin's favorite type of tree. Just as the tree that previously lived at this location, she feels this one also has a special connection to her son.

*It's pink and when it blooms and it's just spectacular. Crape Myrtle is common in Florida but this tree has survived so wonderfully [in Pennsylvania], so I know he's happy where he is - as much as I don't like it that he's not here.*

The base of the tree holds a variety of commemorative items and serves as a memorial. She discusses a few of the items that hold a deep significance because their one-word message communications volumes:

*I have a chiseled heart-shaped stone that says PEACE because I finally feel that he's at peace. And at Christmas time we have a wooden sign, it's painted, and it says PEACE. We put a spotlight on it this year and I have that sitting out in front of the tree, it represents hope to us. I feel Collin has peace. I don't know if I'm ever going to be totally at peace.*

Having the word *peace* on public display in the front of her house reminds her that her son is no longer suffering, which provides more than a modicum of comfort. She also hopes that it will also serve as a self-fulfilling prophecy and that one day she will manifest peace in her life. While complete inner harmony eludes her now, she does not discount its availability in the future.

Meanwhile, she still struggles with some of his last words that she discussed during our first interview. Betsy does not know how much credence to give his exact words. She now realizes that perhaps his sentiment, not the actual words, may be more important:

*I know what he said and if I really think about it, "You are just going to have to adjust", I don't think he meant to be so harsh. But knowing his mom, I think that's why he said what he said. You know, I think the words that he chose...I can't, I mean, I'm sure you feel the same way Gina, I can't begin to imagine what he was thinking before he . . . . Like he said, he'll see us on the other side.*

Before she arrives at the *other side*, she finds comfort in seeing him in different forms all around her. She discusses how seeing such signs brings her comfort:

*Collin always loved seagulls. We were on the beach one day and this little seagull, just the whole time we were on the beach that seagull followed us. This seagull kept going to this part of the jetty and I'm thinking, "What are you doing?" and I told [her husband], I said, "this is Collin - he is with us. This is Collin!" And here was this beautiful conch shell- totally intact, beautiful color. So, he led us to this conch shell, and it was like Collin saying, "Mom, it's a jackpot!" That's what he always said, if we found something really cool. And I'm like, it's him! . . . We are big on signs. There are signs all around.*

Whether it is a seagull at the beach leading her to a *jackpot*, or a blimp flying overhead during his memorial service, she knows deep in her heart that he is still present. These signs are vitally important to Betsy as they represent her son maintaining a relationship with her, especially when she is struggling the most.

Betsy's shared some additional thoughts about how she learned to move forward after her son's death. This self-insight provides her solace on her saddest days. It also serves as a reminder that one good day does not indicate that the worst is behind her. She explains this notion and how it helps keep her grounded:

*The way you might feel today is not a promise that that's the way you're going feel tomorrow. Because honestly, you get up and you think, "Yep, today's gonna be good" and you work through things and you try to put it behind and then the day was okay but tomorrow, you might get up and it might not be quite the same. . . . The collage of the three of us [Betsy and her husband and daughter] in Florida visiting him is up on the wall. Now, and the days that I dust that, I'm either crying because I miss him or telling him you pissed me off.*

Given Collin's love of the ocean, Betsy shares this quote by Vicki Harrison as it helps her to put her emotions in perspective.

*Grief is like the ocean; it comes on waves ebbing and flowing. Sometimes the water is calm, and sometimes it is overwhelming. All we can do is learn to swim.*

### **Samantha: On the Precipice of Peace**

Between our first and second interview, Samantha received some devastating news. The struggling economy created financial challenges which led to the closure of her non-profit program, which has been providing suicide support services to her local community for the past 10 years. She takes time to assess its impact and also mourn its loss:

*When I had talked to you the first time and explained that calling it "Help STOP the Silence" was to try to get people on board with it [discussing mental health and suicide] and making them understand it's not always notes and pills and the person crying and that kind of thing. My son smiled every day and laughed every day and I never knew something was wrong with him. That's where that name came in the first place. I wish he would have talked to me about it and maybe he was afraid. I don't know why he didn't talk to me. But so, in that regard, I'm so proud. I'll never know how many lives this*

*program saved. Although over the years I have had so many different people talk to me about it, in saying , “thank you because I didn't know where to turn, I didn't know what to do” and so in that regard, I'm so, so proud and at the end of it now I have such fear and wondering and worrying, what's going to happen with this community?*

### **Closing a Door, Opening a Window**

She is deeply hurt about her program ending, but she is viewing her extra free time as an opportunity for personal growth.

*All the effort and outreach that I tried to do and turning my tragedy on another level of helping other people so that this doesn't happen to them and I think with all that AND trying to also maintain my home and my family and make sure that my children were okay. I feel like so much was poured into my program that so much other stuff was neglected - especially myself. I don't know that I've ever really truthfully dealt with Kyle's death as I should have. I think I just jumped into taking care of everyone else that I didn't take care of me. So, I kind of just walk around with blinders on. You know, being that strong person that everybody thinks I am but I'm really not, so I think with this break I think it's almost welcomed because there's just definitely a lot of things that I need to deal with and work on. And like I said, that would be starting number one, just with myself.*

Reflecting on our first interview and her ability to compartmentalize when she is not at home, she can see that this pattern of engaging in relentless work or advocacy activities may have been a way of avoiding the onerous task of processing her grief. She notes:

*I just blocked out my own emotions for so many years. I mean the weekends are my worst you know because I'm actually having to face with music, so to speak. Because I'm not as*



*busy then it allows my mind to really wander and process, I guess everything that I just buried for so many years.*

A newfound willingness to practice introspection is a byproduct of her extra free time. She recently took part in group that met over several weeks to discuss the book *The Way of the Warrior: An Ancient Path to Inner Peace*. The facilitators used journaling, reflection, and group discussions as learning techniques to discuss the book. Samantha explains how this process served as an opportunity for her to unearth profound truths about herself:

*It was about digging deep within yourself and dealing with your own issues and problems and fears that are holding you back and setting them free, so to speak. It was definitely an eye opener for me to realize that I've definitely put myself on the back burner and it's really time that I started to focus on me because I'm just, so many years later, dealing with so many mixed emotions that I've never really fully processed. I don't want to keep rehashing all of it either for the rest of my life, but I think it's time I just have to 100% face it head on. So, I can move forward.*

### **Surreal Story**

She had just begun to do this deeply reflective work and my request for her to read her narrative and my reflections on her thoughts, came at an opportune time.

*Reading my words actually was bittersweet. I may say those words, but I never really processed them and when I read all of this [Chapter Six], I was processing it. So, when I was reading it, even though I've had these feelings and still feel this way, but then I bury it. And so when I read it...it was true. It was real. Reading your summary on it and your thoughts on it really shed different light to my words, but in a positive way. It really made me think about my words differently.*

She discusses how the act of reading her narrative was a surreal experience:

*I found myself going back and rereading paragraphs, especially about the day he died . . . I had to go back and reread it a few times and thinking it was somebody else's story, but then to mentally process this is me I almost had to just keep reading it to believe it. So, I don't know if I try NOT to believe these things on purpose or if it's just trying to block out the bad. I think I'm stronger than I give myself credit for ... and just reading it and thinking to myself, did I survive this? Did I really do this? Did I really feel this way? Wow, I don't know how somebody can survive this! In reading and knowing they are my words, reading your words, it's definitely putting so many things into perspective and so many things that I'm not at peace with. Seeing it on the paper makes it just so very real for me.*

We also discussed the absence of suicide bereavement educational programming and why it would make a life changing difference in the lives of mothers like us. There is so much potential to help suicide loss survivors because there is so little available now, especially considering the downturn in the economy and limited funding resources.

*I didn't put myself aside because I wanted to bury everything. I think I felt like I did what I was supposed to do [keep busy and help others] but I'm realizing now that I wasn't OK. And I'm not okay. I think if I would have had some guidance or a manual, I maybe would have processed things a lot differently, a lot better and you know maybe 13 years later, I wouldn't be having to pretty much go back to square one, because I feel like I neglected so much and didn't really dig deep, like I was supposed to and cope the way I was supposed to.*

Living with her loss all these years has taught her that the journey never ends. She has a renewed hope that her future has potential to be brighter as she shines the light inward. After a

decade of giving her blood, sweat, and tears to helping others in her community, she is now focusing her attention on a new target.

*I'm just going to plan on working on me now. I don't know what that is yet, but I just think it's time. That is not to say, I have to focus on me and having this beautiful, prosperous life-that's not what I mean at all. I mean, I think just being at peace. I just don't think I have any peace with it. I just don't think I 100% dealt with me and my true feelings.*

### **Gail: Prospecting for Precious Gems**

Ever a student of life, Gail tackled reflecting on her narrative as an important homework assignment. She took diligent notes and shared the elements she wished to expound upon as well as some revelatory thoughts that came to her as a result of this exercise. She explained how she especially liked the idea of our sons leaving behind a treasure chest of wisdom gems:

*It just hit me in the heart when read that. It's so precious. It IS a treasure chest, and they were our gems. I mean, I just loved the way you put that. It really touched me.*

She then describes a discovery in Kyle's wallet led her to uncover yet another gem to add to her collection. After he passed, she was looking at the contents of his wallet and found a card for a men's homeless shelter. She did not know how her son would have been connected to this shelter, so she drove to the address on the card.

*My husband and I said let's go and find out because you're looking for answers and when we approached them and told them who we were, they were very surprised to hear what happened to Kyle. We found out that would go there and play guitar and just talk to these homeless guys. The guy was like wait a minute; we'd like you to talk to a couple of our guys because they knew who your son was. That's how we ended up talking with these guys and them telling us this stuff. So, you know, that was just something else that we*

*didn't really know. We were quite taken aback by this because we weren't aware of it and a couple of the guys shared with us how impressed they were because he was so young, and he would just take that time to talk with them. It really struck me that he reached out so far and I just, I was very impressed, and this made me feel really good. But he was that kind of kid, you know, he was so sentimental.*

### **Enormous Hearts**

Reminiscing about her son's personality and his penchant for wanting the world to be a better place, it reminds her of similar traits possessed by others who have died by suicide.

*Listening to the story of a lot of the families who've lost their children -seemed like all these people were so extremely sensitive and they really had so much in common. See now and I guess this is where I have such trouble with trying to figure all this out. They had such a heart and I've heard this so many times, so it makes you wonder why they would do it. Although because they were so tender-hearted. I guess I could understand why they did what they did.*

Gail uses Kyle's desire to be of service to others as fuel for her healing. Despite a fear of needles, Gail religiously donates blood in honor of Kyle because he was unable to fulfill one of his wishes. She explains:

*We [Gail and her husband] donate blood every eight weeks. We started to do it the first summer after Kyle had passed because Kyle wanted to be an organ donor and I'm not even sure why it was never addressed to us, but anyway we've been donating blood for the last 12 years and we do that in memory of our son because he wanted to be an organ donor. So, every time I go for blood, which I just did it last week, I'll say, "Well, Kyle, this is for you." That was something that also helped me because that was something he*

*wanted to do, so I was able to pick that up for him. And that helps a lot knowing that I can still do that for him. So, we're still helping others. Kyle and I are still continuing to help others and we're doing it together.*

She has come to understand that helping others is a way of helping ourselves. She offers this advice to her support group members so it may motivate them to find ways they could use their childrens' passions as a tool for healing themselves and helping their communities:

*Especially for moms, we feel like we lost our purpose and we still need a purpose. So, do something that you think your loved one would have would have liked. What was important to them? Is it something that you can do for them? Because when you're doing it for somebody else it helps you. That's all part of the healing process.*

Gail finds it important to acknowledge that each survivor is unique and there is no one-size-fits-all when it comes to healing. Remaining open to different approaches and avenues is sage advice from someone who has explored many paths on her 13-year voyage. She notes:

*You can't listen to the outsiders that say, you really should be beyond this, you need to get over this. People could be very, very cruel, but there is no timeline because we're different people. So, I might take longer than the next person or the next person might be fine in a year or so. It's really hard to say because when it's your CHILD. It's different because first of all, we are never supposed to bury our children. We will never have the dreams and watch him as time goes by and people don't look at it that way. They think, well, you know, you should be fine. It just doesn't work that way and you have to do it at your own pace, and you can't do it to appease others.*

She remembers the moment when she felt free to release her tears. She instinctively knew the energy she was expending holding back her emotions was not conducive to moving forward. She recalls this turning point:

*My other children told me right out in the very, very beginning, they didn't want to hear me cry. They couldn't handle me crying. I was not to cry. So, it was like moms don't cry, moms are supposed to take care of everybody. So, I wasn't allowed to cry, so I held all that in for months and months. When I finally went to the Compassionate Friends group, I think that was the first time I really cried. I went to two groups every month and tried to do other things, anything I could get my hands on, because it's almost like you're starving.*

The best advice Gail has for a bereaved mother is to keep trying new things. Attending support groups and revisiting her spirituality worked best for Gail, but she understands other options such as journaling, counseling, or medication may be best for others.

*Some people don't realize they have different options. It does take some a longer time, and it does drag them along or they're so overwhelmed with it then they say, "This is it. I'm not doing anything, anymore. This is where I'm stuck and I'm staying there." And it's unfortunate because there are some people that I know long term and they're still stuck in that early part because they didn't try different things. They didn't think, "what's going to work for me?" What I did had worked for me to come to my peace. But some people are just so stuck. There are so broken that they don't know how to pick up the pieces to have peace within themselves because it never goes away. No matter how much you have peace, it never goes away. It's always there. You just have to learn how to live with it.*

### **Transporters of Messages**

After reading my story about the bus driver who provided me a glimpse into my world as a grieving parent, Gail was shocked because she had an eerily similar experience. She believes that these conversations are not coincidental but rather intentional to help us comprehend future

events. They may not hold significant meaning to us in the moment, but reflection helps process such encounters. She tells the story of her conversation:

*Six weeks prior to Kyle's death there was a young man who died by suicide. The family's well known in our area. So, when it happened, another bus driver had told me about it. And I remembered so well because the driver said, "Hey, did you hear about so and so, his son died by suicide" and it was such a shock. And I said to him, "I would never want to be in that position!" And six weeks later, when this happened with Kyle, that driver came back to me. He was an elderly guy and I could see he was heartbroken. He had tears in his eyes, and he said, "I'll never forget that you said, you never want to be in this position and here you are." But I never THOUGHT. Who would have thought?*

Reading her narrative caused her to reflect deeper about what she has endured and overcome since Kyle's death. When she looked into the mirror I held up for her, she explains the image astonished her:

*I thought, Wow! I was surprised about myself. It was almost like listening to somebody else, reading about somebody else. Hey, that's me. I said all those things. That's how I felt, and that's how it was. Especially the part with the doing the tree in the park because I believe very strongly in that - trying to help others have that little bit of recognition because we never want our loved ones forgotten, and that's such an important thing. And I think I will ALWAYS do it because if we don't talk about our children or say their names or anything like that, who will??? So, by recognizing them on that snowflake... when I read and re-read it, I thought, Wow, that really is a good idea! Because I'm not a very confident person, so I was almost impressed, I have to say, reading my own story. Although my husband sat there, practically with tears in his eyes, and he said, "See, I told you this is how you are. But now that you read it, now you see it for yourself". Which is true.*

### Confidence Booster

Gail considers her husband her rock. She admits being hard on herself and she credits him with pushing her out of her comfort zone and encouraging her to do things despite her lack of confidence. She explains the person she saw in her narrative:

*Somebody who was stronger than what I thought I was and apparently you saw that also. Reading my own story, I'm looking back, and I'm thinking, Wow, I am pretty strong! I have done this. That was me. And with your input it, it just validates it more. I don't think we realize how strong we really are. I mean, you say to yourself, "Oh well, I guess I'm doing OK", but then when you read it, it's like, Wow, that was me! I did that! I was able to do that!*

Reading her words helped her see herself in a different light. She now believes that enhanced self-confidence could be an additional beneficial, healing by-product of keeping a journal and reflecting on past entries. She contemplates if this may have the same impact for others as reading Chapter Seven had for her:

*Maybe that's something everybody should really do. I know a lot of people journal and I used to encourage that at the meetings because I think it's important, but then you have to go back and READ it. This is where I started, how bad it was, and this is how far I got. It's important to know how far you came personally. You can sit there and open your book and read it and say, "Wow, this is where I started, and maybe it did take me 13 years to get to this point but I'm there." I hope it doesn't take 13 years for everybody.*



### Reflections on Words of Others

*You will be missed but I will carry you in my heart.  
I would have been so proud to have you for my son.  
Rest in Peace my gentle friend.*

Nancy Moeller

It is clear that the participants in the study came to another dimension of meaning as a result of reading their own story and reflecting on it. Similarly, I also came to a new dimension of meaning as a result of talking to them a second time, engaging in dialogue, and thinking further about what they said. Upon reflecting on my follow up interviews with these mothers, I was reminded of an especially meaningful artifact, a letter to the editor written about Izzy. Nancy Moeller, a stranger to me, was the author of that published letter. The above is a quote from that letter in which she discusses being Izzy's co-worker. I will discuss the impact of this significant letter further in this section but thought it was important to start my reflection of this chapter with these words written about my son.

Sometimes it takes someone distant to make sense of our world. While I have met all of these women discussed in this dissertation, I do not know them in the way their close friends and family members know them. Yet, I *know* them, and they *know* me. We have a common thread that binds us together for life. The words they offered me when I was at my lowest point were priceless. I can only hope to pay that back in a small way by painting a picture of their fascinating sons with words. They possessed an otherworldly combination of handsomeness, intelligence, and most importantly they were beautiful souls who were compassionate human beings. As their mothers we are bound together, but as our sons they are now boundless.

While this study explores the experience of a mother after suicide loss, it is important to understand that none of these women seek to be held up with accolades for their strength and service to their community. Instead they prefer to illuminate their sons' lives. We can honor these

mothers most by speaking of their sons' beautiful nature. It is important for our sons to be remembered accurately for the lives they lived not in the way they died.

The Moeller quote at the beginning of section holds a sacred place in my heart. Much like my story at the beginning of Part Three in which I valued words of Anne Morrow Lindbergh even though I was unfamiliar with her, I also do not know Nancy Moeller. However, the words of this stranger are so meaningful to me because they are in reference to my son Izzy. Since I am self-reporting about my experiences and my son, I thought it would add an extra dimension of validity to my autoethnographic narrative if you read something written about Izzy and indirectly about me. A few days after Izzy was found, I was alerted to a piece in our local paper about him. See Appendix G for the newspaper clipping. Someone had penned the most heartwarming letter to the editor about Izzy. The headline in large bold letters read, "**GOOD KIND, LOVING SOUL REMEMBERED**". In addition to talking about Izzy she also cautioned others about judgment towards him:

*None of us can say we didn't have anyone in our family or life that has a health problem of some sort, be it body or mind. So, before we make comments or form opinions of what someone else is experiencing, put yourself in the place of that person, or their family, friends and loved ones.*

Nancy, the author of this letter, was a complete stranger to me, but she knew Izzy because she worked with him and conversed with him. She instinctively wanted to protect his memory as she understood the great stigma around his type of death. Her words were so impactful to me at that time as I was only a few days into this new world of grief. As I read her letter now, it still has just as much impact because it speaks to my son's attributes. For mothers like us, kind words about our children are the world's most precious commodity.

## Conclusion

These women were once young girls who dreamed of a life filled with endless possibilities and happiness. Their narratives and self-reflections are brimful of despair, tears, and loss as well as hope, joy, and love. The destructive nature of their loss stripped them of everything they thought they knew and forced them to start a journey in an unknown land. They may not have fairytale stories, but they have something rarer; they have the makings of a legend. When becoming instantaneously displaced from their homeland, suicide loss survivors become nomads searching for a safe new land to occupy. Each woman in this study has bravely held up a torch and led other inhabitants of this strange, unknown world in a quest to find a safe, hospitable place to rest.

Working on this portion of the research has been most satisfying. Originally aiming for a member check to ensure my understanding of their narrative, instead I was able to facilitate another wave of reflection for these women. By holding up a mirror for them, I enabled them to see the image I was viewing. Our second interview allowed us to have a deeper conversation about some aspects of our loss, which led us to make new meanings. These discussions permitted us to make the space in our lives to do something that we rarely had an opportunity to do. This was a luxury to take the time and look back on our journeys and appreciate how far we have come. It was humbling to be entrusted to restory their narratives and frame their experiences in a fresh light for others to witness. It was surprising that what I had created by restorying their narratives looked a bit foreign to these mothers. After all, I thought I was simply holding up a mirror for them. Upon further reflection, I realized I may have been using a magnifying glass instead of a mirror. There were elements of their narratives that when examined more closely took on a new form which initially made them unrecognizable. A magnifying glass can show us things we could not see previously, and perhaps things we would prefer not to see. However, the

focused attention of a magnifying glass on a single point has the power to create fire. I hope I have sparked a fire with the reader of these stories as well as helped refuel these mothers' torches as they continue to lead the way for other survivors.

Based on the reflections shared in this chapter, these women are now beginning to comprehend their legendary nature. In the following chapter, I offer a discussion relating the findings of this research as they relate to Transformative Learning Theory and Feminist Perspectives on adult learning.

## Chapter 10

### Implications for Theory, Practice, and Research

*What good are wings without the courage to fly?*

Atticus Finch, *To Kill A Mockingbird*

The purpose of this research study was to understand the experience of mothers who lost a child to suicide, in particular how they have learned to cope with their devastating loss. The three research questions that guided this study are as follows:

- (1) How does engaging in discourse aid in learning to move forward after a suicide loss of a child?
- (2) What factors facilitate critical reflection after a suicide loss of a child?
- (3) To what extent can the learning that takes place after a suicide loss of a child be considered transformative?

The quote at the beginning of this chapter harks back to my reference of the mothers in this study being metaphorical black and blue butterflies. As surviving mothers, we are no longer the same women we were before our sons left this earth. Despite being terribly bruised, we have transformed into new forms. We have wings now and are becoming more adept every day as we learn to use them to navigate our new realm. The beauty of this new state of being lies in our resilience and courage to speak our truths to be of service to others.

The findings of studies are often summarized and discussed in light of the literature in the final chapter of many dissertations. However, in Chapter Eight, I have discussed the four interrelated themes that emerged from a cross-analysis of the participants' narratives and my autoethnographic contribution regarding how mothers who have lost a child to suicide learn to

cope and move forward after their loss. Hence here in this introduction to the chapter I summarize them only briefly, and then move on to discuss how the remaining of the chapter will be organized.

Though it was unintended, the mothers who agreed to participate in this study, all lost sons to suicide. The fact that these were mothers of sons in particular and why no mothers who lost daughters to suicide agreed to participate in the study is not known. Hence, these mothers' stories and the themes of findings were not analyzed based on the fact that they were sons and not daughters. They were analyzed based on the criteria for participation: that they had lost a *child* to suicide, not *sons* in particular. This needs to be kept in mind in considering the themes of findings.

The first theme of findings is *experiencing distress*. The mothers are overcome with a harmful mix of emotions such as guilt, disbelief, helplessness, and anger. These feelings led to a longing to die and a desire to self-isolate. The second theme explores how the mothers try to *make sense of their loss*. Existential questioning provided a means of processing their emotions as they sought to understand why this could happen. Unanswered questions forced them to adopt a new perspective on life. The third theme revolved around *the meaningful sources of comfort or support that aided their healing*. Individuals who facilitated their healing process through dialogue included other suicide loss survivors, immediate family members, friends, counselors, and spiritual advisors. Adopting new behaviors such as reading about other survivors, maintaining a bond with their son, returning to work, talking about their son, and cultivating a gratitude practice provided some solace. The fourth theme explored *the ways these mothers took action*. Having endured extreme amounts of pain prompted them to do their part to combat the suffering experienced by others.

Also, as discussed in Chapter Nine, I shared each participant's written narrative with her partly as a member check, and then re-interviewed them. This second round of interviews resulted

in additional themes of findings related to reflecting on their personal narratives, which revealed new insights for the participants regarding their evolving transformative learning journeys: recognition of personal strength, motivation for further personal growth, and a hope for peace, as their journey continues.

With this summary of the themes of findings of this dissertation in mind, the first section of this closing chapter examines the research questions in light of the theoretical frameworks and relevant literature. Next is a discussion of how this research revealed implications for theory of Transformative Learning and Feminist Perspectives on adult learning, and then the implications for practice are considered. The next section examines the significance and limitations of the study, while the following section offers suggestions for future research. The conclusion discusses my closing reflections on the opportunity to conduct this research.

### **Findings in Relation to the Research Questions**

*You are a survivor. You are more, not less, beautiful for having survived – and in your brokenness, waiting to be discovered, lies the secrets to a hidden wholeness.*

Rabbi Baruch HaLevi

The excerpt at the beginning of this section is part of a poem written by Rabbi Baruch HaLevi who is intimately familiar with suicide. He lost his grandmother to suicide as a teenager and eighteen years later his father died by suicide too (HaLevi, 2016). I believe the women in this study possess the keys to a hidden knowledge source that has yet to be tapped. This study is an attempt to understand part of this wisdom by understanding how they have been able to move forward after being broken by their devastating losses. In order to fully connect the findings from my research with the intention of this study, I will answer the research questions in light of the theoretical frameworks and relevant literature.

**Q1: How Does Engaging in Discourse Aid in Learning to Move Forward after a Suicide Loss of a Child?**

There are two themes of my findings that describe how these mothers learned from others via discourse dialogue: *Meaningful sources of comfort or support* and *taking action*. I will discuss these relative to the suicide bereavement literature and feminist perspectives in adult education in theoretical framework. Since discourse is a major element of transformative learning, I will also discuss the participants' discourse relative to the theoretical framework of transformative learning during my discussion of the third research question: to what extent can the learning that takes place after a suicide loss of a child be considered transformative?

***Suicide Bereavement***

The mothers in this study cited various types of individuals who facilitated the healing process through discourse dialogue such as immediate family members, friends, counselors, and spiritual advisors. Several studies show that survivors relied on the helpfulness of family and friends to support their healing process (Feigleman et al., 2009; Mayton & Wester, 2018; McMenemy et al., 2008). Talking and listening to other suicide loss survivors was an incredibly profound and validating experience. Dransart (2017), Groos and Shakespeare-Finch (2013), Mayton and Wester (2018), McMenemy et al. (2008), Ryan et al. (2013) found survivors felt a strong connection with fellow survivors because outsiders, no matter how well-meaning, cannot fully comprehend the experience.

For the mothers in my study, engaging in dialogue with other survivors typically took place in the context of a support group, which are one of the few organized resources available to suicide loss survivors. The sentiment of my participants was echoed in other studies of survivors who found these groups as places to talk freely about their loss, express emotions, and feel



normal (Groos & Shakespeare-Finch, 2013; Mayton & Wester, 2018; McMenemy et al., 2008; Ross et al., 2018; Ryan et al., 2013; Sands & Tennant, 2010; Wilson & Marshall, 2010).

The participating mothers in my study welcomed the opportunity to further engage in dialogue with me as a sister survivor because they saw the potential to help grieving mothers like themselves. Other researchers of those bereaved by suicide have similarly reported that participants in studies appreciated participating in research projects because they are able to process their feelings while talking about their loved one, and help others (Dyregrov et al., 2011; Ryan et al., 2013; Sands & Tennant, 2010; Sheehan et al., 2018; Wilson & Marshall, 2010).

### ***Feminist Perspectives on Adult Learning***

Women learn through interactions with others. Belenky et al. (1997) discuss this type of learning as connected knowing which is rooted in a capacity for empathy. Connected knowing uses personal experiences to understand another person's ideas. The mothers in this study now have deeper levels of empathy for those suffering around them. Regarding connected knowing, Belenky et al. (1997) explain, "Through empathy she expands her experiential base; she acquires vicarious (secondhand, first-hand) experience and so expands her knowledge" (p. 115). These mothers' heightened levels of empathy fueled their desire to be of service to those affected by suicide loss because they now understand the devastating impact of a suicide death.

Just as the mothers in my study gained confidence through their conversations with other survivors so too have different types of women been helped by interacting with peers. In the case of my study as well as other research involving women's transformative learning experiences, improved self-confidence led to empowerment and desire for advocacy. Brigham (2011), Sandoval et al. (2016), van der Merwe and Albertyn (2010) found that participants initially lacked confidence as a result of their circumstances but after meeting regularly with other women

with similar backgrounds, their confidence increased and they expressed a desire to give back to others.

*Developing a voice* refers to “a process of evolution, of gradual unfolding, with voice taking on different forms as it develops” (Hayes, 2000c, p. 93). Developing a voice involves making discoveries about oneself and learning how to express oneself in the context of a changing identity. Most of the women in my study have found their voice by attending support groups where they felt free to express themselves. As Samantha explains, “The only place I really found any type of help and comfort was through the actual physical support group. I felt safe. I felt like my words weren’t going to be judged”. English and Irving (2012) note that relationships, mentors, and the “collective experience in groups”, all play an important role in women’s transformative learning experiences (p. 251). These areas are especially important for women in crisis situations.

By talking about being a suicide loss survivor in an accepting environment, the mothers in my study began to feel more confident about their new identities, and this eventually led to sharing their stories outside the safe confines of support groups. Gail recalls, “for me it was being validated on the way I thought and felt . . . I was becoming MORE normal–NEW normal. I could see it and other people could see it.” These mothers subsequently helped other new survivors find their own voices, which resulted in those new survivors developing their voices and eventually giving voice to their own stories of loss. Similar to the findings of my study, Cooley (2007), English and Peters (2012), and Snyder (2011) reported role modeling by female leaders and a shared group identity provided women more confidence to fully expressing themselves.

*Giving voice* occurs when women discuss an experience that had previously been unspoken (Hayes, 2000c). This act of voice can be empowering and transformative especially when discussing experiences considered taboo such as suicide. The mothers in this study openly

discuss their sons' suicide deaths, even though those close to them were uncomfortable with the subject and would rather not hear such discussions. They all adamantly requested to have their own names used for this study so as to not further stigmatize this type of death. Deb recalls talking to administrators at her son's school shortly after he died. She told them, "You're keeping it quiet. You don't necessarily want to draw any negative attention. But it needs to be done. You know, you need to get this out and how this affects people." Betsy also addresses this point by stating, "If I stay inside myself and don't share my story when I have an opportunity, then nobody can learn from anything."

By *giving voice* to their experience and engaging in dialogue, the mothers in my study are helping those who find themselves in similar circumstances. In these instances, the act of *giving voice* then becomes a selfless action, which could help others. Giving voice to their story can also help them further develop and establish their new identity as a suicide loss survivor. In this sense, the mothers are embracing the struggles and celebrating their strength in the face of adversity, for they are *survivors* not *victims*. Bridwell's (2013) study of the transformative learning of a group marginalized by race, class, and gender, involved creating a safe environment where marginalized women were able to fully participate in discourse. The results were personal growth, enhanced self-confidence, increased self-agency, and self-advocacy for the participating women.

## **Q2: What Factors Facilitate Critical Reflection after a Suicide Loss of a Child?**

There are two themes of my findings that explain the impetus of these mothers' critical reflection: *Experiencing distress* and *trying to make sense*. I will now consider these findings relative to the suicide bereavement literature and the theoretical framework of the feminist perspective of adult learning. Since critical reflection is a main component of transformative

learning, I will also discuss the participants' critical reflection during my discussion of the next research question which involves the extent of my participants' transformative learning experiences.

### ***Suicide Bereavement***

These mothers experienced extreme levels of distress after their child's suicide death. Everything they thought was true in an instant became a false memory. The extreme anger directed outward and inward fueled feelings of blame and guilt. These distressing emotions coupled with disbelief and helplessness were debilitating at times causing these mothers to self-isolate. Researchers of suicide bereaved individuals report survivors drastically reducing activities and avoiding contact with the outside world (Dransart, 2017; Gibson et al., 2010; Mayton & Wester, 2018; Pitman, Putri, et al., 2018; Ross et al., 2018; Sands & Tennant, 2010; Tzeng, Su, Tzeng, et al., 2010; Tzeng, Su, Chiang, et al., 2010).

Their inner turmoil led my participants to try to make sense of their new reality. The question of why consumed their every thought in the early days. Many studies demonstrate that such meaning making leads some survivors to believe they were somehow responsible for their loved one's act or that they could have prevented it which causes feelings of extreme guilt (Dransart, 2017; Dyregrov et al., 2011; Feigleman et al., 2009; Gibson et al., 2010; Groos & Shakespeare-Finch, 2013; Mayton & Wester, 2018; Pitman et al., 2016; Ross et al., 2018; Ryan et al., 2013; Sands & Tennant, 2010; Sheehan et al., 2018; Tzeng, Su, Tzeng, et al., 2010; Tzeng, Su, Chiang, et al., 2010). For my participants, it was, however, these distressing emotions and thoughts that eventually motivated them to seek help.

The critical reflection that took place after our losses was essentially triggered by distressful emotions and then fostered by supportive family members, friends, other survivors,

and spiritual guides. By engaging in discourse dialogue with supportive others discussed in the previous research question, these mothers were able to start critically reflecting on their new circumstances. One study chronicled how mothers came to make-meaning after the suicide loss of a child by speaking openly about their loss in support group meetings (Shields et al., 2019). Participants found sanctuary in these environments which allowed them to understand that they were not responsible for their child's deaths. My findings echo the importance of having safe places and empathetic individuals to assist in the process of critical reflection.

Being a sister survivor allowed me to have a conversation with the participants about our respective losses and as such we were engaging in dialogue which led to further meaning making about our roles as survivors. Reviewing the interview transcripts fostered further reflection for me regarding the circumstances surrounding my son's death. I added these reflections to the narratives of my participants. When the participants read their words and my reflection on their words, they experienced another wave of critical reflection as they began to realize the level of progress they have made since their worlds came to a screeching halt.

### ***Feminist Perspectives on Adult Learning***

English and Irving (2012) note that women's transformations are often spurred by the emotions brought on by their oppressive circumstances. As noted previously the mothers experienced distress after the loss of their sons. The stigma they felt by community members and previously close friends served to further marginalize them. Bridwell (2020) studied the positive impact of a nurturing classroom environment on the transformative learning of marginalized women of color. Relational bonds in the classroom and the dedicated time for reflection and dialogue contributed to the women's transformative learning experiences.

The emotional support of peers is also vital in helping women successfully navigate their transformative learning journeys. Mälkki and Green (2014) suggest acknowledging the emotional component of our thought-process will enhance one's ability to critically reflect. Being able to engage in dialogue with women in similar circumstances in order to compare interpretations of experiences helps foster critical reflection (Brigham, 2011; Brown & Brown, 2015; Cooley, 2007; English & Peters, 2012; Madsen, 2010; Madsen & Cook, 2010). One study suggests that nurses can provide opportunities for dialogue and critical reflection through a strategy called motivational interviewing which encourages patients to articulate their fears, values, and preferences (Purtzer & Overstreet, 2014).

In addition to learning from others, women can also gain knowledge by connecting to themselves. Women can also construct knowledge through *subjective knowing* which is recognizing one's inner voice as a valuable source of knowledge (Belenky et al., 1997). Truth comes from within and therefore women become their own authorities. Brigham (2011) and Sandoval et al. (2016) found that using arts-based approaches to learning, women can tap into the affective dimension to help make new personal meanings of their circumstances.

Some mothers in my study also reflected privately by journaling. Deb journaled extensively after Josh passed away. Gail also understands the value of journaling as she recommended the practice to the members of her support group. She also believes it is important to reflect on past journal entries to comprehend the personal growth as time passes. I spent the entire first summer after Izzy's death in isolation in a rented condo overlooking the ocean. Spending quiet time looking at the vast sea was healing for several reasons. It provided me with a space to cry freely in private and truly experience the array of emotions that washed over me. My focus was on my relationship with my son and with myself. I did not have the energy to exert emotional labor on any other relationship that summer. I spent my days reading about loss, writing about my pain, thinking about my son, and looking at the healing ocean. It was during this

time that I fully comprehended the true power of reflection. This type of first-hand experience with critical reflection would be considered subjective knowing as it became a valuable source of wisdom for me moving forward with my loss.

The mothers in my study also learned by turning inward to listen. They each reached a point where they realized they had to create their own path to healing subjective knowing. Gail has helped many mothers through the years and while each one of them had lost a child to suicide, they do not share a common grieving and healing journey. She poses a question that outsiders may ask and provides a simple yet weighty answer: “So why is one so different from the other when their stories are so similar? It’s because they’re different people.”

Identity is also an important factor regarding the feminist perspective of adult learning. Women travel through life while occupying a set of identities, such as wife, mother, daughter, student, and employee. These identities are socially constructed and come with a set of societal and family expectations (Flannery, 2000b). Not only did we lose our sons the day they died but we also lost ourselves—our former selves. We were instantly stripped of important aspects of our identity, and then new articles of identity were draped over us like a heavy cloak. Such a sudden traumatic change creates a sort of identity crisis. The mothers in this study shared how they have negotiated their new identity as a suicide loss survivor and explained how they have learned to navigate the world in this new role. These mothers needed to be with people and in an environment in which they felt safe to discuss elements of their new identity. Bridwell (2012), Brigham (2011), Cooley (2007), and English and Peters (2012) also noted the significance these spaces for critical reflection. Mälkki (2012) also notes participation in research can also be a safe space to critically reflect.

As mothers, society deems us to be the person responsible for our child’s well-being. After the death of our sons, some of us struggled with thoughts of inadequacy regarding our role as a mother. Betsy grapples with the idea of control in a child’s life: “He was my kid and I

couldn't save him, and I TRIED.” Samantha remembers the feeling of judgement by other mothers when some children were no longer allowed to come to her house to play with her surviving children. She also explained when she ventured outside her home, “I felt everyone's looking at me like a bad mom.”

For over 20 years I had been accustomed to saying I have two sons. I remember crying inconsolably the evening I found out about Izzy's death and my thoughts were racing. I was so confused and trying to make sense of what happened and who I was now as a mother. I remember thinking out loud, “I only have one child now.” I turned to my sister and asked her, “What do I say if someone asks me how many children I have?” She did not skip a beat when she answered, “You say, ‘I have two children—one lives in Florida and the other lives in heaven’.” These simple words gave me comfort knowing that I can maintain part of my identity while the rest of my world was out of control. This is an example of how we as mothers struggle to make meaning of our new identities. We rely on the dialogue of supportive others so we may undertake the task of critically reflecting on our new roles.

Prior to our loss we could identify simply as *mothers*, but now we are *mothers of a child who died by suicide*. We now personify the unwelcomed idea that suicide can happen to anyone's child. Samantha believes that is why some now keep their distance from her. Discussing our sons' suicides was too much to bear for some people in our families and social circles. They would have preferred if we remain out of sight and mourn our losses in silence. Yet we could not simply stop mothering our beloved sons because they were no longer physically present. Instead, we learned to mother in alternative ways that were rooted in keeping our sons' alive if only in memory. We were, in essence, exercising our ability to reinvent new identities, resist identities ascribed to us, and reconstruct new identities (English & Irving, 2015; Flannery, 2000b). Deb stated, “I want to talk about him because in a way, it keeps him alive and his memory will always be alive. . . .in talking about him it keeps him present.” Gail sees her blood



donations as a way of helping her son: “I was able to pick that up for him. And that helps a lot, knowing that I can still do that for him.” Izzy enjoyed Little Free Libraries and donating his books to them. He had wanted to build one in our neighborhood but did not get a chance. A few months after he passed, I had a Little Free Library placed in our neighborhood in his honor. Much like Gail’s acts of service, it was my way of helping him achieve one of his goals.

Another new role we acquired was being the mother of grieving children. We had to negotiate our own grieving while simultaneously finding new ways to mother our surviving children, who had to deal with the devastation of losing a brother. This caretaker role tends to overshadow our own grieving process. Gail noted of her surviving children, “They couldn’t handle me crying. I was not to cry. So, it was like moms don’t cry, moms are supposed to take care of everybody.” Being a grieving mother who is now comforting her grieving children can be very demanding. Samantha explained the constant struggle for survival as her daily life consists of, “managing jobs and a family and even till today on a daily basis trying to keep my kids alive and trying to keep myself alive.” Madsen (2010) and Sandoval et al. (2016) discuss the importance of safe environments in the context of group settings to explore new roles to aid the transformative learning process.

Our shifting identity also has ramifications on our relationships with spouses, family members, friends, and coworkers. The realities of our new identity as a grieving mother did not fit neatly into the structure of many of our existing relationships. The dissolution of marriages, friendships, and family ties were additional casualties that we suffered. The demise of such important relationships compounded the stress of our traumatic experience. The blow to our self-esteem was already catastrophic and having those who were closest to us blame us or not support us, seemed unusually cruel. Gail recalls the hurtful words spoken to her by a family member who told her God was punishing her. Samantha had family members tell her, “you have to get over

this.” Betsy had not felt supported by many family members after her son’s death and she is still hurt because she believes they never really understood Collin.

Gail’s account of how two of her friends dealt with her loss illustrates how even those closest to us could not handle our new reality:

There were two of my girlfriends that didn't come to Kyle’s funeral and the one I've never saw or heard from ever. To this day I've never heard from her, but I've heard that she had made remarks, but another one sent me a card and said, she was very sorry but she really doesn't do funerals and I'm thinking, she lies because I remember standing in the line with her at someone else's funeral a couple of years earlier. And so, I'm thinking, why would they avoid us? But over time, I learned that some people just look down on you because that's what your child did. And I just think it's very sad.

When individuals with whom we have had intimate relationships turn their back on us in our time of despair, it adds insult to injury.

As Flannery (2000b) expresses, “Women are actively engaged in reinventing these identities, just as they continually reconstruct other aspects of their identity” (p. 77). It was not until we found other mothers like ourselves that we could learn how to negotiate in the world with our new identity. We learned that such instances of shunning described by Gail were sadly par for the course. Other survivors helped us gain confidence in our new roles and helped repair our damaged self-esteem. With a renewed sense of self and an acceptance of our new identity, we can be able to continue the cycle by helping others like us.

Several studies focused on gender role expectations relative to their transformative learning experiences. Participants in two studies returned to college for personal fulfillment while simultaneously being expected to fulfill their traditional duties associated with being a wife and mother (Brown & Brown, 2015; Jang & Kim, 2010). These women felt they must sacrifice their personal needs solely based on the gendered role they occupied in society. Two studies

involved female college students in the Middle East and the prevailing societal attitudes towards women in that region of the world. Madsen and Cook (2010) found female students experienced transformative learning in the classroom when pedagogical activities such as personal reflection papers and class discussions were utilized. Romanowski and Al-Hassan (2013) utilized transformative learning theory to create a graduate-level leadership program to address the students' barriers to leadership due to the Arab culture's traditions, patriarchal structure of the family, and prejudice against women.

**Q3: To What Extent Can the Learning that Takes Place after a Suicide Loss of a Child be Considered Transformative?**

The third research question is best answered by an in depth look at the findings in light of transformative learning theory in particular and then what can be gleaned from feminist perspectives on the theory.

***Transformative Learning: Metamorphosis via Suicide***

Mezirow (1978) proposed a theory of adult development that relates to the learning that occurs during life crises. Originally called *perspective transformation*, transformative learning involves the process of change in an individual's taken-for-granted worldview to make the new worldview more inclusive (Mezirow, 1978). An overarching goal of this study was to determine if the learning that takes place after a suicide loss of a child could be considered transformative learning. To make that determination, I delved deeper into two major components of transformative learning theory, which I discussed in my previous research questions: discourse and critical reflection.

To being analyzing the potential transformative learning of these mothers, I first looked

to some original principles of the theory that were outlined in Chapter Two. To review, Mezirow (2012) posits that transformative learning typically follow ten phases:

(1) a disorienting dilemma, (2) self-examination with feelings of fear, anger, guilt, or shame, (3) a critical assessment of assumptions, (4) recognition that one's discontent and the process of transformation are shared, (5) exploration of options for new roles, relationships, and actions, (6) planning a course of action, (7) acquiring knowledge and skills for implementing one's plans, (8) provisional trying of new roles, (9) building competence and self-confidence in new roles and relationships, and (10) a reintegration into one's life on the basis of conditions dictated by one's new perspective. (p. 86)

While these phases have not changed since the inception of this learning theory, the suggestion of a linear progression has been questioned. When considering the complex nature of changing one's worldview, it is perhaps more logical to consider that these phases can occur in a non-linear and less-predictable way than this theory's original sequence (Alhadeff-Jones, 2012).

To fully explore if transformative learning has occurred in the participants of this study, I will now touch on all 10 phases relative to these mothers' learning experiences. As I explore these phases, I am doing so under the supposition that transformative learning is more of an evolutionary or spiral process (Taylor, 2000). Also, I acknowledge that while the current framework seems most suited to meet my needs, it is still lacking in some areas and needs to adjust to fit the unique needs of mothers who are suicide loss survivors. As such, I will use Mezirow's original ten phases as a blueprint and will follow with a discussion in the implications for theory section regarding how the theory can be adjusted to serve as a more complete and appropriate framework for life altering changing circumstances like suicide loss.

**Disorienting dilemma.** The catalyst for transformative learning is the occurrence of a disorienting dilemma which is a sudden or dramatic experience that constitutes a life crisis (Mezirow, 2000). As noted previously, suicide grief is complicated, and the stigma associated

with this type of death adds additional stress to the bereaved. According to the Recent Life Changes Questionnaire (RLCQ), the most stressful life event that one could face is the death of a child (Miller & Rahe, 1997). The combination of these two grief components, suicide loss and child loss, creates the perfect storm of disorienting dilemmas. As Kyle's mother Samantha notes, "You and I have the double whammy - we had a child death and the worst possible death." Since all my participants endured the same existential crisis-inducing heartache, or disorienting dilemma, it provided a unique opportunity to explore survivors' potential learning trajectories through the lens of transformative learning.

**Self-examination with feelings of fear, anger, guilt, or shame.** As suicide loss surviving mothers, we have experienced the full gamut of emotional extremes from numbness to despair. One of the main themes that emerged from analysis of the narratives is the elevated levels of distress experienced by the mothers after the deaths of their sons. They identified feelings of guilt, disbelief, helplessness, and anger as common reactions to their sons' suicides. These responses may not completely cease, but rather change occasionally and vary in intensity. As Betsy explains, "the way you might feel today is not a promise that that's the way you're going to feel tomorrow."

**Critical assessment of assumptions.** A life crisis can trigger transformative learning because as Taylor and Elias (2012) explain, they "illuminate and challenge invisible and unquestioned assumptions that determine how we know ourselves and the world around us" (p. 150). This deep level of self-reflection, typically called *critical reflection*, helps us make meaning of our new circumstances (Mezirow, 1994, 1997). One of the study's main findings, trying to make sense, demonstrates the mothers taking stock of their new reality. The mothers describe their world before and after their loss and grapple with understanding how this could have happened. Samantha explains, "My son smiled every day and laughed every day and I never knew something was wrong with him." Her son's death made Samantha question her previous

assumptions that suicide is always associated with individuals who appeared depressed or display the typical signs of depression.

Gail and Betsy both addressed how they have critically evaluated beliefs commonly held by members of their faith. Betsy explains that many people still believe that if someone dies by suicide they are damned for eternity. She reached out to comfort a mother in her area who lost her 16-year-old daughter to suicide and described the conversation. As Betsy explains, the girl's mother, "pretty much told me she's going to hell. 'She made that choice and she's gonna go to hell' and I don't believe that, I don't believe that girl is going to hell." Gail felt condemned by God as others explained that her son would not have died if she had "lived a better life". She had initially believed this because she understood God to be in control of everything. Her minister added fuel to the fire by cruelly chastising her son Kyle's actions. She expressed, "I thought I was a person of faith, so like I wanted nothing to do with anything with that." After years of soul searching, she came to understand that she can have a different, more personal relationship with God; one that is not dictated by the ideologies professed by her former church.

Deb had originally believed that nothing could compare to a biological parent's love for a child. She questioned this belief after Josh's death. After several years she came to a new understanding that a stepparent does not suffer any less but rather, they suffer differently. She had an epiphany that, "a stepparent chooses to love a child, but a parent automatically loves a child." Deb now comprehends that every relationship is different and is complex and in grieving a child's death, "a stepparent's loss should not be diminished in any way, shape, or form."

There was also one other uncritically held assumption that all of us mothers had in common: that our children would outlive us. We had not been immune to knowledge that young people die, or that suicide existed, but none of us were prepared for our lives to be personally impacted by such woes of the world. We were not prepared to be mothers who outlived our sons, and yet we were now in this new role. As I review the next several phases of transformative

learning, I will demonstrate how we have come to critically reflect on this new reality that flies in the face of our previously held assumption and how we are coming to make meaning of our losses.

**Recognition that one's discontent and the process of transformation are shared.**

Before we could fully learn to navigate our new world, we needed to find others like us who could show us the way. According to Mezirow (2012),

Transformative learning involves participation in constructive discourse to use the experience of others to assess reasons justifying these assumptions, and making an action decision based on the resulting insight. (p. 76)

All the mothers in this study expressed the importance of being able to conversate with other suicide loss survivors. Gail placed significance on such dialogue because as she states, “for me it was being validated on the way I thought and felt.” Deb had the support of a couple who had lost their son to suicide. She explains how they served as a much-needed sounding board, “I could just pick up the phone and say, ‘Hey is this normal?’ They were a tremendous help just knowing that they knew what we were going through.”

Being able to talk to someone who has suffered a suicide loss helps us make sense of our confusing thoughts and feeling. Engaging in *rational discourse* or *reflective discourse* with others allows us to evaluate beliefs, feelings, and values and to shape new perspectives (Mezirow, 2003). When we dialogue with sister survivors, they can help us see a world in which we could continue to move forward and experience other aspects of life while simultaneously grieving our losses. I consider this type of communication *emotive-rational* discourse, rather than simply *rational* discourse, as it is important to acknowledge the emotional component that underlies such discussions. Much of this emotive-rational dialogue occurs within the context of a support group setting with suicide loss survivors. Being around other survivors in such safe spaces encourage the newly bereaved to share their stories and to listen to the stories of the survivors who have

been on their grief journey for a longer period of time. This process of openly sharing experiences facilitates further critical reflection and additional discourse dialogue.

**Exploration of options for new roles, relationships, and actions.** Adjusting to life after losing a child means reassessing our role as a mother. It also forces us to redefine our relationship with our lost children. We can reimagine new roles and relationships either through personal reflection or with the aid of others who know we are suffering. These individuals do not necessarily need to be suicide loss survivors to provide insight. Deb received profoundly meaningful words of comfort from a friend shortly after she lost Josh. Deb's friend explained that God chose her to be Josh's mom and Deb was the only one who could teach Josh what he needed to learn in this life. This notion makes Deb proud as she explains, "I was the lucky one, because God chose me to be Josh's mom and not somebody else."

Betsy continues to communicate with her son. She might express her frustration with him or tell him she loves him and misses him terribly. She listens to past voicemail messages she received from him and occasionally sends a text message to his old phone number. Gail also finds solace in communicating with her son. She credits her new church family as being instrumental in her new outlook. She now has peace knowing that "I could continue to talk with Kyle and I believe that I WILL see him one day." While Josh may not physically be near Deb's side, she believes talking about Josh "keeps him present." She also receives comfort from Josh through nature. When Deb sees a certain type of butterfly, "I get that warm fuzzy feeling inside and just like he's sending me a message like, 'It's okay, Mom'."

Samantha also maintains an ongoing relationship with Kyle through her activism work which has been her labor of love. Within the span of a few years, Samantha transformed from a heartbroken, grieving mother to an outspoken advocate who started her own nonprofit agency. Through her personal outreach efforts and the services performed by her nonprofit, she can keep her son's memory alive as she shares his story so other may learn from his life.



**Planning a course of action.** All the mothers represented in this study were determined to take action to create meaning out of their child's suicide. Understanding the extreme anguish that accompanies this type of loss, all women eventually found a way to support survivors like themselves. Their suffering has led to increased compassion and enhanced empathy as they now have a powerful desire to help ease the suffering of others. The initial intent of taking such actions was not to promote their own healing, but as they began serving others, they found they were also healing themselves.

**Acquiring knowledge and skills for implementing one's plans.** The desire to be of service to others prompted each mother to become more educated about suicide loss. Betsy credits attending a local Grief Center's program titled *Coping with Suicide Loss* as being immensely useful in her healing. She noted, "without that six-week program and staying involved with Survivors of Suicide, I don't know where we would be." She keeps in touch with the professional bereavement counselor who facilitated the program and takes part in Survivors of Suicide fundraising events that are held in conjunction with the Grief Center. Betsy has attended the training several times and shares what she learned with others bereaved by suicide.

Gail traveled to Baltimore to attend a three-day training conducted by a national suicide prevention agency. This training equipped her with the tools necessary to establish and facilitate a support group for suicide loss survivors. Prior to taking part in this training, she had little understanding of how to navigate through her newly grief-stricken world. She explained the excitement in learning that others understood her pain: "I was so SHOCKED to find out what other people had to say MADE SENSE! Like, that's how I felt or that's how I thought, OH MY GOSH these people understand THIS."

Before forming her local support group, Deb also attended a useful training. The Local Outreach to Suicide Survivors (LOSS) team training provided her with knowledge so she could be most effective in her postvention support efforts. While Samantha received training to

establish a support group, she secured a professional counselor to facilitate her organization's support group and focused her attention on her non-profits' outreach efforts and prevention programming.

**Provisional trying of new roles.** These mothers stepped outside of their comfort zones when they decided to talk openly about their sons' deaths to help other survivors heal. These mothers are leaders in every sense of the word as they bucked the trend by refusing to remain silence about their stigmatized loss. In speaking about the still taboo topic of suicide, they understand they are now more vulnerable to judgment by others, yet they continue to press forward to make a difference in the lives of others.

Besides sharing their stories with others and starting support groups, they are of service to their communities in other areas. Establishing a support group and facilitating monthly meetings for eight years is only one of Gail's acts of service since losing her son. She also makes a habit of donating blood every eight weeks in honor of Kyle. She has done this for the past 12 years despite a fear of needles because it enables Kyle to keep helping his community, "and we're doing it together." In addition to establishing a nonprofit organization, Samantha started a grassroots campaign in her community to stop the silence surrounding suicide and mental health.

**Building competence and self-confidence in new roles and relationships.** While outsiders would view these women as leaders in the survivor community, they each maintain a quiet humbleness regarding their acts of service. This characteristic adds to the endearing qualities of these mothers. Gail was initially unsure of her new role as grieving mom-turned-advocate, but she pushed herself to join in the conversation about suicide whenever a chance arose. Participating in community efforts led her to comprehend she is more important than she had originally suspected. She recounted an occasion that enabled her to view her role differently:

I'll beat myself up about it and say, "I can't do that, I'm not educated enough, I don't know what I'm doing" . . . one time I was at a meeting, trying to show how important it is

to have some type of support for people like us in the community and it was all these people with titles behind them and they went around the table, saying who they were and what their job description was. And there I sat. I said, “Well, I’m just a mother that lost her son to suicide” and the guy said, “You’re more important than the rest of us here because you are the one that went through it. You’re the one that experienced it. You can never just say, *JUST the mom!*” But that’s how I am.

**Reintegration into one’s life on the basis of conditions dictated by one’s new perspective.** One commonality shared among all these mothers, is a motivation to ease the discomfort of others. Their acts of service does not erase the pain of their loss, but it provides some solace knowing their sons’ deaths were not in vain. Their new worldview is full of unanswered questions, yet they move forward knowing they will never fully understand in this lifetime why they and their sons had to endure such circumstances. Their former views of the world were more pleasing, but in retrospect they can see how limited in scope those perspectives had been. They are now equipped with a more comprehensive worldview that includes the prevalence of different types of human suffering. Their new point of view moves them to find ways to alleviate the distress of others.

The mothers in this study have all indeed experienced transformative learning based on the data presented in this section. While I have listed the phases in order of their original sequence, I am not implying that the transformative learning journeys of these mothers have been linear. Their progression through the phases could be better described as a spiral evolution. As they gain new experiences and insight into their experience, their worldview widens even more. This ever-evolving spiral nature of their transformative learning was most clearly evidenced during our second interviews. In the next section, I will address aspects of transformative learning that needs to be altered based on my study’s findings.

### *Further Thoughts about the Choice of Framework*

Another consideration when deciding to undertake this study was which lens of transformative learning should be used to analyze the interview data. The proliferation of new strands of transformative learning theory seemed to convolute and dilute the significant learning the theory had originally addressed, so I decided to utilize Mezirow's psychocritical or cognitive-rational lens of transformative learning (Mezirow, 1991a; Taylor, 2008). I found the elements of this strand of transformative learning to be most useful in providing a strong framework for examining a mothers' learning after losing a child to suicide. Hoggan (2015) cautions that new perspectives of transformative learning theory serve "to accommodate almost any kind of learning outcome" rather than to enhance understanding of true transformative learning experiences (p. 1). By examining the learning that occurred after losing our children to suicide, I align my study with the original intent of the theory and therefore will add knowledge to the small pool of information about the female perspective of transformative learning.

Mezirow's psychocritical lens which is known to focus on the rationality of the process of critical reflection, not the emotional component may not seem like an ideal fit for this study as the mothers' critical reflection takes place amid intense emotions of love and grief. However, my belief is that we could experience powerful emotions while simultaneously engaging in dialogue and critical reflection. It seems to be a faulty assumption to believe one must wait for these emotions to subside before being able to engage in such elements of transformative learning. Taylor and Cranton (2012a) note the debate about different philosophical approaches to transformative learning when it involves discussions of emotion and reason: "The point here is that we need to cease the discussion of rationality as a separate entity, because the very existence of rationality is rooted in the presence of emotion, without which it cannot exist" (p.566). Despite my agreement with this plea, I still believe the emotional component of the learning of

these mothers should be emphasized and honored in a way that Mezirow's original approach alone cannot provide. Hence, I have used the term *emotive-rational* discourse in lieu of Mezirow's term *rational discourse* to emphasize the importance of the affective component of such communications. Next, I will discuss the significance of this study and ways it serves to close a gap in the current literature, particularly in light of a combination of Mezirow's theory, some updated perspectives, and feminist adult learning theory. I will then offer suggestions for ways transformative learning theory can be adjusted to serve as a more comprehensive framework for life altering changing circumstances like the suicide loss of a child.

### ***Feminist Perspective on Adult Learning***

As discussed previously, there is a lack of transformative learning research focused solely on women and the feminist perspective in learning. English and Irving (2015) believe that by not having women as a distinct group of learners the inequities that plague women will only grow as their unique needs continue to go unaddressed. Mothers as a distinct group of suicide loss survivors have only been the focus of empirical research twice (Shields et al., 2019; Sugrue et al., 2014). While both studies offered a unique insight into the experience of a mother who lost a child to suicide, they were conducted in Ireland. There are some aspects of our experience that are universal and there are some components they are impacted by the society in which we reside. My study offers the perspective of mothers in the cultural context of the United States.

The findings also provided an enhanced understanding of the feminist perspective of adult learning regarding voicing experiences of a new identity. The learning that these mothers experienced did not occur in a vacuum. English and Irving (2015) note, "existing understandings of transformative learning do not make way for women's experiences" (p. 119). Societal roles regarding women and the identity of motherhood led me to utilize a feminist perspective to offer

an addition tool for examining our experiences. I discussed earlier the underlying principles that make women's ways of knowing unique and how these areas give perspective to the meaning making that occurs with mothers who lose a child to suicide. By giving voice to this experience, this study is promoting awareness for their needs and indicates the support they find most beneficial. Women learners can engage in social transformations and enact change by using their collective experience (English & Irving, 2015).

Because suicide loss surviving mothers have only been the focus of a few studies our needs continue to go unnoticed. Taylor and Cranton (2012) suggest we "pay particular attention to voices on the margins—voices of transformative experiences that are often overlooked and inadequately understood" (p. 572). By examining the learning experienced by women who have endured stigmatizing losses, I am also helping to fill the gap in literature concerning this often-disregarded survivor group.

As noted earlier, the mothers represented in this study are voicing their experiences with the loss of a son. While there are certainly mothers who experience the loss of a daughter to suicide, this perspective, however, is not articulated in this study. A reason the mothers in this study were selected was because they have been outspoken about their loss. One might wonder if one is driven to voice more over the loss of a son than the loss of a daughter. Any such underlying differences in mother-son and mother-daughter relationship dynamics is beyond the scope of this study but it is question to consider, nonetheless.

### **Implications for Theory**

There are several implications for the further development of the theory of transformative learning theory, and to some extent feminist perspectives on adult learning. Prior to offering

suggestions for practical application of my findings, I will address areas of transformative learning that can be further explored based on my research.

### **Emotions**

Despite the emotional origins of women's transformative learning journeys, English and Irving (2012) note the mention of emotions within empirical studies are practically nonexistent. Yet they explain, "Naming and working with emotion can be key to facilitating the learning of women" (English & Irving, 2012, p. 252). As noted earlier, Taylor and Cranton (2012a) urge researchers to stop perpetuating the discussion of emotions as separate from rationality. However, they offer advice for researchers who focus on transformative learning focuses on the importance of emotions:

It is important to explore ways that help learners develop emotional awareness as they engage in transformative learning. More specifically, this awareness also seems to have direct application for better understanding of why critical reflection is so central to transformative learning. (Taylor & Cranton, 2012a, p. 567).

I noted earlier my reasons for my deliberateness in selecting to utilize the original incarnation of Transformative Learning theory. My assumption was that as women we are able to be logical and experience emotions simultaneously. With that said, however, I do not see a need to deliberately overlook the impact of emotions, for women or men's learning. Quite the contrary, I believe at the origins of our deepest felt emotions is the power source from which we can draw energy to begin our transformative learning journeys. To gain insight into how to tap this power source, future studies could involve women or men, like those in my study, who have learned to navigate the treacherous terrain and have come out on the other side of a transformative learning experience either through deliberate effort or through happenstance.

As Tisdell (2012) notes, “It is generally surprising that thus far in the field there’s been limited attention to the Big Questions of life in transformative learning—what gives life meaning, why we’re here, and the meaning of the universe” (p. 27). Mothers who suffer the suicide loss of a child immediately are drawn to these very questions. Pain and suffering are part of the human condition just as much as pleasure and joy. Unfortunately, some individuals experience what Hamlet aptly describes as *the slings and arrows of outrageous fortune*. Who can say for certain why some people must endure adversity while others seem to go through life unscathed? Life is full of mysteries that we may never truly understand, but that should not stop us from asking these questions. The women in this study have elected to search for the meaning of their sons’ lives as well as the purpose for their own lives amid the most tragic of circumstances. In doing so, they have utilized their newly enhanced empathetic muscles to do the heavy lifting involved in making the world a more hospitable place for those who suffer.

While one cannot conclude that all women who have lost a child to a suicide do this, it was true of these women. But the fact that these women were willing to give voice to their experience may speak to the fact that their mental health or the fact that they were well along the way in their transformative learning journey to begin with. Further, in speaking of autoethnography Sealy (2012), notes, when we find meaning in our suffering, we can heal our pain and “free energy for the pursuit of justice, peace, and joy” (p. 41). More studies about these types of transformations would add further gravitas to this theory and perhaps led to offshoots of the framework that foreground the importance of emotions.

### **Levels of Transformation**

Learning experiences that are considered truly transformative are thought to be permanent and undertaken with conscious effort. I will now discuss ways in which thinking about



transformative learning can be expanded for purposes of being more inclusive of a diversity of circumstances. Sudden dramatic transformations are referred to as *epochal* or *threshold* concepts while a progressive series of changes that result in a new worldview is considered *incremental* or *cumulative* transformations (Johnson-Bailey, 2012; Mezirow, 2012; Tisdell, 2012). While suicide loss is a disorienting dilemma that hurdles one to the sphere of epochal transformations, there is also opportunity to explore an ever-enhanced or ever-developing state of transformative learning. Perhaps it is time to explore the notion that an epochal transformation has the ability to keep spiraling and evolving upwards as additional discourse and levels of reflection ensue.

The women in my study have shown to have accessed transformative learning despite being unaware of the theory or that they were even working towards such a new broader worldview. They were, however, consciously aware of their critical reflections induced by reading the chapters I wrote about each of them. This next level of transformation may have occurred because they were already experienced with accessing discourse dialogue and critical reflection along their healing journeys to become whole again. They may have already been primed to be in a position in which they can exponentially reach higher levels of transformative learning due to the vastness of their initial transformations. Such next level spirals may have the capacity to bring about an even more expansive worldview than they had ever imagined. Deb and Samantha both expressed the desire to “dig deeper” and explore new dimensions of personal growth.

Clark’s (1993) notion of *integrating circumstances* may be of particular interest regarding the consideration of levels of transformative learning:

In contrast to the abrupt and dramatic appearance of the disorienting dilemma, the integrating circumstance occurs after and seems to be the culmination of an earlier stage of exploration and searching which prepares the person for the learning to follow. This is an indefinite period in which the person consciously or unconsciously searches for

something which is missing in their life; when they find this 'missing piece,' the transformational learning process is catalyzed. (Clark, 1993, p. 81)

Reading the chapter of this dissertation devoted to them seemed to serve as an integrating circumstance that compelled the participants to access new meaning along the continued transformative process. Gail now seemed to finally understand the message that her husband has been telling her for years regarding her huge impact on the survivor community. Exploring a potential continuum of transformative learning experiences may serve useful in enhancing the framework, especially when researching individuals who have demonstrated previous transformative learning experiences.

### **Embodied and Metaphorical Components of Transformation Stories**

Just as previously discussed subjective knowing allows us to tap into an inner wisdom, embodied learning draws knowledge from our body. The mothers in the research describe physical sensations associated with the shock of a losing their child. Deb's graphic explanation paints a picture of the embodied component of the trauma: "It's like your entire breath, just being sucked right out of you . . . the hole being ripped into your heart or even your heart being ripped out." The aftershocks continue to cause interference in the body as Samantha describes the nauseating effects of the dizzying ride, she calls life. While grief can be embodied (Gudmundsdottir, 2009), so too can the storytelling and writing we do to address our losses (Letherby & Davidson, 2015; Tobin & Tisdell, 2015).

Clark (2012) combines embodied knowing, narrative knowing, and autoethnography to tell an embodied narrative of transformation. She uses this device to discuss her transformation story of before and after her knee replacement surgery. Doing so helped her to understand herself more fully in relation to her body. As Clark (2012) explains, I don't have a body as I once did—I

am my body” (p. 437). This type of process to describes the transformative learning journeys of mothers bereaved by a child’s suicide would be especially helpful. There is a deep embodied element of these mothers’ learning that could not be fully explored in the context of this study’s purpose. As Betsy said, “we carried those little critters for 10 months of our lives.” This aspect of the mother-child bond could be further explored using embodied narrative in conjunction with the traditional aspects of transformative learning.

Tyler and Swartz (2012) explain how using storytelling to discuss transformative learning incorporates the perspective of changing dynamics and evolving narratives. Their pattern for connecting storytelling to transformative learning incorporates the social constructivists view as well as the individually oriented perspective. They explain, “Storytelling exemplifies a holistic orientation because it calls on the whole person, using emotion, visual imagery, imagination, and metaphor to access this individual experience and allow for the possibility of integration into something unexpected” (Tyler & Swartz, 2012,p. 462). Considering the breadth of features that overlap with my study’s design, this approach could be used to explain the emerging narratives of suicide loss survivors as they evolve and experience new levels or dimensions of transformative learning. This type of storytelling would also come naturally to those who have attended suicide loss support groups. When someone shares their story each week it changes slightly based on the audience and the way the person is feeling towards themselves or deceased at the time of telling. Also, the power of hearing or reading one’s story, as evidence in this research has the power to evolve the narrative even further.

The use of metaphors in this study enabled the participants an opportunity to explain their enigmatic new worlds using more readily accessible ideas. Kasl and Yorks (2012) consider presentational ways of knowing such as poetry, music, and metaphor use akin to “epistemological bridges” as they can help “transform tacit knowledge and emotional experience into concepts and principles” (p. 504). Cranton and Hoggan (2012) cite metaphor analysis as a means by which to

evaluate transformative learning in educational environments and research. They explain that metaphors “actually represent maps that people use to understand concepts” and can be used to demonstrate critical reflection (Cranton & Hoggan, 2012, p. 526). Metaphor creation is a type of artistic expression and as Lawrence (2012) notes such expressions allow individuals, “to make sense of their reality, particularly in difficult or painful moments or times of despair (p. 477). Brookfield (2013) addresses the pedagogic uses of metaphor as a powerful learning tool for adult educators. He explains the process for learns may come naturally as, “So many people think and communicate metaphorically, using a metaphor as a shorthand summary of a lot of complex ideas” (Brookfield, 2013, p. 199). I found the use of metaphors especially beneficial while writing my autoethnographic contributions to this study. For example, my metaphor of the black and blue butterflies not only equipped me with words to describe my experience, but it also resonated in a significantly profound way with the study participants as it enabled them to make further meaning of our collective experience.

### **Feminist Perspectives on Transformative Learning**

The empirical research explored in Chapter Two demonstrated a paucity of studies that included elements of both transformative learning and feminist perspectives of adult learning. Critical reflection and discourse dialogue were important elements of the transformative learning process in my study and were the focus of only a few of these studies. Brigham (2011) and Sandoval et al. (2016) utilized arts-informed methods such as writing, storytelling, and art-making women to examine the extent of the participants use of critical reflection and dialogue. Tsouvala and Magos (2016) utilized dance classes as a vehicle for exploring embodied learning and reflection. Cooley (2007) found critical reflection could be fostered in women’s communities. Romanowski and Al-Hassan (2013) determined that critical reflection is imperative for enhancing

leadership skills. Bridwell (2012) found that marginalized populations are able to fully participate in discourse and critical reflection if provided a supportive environment. Purtzer and Overstreet (2014) discovered the presence or absence of dialogue and critical reflection has direct impacts on certain female-related health outcomes. These studies provide an important contribution to the transformative learning body of literature, but they also demonstrate the need for further studies to broaden the understanding of women's transformative learning experiences.

Using a feminist framework to explore transformative learning experiences would address issues such as emotions, embodied learning, voice, and identity that are especially important for women. It should be noted, however, but that these topics are not solely female concerns and could be applied to other gender identities. English and Irving (2012) who have noted their concern for the lack of empirical literature regarding women's transformative learning, suggest that researchers explore whether the gendered dimension of women's learning might be applicable to all transformative learning.

### **Implications for Practice**

The study's findings offer several practical implications for adult education that could positively affect a broad range of demographics and educational settings. While the study was grounded in the transformative learning experiences of suicide loss surviving mothers, there are also implications for other types of suicide loss survivors as well as individuals impacted by other types of life altering events. There are also further implications that can be explored in the formal, nonformal, and informal educational contexts.

### **Black and Blue Butterflies**

First and foremost, this study adds to the paucity of research on the experience of mothers bereaved by the suicide death of a child. Other than being the focus of two studies conducted in Ireland (Shields et al., 2019; Sugrue et al., 2014), this neglected demographic remains unrepresented in academic literature. This research has the potential to make an impact by drawing attention to this often-overlooked group of survivors. Through the use of deeply personal narratives, this research demonstrates how survivors undergo transformations as we learn to move forward after our loss. In sharing our stories, I also intended to educate others about what it means to survive the suicide of a child. As Tisdell (2000) explains, stories have the power to facilitate our most significant learning experiences:

The stories touch our hearts; they embody and put a human face on the abstract world of ideas. They move our spirits. It is through the interaction of our hearts, minds, and spirits that we eventually move to action. (p. 183)

The narratives in this study provide give a glimpse behind the curtain of our worlds and provide insight into the possibility of transformations after tragedies.

Educational efforts aimed at easing the suffering of these individuals would have a major impact on the quality of their personal lives. Given the rising rates of suicide worldwide, such initiatives would also create a positive ripple effect felt by our entire global society. My hopes are that this research could be utilized for any or all of the following initiatives: start a conversation to dispel stigma about this taboo death, design a postvention training to support survivors' specific urgent needs, enhance medical education programs for health care professionals, improve workplace policies, encourage government funding of suicide bereavement programs, and develop community education programs. A variety of individuals would benefit from reading this research including policy decision-makers within government agencies and workplaces, health care providers, school officials, curriculum designers for medical

programs, public health officials, grief education providers, coroners, law enforcement officials, funeral directors, and suicide loss survivors.

### **Sharing Stories, Increasing Hope**

In light of this study's findings, I believe that suicide loss surviving mothers' stories of transformative learning should be more readily available. Such stories filled with raw emotions and evidence of overcoming seemingly insurmountable obstacles have the opportunity to provide hope during desperate times. Amplifying their voices by making the stories public, also provide the mothers who are the subjects of the story with a sense of purpose. It can turn the senseless death of their child into an opportunity to meaningfully contribute to easing some of the suffering of humanity. By using their hurt to assist others, they can work towards their ultimate destination of peace. Telling their stories may also provide the subjects with a greater understanding of their own personal strength, which can enhance feelings of empowerment and confidence.

From an adult education perspective, there may be several ways to support the process of storytelling for mothers who are suicide loss survivors. Davidson and Stahls (2010) who are bereaved mothers explain, "Common to all maternal grief, is its lack of sustained social acknowledgment, validation, and support" (p. 18). Since losing a child by suicide is not something that is often discussed, one way to encourage a mother to find her voice is to form a writing group. A facilitator can lead such a group to aid the mother in constructing her story. I recently worked with another Penn State Adult Education doctoral student, who also lost a child, although not by suicide, to develop a curriculum for a series of grief writing workshops. We hope to offer this community education program so grieving mothers could have a vehicle to channel their emotions productively. This program would foster the writing of their personal narrative and also provide a safe space with which to share aspects of their story with others. Participants may

also be amenable to publishing their stories on a website devoted to the group, so other grieving mothers may read their stories and understand they are not alone.

Alternatively, a vehicle for mothers to share their stories orally could be established. Delivering stories via audio files or a podcast venue provides access to the affective domain as hearing others' stories provide powerful triggers that enable increased empathy, enable learning, and facilitate reflection (Waugh & Donaldson, 2016). Podcasts are gaining popularity with educators as a tool for teaching new ideas. Creating content for a podcast provides an opportunity to contribute to society in ways that were not possible before such technologies (Vasquez, 2015). Acosta and Garza (2011) note the term *podagogy* which is a combination of pedagogy and podcasting is now being used to describe "evidence-based educational podcasting for teaching and learning" (p. 41). By creating a space for suicide loss surviving mothers to share their stories either anonymously or onymously, we can educate outsiders as well as provide a community for sister-in-loss survivors to learn from others. Since stories told in podcasts leave room for personal interpretation, listening to them can help us become comfortable with the ambiguity of life (Scardina, 2018). The transformative learning that is experienced after a suicide loss can also provide inspiration to those suffering with other types of tragedy.

### **Diversity of Learning Environments**

The transformative learning experiences discussed in the study resulted from discourse with other survivors and supportive individuals as well as self-reflection. Such learning would be considered informal as it takes place outside the confines of a structured educational program (Merriam & Baumgartner, 2020). Informal learning is embedded into our everyday life experiences, yet it mostly goes unnoticed because it is difficult to recognize. Adult educators, however, are encouraged to appreciate the wealth of experience each learner brings to the table.



By legitimizing the type of informal learning that the women of this study have experienced, adult educators can help individuals recognize the importance of such self-directed efforts towards the accomplishment of their own educational goals. Merriam and Baumgartner (2020) explain, “as more individuals view themselves as active and competent learners, at least in some areas, they might be better able to address the many challenges that come in adulthood, through both formal and informal learning modes” (p. 53). Gaining confidence in the effectiveness of their self-directed transformative learning journey, survivors may undertake further self-reflection which could eventually precipitate new levels of learning about themselves and the world in which they operate. A newly found self-assuredness may also empower survivors of any type of tragedy to help guide others in their transformative learning journeys.

The self-directed informal learning that occurs during the types of transformative learning experiences discussed in this research can also be fostered in nonformal and formal learning environments. Nonformal learning comprises community-based learning activities that are short-term, voluntary and have a curriculum and a facilitator (Merriam & Baumgartner, 2020). I had attended a nonformal learning for survivors of suicide which was held at a Pathways Center for Grief and Loss, which is part of a hospice center. Betsy and I had met there and bonded as we were the only mothers in attendance. As I desperately searched for guidance on how to cope with my loss, I miraculously found this program. I would soon find out such educational programming is rare and grief centers which provide bereavement services to the community are few and far between. Betsy credits this six-week suicide loss bereavement program and its facilitator for much of her healing. Samantha also credits the nonformal learning environment of a facilitated support group with providing her with a safe space in which she could discuss her circumstances. Emotionally exhausted, Samantha did not have the mental energy to explain to those around her the extent of her turmoil, so being around those who

understood her angst removed an element of pressure and allowed her to more fully explore the thoughts and feelings she was experiencing.

Whether the transformative learning occurs informally or in nonformal learning environments, the emotional component is a critical element of the self-directed learning process. Brookfield (2013) notes that educators can practice emotional fluency by, “recognizing that emotional responses are integral to learning” and by understanding how emotional reactions manifest themselves (p. 116). Environments such as community bereavement workshops or support groups are ripe for self-directed learning as they provide spaces for individuals to critically reflect on their new circumstances surrounded by those in similar situations. These are also environments where strong emotions arise because of the individuals’ circumstances. This makes such learning environments ideal places for educators to practice emotional fluency to foster transformative learning. Brookfield notes this practice is especially beneficial when learners feel, “demoralized, frustrated, and confused” with their progress and suggests “hearing others name emotions we are experiencing is helpful to our being able to keep our ups and downs in perspective” (p. 116). As evidenced in this study’s findings, the participants experienced high levels of distress after their loss, and hearing that others experienced similar feelings helped them to normalize their circumstances.

Formal learning environments also have the potential to foster transformative learning for suicide loss survivors. According to Merriam and Baumgartner (2020), “Formal education is highly institutionalized, bureaucratic, curriculum driven, and formally recognized with grades, diplomas and certificates” (pp. 54-55). One may not initially associate such rigid conditions as conducive to the soul searching and existential questioning activities that suicide bereaved individuals crave. However, if a faculty member is emotionally fluent and follows the tenets of adult education best practices, then a student who is in the midst of a disorienting dilemma can use the class to work on projects or assignments that allow them to explore their new

circumstances. Encouraging learners who are undergoing struggles to share aspects of their personal stories with class colleagues may facilitate make meaning and foster further critical reflection. This type of personal sharing may also help classmates practice compassion and strengthen their empathy muscles. Merriam and Baumgartner (2020) explain that when participants were asked to describe a positive formal learning setting, they reported the importance of having compassionate instructors. Participants also reported the most negative formal learning experiences involved, “instructors who have no sense of them as people” (p. 55). In order for deeper levels of learning to take place in formal settings, individuals must feel comfortable to share openly, and that requires deliberate work by the instructor to create a conducive environment.

### **Other Types of Metamorphosis**

This study contributes to the body of research on women’s transformative learning. While the spotlight is intentionally on mothers as survivors, the findings of this study could also be transferred to other types of suicide loss survivors such as fathers, siblings, grandparents, stepparents, spouses, and friends. The ideas represented in this research could likewise apply to women’s transformations triggered by other type of life events such as medical diagnosis, separation, divorce, death of a loved one, and job loss. Informed by feminist perspectives of adult learning, the ideas discussed in this study can similarly relate to those who identify with a gender other than female. The human experience is fraught with adversity and mothers who are suicide loss survivors certainly do not have a monopoly on suffering. Therefore, the findings are transferable to other groups or other contexts in which stigmatization compounds an experience of suffering.

### **Significance and Limitations**

This study is meaningful because it adds new knowledge into the field of transformative learning. This research demonstrates the interplay of discourse dialogue and critical reflection and ways they can facilitate women's transformative learning during intensely emotion-laden experiences. The findings offer hope and empowering potential for all mothers who suffered the loss of a child to suicide.

This study is also significant because it serves to broaden the knowledge base of lifelong learning and adult education. Empirical research on suicide bereavement has traditionally been confined to the fields of death studies, psychiatry, and public health. The lack of information in the adult education realm ignores the need and usefulness for self-directed, informal educational efforts such as transformative learning for individuals suffering from grief. The rising suicide rates indicate the need for such educational resources as they can be used alone by the bereaved individual or in conjunction with other programs in other fields to provide a more all-inclusive offering that meets the unique needs of suicide loss survivors.

Although my study consisted of empirical research grounded in suicide bereavement literature and adult education theories, it does have some limitations. Utilizing purposeful sampling allowed me to solicit participants whom I had previously met either through their attendance of a suicide loss support group or through their community involvement for the suicide bereaved. I asked these individuals to take part because they have already openly shared their story of loss. This led me to believe they would provide me with a realistic view of their experiences, since they would not be timid about discussing the often-taboo topic of suicide. Because these mothers are vocal about their losses, they may not be representative of other mothers who do not openly share their stories. The participants in this study are also actively engaged in their healing journeys, which includes attending or facilitating support groups or

participating in community outreach to other survivors. Their transformative learning journeys may differ from those who do not seek to interact with other suicide loss survivors. The findings from this study may not be generalized for the population of all mothers who have lost a child to suicide, however, that is not the intention of narrative inquiry research. A narrative inquiry approach to this study was used as a means to explore the individuality and complexities of each mother's story and to deliver compelling stories that provide the reader with a deeper understanding of the experience of mothers who lose a child to suicide. As noted previously, all the participating mothers lost sons so there is no representation of a mother who lost a daughter to suicide.

Another limitation to this study is my inherent bias toward the subject, as I am a mother who has lost a child to suicide. As an insider to the group, I empathized with the participants' stories given our shared experiences. To some in academia, this may be viewed as a shortcoming that causes the findings to be distorted. As I had no plans to artificially distance myself from the research, I have made my experiences and biases visible by incorporating an autoethnographic component to the study. This transparency could then be utilized as a strength when working with the participants. Because of the delicate nature of their loss, it is important for the participants to trust that I would hold their stories in the highest regards and treat them with the utmost respect while presenting their narratives in a re-storied perspective. Referring to women's transformative learning as a narrative process, Brooks (2000) believes, "personal storytelling functions as a way of establishing relational intimacy" (p. 152). The mothers in this study have opened up to me about the darkest moments of their lives, and I aimed to present their information in a way that would enable the reader to feel a closeness to these women. Researchers who acknowledge their own narratives, can achieve a deeper understanding of the narratives of others (Freeman, 2007). By stitching pieces of my narrative to the stories of my participants, I could achieve a better understanding of our shared experience. Sharing my

innermost world was also as a way of showing solidarity with the participants and to establish a personal relationship with the reader. By acknowledging reflexivity, I am also enhancing the dependability of a study's findings.

While I did not intentionally seek women who have lost sons to suicide, this study only represents the perspective of losing a son as opposed to a daughter. It is unclear if there is a different component to the grief of losing one gendered child over the other. Also, the mothers who elected to participate in this study may be an indicator that mothers who lose a son to suicide are more apt to discuss their loss openly as opposed to those who have daughters who died by suicide. It is merely coincidentally all the participants in this study have all lost a son to suicide. This may be due to the statistic I shared previously regarding the gender difference of suicide deaths. Women may be 1.4 times more likely to attempt suicide, yet men died by suicide 3.6 times more often than women (American Foundation for Suicide Prevention, 2020). This aspect of survivorship is not explored in this study. I am noting here as an area of opportunity for future researcher.

The final limitation relates to the theoretical framework selected for this study. Transformative learning theory is complex and difficult to evaluate. My study involved assessing discourse and critical reflection that led to participants' transformative learning experiences. Demonstrating that critical reflection and discourse had transpired is challenging, so I added another layer to the study to further understand these elements of transformative learning. During the initial interview I asked specific questions to understand their critical reflection process and how they engaged in discourse dialogue. To ensure that I captured their important lessons from these areas, I provided them with their re-storied narratives so we could have a second interview to discuss any areas of clarification. This second interview provided an opportunity to obtain deeper information regarding their transformative journeys, and it also served as a member check which ultimately enhances the validity of the study.

### **Opportunities for Future Research**

This study contributes to several areas of literature as it is situated at the intersection of transformative learning theory, feminist perspectives of adult education, suicide loss, and maternal bereavement. In Chapter Two, I have reviewed the empirical studies in these areas as it relates to this study and have subsequently identified gaps in the literature. I intentionally designed this study to fill a void that was exposed regarding the learning that takes place by mothers after the suicide loss of a child. I will now propose recommendations for further research that I believe can yield the greatest benefit based on what I have learned from reviewing the existing literature and conducting this study.

### **Suicide Survivorship Research**

Aspects of survivorship have been generalized in existing studies, but researchers have yet to fully explore survivorship in the context of the sacredness of the mother–child bond. The mothers in my study found comfort in being able to share information about their sons, as there are limited opportunities to discuss the nature of their loss and how it impacts them. The participants valued the opportunity to amplify their voice and have agency over their narrative while also contributing to a body of knowledge about individuals like themselves. Having a researcher with an insider perspective would be ideal for future studies as a rapport would be readily established which would facilitate openness about their difficult experience. However, understandably not all researchers in the field have been personally impacted by suicide loss, so I suggest in such instances that researchers partner with suicide bereavement support groups or agencies to find mothers who have survived the suicide loss of a child to conduct interviews and potentially co-author the study. Some areas that can be further explored with this demographic

include: the impact on relationships with significant others, mothering surviving children, effect on career or workplace relationships, and changes in mental/physical health.

### **Transformations of Suicide Loss Survivors**

Transformative learning theory seems naturally aligned to study the change in someone's perspective after a suicide loss of a loved one. A suicide would undoubtedly constitute a disorienting dilemma which according to the theory has the potential to trigger for this type of learning. A strength of using transformative learning theory with regards to suicide loss, is that the theory acknowledges there are learning opportunities even amid the unexpected life-altering circumstances of life. The benefit of utilizing this theory is that it empowers adults to create their own learning experience with the use of critical reflection. The paradigm shifts that can result from this self-directed learning are powerful and can be used as an agent for positive change. Of the literature researched regarding suicide loss survivors, only four studies focused on meaning-making and transformation after a suicide loss (Dransart, 2017; Dyregrov et al. 2011; Groos & Shakespeare-Finch, 2013; Sands & Tennant, 2010) and only one study (Sands & Tennant, 2010) specifically explored transformative learning theory. This empirical literature was published in journals in the field of death and dying, mental health, public health, nursing, and suicidology. Only one study was published in a journal devoted to adult education (Sands & Tennant, 2010). Using transformative learning as a framework would not only be useful to better understand the survivor experience, but it would also expand adult education research in a new direction. Adult education scholars can form interdisciplinary teams to further explore the needs of this population and to undertake much-needed projects such as designing postvention educational resources and programming for the suicide bereaved. Such endeavors will also serve to bridge the gap between adult education theories and praxis.



In addition to using transformative learning theory as a tool to understand suicide loss surviving mothers, other groups of survivors could also be explored to the benefit of each demographic. It would be beneficial to target adult siblings as participants because they are often considered the *forgotten bereaved* in suicide loss (Dyregrov & Dyregrov, 2005). A study involving both mothers and surviving siblings would also be beneficial, as it could provide an opportunity for these family members to speak openly about their perspectives.

### **Women's Learning and Motherhood**

Most of the literature reviewed for this study regarding women's transformative learning experiences, noted improvements in participants' self-confidence and feelings of empowerment as a result of participating in a study that involved self-reflective activities. My study included an element of self-reflection as participants were able to read their own words through the lens of my perspective as a sister loss survivor. This aspect of the research seemed to spark an enhanced self-confidence as the reviewed literature had suggested. It also appeared to add another level or spiral of transformative learning as their new reflections broadened their already expanded worldview.

Brooks (2000) notes, "Transformation through narrative requires that the narrator positions herself in relationship to others" (p. 153). By sharing my story in tandem with the participating mothers' stories, I was also able to learn more about myself and the participants were able to view a deeper, more nuanced reflection of themselves. Further narrative studies of feminist perspectives of adult learning that are structured similarly would enable the autoethnographer to learn more about herself and provide participants with insight into their own learning paths. Enhanced self-confidence and a greater sense of self-efficacy could also result from participating in such research.

Since the role of motherhood is central to this study, perhaps the topic of losing a child to suicide could be further explored within a maternal theory framework. Exploring the sacrosanct space of motherhood in the context of such a loss may be best suited for an interdisciplinary or multidisciplinary study. A scholarly discipline that explores the empowering and oppressive facets of maternity such as motherhood studies (O'Reilly, 2006) may prove to be a powerful vehicle as it relates to the experience of mothers bereaved by suicide.

### **Critical Reflection and an Existential Approach**

Taylor (2017) reviewed empirical literature that focused on the critical reflection component of transformative learning and found deficits in the body of literature regarding this aspect of the learning theory. He found that “most studies continue to overlook the affective component” of critical reflection (p. 85) and there is a “need to give greater attention to context and transformative learning, particularly the social dimension and the related implications for fostering change” (p. 90). My study aligns with these oft-overlooked aspects of transformative learning cited by Taylor. The participants’ critical reflections after losing their child takes place amid powerful emotions such as intense love and grief. Through a social network of survivors, they were able to process their emotions and learn to move forward after their loss and eventually help new survivors. Further studies could advance this vein of transformative learning theory by focuses on the social and emotional component involved with critical reflection.

The mothers in my study did indeed experience transformative learning, but the importance of their transformations is not in what they have *learned* but rather what they have *become*. Their experiences, self-reflections, and insight from others provided them knowledge that supersedes the traditional realm of what is considered transformative learning. Willis (2012) considers an existential approach to transformative learning which is less concerned with

knowledge acquisition and more focused on “a deep sense of enrichment, of becoming somehow better and brighter, and more potent and more alive” (p. 213). As mothers who have witnessed the rapidness with which life could slip through our hands, we have a deeper appreciation for the fragileness of life and no longer take one moment for granted. Perhaps the existential component of such transformations can be lens with which to explore life-altering transformations such as surviving the death of a child. Willis (2012) also proposes using narrative pedagogy in conjunction with the existential approach which would align nicely with future autoethnographic studies by survivors.

### **Support Group Setting**

As discussed earlier, when Mezirow began formulating his theory of transformative learning, he also suggested that we look to the consciousness-raising groups that formed during the 1970s women’s movement (Mezirow, 1978). He believed that by studying these groups we could witness perspective transformation occurring naturally in an environment that provides an opportunity for discourse among its members. Through deep conversations, women questioned their previously held beliefs which led to the adoption of a new set of beliefs about their life circumstances. Mezirow (1978) was baffled that these groups were not examined to enhance our understanding of adult learning. While the consciousness-raising groups referred to by Mezirow no longer exist, there are, however, environments where perspective transformations could be witnessed in progress. I propose that suicide loss support groups could serve as such settings.

The amount of studies found to examine for this paper proves there are many opportunities for scholars to add to the small pool of information about the female perspective of transformative learning and the suicide loss survivors’ perspective. Also, as the reviewed empirical literature reveals, there are limited services that are considered effective in the eyes of

suicide loss survivors other than talking with other survivors in support groups. In terms of the transformative learning journeys experienced by the mothers in my study, much of their reflective discourse occurred with suicide loss survivors within the context of a support group. The participants discuss reflecting on the discussions with other survivors and how this discourse helped positively changed their worldviews after losing their child. With this in mind, researchers may consider partnering with organizers of suicide loss support groups to study this transformation in real time. Also, while I am exploring the individual transformative learning experiences of the mothers in this study, there are also social transformation components at play and this aspect of suicide loss has great potential to be explored further.

### **Action Research Suggestions**

Action research projects designed to amplify the voices of suicide loss survivors could be an additional research avenue. As discussed in the literature review, art-based action research has been emerging as a way of bringing the survivors voices out of isolation and has been well-received by participants. Encouraging and supporting survivors to tell their stories is an inherently empowering experience. It is also a means to address the societal stigma that survivors face. Each person who comes forward to tell their story of loss helps chip away at the stigma that encases suicide. Ryan et al. (2013) constructed a framework to enable study participants an opportunity to tell their story on a larger scale. Their action research project resulted in creating a play and a published book. Participants reported a decrease in the feeling of isolation and an increase in self-esteem (Ryan et al., 2013) after participating in this experience. One participant expressed:

I believe this has been one of the greatest experiences of my life. I could never have expressed and worked through my loss the way I have through the writing and the support of the group. I will be eternally grateful. (Ryan et al., 2013, p. 219)

The scope of this project was certainly ambitious, but researchers could elect to emulate small portions of this research to have a more manageable project. As mentioned earlier, podcasting is a popular venue for story sharing so it may provide a more accessible means to undertake such a storytelling project. A byproduct of such an action research undertaking could be a digital anthology which could serve to reach a wider audience than a published book.

A final suggestion would be to explore the activism undertaken by surviving mothers through the lens of a leadership theory. These mothers may view themselves as volunteers serving the community, but they are also influential individuals who have led other survivors out of the depths of hell to the land of hope. It would be worth understanding their advocacy efforts in light of leadership theories. During the process of my study further questions cropped up in my mind about the women in my study: What makes them driven to go against the grain and take on leadership roles for the survivor community and become outspoken advocates when people around them consider suicide a taboo topic? Did these women have natural leadership skills prior to their loss? Were these leadership skills cultivated through the educational programs they attended to learn how to facilitate a support group? The answers to these questions could be explored through the lens of a leadership theory such as transformational leadership or servant leadership. The setting for the action research could be a community training where survivors are trained to facilitate suicide loss support groups or provide some other support for the survivor community.

### **Concluding Reflections**

*For Sayonara, literally translated, 'Since it must be so', of all the goodbyes I have heard is the most beautiful. Unlike the aufwiedershens and au revoirs, it does not try to cheat itself by any bravado 'Till we meet again', any sedative to postpone the pain of separation.*

— Anne Morrow Lindbergh, *North to the Orient*

This study has centered on women who harnessed the power of dialogue and reflection to change the trajectory of their lives. After the deaths of our sons, we were violently flung into the abyss. We were not yet survivors, for we were merely existing and wandering aimlessly, longing for it all to end. We began this journey with lamenting over the question of *WHY?* This train of thought has transported us immeasurable miles to different dimensions, parallel universes, and alternate realities. Along this voyage we stopped periodically to talk with others and self-reflect. Upon arriving at our current location, we realize we are no closer to answering this question. So how then have we been able to be transformed if we appear to be at the same starting point? We have undergone transformative learning, not because we discovered the answer to life's most difficult question, but rather because we now have the wisdom to know that the question cannot be answered with any certainty. We are left with accepting that all we can do is say *Sayonara* to our previous lives.

I am grateful to have had the opportunity to explore the healing process of these remarkable mothers. Having the opportunity to personally reflect on their stories enabled me to explore my own grief while also gaining a more intimate understanding of the power of transformative learning. Undertaking the autoethnographic component of this process also has rekindled my interest in writing, which has laid dormant for a long time. I have a new appreciation for using writing as a tool to reflect on life circumstances. The creative act of constructing metaphors in particular became an especially meaningful component to this study as it provided another avenue for articulating the inexpressible and the unfathomable. I decided it

would be most fitting to conclude by providing one last metaphor regarding the nature of this study.

Inspired by the beauty of the sky on her pre-sunrise commutes, Gail's metaphor reflects her newly found, hard-earned, state of peace. She is at the point in her life where she is metaphorically driving her bus towards the sunrise. Quiet predawn moments serve as a contemplative time to practice mindfulness and gratitude. This time of the day inherently brings with it hope and a sense of energy as the sun gently lights up our sky. When I consider the purpose of this study, however, my thoughts are led to the time of the day when the sky begins to dim. As the sun vanishes from sight, its remnants leave behind glorious colors that allow the sky to still glow. Sunsets also makes me think of one of the last photos I took of Izzy. One evening when we were leaving the house together, he gazed in awe at the beauty of the colors in the sun-setting sky. He took his phone out of his pocket and snapped a few pictures. I was behind him and unbeknownst to him, I took a photo of him taking a picture of the sky. The sunset is symbolic of this study because it describes the point in time when our personal suns, our sons, departed. We began a descent into the darkest of nights and yet our memories of our sons provide a glow in the aftermath of their deaths, much like the hues of sunset. As the impending darkest envelops us, we begin to see less and less of our familiar surroundings. My intention in conducting this study was to illuminate the dark period of time from the sunset of our sons to the moments of predawn when we begin to see first light. Each evening when the sun is hidden from view, we understand that it has not permanently vanished. So too are our thoughts about the centers of our universes: Izzy, Kyle, Collin, Josh, and Kyle. Our sons may no longer be a tangible visible presence, but that does not negate their existence in our worlds.

As the chapter of my doctoral studies comes to a close, I reflect on the journey of the last few years. It began with an e-mail to Dr. Robin Redmon Wright inquiring about the program. After a series of correspondence, I enthusiastically resolved to pursue a doctorate degree. As

someone with an insatiable thirst for knowledge, I could imagine nothing better than focusing my attention on Lifelong Learning. Then, within a few weeks of my last communication with Robin, I had lost my son. I reached out again and this time I started communicating with Dr. Libby Tisdell. I was unsure if I should continue with my plans, but after much soul searching and encouraging words from Libby and Robin, I decided to move forward. I had yet to meet either of these amazing women in person, but their confidence in me helped solidify my decision. I remember thinking, *if only they could have met me before my loss*, because then they would have proof that I used to be intelligent and witty. I certainly was not entering the program with those attributes intact. Instead, my grit, tenacity, and perseverance came to the forefront and carried me through the last few years. I now understand that these traits are infinitely more important in aiding my progression through this program and through life. So, Libby and Robin never got a chance to meet the *old me*, but if they did, I expect they would favor the *new me*. Now, as I reach the finish line for this segment of my journey, I am reminded that the end is only the beginning.



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## APPENDIX A

### Questions for First Interview

1. Tell me about your child. What was he/she like as a baby and a young child? What were his/her interests?
2. Looking at the pictures of him/her at various ages, think back to that time and describe your outlook on life. In other words, what did you hope/dream for his/her future or the future of you and your family?
3. How old was he when he passed away? How long ago was that? How old were you at the time?
4. I understand it is difficult to put into words but thinking back to that day, when you lost him/her could you describe your feelings? How did your outlook on life change?
5. Did you receive any help? (this could be from family members, professionals, other survivors, online support groups, in-person support groups, books, etc.)?
6. How have fellow suicide loss survivors (someone who has lost a loved one to suicide) helped you?
7. What other ways have you learned to cope with your devastating loss? (ex. self-reflection, journaling, prayer, etc.)
8. Could you think of a metaphor that describes your perception of the world (your outlook on life) now? This could be a song, symbol, idea, image, etc. that would give someone an idea of what it feels like to be you on your life journey.

## **APPENDIX B**

### **Questions for Second Interview**

1. After reading your narrative that was compiled with information from our first interview, do you have any further reflections or feedback regarding how you have learned to move forward after your loss.
2. Are there any other ways that you learned to cope with your loss, that were not discussed in our first interview?
3. Did you learn anything about yourself or gain any further insight after reading your own words?
4. Do you have any further feedback regarding your participation in this study?

## APPENDIX C

### Distress Protocol for Interviews

The interview will be terminated if:	<ul style="list-style-type: none"> <li>• The participant decides to terminate the interview.</li> </ul>
	<ul style="list-style-type: none"> <li>• The participant decides to participate in the interview at another time or place.</li> </ul>
The researcher will intervene if the participant is:	<ul style="list-style-type: none"> <li>• Experiencing anxiety or distress during the interview. The participant should be asked if they would like to take a break and if they wish for the audio-recorder to be switched off.</li> </ul>
	<ul style="list-style-type: none"> <li>• Continuing to show signs of upset. The participant will be asked if they would like the interview to end and if they would like the researcher to call someone to spend time with them, such as a family member or friend.</li> </ul>
	<ul style="list-style-type: none"> <li>• Unduly distressed. The researcher will remain with the participant until they are calm and composed. The participant may then decide to continue with the interview or not.</li> </ul>
The researcher will, with the participant's consent:	<ul style="list-style-type: none"> <li>• Refer to others if they request.</li> </ul>
	<ul style="list-style-type: none"> <li>• Gain permission to call them later in the day or the following day to ensure they are no longer distressed. Alternatively, the researcher may ask if they would like a family member or someone from the local community to call them to offer support.</li> </ul>
	<ul style="list-style-type: none"> <li>• Contact details of useful numbers and support groups will be offered to the participant if they require them.</li> </ul>

*Note:* Adapted from “Sensitive Interviewing in Qualitative Research”, by Dempsey, L., Dowling, M., Larkin, P., & Murphy, K., 2016, *Research in Nursing & Health*, 39(6), p. 486.

## APPENDIX D

### Support Resources

#### **NAMI HelpLine**

1-800-950-NAMI (6264) or [info@nami.org](mailto:info@nami.org)

The National Alliance on Mental Illness (NAMI) HelpLine can be reached Monday through Friday, 10 am–6 pm, ET. The NAMI HelpLine is a free, nationwide peer-support service providing information, resource referrals and support to people living with a mental health conditions, their family members and caregivers, mental health providers and the public.

#### **National Suicide Prevention Lifeline**

Call 800-273-TALK (8255)

If you or someone you know is in crisis—whether they are considering suicide or not—please call the toll-free Lifeline at 800-273-TALK (8255) to speak with a trained crisis counselor 24/7. The National Suicide Prevention Lifeline connects you with a crisis center in the Lifeline network closest to your location. Your call will be answered by a trained crisis worker who will listen empathetically and without judgment. The crisis worker will work to ensure that you feel safe and help identify options and information about mental health services in your area. Your call is confidential and free.

#### **Crisis Text Line**

Text NAMI to 741741

Connect with a trained crisis counselor to receive free, 24/7 crisis support via text message.

Text from anywhere in the USA to text with a trained Crisis Counselor.

Every texter is connected with a Crisis Counselor, a real-life human being trained to bring texters from a hot moment to a cool calm through active listening and collaborative problem solving. All of Crisis Text Line's Crisis Counselors are volunteers, donating their time to helping people in crisis.

#### **Lifeline Web Chat**

Go to [suicidepreventionlifeline.org/chat/](https://suicidepreventionlifeline.org/chat/)

Lifeline Chat is a service of the National Suicide Prevention Lifeline, connecting individuals with counselors for emotional support and other services via web chat. All chat centers in the Lifeline network are accredited by CONTACT USA. Lifeline Chat is available 24/7 across the U.S.

## APPENDIX E

## Informed Consent Form for Research



PennState

Office for Research Protections  
 Vice President for Research  
 The Pennsylvania State University  
 205 The 330 Building  
 University Park, PA 16802

814-865-1775  
 Fax: 814-865-8699  
 opr@psu.edu  
 research.psu.edu/opr

## EXEMPTION DETERMINATION

**Date:** February 28, 2020

**From:** Joanie Tan,

**To:** Gina Whalen

Type of Submission:	Initial Study
Title of Study:	The Transformative Learning of Mothers Who Lost a Child to Suicide
Principal Investigator:	Gina Whalen
Study ID:	STUDY00014595
Submission ID:	STUDY00014595
Funding:	Not Applicable
Documents Approved:	<ul style="list-style-type: none"> <li>• Distress Protocol (0.01), Category: Data Collection Instrument</li> <li>• Interview Questions (0.01), Category: Data Collection Instrument</li> <li>• Whalen Study Protocol (0.02), Category: IRB Protocol</li> </ul>

The Office for Research Protections determined that the proposed activity, as described in the above-referenced submission, does not require formal IRB review because the research met the criteria for exempt research according to the policies of this institution and the provisions of applicable federal regulations.

Continuing Progress Reports are **not** required for exempt research. Record of this research determined to be exempt will be maintained for five years from the date of this notification. If your research will continue beyond five years, please contact the Office for Research Protections closer to the determination end date.

Changes to exempt research only need to be submitted to the Office for Research Protections in limited circumstances described in the below-referenced Investigator Manual. If changes are being considered and there are questions about whether IRB review is needed, please contact the Office for Research Protections.

Penn State researchers are required to follow the requirements listed in the Investigator Manual ([HRP-103](#)), which can be found by navigating to the IRB Library within CATS IRB (<http://irb.psu.edu>).

We would like to know how the IRB Program can better serve you.  
 Please fill out our survey; it should take about a minute: <https://www.research.psu.edu/irb/feedback>.

ID27



## APPENDIX F

## Approval of Modification



Office for Research Protections  
Vice President for Research  
The Pennsylvania State University  
205 The 330 Building  
University Park, PA 16802

814-865-1775  
Fax: 814-865-8699  
orp@psu.edu  
research.psu.edu/osp

## EXEMPTION DETERMINATION

**Date:** June 29, 2020

**From:** Joanie Tan,

**To:** Gina Whalen

Type of Submission:	Modification
Title of Study:	The Transformative Learning of Mothers Who Lost a Child to Suicide
Principal Investigator:	Gina Whalen
Study ID:	STUDY00014595
Submission ID:	MOD00024358
Funding:	Not Applicable
Documents Approved:	<ul style="list-style-type: none"> <li>• Second Interview Questions (0.01), Category: Other</li> <li>• Whalen Study Protocol (0.04), Category: IRB Protocol</li> </ul>

The Office for Research Protections determined that the proposed activity, as described in the above-referenced submission, does not require formal IRB review because the research met the criteria for exempt research according to the policies of this institution and the provisions of applicable federal regulations.

Continuing Progress Reports are **not** required for exempt research. Record of this research determined to be exempt will be maintained for five years from the date of this notification. If your research will continue beyond five years, please contact the Office for Research Protections closer to the determination end date.

Changes to exempt research only need to be submitted to the Office for Research Protections in limited circumstances described in the below-referenced Investigator Manual. If changes are being considered and there are questions about whether IRB review is needed, please contact the Office for Research Protections.

Penn State researchers are required to follow the requirements listed in the Investigator Manual ([HRP-103](#)), which can be found by navigating to the IRB Library within CATS IRB (<http://irb.psu.edu>).

This correspondence should be maintained with your records.

We would like to know how the IRB Program can better serve you.  
Please fill out our survey; it should take about a minute: <https://www.research.psu.edu/irb/feedback>.

1027

## APPENDIX G

## Letter to the Editor about Izzy

WEDNESDAY, DECEMBER 6, 2017

COM

## YOUR VIEWS

# Good, kind, loving soul remembered

IS THAT CLEARER?

**To the Editor:**

I am writing to express my sorrow over hearing about the death of Israel Whalen. I went out and drove around looking for him, and when I heard he was found in Carlisle and had passed away, I was heartsick.

"Izzy," as he was called, was a young man I had worked with for a few months. But in those short months, I got to know who Izzy really was as a young man. We spoke about his music, his love of reading and how sometimes he felt he didn't fit in with others his age. I told him to be who, I felt, God wanted him to be. To be himself, because I felt he was someone I would be proud to have as part of my family and as a friend. Izzy was a good, caring, loving, respectful, kind and gentle young man.

None of us can say we didn't have someone in our family or life that has a health problem of some sort, be it of body or mind. So

before we make comments or form opinions of what someone else is experiencing, put yourself in the place of that person or their family, friends and loved ones.

Izzy, I didn't know you for more than a few months, but I knew your "heart," a kind, gentle loving heart and soul. Thank you for letting me see you as God made you. You are special to everyone who had the privilege to know you. You will be missed, but I will carry you in my heart. I would have been so proud to have you for my son, although I know your parents raised you to be the son you were and should (and I am sure they are) be so very proud of you (and I am sure they are) and most wonderful way they raised you. I know so many others would be so proud to have you as their son.

Rest in peace, my gentle friend. May God and His angels take you home.

**Nancy Moeller  
Orwigsburg**

Hats off to the Ashland Rotary. They did a beautiful job with the Christmas decorations behind the Mothers' Memorial. Excellent job. Also to the Ashland American Legion their display is outstanding.

**Butler Township**

To the person who Matt Cartwright voted against the tax plan because he does what Pelosi and Schumer tell him to do. Wrong. He voted no because it is a bad tax plan. That's why some Republicans vote for it, either. Sorry about the people over party, and I am a Republican for those no.

**Mahar**

These NFL players, absolutely disgusting, they're fighting on the field and ripping chains off other's necks. Plus they kneel down during the national anthem. These owners and players ought to go to every school in the country and offer them \$500 if they'll play they're out. They'll do as good as what these goofballs

## YOUR LETTERS

The Republican-Herald welcomes letters from readers who wish to express their views in the newspaper.

The newspaper will only publish letters bearing the signature of the writer. The name of the writer will no longer be withheld from publication.

While The Republican-Herald has always known the author's identity for verification purposes, our readers will also know, thus preventing anonymous criticism from appearing in the newspaper.

In printing Letters to the Editor, The Republican-Herald is not necessarily supporting or rejecting the opinions of the writer, nor affirming what the writer may cite as "facts" to back up his or her opinions.

• Letters must include the writer's address and phone number for verification purposes.

• The newspaper reserves the right to reject or edit letters. Libelous statements and personal criticism will be deleted.

• It is preferred that letters be typed, however handwritten letters will be considered if they are legibly written. Letters should not exceed 300 words.

• Letters may be emailed to [yourviews@republicanherald.com](mailto:yourviews@republicanherald.com), mailed to or dropped off at the newspaper office at 111 Mahan-

VITA

## **Gina C. Whalen**

gck101@psu.edu

### **Education**

- Doctor of Education in Adult Education & Lifelong Learning, *Penn State University*
- Master of Science in Organizational Management, *Misericordia University*
- Bachelor of Science in Business Logistics, *Penn State University - Smeal College of Business*

### **Professional Highlights**

**Lecturer of Business**, Penn State University, Schuylkill Campus & World Campus

August 2017– current

**Director of Education**, Northeast Pennsylvania Manufacturers & Employers Association

July 2006– August 2017

**Director of Membership**, Northeast Pennsylvania Manufacturers & Employers Association

January 2004- July 2006

**Cultural Researcher**, Misericordia University, Demerara Distillers Limited, Guyana, South America

May 2004- June 2004

**Director of Volunteers**, American Red Cross, Hazleton Chapter

May 2000 - July 2003

**Business Adjunct Faculty**, Penn State University, Hazleton Campus

January 2001 - May 2001

**Teaching Assistant**, Penn State University, University Park

August 1991 – December 1991

### **Additional Current Leadership Roles**

- Division Coordinator of Schuylkill Degree Programs: Business, Corporate Communication, Health Policy & Administration, Project & Supply Chain Management
- Vice President of the Faculty Senate, Schuylkill Campus
- Penn State's Commission for Adult Learners, appointed committee member
- Adviser for Alpha Sigma Lambda, Adult Honor Society

### **Professional Awards**

- Recognized as one of the "Top 20 Under 40" business professionals by the Northeastern PA Business Journal
- Recipient of the YWCA's PEARL Award for professionalism, excellence, achievement, role model / responsibility and leadership

### **Publication**

Whalen, G. C. (2020). Addressing a Global Epidemic: Opportunities for Adult Education to Assist Suicide Loss Survivors. In J. P. Egan (Ed.), *Proceedings of the Adult Education in Global Times Conference* (pp. 741-747). University of British Columbia.